Iraq, Jordan, Lebanon, Syria, Gaziantep Cross-Border, Türkiye, and Yemen

2023 IMPACT ASSESSMENT

OF UNFPA's MULTI-COUNTRY RESPONSE TO HUMANITARIAN CRISES

VOLUME I

ASSESSMENT REPORT

Acknowledgements

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Abbreviations and Acronyms

AAP	Accountability to Affected People
ANC	Antenatal Care
ASRO	Arab States Regional Office
BCC	Behaviour Change Communication
CFF	Client Feedback Form
CFS	Child Friendly Spaces
CMR	Clinical Management of Rape
CO	Country Office
CPD	Country Programme Document
CVA	Cash and Voucher Assistance
CMWG	Cash and Markets Working Groups
ECHO	European Community Humanitarian Office
FAO	Food and Agriculture Organization
FGD	Focus Group Discussions
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
GXB	Gaziantep Cross-Border Operation
HRD	Humanitarian Response Division
IAF	Impact Assessment Framework
IDP	Internally Displaced Person
IEC	Information, Education, and Communication
IGA	Income-Generating Activities
ILO	International Labour Organisation
IMT	Integrated Mobile Team
IP	Implementing Partner
IPA	Individual Protection Assistance
KRG	Kurdistan Regional Government
KRI	Kurdistan Region of Iraq
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MHM	Menstrual Health Management
MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package
MOLSA	Ministry of Labor and Social Affairs

NGO	Non-Governmental Organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PDM	Post-Distribution Monitoring
PLW	Pregnant and Lactating Women
PNC	Postnatal Care
PSEA	Protection from Sexual Exploitation and Abuse
RH	Reproductive Health
RRM	Rapid Response Mechanism
SDP	Service Delivery Points
SEA	Sexual Exploitation and Abuse
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TOR	Terms of Reference
ToT	Training of Trainers
TPM	Third-Party Monitoring
UNDPA	United Nations Development Programme
UNFPA	United Nations Population Agency
UNICEF	United Nations Children's Fund
UNSCR	United Nations Security Council Resolution
WGCC	Women and Girls Community Centres
WGSS	Women's and Girls' Safe Spaces
WHO	World Health Organisation
WoS	Whole of Syria
YPS	Youth, Peace, and Security

Executive Summary

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Executive Summary

Overview: The 2023 impact assessment report is the seventh regional external assessment of the United Nations Populations Fund's (UNFPA) humanitarian programming in the Arab States region. This report covers seven humanitarian responses. In Iraq, this includes one humanitarian response that addresses both the national situation and displaced Syrians in the country. In Jordan, Lebanon, and Türkiye, the focus of the humanitarian response is on displaced Syrians, although significant domestic interventions have also taken place in Lebanon and Türkiye. There are two responses covering Syria: the 'Syria' response includes only government-controlled areas, while the Gaziantep Cross-Border Operation (GXB) operates exclusively in Northwest Syria. The Yemen response, focusing on internal displacement, is also included in this report. This report assesses the impact of UNFPA programming on women, girls, boys, and men across the Arab States region, and includes assessments of all (1) sexual and reproductive health (SRH), (2) gender-based violence (GBV), and (3) youth programmes.

This year's assessment builds upon UNFPA's previous annual impact assessments, which first began in 2016 and have continued to track the impact of programming through the evolution of the regional Syrian crisis, the COVID-19 pandemic, the incorporation of Yemen under the programming umbrella, and, most recently, an array of circumstantial and socioeconomic shocks that have affected UNFPA beneficiaries and the degree to which they are prepared to meet the the seven humanitarian responses.

The findings of this assessment are intended to enhance the services that UNFPA provides, both by supporting enhancements to existing programming and by informing the design of new programmes. This report also aims to provide the donor community with a better understanding of UNFPA's operations across both the Syrian regional response and the wider Arab States region.

Key Highlights from the 2023 Impact Assessment: At an *overarching level*, the impact assessment finds that UNFPA's services are highly valued by community members across all service delivery points (Women's and Girls' Safe Spaces, health facilities, and youth centres). Access to these services is steadily improving, and women and girls feel safe and respected across all types of services. That said, UNFPA could work to further tailor its activities and services (including the design of recreational activities and the composition of dignity kits), particularly when it comes to customising programming in a way that is more responsive to age and disability. More work also needs to be done to continue improving the accessibility of UNFPA programming. Finally, conducting learning exercises that engage different UNFPA country offices and approaches could play a role in enhancing programme quality, as could a more robust beneficiary engagement strategy, especially when it comes to providing timely and effective responses to feedback and complaints.

In general, *Women and girls safe spaces (WGSS)* facilities and services were rated high in terms of their positive impact according to beneficiaries' self-reported feedback. Forty-three per cent (43%) of respondents see WGSS as absolutely essential to their lives. However, according to beneficiary feedback, the relative importance of WGSS compared to health facilities and youth centres has decreased since 2021 (when WGSS were identified as the most-valued service provided by UNFPA); this relative difference may be related to a rise in other socioeconomic challenges facing women and youth – particularly those associated with economic decline. It's also worth noting that 2021 was the first year after significant COVID-19 restrictions that people could once again access WGSS services freely, which may have resulted in a temporary positive bias in perceptions of impact. In 2022, as households across the region experienced a decline in assets and income, it is possible that beneficiary priorities shifted, and individuals began to place higher value on services that directly contributed to their income levels.

UNFPA's *health facilities* were perceived as absolutely essential by 50% of beneficiaries, with gynaecological consultations and family planning identified as two of the most highly valued services. Health facilities are key to providing essential services, particularly for survivors of GBV, but a close review of the data indicates that survivors may continue to face community stigma, particularly from those who believe that these types of incidents do not take place in their community.

Across all countries, *youth centres*[1] were highly valued, with 65% of beneficiaries reporting that these centres provided services that were absolutely essential to their lives. The role of youth centres is especially key in environments where youth are facing growing challenges related to finding jobs and developing resilience. There could be options for UNFPA to expand the services provided to youth through these centres.

Lastly, UNFPA's Cash and Voucher Assistance (CVA) was an important response effort that grew in 2022 and 2023. In 2021, the programming assessment reported that four humanitarian response countries were engaging in some form of CVA programme (Lebanon, Jordan, Syria, and GXB). Similar to 2022, in 2023, all country operations (**Jordan, Lebanon, Syria, GXB, Türkiye, and Yemen**) except **Iraq** engaged in this modality, which was expanded to include a total of five forms of assistance: (1) GBV case management; (2) income-generating activities; (3) menstrual health management (MHM); (4) individual protection assistance (IPA); and (5) SRH.

Key Findings

DIMENSION A: Wellbeing

The first dimension of this assessment looks at the physical and psychosocial wellbeing of beneficiaries who are at risk of GBV, GBV survivors, or in need of SRH or youth services. Generally speaking, this assessment has found that UNFPA has strongly contributed to the psychosocial wellbeing of women and girls, and youth more broadly, through its programming.

WGSS: As of mid-2023, UNFPA was directly supporting 159[2] WGSS facilities across all seven humanitarian responses covered by this assessment. These spaces offer Mental Health and Psychosocial Support (MHPSS), GBV case management, educational and recreational activities, and awareness activities for women in the targeted refugee, displaced, and host communities. An average of 43% of Client Feedback Forms (CFF) respondents reported that these services were absolutely essential to their lives, while another 46% indicated that the services were very important. The most highly rated services provided by WGSS across the seven humanitarian responses were (1) mental health and psychological support (MHPSS), (2) awareness sessions on rights and gender, and (3) GBV case management. There is a strong sense of safety and trust amongst the women and girls who attend WGSS, with more than 95% of respondents across all seven humanitarian responses reporting that they felt safe and satisfied. Dignity kits are often distributed at WGSS; however, the satisfaction rate for this service is relatively low, at 48%. Younger girls (10 – 16) and older women (over 60) showed the lowest levels of satisfaction with the contents of dignity kits.

1 Youth centres were offered and accessible in 5 of the 7 humanitarian response operations: Iraq, Jordan, Syria, Türkiye, and Yemen. These facilities were not available in Lebanon and GXB.

2 In Türkiye, UNFPA and its partners do not operate health facilities; here, WGSS provide integrated health services, which are included in this figure.

Health Facilities: In 2023, UNFPA directly supported 339 health facilities across the seven humanitarian responses covered by this assessment. These facilities include both fixed health facilities (health posts, health centres, hospitals) and mobile clinics. The services provided by these facilities include family planning, pre-pregnancy care, antenatal care (ANC), pre-marriage counselling, delivery services, postnatal care (PNC), clinical management of rape, and others; they also include home visits for beneficiaries who cannot physically visit health centres. Fifty per cent (50%) of beneficiaries surveyed reported that the services provided at these health facilities were absolutely essential to their lives, while another 43% indicated that the services were very important. Gynaecological consultations, family planning, and antenatal and postnatal care were the most highly valued services. Feelings of safety and support were strong, and people highlighted feeling comfortable using the facilities' feedback mechanisms. However people generally indicated that they do not believe providing feedback will result in a change in service quality.

Youth Centres: In 2023, UNFPA supported over 25 youth centres across the seven humanitarian responses covered by this assessment. The centres are located in both camp and non-camp settings. In addition to the support provided in facilities directly, UNFPA also supports standalone programmes for youth, which are delivered via educational institutions, WGSS, and health facilities. Sixty-five per cent (65%) of those surveyed believed that youth centres were absolutely essential to their lives, while 27% indicated that the services were very important. The most highly rated services at these centres were (1) recreational services, (2) vocational training, and (3) life skills training. Feelings of safety and trust were strong.

DIMENSION B: Access

This dimension of the assessment looks at the availability of and access to GBV, SRH, and youth services for refugees, internally-displaced persons (IDPs), and host communities. Particular focus was placed on access for people with disabilities as well as access across the age spectrum (i.e. for girls in puberty as well as older women).

WGSS: While similar services exist across all seven humanitarian responses, women and girls in all of the FGDs reported that there are no alternative services offering the same quality and comprehensive scope of activities, situated in close proximity, easily accessible in terms of inclusivity for people of different ages, and, most importantly, provided in exclusively female-only spaces. The predominant barrier to access for WGSS facilities was lack of transportation and/or high transportation costs. The second most significant barrier involved family disapproval and/or needing to be accompanied by a chaperone. Thirteen per cent (13%) of women and girls reported that they found it hard to access WGSS facilities, while 14% of respondents reported that people with disabilities faced more general accessibility challenges related to the WGSS.

Health Facilities: In many countries, UNFPA's health facilities continue to be a key provider of care for women, girls, and people in need of SRH services – either within or outside camp settings. While similar health facilities and services exist across all seven humanitarian responses, these services tend to be more limited in camp settings, as reported by women and girls participating in the FGDs. In other words, although health facilities might not be a unique type of service delivery point (SDP) (in comparison with WGSSs), their relative proximity facilitates easier accessibility for beneficiaries. Additionally, the types of comprehensive SRH services provided in health facilities are unique. Access issues were similar to those identified for WGSS, with transport and cultural norms representing the two most significant barriers. For instance, 13% of CFF respondents found it hard to access health facilities. Similarly, of the CFF respondents across the seven humanitarian responses who have a disability or who support individuals with disabilities, 18% reported facing challenges in accessing health facilities and related activities.

Youth Centres: While services similar to UNFPA's youth centres exist across all humanitarian responses, the youth centres are nonetheless highly valued. They are considered more unique and specialised than health facilities, but less unique than WGSS. This perception of uniqueness is based on the comprehensiveness of services provided by the centres, the high quality of the centres and services, and the centres' close proximity to youth. Transportation and cultural norms remain the greatest barriers to access and it should be noted that cultural barriers appear to be particularly acute for younger girls (10–17 and 18 – 19). Eighteen per cent (18%) of CFF respondents across the humanitarian responses reported facing challenges in accessing youth centres and their related activities, either personally or on behalf of the individuals with disabilities who they directly support.

DIMENSION C: Efficiency

Training: UNFPA provides training to its partner staff across different countries. The quality of the training is generally considered good, and UNFPA's efforts are appreciated. When KII data is triangulated against CFF data, it appears that specific efforts could be made to target staff weaknesses (e.g. communication in health facilities).

Staff Engagement: Across different countries, UNFPA staff and partners have themselves been impacted by shocks, including but not limited to the earthquake (**Türkiye, Syria, GXB**) and economic challenges (**Lebanon**). Staff concerns about their own safety and that of their families can negatively impact engagement. To enhance engagement of staff, UNFPA could work to strengthen the provision of referrals for its own staff and that of its partners, in addition to monitoring the implementation and quality of such referrals.

Efficiency in an Evolving Context: Across the countries covered in this assessment, a wide range of shocks were experienced by beneficiaries: climate disasters, the February 2023 earthquake in Syria and Türkiye, economic downturns, increases in conflict, and others. Simultaneously, at a global level, donor priorities continue to be affected by various external considerations, including the continuation of the Russian invasion of Ukraine in 2022, other humanitarian crises in the Middle East (such as the recent conflict in Gaza), and domestic factors within donor countries. The variety of local shocks has also resulted in an increase in the cost of providing services. In a context with many funding priorities, partners are worried about having insufficient funds to continue providing strong, high-quality services.

Climate, Environmental Impact, and Resilience

Climate has both 'shock' and 'long-term' effects. Fifty-two per cent (52%) of FGD respondents identified climate issues as the top shocks affecting their lives. Climate issues can act both as a shock – by causing a crisis or a meteorological event – and as a factor that exacerbates pre-existing challenges. For the women and girls to whom UNFPA delivers services, the most significant impact of climate change is the exacerbation of pre-existing issues.

UNFPA programming helps individuals affected by climate and meteorological shocks achieve greater psychological and social resilience. There is clear evidence, across quantitative and qualitative data, that UNFPA programming helps individuals and households achieve psychological and social resilience; this in turn helps them to develop the networks and communities needed to manage climate-related shocks.

Huge vulnerabilities remain, and partnerships may be the key to enhancing climate resilience. Generally speaking, affected communities could develop greater resilience through climate-sensitive economic programming, and through direct climate change-related programming. Such programmes, however, require strong technical expertise. Partnerships between UNFPA and other agencies that possess this expertise would be the optimal solution.

Conclusions

For the first time, this impact assessment included questions on the specific types of impact delivered by UNFPA activities across all operations. The responses to these questions, along with analyses of CFF, FGD, and KII data, have resulted in the following overarching conclusions:

As conflict and displacement are growing more prolonged, the importance of targeting youth grows. According to this latest assessment, youth centres were the most highly valued UNFPA service, and the benefits of these services were widely recognised among youth across all age groups. In FGDs, respondents clearly stated that they feel the benefits of engaging with their peers, and of having a centre that is explicitly targeted toward youth. Vocational training activities were highly valued, particularly in light of the restricted opportunities for youth throughout the region.

WGSS facilities and services continue to provide a critical benefit for women and girls. Women and girls continue to access WGSS facilities and see the services as valuable. Not only are beneficiaries better able to express their rights and interests, but they are also able to access services and activities that can help them better adapt and increase resilience to shocks (e.g. computer courses and other skill-enhancing activities). The psychosocial impact of WGSS is also strong, with women and girls feeling safe in these centres.

The **accessibility of service centres vary, although key barriers have remained constant over time**. The accessibility of UNFPA services varies depending on the specific locations and contexts of the service delivery points. Across all contexts, however, two major access barriers have been identified. First, lack of transport and/or high transport costs continue to be an issue. Second, family disapproval and the need for a chaperone also restricts access. Although UNFPA has adopted different approaches to navigate these barriers, the challenges remain. Some cross-country learning could support enhanced accessibility and improved impact.

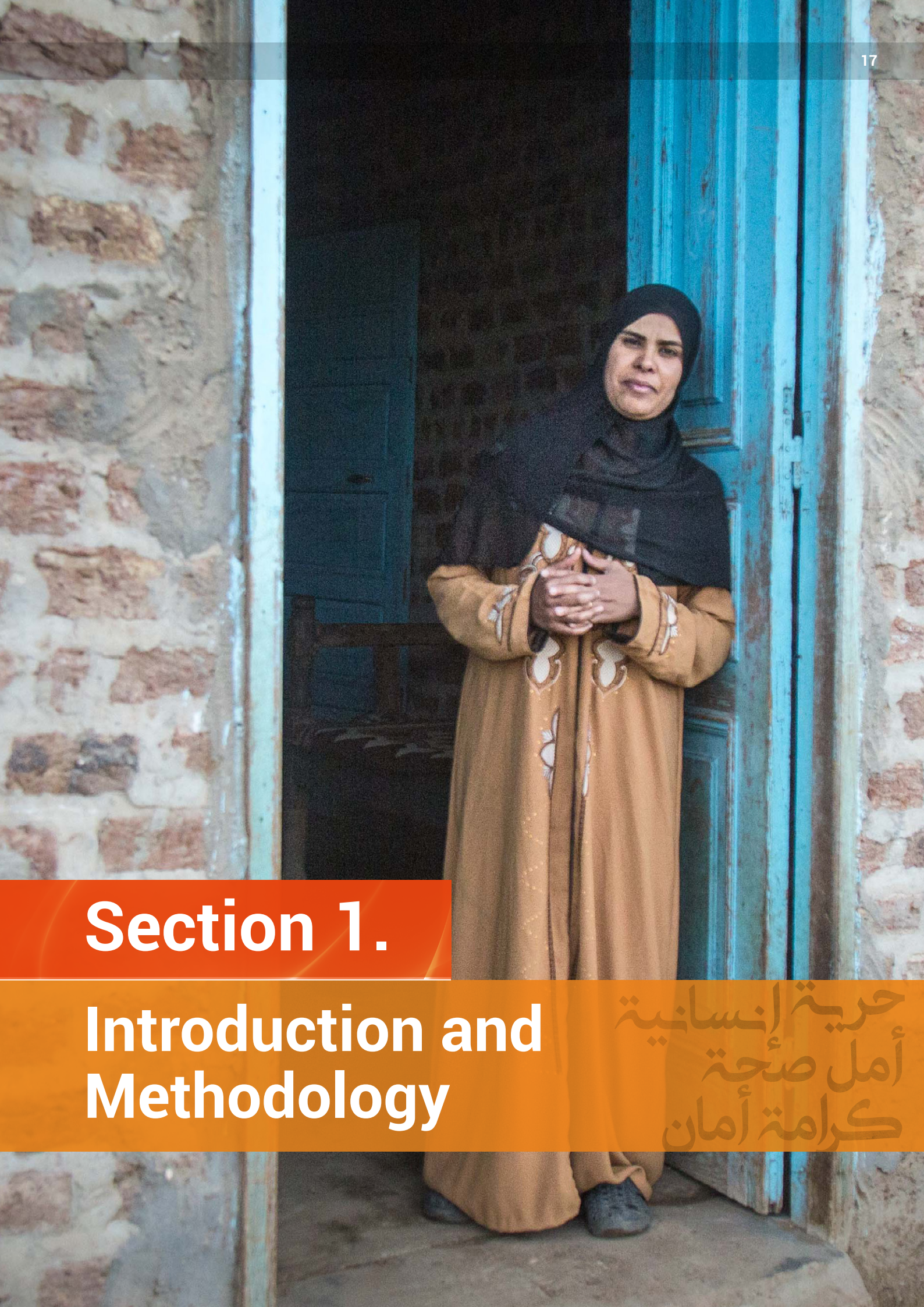
On the matter of **inclusion, stronger tailoring of programmes – particularly when it comes to adapting for age and disability – would support improved service provision**. Across UNFPA services and contexts, women and girls feel safe and respected at service delivery points. However, specific groups of individuals continue to face challenges. People with disabilities face barriers in accessing service delivery points, and are less likely to receive certain benefits, such as dignity kits. Women over the age of 60 are also disproportionately likely to have challenges in accessing services, and to find the services of lower relevance to their specific needs. Younger girls, particularly in the 10 – 17 age bracket, also have unique needs that could be better addressed.

UNFPA activities have clear positive psychological and social impacts across all countries and responses. These types of impacts were highlighted by beneficiaries across the majority of the 126 FGDs. Across all countries and contexts, there are clear beneficiary statements demonstrating the positive psychological and social impacts of UNFPA activities. These outcomes are particularly noteworthy among beneficiaries receiving services in the context of UNFPA's WGSS operations: MHPSS consistently ranked among the highest-rated services across all countries, followed closely by recreational activities. These positive psychological and social impacts are well-aligned to the UNFPA mandate and demonstrate the overarching success of UNFPA programming.

There is demand for 'economic' improvement, but relatively limited supply – and this kind of intervention falls outside UNFPA's mandate. When individuals were asked what services they would like to see added to UNFPA's programming, most mentioned employment, small business creation, or job-matching services. This reflects the prevalence of economic shocks experienced by these countries and beneficiaries, and demonstrates that there is demand (currently not fully met) to mitigate risks associated with economic fluctuations and instability. UNFPA has begun to address economic factors through programmes like vocational training, but further programming of this nature falls outside the organisation's mandate. That said, while UNFPA should not itself implement additional economic programming, it could consider partnering with organisations that offer relevant expertise and capabilities.

Recommendations

1. Develop partnerships with other actors, specifically when working to provide economic opportunities for youth, women and girls at risk of GBV, and survivors of GBV.
2. Conduct more detailed analyses on the accessibility barriers for (1) beneficiaries within specific age groups (10–17, 18–19, and over 60) and (2) people with disabilities.
3. Conduct a 'lessons learned' and 'best practices' exercise specifically related to dignity kits, including cross-country and cross-modality comparisons.
4. Improve communication about the ways in which feedback and complaints are handled (e.g. through quarterly community feedback sessions).
5. Train local and partner health staff on the specific topics of how to communicate with women and girls about service options, risks, and mitigation measures.
6. Conduct additional analyses and programming related to further embedding all service delivery points into communities and gaining social acceptance.
7. Consider the integration of child-friendly spaces (CFS) and facilities close to or within health facilities and/or WGSS.
8. Build upon the review of approaches to enhancing transportation, in order to ensure that best practices and lessons learned are being systematically implemented and that continued learning is taking place.
9. Develop a briefing note on funding status, risks and opportunities, and a contingency plan for managing programmes at lower funding levels. This briefing note should cover (1) prioritisation of services, (2) plans for human resources, and (3) engagement with implementing partners.
10. Strengthen CMR programming by developing country-specific plans focusing specifically on reducing stigma for survivors of GBV.
11. Maintain the CVA pilot approach and scale up CVA programming to address the evolving needs and vulnerabilities of programme participants.



Section 1.

Introduction and Methodology

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Section 1. Introduction and Methodology

Overview of the Impact Assessment

This impact assessment report is the seventh external regional assessment of UNFPA's humanitarian programming in the Arab States region, which comprises seven humanitarian responses: Iraq, Jordan, Lebanon, Syria, GXB, Türkiye, and Yemen. This assessment reports on the impact of UNFPA's (1) SRH, (2) GBV, and (3) youth programming on women, girls, boys, and men within the targeted communities.

This 2023 assessment builds upon the previous annual impact assessments, conducted from 2016 onward, including the changes and updates incorporated into the 2020, 2021, and 2022 assessments, such as:

1. The consolidation of a coherent, unified impact assessment report, inclusive of all country-specific chapters and responses, and shared with all donors.
2. The use of cash and voucher assistance (CVA) data, including post-distribution monitoring.
3. The expansion of the geographic scope of the assessment to include Yemen.

This seventh impact assessment report also includes three new elements:

1. Specific questions on climate and resilience were added, in order to better understand how women and girls experience shocks, and how the provision of service is affected in the aftermath of these shocks.
2. Questions were added to help better understand the likely impact of UNFPA programming on women and girls, with a focus on better understanding psychological, social, physical, and economic impacts.
3. Qualitative data collection was structured to ensure saturation, or robust data, across specific beneficiary groups.

The findings of this assessment are intended to inform UNFPA programmes, with the overall aim of enhancing the services that UNFPA provides. These findings should be considered when designing new programmes or amending existing programmes. This report also aims to inform the donor community about the scope and impact of UNFPA's operations across both the Syrian regional response and the wider Arab States region.

Background

In 2023, the scale and variety of shocks affecting the Arab States region were particularly notable, ranging from the earthquake in Türkiye and Syria to the economic collapse in Lebanon, to the prolongation and escalation of violence in Syria and Yemen. Some of the targeted communities – in Syria, Iraq, and Yemen – have now experienced over a decade of continual conflict and displacement. In other areas, such as Türkiye, new shocks have led to a rapid deterioration in the humanitarian situation. Humanitarian needs across all countries in the region are critically high, and data indicates that coping mechanisms are also eroding.

The present-day volatility of the Middle East takes place in an uncertain and ever-evolving global context. The Russian invasion of Ukraine in 2022 has resulted in a massive shift in the priorities of humanitarian donors, and the situation in Gaza has further compounded these challenges, affecting humanitarian policies and programmes everywhere. As it becomes more challenging to maintain funding levels in conditions of ongoing crisis, humanitarian actors are increasingly handing over programmes to governments, even in contexts that are still critically fragile, such as in Iraq and Yemen.

The number of people in need increased sharply between 2022 and 2023, as Table 1 highlights. This is due in large part to the earthquake in Türkiye and Syria, which is responsible for a considerable proportion of the 14% increase. The numbers should also be seen in the context of the prolonged nature of displacement: displaced populations and host communities alike are already characterised by their reduced coping capacities. As more conflicts and shocks take place, more demands are being placed on these already-depleted resources.

Table 1: People in Need Across a Three-year Period

	2021	2022	2023
Syria	13.4M	14.6M	15.3M
Yemen	20.7M	23.4M	21.6M
Iraq	0.24M	0.25M	0.13M
Lebanon	1.5M	1.5M	3.9M
Jordan	0.66M	0.7M	0.7M
Türkiye	3.6M	4.1M	9.1M
TOTAL	40.1M	44.55M	50.73M

Overview of the UNFPA Humanitarian Responses

UNFPA humanitarian responses across the Arab States region are coordinated through the Regional Humanitarian Hub for Syria and the Arab States ('the Hub'), established in Amman in 2013 following the declaration of an L3-level crisis in Syria. The Hub was established under the framework of the Arab States Regional Office (ASRO) structure, prior to the passage of United Nations Security Council Resolution 2165 (S/RES/2165) and the development of the overarching Whole of Syria (WoS) response structure. It was created as part of a strategic effort to scale up UNFPA's Syrian response and improve coordination between different country-level offices. A Regional Humanitarian Coordinator/Head of Office was appointed in February 2013, and further dedicated posts were subsequently created, particularly in the areas of GBV, communications, and monitoring and evaluation. The Hub's terms of reference (TOR) were updated in 2020, noting an increased focus on knowledge management across the Arab States region, and additional posts were created for grant management, CVA, and humanitarian programme data. Key achievements for 2023 across all response countries are highlighted in the table below.

Table 2: UNFPA key results 2023

Table 2: 2023 People Reached and SDPs Supported

Country	People reached by GBV services	People reached by SRH services	People reached by youth services	# of WGSSs	# of HFs	# of Mobile Clinics	# of YCs
Iraq	84,960	121,245	3,770	8	5	0	10
Jordan	8,820	93,979	7,053	17	12	1	1
Lebanon	53,886	104,643	0	17	42	5	0
Syria	560,050	1,158,764	42,370	45	96	108	12
Turkiye	111,248	101,144	7,111	8	0	4	4
GXB	123,373	175,443	0	14	9	2	0
Yemen	556,955	1,229,630	12,749	35	95	3	2

Recommendations from the 2022 Impact Assessment

The following list enumerates the recommendations from the 2022 Impact Assessment. Dimension E of this year's report follows up on these recommendations.

1. Enhance **GBV/Youth Programming Efforts:** Review Accountability to Affected Populations (AAP) plans and feedback/response mechanisms within Service Delivery Points (SDPs), particularly WGSS and youth centres, with a view to:
    a. Ensuring activities offered at the SDPs are in line with peoples' abilities/capacities, including age-and-ability/disability appropriateness.
    b. Ensuring vocational training activities are suited to the economic environment and the wants/needs of the participants, in order to create/support livelihood opportunities where possible.
    c. Emphasising existing feedback processes, so participants understand that their voices are being heard and acted upon to the extent possible.
    d. Linking SDPs to CVA assistance (in line with the emerging body of CVA practice and expertise within UNFPA) that can complement other programming modalities, both as an entry point and as standalone assistance.
2. Strengthen and Expand **Youth Programming**: UNFPA should deepen its engagement with youth, in order to fulfil its commitments under the youth, peace, and security agenda laid out in S/RES/2250 and to mitigate GBV responses and negative SRH outcomes.
3. **Redouble Focus on Access of Services to Vulnerable Groups:** This includes not only people with physical disabilities, but those with less visible disabilities, as well as groups that may not be able to access services for other reasons, such as gatekeeping (adolescent girls) or prejudice (Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI)).
4. Address Challenges Related to Recruitment and Retention of **SRH Staff**: With increasingly scarce funding, UNFPA should work to develop the capacities of its facilities to attract and retain specialised medical staff, identifying and addressing the challenges that drive staff attrition.

5. Ensure Ongoing **COVID-19 Resilience**: Situations are reverting to business-as-usual across most countries, but pandemic risk is still an issue. UNFPA should work to ensure appropriate in-country preparations and resilience (in addition to combatting complacency and vaccine hesitancy).
6. **Identify and Sustain Best Practices:** UNFPA should continue to implement useful practices developed as a result of COVID-19 mitigation strategies, particularly with regard to telehealth/online GBV and youth services.
7. Develop Management Strategies for Service Commodities: To ensure continuity of programming and build programmatic resilience, UNFPA should enhance its strategies for the procurement, distribution, and management of commodities (e.g. dignity/hygiene kits and reproductive health (RH) kits).
8. Help Address **Acute & Long-term Crises:** Challenges like economic hardship and climate change impact the lives and livelihoods of people across all of UNFPA's humanitarian responses. Maintain and redouble focus more on practical/efficient solutions – livelihoods linkages, transportation, mobile teams, cash transfers, personal resilience – that go beyond the immediate crises but mitigate future challenges.
9. Scale up and Expand **CVA Programming:** Leverage the findings and recommendations of the Johns Hopkins University study on the use of CVA in Jordan to develop a strategy for scaling up and expanding CVA programming across all countries.
10. Facilitate Wider Regional Access to **PNC Services:** Based on the recommendations from the 2021 Impact Assessment, conduct research to better understand the barriers to PNC in order to develop a regional PNC campaign, with particular focus placed on positioning PNC as an entry point to family planning services. Stakeholders should also investigate the creation of incentives.

Objectives and Scope of the 2023 Impact Assessment

The objectives of the 2023 Impact Assessment remain the same as those identified in the 2022 Impact Assessment. The overarching aim of the 2023 Impact Assessment is **to examine whether the services provided at UNFPA-supported SDPs–including WGSS, health facilities, youth centres, and outreach activities conducted from these SDPs–are achieving their intended objectives**. More specifically, the 2023 Impact Assessment aims to:

1. Determine the extent to which physical and psychosocial **wellbeing** has improved amongst individuals accessing SRH services, participating in GBV (prevention, response and risk mitigation) activities, and/or taking part in youth engagement programmes;
2. Understand the factors that inhibit and enhance the **accessibility** and availability of GBV, SRH, and integrated services amongst the communities targeted by UNFPA programmes;
3. Analyse the **efficiency** of service provision and the ways in which resources can be more effectively deployed for both staff and beneficiaries;
4. Provide donors with an overview of the impact UNFPA has on the wellbeing of the people reached by UNFPA programmes.

The scope of this impact assessment includes the following parameters:

1. **Temporal**: Mid-2022 (when the scope of the previous assessment ended) to mid-2023;
2. **Geographic**: Iraq, Jordan, Lebanon, Syria, GXB Operations in Northwest Syria, Türkiye, and Yemen;

3. **Thematic**: UNFPA GBV, SRH, and youth programming, including SDPs and associated outreach activities conducted by or on behalf of these SDPs (e.g. safe spaces, health facilities, and youth centres).

This report identifies both primary and secondary **target audiences:** primary audiences include those who are most likely to be responsible for implementing the findings and recommendations of this report, while secondary audiences include those for whom the findings may be interesting but not directly actionable.

Primary audiences include:

1. UNFPA ASRO, Regional Humanitarian Hub for Syria, UNFPA COs in Iraq, Jordan, Lebanon, Syria, Gaziantep Cross-Border Operations office to Northwest Syria, Türkiye, and Yemen;
2. UNFPA donors.

Secondary audiences include:

1. UNFPA IPs;
2. Other humanitarian and development actors across Iraq, Lebanon, Jordan, Syria, GXB, and Türkiye – particularly those working on SRH, gender and GBV, and adolescent and youth programming;
3. Other UNFPA regional and country offices;
4. UNFPA Humanitarian Response Division (HRD).

Methodological Overview of the 2023 Impact Assessment

The 2023 Impact Assessment builds on the methodology established in the 2022 Impact Assessment, which rationalised and systematised the usage of different tools and questions. Three primary research tools were used to collect data across all three types of SDPs (WGSS, health facilities, and youth centres): client feedback forms (CFFs) were distributed to beneficiaries receiving services, focus group discussions (FGDs) were conducted with beneficiaries at SDPs, and key informant interviews (KIIs) were carried out with institutional stakeholders, such as partners, service providers, and UNFPA staff.

Table 3 below summarises the number of participants for each data collection tool. In total, (a) 6,228 client feedback forms were collected, representing a robust collection of samples from each service delivery point; (b) 163 key informant interviews were conducted; and (c) 126 focus group discussions were conducted, involving a total of 967 participants. For each data collection type, data collection was designed to achieve saturation across all countries and all beneficiary categories. Additionally, Table 4 describes the sampling methodology and respondent selection of each of the 3 data sources.

Table 3: Number of Participants per Data Collection Method

Key Informants			
UNFPA	**Non-UNFPA**	**Total**	
25	138	163	
FGD Participants			
Female	**Male**	**Total**	
909	58	967	
CFF Respondents			
WGSS	**Health Facilities**	**Youth Centres**	**Total**
2,593	2,397	1,238	6,228

Table 4: Sampling Methodology and Respondent Selection Overview[3]

Date Source	Sampling Methodology	Respondent Selection
Key Informant Interviews (KIIs)	Purposeful and convenience sampling	KIIs were selected to attempt to achieve saturation (between 9 and 12 respondents) across key pre-defined groups (e.g. WGSS staff, health centre staff, etc) including both UNFPA and partner staff, and inclusive of diverse areas of expertise.
Focus Group Discussions (FGDs)	Purposeful and convenience sampling	The profiles of FGD groups were determined by the Country Offices based on country-specific requirements, such as age and gender. Lebanon was the only country that included an LGBTQI focus group.
Client Feedback Forms (CFFs)[4]	Purposeful and convenience sampling	Using each SDP's data for total beneficiaries reached in the previous year, a representative sample number was chosen using a sample calculator (e.g. Raosoft sample calculator).

This Impact Assessment Framework (IAF) looks at three types of SDPs, including associated outreach activities where applicable. These are:

a. WGSS;
b. Health facilities;
c. Youth centres.[5]

Activities at each SDP are assessed according to three dimensions:

a. Wellbeing;
b. Access;
c. Efficiency.

The final analytical section includes two additional types of analysis:

a. Analysis of psychological, social, physical, and economic impacts;
b. Analysis of shocks, resilience, and climate.

The three primary data collection methods are outlined below; these are supplemented by an extensive secondary data review:

a. Key informant interviews (KII);
b. Client feedback forms (CFF);[6]
c. Focus group discussions (FGD).

3 A foundational principle for the sampling was office ownership: while the Hub provided parameters for sampling, the final sampling decision was taken at the country/operational level, ensuring that samples were robust and representative.

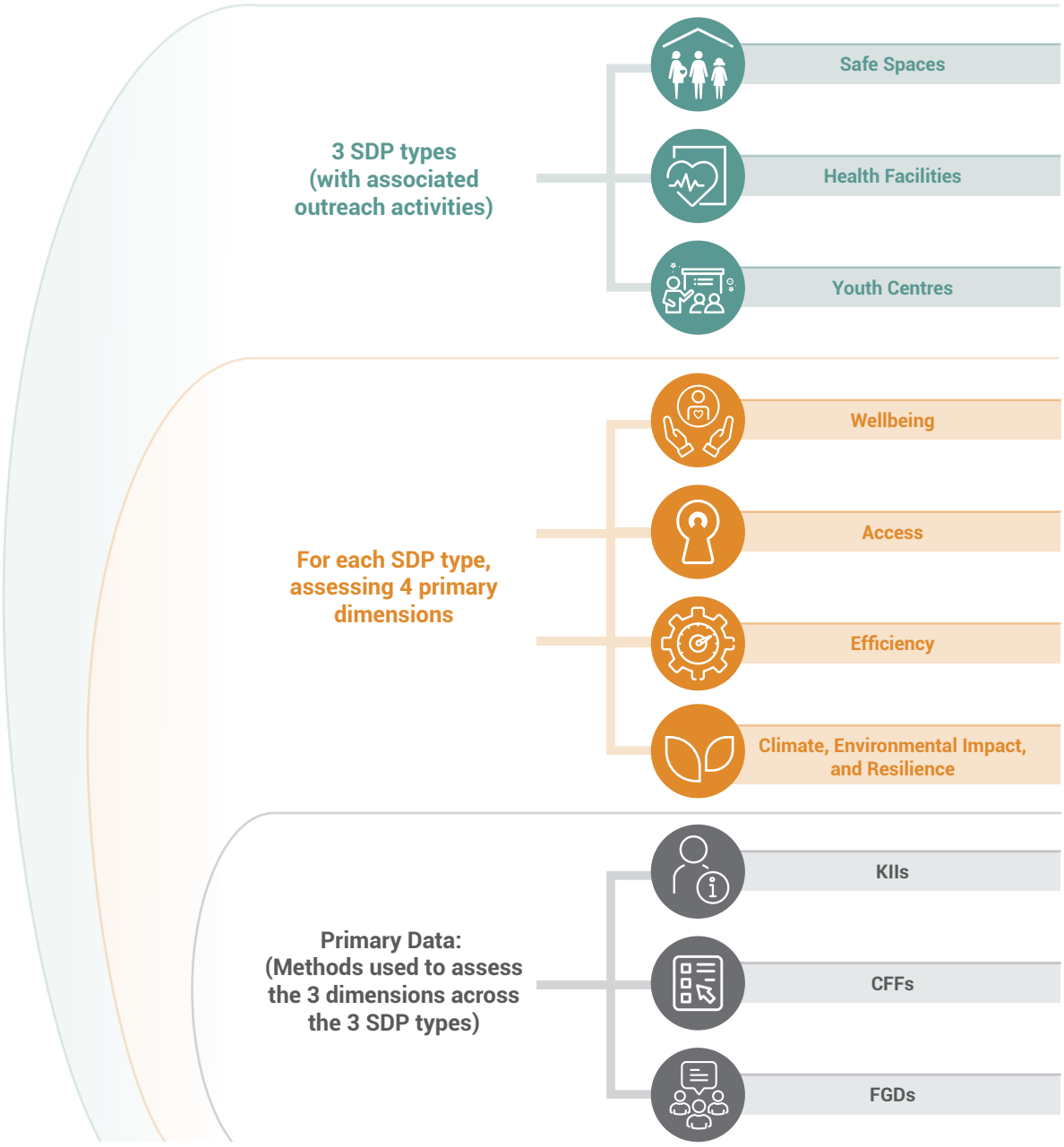
4 A specific quantitative approach was adopted for CFFs, using a 95% confidence level with a 5% margin of error, with sample sizes proportional to the number of beneficiaries for each programme; the only exception to this approach was in Türkiye, where a smaller sample size was chosen due to the excessive workload and burden inflicted on staff by the earthquake.

5 2023 marks the first time that youth centres in Türkiye were included in the annual Impact Assessment.

6 CFFs were collected in six of the seven humanitarian responses; GXB did not conduct CFFs, as they had already integrated some of the core questions into their quarterly Third Party Monitoring (TPM). To limit respondent fatigue, this Q3 TPM data was used instead of new CFFs.

Figure 1 illustrates this data collection approach graphically.

Figure 1: Data Sources and Analysis Dimensions Across SDP Types



AT THE END OF THE DATA COLLECTION PERIOD, FINDINGS FROM EACH OF THE ASSESSMENT QUESTIONS WERE SUMMARISED AND SHARED AMONGST THE EVALUATION TEAM.

Data cleaning, coding, and analysis

Quantitative Data (CFFs)

After finalising the quantitative data collection tool (CFFs), the assessment team developed appropriate coding guides in Microsoft Excel. Data from the CFFs was then transcribed into this format. Descriptive analysis was completed in MS Excel, disaggregated by SDP type (GBV/SRH/youth), country, and other relevant or useful criteria (e.g. age, gender, and disability status).[7]

Data from open-ended questions in the CFF was manually coded into a customised series of categories for each question, developed using inductive coding. All data was then assigned to one of these codes and analysed quantitatively (cross-tabulation/disaggregation completed via the use of pivot tables).

Qualitative Data (FGDs, KIIs)

Two sets of coding took place for the analysis of qualitative data. First, the KII/FGD notes were coded according to specific questions, topics, and themes. Key information from each interview was highlighted by theme/topic, and essential findings were summarised. Second, all quotes relating to each specific theme, topic, or country were analysed: this supported a more in-depth analysis of the data, allowing for comparisons to be made between countries and best practices to be readily identified.

At the end of the data collection period, findings from each of the assessment questions were summarised and shared amongst the evaluation team. The team then conducted multiple reviews of data, both on a rolling basis, as data collection was completed, and again at the end of the data collection period.

Limitations

The research and findings from this impact assessment are bound by several limitations:

1. The adoption of a purposive sampling method introduces a new potential source of sampling bias, as the selection process depends on the criteria, values, and perspectives of data collection staff, which might lead to overrepresentation or underrepresentation of certain groups. However, given the time constraints, as well as the need to reduce the travel burden placed on beneficiaries, this was seen as a strong practice overall.
2. The adoption of a convenience sampling method also introduces the possibility of sampling bias, as participants are chosen based on accessibility rather than representativeness. However, to account for this limitation, COs set specific representation goals across different demographic groups (e.g. women, girls, adolescent girls, men, LGBTQI, etc), and ages (10-17, 18-19, 20-24, 25-59, over 60).
3. While CFFs were statistically representative, only beneficiaries who visited the SDP during the data collection period were randomly selected to participate. Beneficiaries visiting the SDP during other times of the year were not provided with the opportunity to be included in the assessment. Thus, the scope of CFF sampling was limited to beneficiaries who were physically present during the time of data collection. Although the data and information collected were triangulated, some of the impacts of these interventions may only become apparent after a fixed period of time, making it difficult to accurately capture the full scope and scale of outcomes during the assessment period.
4. The simultaneous collection of quantitative and qualitative data highlights another limitation of the assessment: there were no preliminary trends or patterns from the quantitative analysis available to inform or guide the development of questions for the qualitative portion.
5. Quantitative data on people with disabilities was both limited and challenging to collect. Although The Washington Group Questions short set was used, the absence of comprehensive training on the purpose and methodology of asking these questions may have hindered accurate identification of disabilities. This aspect will be a focal point for enhancement in the next impact assessment.
6. Lastly, as highlighted below in the *Learnings from the 2022 Impact Assessment,* harmonisation continues to be another limitation of these assessments, as some COs had different data collection modalities and divergent formats for Post Distribution Monitoring (PDM) surveys. In other words, although significant efforts were made to ensure harmonisation, the lack of complete uniformity continues to pose a challenge.

7 Disability status was identified using the Washington Group Questions.

Learnings from the 2022 Impact Assessment

Table 5: Learnings from the 2022 Impact Assessment

Lessons Learned from 2022	Explanation	Updates for 2023
Harmonisation of survey and data collection methodologies remains challenging.	A long-running harmonisation effort has taken place, but in 2022, some anomalies remained, as certain operations are still not fully aligned with the 'standard' data collection modalities.	Harmonisation continued to be a challenge, as different sources of data were sometimes used across different contexts. However, significant efforts were made to improve, including: (1) regular coordination with the focal points and (2) harmonisation of qualitative sampling for the KIIs.
Paper-based data collection has risks in terms of data quality, especially with regard to Client Feedback Forms.	Data collection should be digital wherever the context allows. Paper-based data collection, with hand written notes, complicates data processing, cleaning, and analysis.	Countries/operations continued to push for digital data collection, including initiating digital collection methodologies for CFFs. In 2023, a common digital survey tool (Kobo) was created by the Hub and managed by each country.
Country-specific recommendations are missing from the assessment.	The 2022 Impact Assessment contains only regional recommendations. Country-level offices and operations have requested that the report include more specific recommendations for each country or specific operational context.	Country-specific recommendations have been drafted for the 2023 impact assessment.
Open-ended questions should be reviewed, and qualitative analysis of the CFFs should be strengthened.	Data collection tools contain open-ended answer options for some questions. This made it very difficult to analyse the diversity of responses.	A 'grouping' process was implemented for the analysis of specific questions. We propose changing the data collection forms in 2024.
More time should be allocated for data collection and note-taking during FGDs.	For many FGD submissions, several questions had limited to no responses. This makes it difficult to analyse data and synthesise results.	Dedicated training sessions were offered on note-taking and dealing with low response rates. More time was allocated for the FGD data collection.
KIIs should not be group interviews, and should include a more diverse mix of IP and UNFPA staff.	In 2022, KIIs were conducted in group settings, instead of one on one, and thus, some interviewees did not provide any responses, as the discussion was often led by only a few of the interviewees.	KIIs were conducted one on one, but this generated issues in terms of the time and resources required for the data collection process.
Questions and data sets addressing COVID-19 should be reviewed and omitted when necessary; these should be replaced by earthquake-specific questions or more general climate-related questions.	COVID-19 questions (KIIs, FGDs, and CFFs) were included in all 2022 questionnaires and data collection tools (KIIs, FGDs, and CFFs), and some SDPs were still operating within the pandemic context.	Questionnaires were reviewed and more general questions on resilience were added.

Lessons Learned from 2022	Explanation	Updates for 2023
Coordinating the schedules for conducting KIIs was challenging.	It was challenging for the Country Offices (COs) to schedule meetings and calls between the consultants and the service providers. Greater coordination and resources are needed to check the availability of both parties.	The one-on-one approach to KIIs continued to generate challenges. Additional approaches and strategies need to be piloted in 2024.
Anonymity and the process of anonymisation can be challenging given the involvement of the hub in data processing.	Staff were reluctant to answer questions about their satisfaction with the supervision and support they received, and how this impacted their ability to provide the services required by beneficiaries.	The situation was closely monitored in order to develop a comprehensive improvement plan for 2024.

Report Structure

Given the depth of data analysed in this assessment, this report is presented in 2 volumes:

- Volume I. This volume includes:
  - Section 1: Introduction and Methodology;
  - Section 2: Regional Impact Assessment Findings; and
  - Section 3: Regional Conclusions.
  - Section 4: Recommendations.
- Volume II. This volume includes:
  - Section 4: Country-level Findings.

Data Sources

The 2023 impact assessment includes input from 163 key informants; 967 FGD participants; and 6,228 CFF respondents. This is a robust sample that includes both qualitative and quantitative data. Although there was a slight decrease in the number of FGD and CFF participants compared to 2022, there was a significant increase in the number of key informants over the previous year.

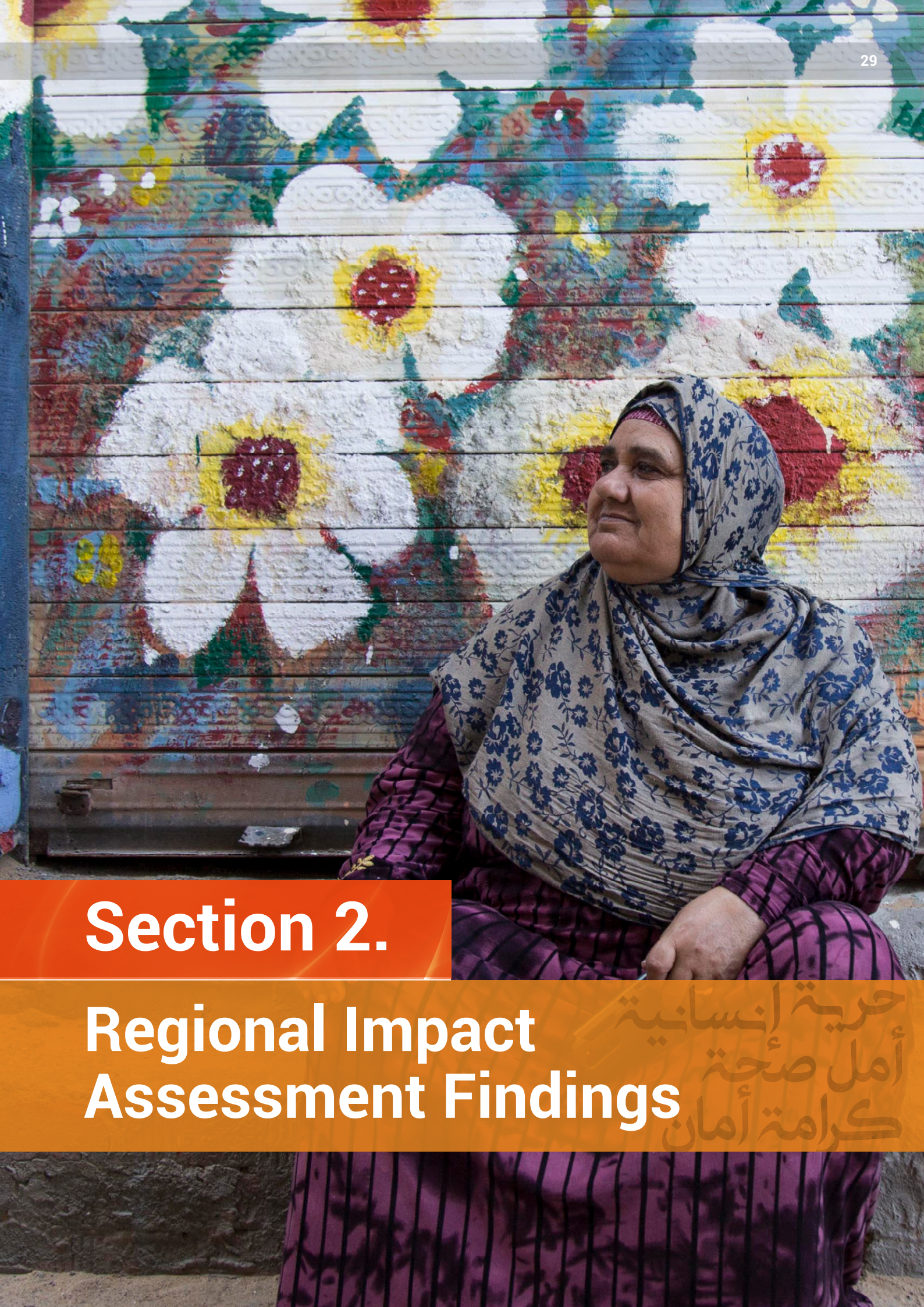
Data collection was organised to balance the two competing priorities: paucity – collecting the minimum amount of data necessary to generate reliable results, so as to to minimise questionnaire fatigue – and robustness – the need to ensure that adequate results that can be triangulated. Data for 2023's assessment was also affected by (1) the decrease in data collection in Türkiye, as data was not collected from earthquake-affected areas, and (2) the exclusion of Sudan from the 2023 impact assessment, as a result of a new onset of conflict and the resulting humanitarian crisis.

Key informants were drawn from UNFPA's institutional stakeholders: Implementing Partners (IPs), SDP staff members, UNFPA country-based staff, and external partners, all of whom were engaged in order to provide a more contextualised picture of programmatic achievements, challenges, and constraints.

FGDs were primarily held with women/girls. A small sample of men attended SDPs in four of the countries.

For both KIIs and FGDs, sample sizes were developed with the goal of achieving a representative sample among SDPs and beneficiary groups via the smallest possible number of interviews and focus groups.

This impact assessment also included the review of over 100 relevant documents, including CVA PDM surveys, as well as a re-examination of the extensive document review conducted during the 2021 and 2022 impact assessments.



Section 2.

Regional Impact Assessment Findings

Section 2. Regional Impact Assessment Findings

UNFPA's country-level and cross-border operations seek to support a wide range of programmes and interventions across three mandate areas: SRH, GBV, and youth. These services and programmes are offered via three types of SDPs: WGSS, health facilities, and youth centres. All countries offer WGSS for women and girls, as well as health facilities. Youth centres are provided across all operations except **Lebanon** and **GXB.** Within and between countries, SDPs can deliver services in different ways: for example, **Jordan** has run pilot programmes on how to target vulnerable groups with cash and voucher assistance, and **Yemen** offers youth centre services to people over the age of 20. This tailoring of different SDP approaches and services can help support outreach to specific communities and vulnerable groups within different contexts.

Dimension A: Wellbeing

This dimension of the assessment of UNFPA's humanitarian response work looks at the physical and psychosocial wellbeing of programme beneficiaries who are at risk of GBV, GBV survivors, and/or those in need of SRH or youth services. Data collection aimed to gauge respondents' perceptions on the following key points:

- The personal importance and relevance of services being provided at SDPs
- Satisfaction with the range of services provided, including any desired changes
- Satisfaction with and impact of dignity kits (WGSS only)
- Feelings of safety and respect, and the presence/effectiveness of accountability mechanisms

WGSS

Importance of and reasons for attending services

WGSS are still very highly valued by beneficiaries and community members: an average of 43% of CFF respondents reported that the services provided by WGSS were 'absolutely essential' to their lives. This marked a decrease of about 9% from 2022. That said, it is important to highlight that another 46% of respondents indicated that the services provided by WGSS were 'very important.' The degree of importance of WGSS was variable between countries: in **Jordan,** 63% of respondents stated that the services were absolutely essential, compared to 38% among **Iraq** respondents, **31%** among **Türkiye** respondents, and 12% among **GXB** respondents. The low level of importance among GXB respondents represents a dramatic change from 2022, when respondents from this operational region ascribed strong value to the services, with over 90% rating the WGSS services as absolutely essential to their lives.

> *"These activities reduced the tension between me and my husband, as they reduced conflict and arguments between us, and the activities relieved the mental stress and the feeling of emptiness that I suffered from." (Iraq FGD participant)*

> *"[Due to the safe space] I broke the barrier of fear and shame from those around me." (GXB FGD participant)*

Not only has the perceived value of WGSS services shifted on the country and operational level, it has also shifted relative to other services. In previous years, WGSS services were considered to be among the most essential services provided by UNFPA, with a higher proportion of respondents rating WGSS services 'absolutely essential' than other SDPs. This year, at the regional level, WGSS were no longer the most highly rated service; instead, youth centres were rated higher in terms of importance.

Women across diverse age groups reported that WGSS were valuable and provided vital services, with women and girls in the 10–17, 18–19, and 60 and above age groups all stating that the spaces provided them with absolutely essential services.

> *"Al-Zahra'a Club is the only club for women in the governorate. All other clubs are mixed." (Iraq FGD participant)*

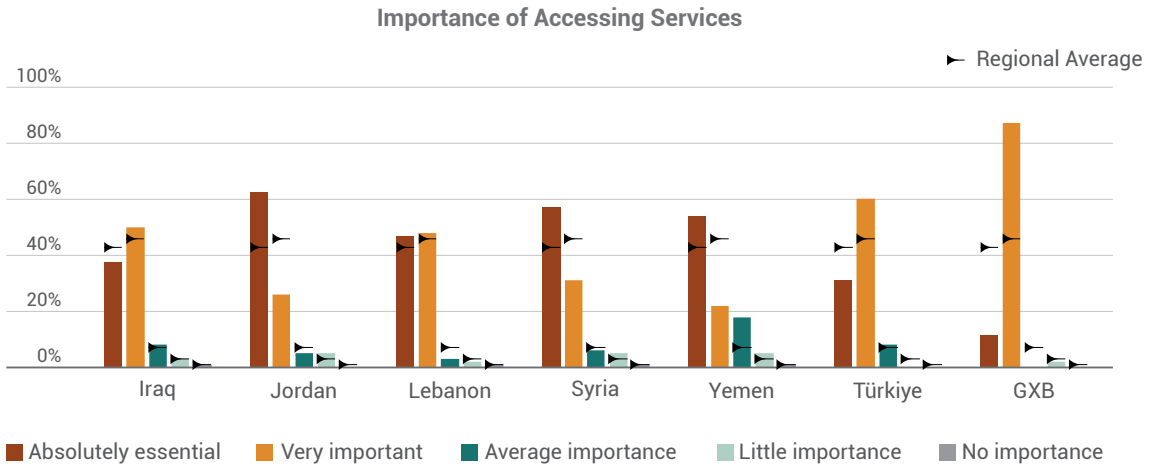
> *"[I feel comfortable in the safe space] because there is no mixing with males, so it feels like it is my place and my second home." (GXB FGD participant)*

> *"We like to come because we are safe to say whatever we want in secrecy, and I know that we will find a solution. We are learning solutions from each other, strange people have no interest in talking about us." (Lebanon FGD participant)*

The two locations that experienced the sharpest decline in the perceived value of WGSS services also faced major contextual changes. **Türkiye and GXB** operations were dramatically affected by the earthquake, which led to the concept of essential and lifesaving needs being drastically redefined during this period. At the same time, the deterioration of economic conditions within Türkiye also created challenges for women and girls and ultimately impacted their engagement with WGSS. In **Iraq**, several WGSS were transitioned to the Government of Iraq; this may have affected both the quality of services provided and the perceived safety of those accessing the services.

> *"Most families in this area follow customs and traditions that prevent girls (especially those aged 14-19) from leaving the house for entertainment, such as going shopping or gathering with friends in public places." (Iraq FGD participant)*

Figure 2: Importance of Accessing WGSS Services



WGSS used as shelters during 2023 February Earthquake:

Across the region, WGSS are highly valued by the community, with 43% indicating that they were absolutely essential and 46% indicating very important. Women and girls reported that there are no other services that offer the same quality and comprehensive activities, and that are exclusively female-only spaces. WGSS are also heavily trusted across the region by women and girls, showcasing the unique support that UNFPA provides. They serve as an example of how UNFPA is meeting the objectives intended when resting these spaces. This was prevalent in the context of earthquakes in Türkiye and GXB, in which one centre had the shape of a container and served as shelters for families. Additionally, staff were able to hand equipment to affected communities, specifically dignity kits, maternity kits, and others that were stored in warehouses.

"... Personnel used the training hall and child-friendly area as an accommodation area for personnel and storage for 5 months. While the centre started its activities 2 months after the earthquake, training and awareness sessions [started] 5 months after the earthquake" (Türkiye KII).

Range of services

UNFPA's WGSS undertake a very wide range of activities, which can vary enormously between individual safe spaces or centres, within a particular country or context, and across the different humanitarian response operations. That said, there are a core series of activities carried out across all WGSS facilities and humanitarian responses—most notably GBV case management, MHPSS, and awareness activities. An array of supplementary activities are also provided at WGSS facilities, although these can vary depending on the specific context. These activities include, but are not limited to: vocational training, recreational activities, education, health promotion, life skills training, and legal advice.

The highest-rated services provided by WGSS were (1) MHPSS, (2) awareness sessions on rights and gender, and (3) GBV case management. Within the context of GBV case management, cash assistance is being provided in a number of countries, with limitations based on budgetary constraints. Review of the PDM analysis reports shows that, within a survivor-centred approach, cash and voucher assistance (CVA) has a significant impact when it comes to mitigating GBV risks and responding to GBV consequences. Of the GBV survivors who were surveyed, 97% of respondents in Jordan, 90% of respondents in Lebanon, and 99% of respondents in Türkiye reported that CVA contributed to decreased or mitigated risks of GBV. Results also showed that 99% of respondents in Türkiye, 92% in Lebanon, and 100% of those in Jordan reported that CVA contributed to improved physical and mental wellbeing.

"The amount made it easy for me to take the decision to file a case for obtaining alimony from my ex-husband." (Jordan PDM recipient)

MHPSS was the highest rated service across all seven humanitarian responses, while awareness sessions on rights and genders were particularly highly ranked among **Iraq**, **Jordan**, **Lebanon**, **Syria**, and **GXB**, and GBV case management was most highly rated by respondents in **Yemen**, **Türkiye**, and **Iraq**. The prevalence of MHPSS as a preferred activity reflects both UNFPA's strength in meeting the psychosocial needs of women and girls and a clear desire for long-term support among women and girls.

"There are many improvements in our lives due to the services. They reduced our problems, changed our husbands' treatment of us … improved our psychological stability and reduced our constant anxiety and fear." (Yemen FGD participant)

"My relationship with my husband has improved and my psychological state has improved a lot." (GXB FGD participant)

The specific activities provided by each centre are generally selected based on consultations with the community members who attend these centres, so as to ensure that their offerings reflect beneficiaries' top priorities. This community-based mechanism – offering a set of core services, as well as supplementary services based on community-identified needs – helps the WGSS respond to community needs and ensure flexibility. This contextualisation also helps support access and entry for vulnerable individuals. Only a minority of attendees noted that they either didn't know how activities were chosen or they felt that the activities were pre-chosen; it is clear from the overwhelming majority of responses that these SDPs adopt a participatory approach when it comes to selecting the types of activities carried out at their specific centres and facilities.

"We agreed on the same answer, as registration for the Mothers' Club was made in agreement with the facilitator because they are her acquaintances." (GXB FGD participant)

"We were asked in advance about the activities we need and our requests were taken into account to provide them within the centre and there are activities that are always present." (Jordan FGD participant)

WGSS are generally associated with the provision of GBV and SRH services for women and girls, and the fact that GBV case management was the third most highly valued activity among CFF respondents indicates that UNFPA is fulfilling its mandate with regard to supporting survivors of GBV. Only a small minority of individuals (8%) identified referrals as one of the least useful activities provided by UNFPA; it is assumed that these referrals take place outside the context of GBV case management. For an even smaller minority (6%), GBV case management was one of the least valued activities provided by WGSS; it is possible that this figure could indicate ongoing stigma toward survivors of GBV or could suggest that a lower percentage of GBV survivors seek services compared to the overall participants in the WGSS.

"We don't have rape cases because these things remain secret and the people of the countryside are very conservative." (Syria KII participant)

WGSS can act as an entry point into the GBV case management and referral systems for vulnerable women and girls. The role of these centres in providing a space for women and girls to speak openly and discuss different issues is clear: 10% of CFF respondents rated 'space and time to socialise' as one of their top three reasons for attending the centre. This socialisation can lead to requests for additional services and can enhance comfort levels when accessing more sensitive or stigmatised services, such as GBV case management.

"Legal services [are the least desired and requested] because the legal procedures are complex and require financial resources, and they may also break confidentiality." (Iraq FGD participant)

"I don't have a breadwinner and I [would] fix the ruined electricity in my house if I [could] learn how." (Jordan FGD participant)

In line with the results of the 2022 assessment, the three types of services with the greatest demand were vocational training, education, and social and recreational activities. A specific subset of women also asked for child services to be integrated into WGSS; this could take the form of child-friendly spaces (CFS) coordinated through operational partners or recreational activities for children. This demand could also be correlated to the finding that women identified lack of child care as a challenge in accessing WGSS. There was also a demand for more substantive economic support, including large-scale projects and economic empowerment activities that would financially support many women. These kinds of requests from beneficiaries are likely heavily correlated to the prevalence of economic shocks and the desire among many respondents to develop greater resilience. This also reflects a trend that has been growing since 2021, with women and girls increasingly requesting non-traditional activities, such as computer courses and English language courses.

"We absolutely need something to help us depend on ourselves… Financial assistance or support to small business projects [and] intensive vocational training are important to us." (GXB FGD participant)

"[I liked the course in] hairdressing, so I can open a salon in the future and become financially independent. I hope that there will be more levels of this training so that we can learn more models." (GXB FGD participant)

In partnership with a third-party organisation, **GXB was able to** respond to WGSS beneficiaries' requests for more income-generating activities, including the provision of small grants for women to start new projects/businesses to help them achieve economic independence. Seventy-four per cent (74%) of PDM respondents confirmed that the income they earned from their business helped improve their daily standard of living. Meanwhile, 80% of targeted beneficiaries reported that their exposure to exploitation or persecution has decreased as they gained independence through their business activity; however, 70% of them believed that the funding they received was insufficient to carry out their project.

CVA Programming to Key Refugee Groups in Türkiye (including LGBTQI, people living with HIV, and sex workers)

As part of CVA in the form of GBV case management, in Türkiye, CVA programming is implemented with partner organisations under the project "Increasing Access of Most Vulnerable Groups to Protection Services in Türkiye." More specifically, CVA programming focuses on key refugee groups (including LGBTQI, people living with HIV, sex workers, and men and boys who are survivors or at risk of sexual violence). Based on the identified protection risk, beneficiaries are provided with: one-off support aiming to cover travel expenses (for people under GBV risk or for those that are in a gender adaptation process and need to travel to another province in order to conduct the process), notary fees for a letter of attorney, translation fees when an institution requires an official document translation; and short-term cash support for emergency accommodation (for up to one week in a hotel), medicine fees for three months for people living with HIV that are unable to access treatment, hormone medications. 99% of respondents reported that CVA contributed to improved physical and mental well-being, as well as addressing or mitigating serious harm from consequences of GBV. Such positive results highlight the benefits that CVA pilot programming offers to different communities, including key refugee groups.

Satisfaction with/impact of dignity kits

Dignity kits are a critical and longstanding component of the UNFPA humanitarian response, helping women and girls maintain proper hygiene after being displaced. UNFPA and its partners have recognised many benefits of dignity kits over the years, including minimising the perception among women and girls that they are forgotten or sidelined in humanitarian responses. They also provide useful incentives for attracting women and girls to other services.

This section examines beneficiary satisfaction with and impact of dignity kits,and its findings should be interpreted within the context of organisational and funding limitations. UNFPA does not aim to target all women and girls with dignity kits; instead, prioritisation exercises are conducted at the country level. The dignity kits also do not represent an end in and of themselves, but rather serve as an entry point for encouraging beneficiaries to access other GBV services.

> *"Dignity kits helped me to feel that someone cares about me and is concerned about me. The kit is considered a precious gift for me." (Iraq FGD participant)*

> *"I swear, it [the dignity kit] came on time because it is difficult for us women to get this easily… The most important thing is the sanitary pad used during my period. I am ashamed to ask for them." (GXB FGD participant)*

In many operations, UNFPA uses WGSS as distribution points for dignity kits. This is a useful approach, both when it comes to ensuring that women and girls can obtain these increasingly essential and difficult-to-purchase items and when service providers seek to link the distribution of kits to the provision of other services, such as awareness sessions.

> *"Most families do not have enough income to afford the daily needs of family members. The distribution of these kits has been a positive incentive for girls to improve their health status and preserve their self-dignity." (Iraq FGD participant)*

The 2022 impact assessment recommended that "dignity kits should be mainstreamed across programming wherever possible." This recommendation does not appear to have been fully implemented, as across all seven operations, only a relatively small proportion of CFF respondents (28%) stated that they have received dignity kits. The highest reporting number came from **Lebanon,** with 48%, followed by **Jordan,** with 12%; the lowest numbers came from **Yemen,** with only 5% of CFF respondents reporting that they had received dignity kits.

"I hope that these kits will be distributed repeatedly, and more than for the same woman, so they can benefit from the items included in them." (Iraq FGD participant)

"It helps a lot, and I hope it is permanent and proportional to the number of family members, because sometimes the number of women in the house is large and we receive only one kit." (GXB FGD participant)

"The choice of items was adequate, and we were very happy about it because we needed them, not for their material value, but for their moral value." (Lebanon FGD participant)

Satisfaction levels for dignity kits stood at 48% overall, and although this data was collected via the CFFs, FGDs provided more nuanced and detailed insights. In **Jordan**, for instance, 65% of dignity kit recipients reported being strongly satisfied, but only two of the eight FGDs mentioned the receipt of dignity kits in a positive manner. Even when dignity kits were mentioned, the benefits were considered limited, with respondents making statements such as:

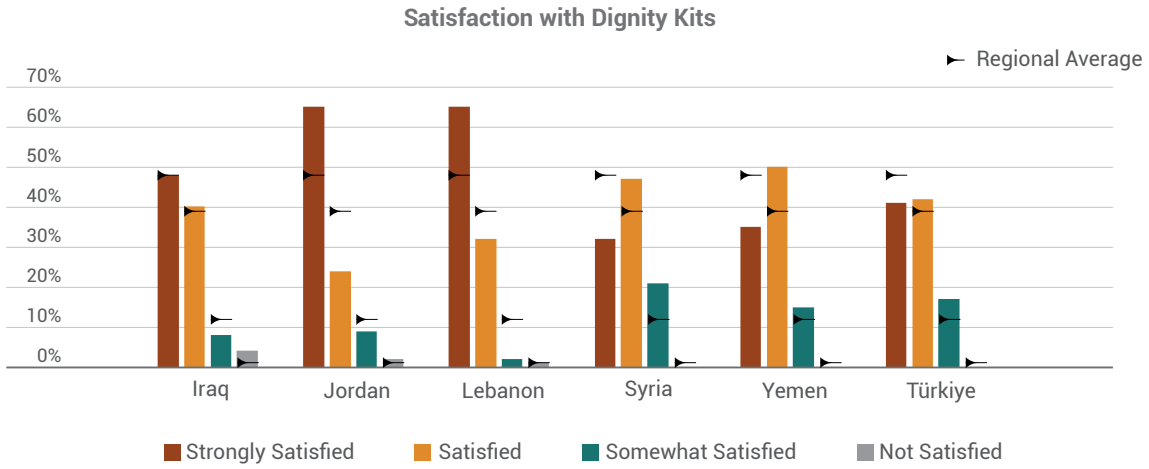
"It helped to get quality materials that weren't available outside, but the kit didn't have everything." (Jordan FGD participant)

"Yes, the participants in this session reported that a few received this kit and the other part reported that their daughters had received the kit, which contributed to reducing the financial burdens related to securing these supplies. However, the participants agreed that the supplies included in the kit are very modest and could be improved and more products could be added." (Jordan FGD participant)

Dissatisfaction with dignity kits was most prevalent among women over the age of 60. This may be due to the fact that kits were not tailored to the needs of older women; dignity kits are generally designed to support women and girls of reproductive age, who are experiencing menstruation. Although UNFPA has tried various approaches to the design and provision of dignity kits, significant challenges still remain, and additional learning on this topic still needs to happen. A comprehensive review of contexts and best practices for dignity kits would be useful, as it would provide insights that would allow dignity kits to be tailored specifically for people in certain age groups and those with disabilities.

The approach of substituting cash for kits, while offering some benefits, was not uniformly seen as an improvement. Some countries, like Jordan, have shifted to using conditional cash instead of dignity kits, allowing the targeted groups to restock their monthly pads and other supplies from local shops. However, this approach has raised concerns about whether local shops offer high-quality products or special products that are personalised based on age and other factors.

Figure 3: Satisfaction with Dignity Kits



In 2022, UNFPA implemented a pilot programme in Jordan and Lebanon that coupled puberty and menstruation awareness sessions with cash assistance, in an effort to improve access to menstrual hygiene products. The main objective was to counter harmful myths and misconceptions about periods, while providing financial resources for essential menstrual products. Results from the PDM show a significant drop in anxiety and stress among beneficiaries, with a notable increase in girls purchasing menstrual products for themselves. Negative coping mechanisms, often linked to economic constraints, also decreased in both countries: in Jordan, the use of at least one negative coping method dropped from 63% to 11% among girls. In Lebanon, there was a 19% drop in reports that menstruation affected their normal activities, another 22% of respondents in Lebanon claimed that they had not needed to skip work or school since the intervention.

"I was lucky to benefit from a programme that provides us with menstrual hygiene materials, because they understand that access to this type of products is one of our minimum rights and it helps us keep our confidence high." (Lebanon PDM participant)

"My husband did not bring any pads for me and our four daughters, he always said these items are not important since we can use any piece of fabric, and that we should not buy any specific soap from the market but use the generic multi-use one sold in bulk, which is very bad quality." (Jordan PDM participant)

Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

There is a strong sense of safety and trust amongst the women and girls who attend WGSS, with more than 95% of respondents reporting that they feel safe, respected, and satisfied in these spaces. Across all countries and interventions, over 95% of CFF respondents felt safe, and in **Syria** and **Yemen**, two particularly volatile contexts, 100% of CFF respondents reported feeling safe. Respondents also overwhelmingly reported that service providers delivered confidential, trusted, friendly, and non-judgmental services in these spaces. There were no significant differences with respect to age, gender, or disability status in these findings, which underscores the success of WGSS in serving as a refuge for all women and girls. These results are also consistent with the results of the 2022 impact assessment.

"Yes, we feel safe because we can talk about anything that worries us, knowing that there is complete confidentiality and privacy, and we have complete trust in this place." (Iraq FGD participant)

"I feel respected. When I first came, I was very afraid that I would be treated badly, but on the contrary, they made me feel like the place was my second home." (GXB FGD participant)

"[We get] psychological comfort to vent and hear opinions to solve our problems, and receive advice. We feel comfortable and better when we talk to them." (Jordan FGD participant)

On a regional level, awareness of feedback mechanisms was relatively strong, with 87% of respondents stating that they were aware of how to submit complaints. However, there was significant variation at the country level, with only 64% of respondents in **Syria aware of feedback mechanisms**, compared to 96% of respondents in **Yemen**. Overall levels of awareness about feedback mechanisms have increased since 2022, most notably among GXB beneficiaries, who reported 95% awareness. However, in some contexts – most notably **Syria** and **Jordan** – more work remains to be done. Among those who were aware of the facilities' feedback mechanisms, 98% felt comfortable submitting a complaint, indicating that while awareness of the system could be improved, the system itself is strong.

While the majority of respondents were aware of feedback mechanisms, fewer respondents felt that complaints were being followed up on. Only 42% of CFF respondents said that they were aware of the ways in which suggestions and feedback had been followed up on. Most respondents (46%) indicated that they believed such feedback was not applicable to them – but lack of 360-degree feedback could weaken confidence in feedback mechanisms at a community level.

Health Facilities

Importance of services

Fifty per cent (50%) of respondents stated that the services provided to them at the health facilities were absolutely essential. While this figure is high, it also represents a decrease of 8% over the previous year, when 58% of respondents rated the health centre services as absolutely essential. However, another 43% of respondents stated that the services provided were very important to their lives. Beneficiaries in **Yemen** valued health services particularly highly, with 62% of respondents considering health facilities absolutely essential; on the other end of the spectrum, only 43% of respondents in **Jordan** and 44% of respondents in **Lebanon** rated the health centre services as absolutely essential. This variation in beneficiaries' perceived importance of health facilities is consistent with data from 2021 and 2022.

The survey respondent demographics lend some insights into the groups that most value health facilities provided by UNFPA. Eighteen per cent (18%) of respondents to the survey were 10–17 years old, and 18% were 18–19 years old. Within both of these groups, those who considered health services to be absolutely essential was high, which was consistent with the overall average for the sample. Health services were less relevant for women over 60, who comprised only 3% of CFF respondents.

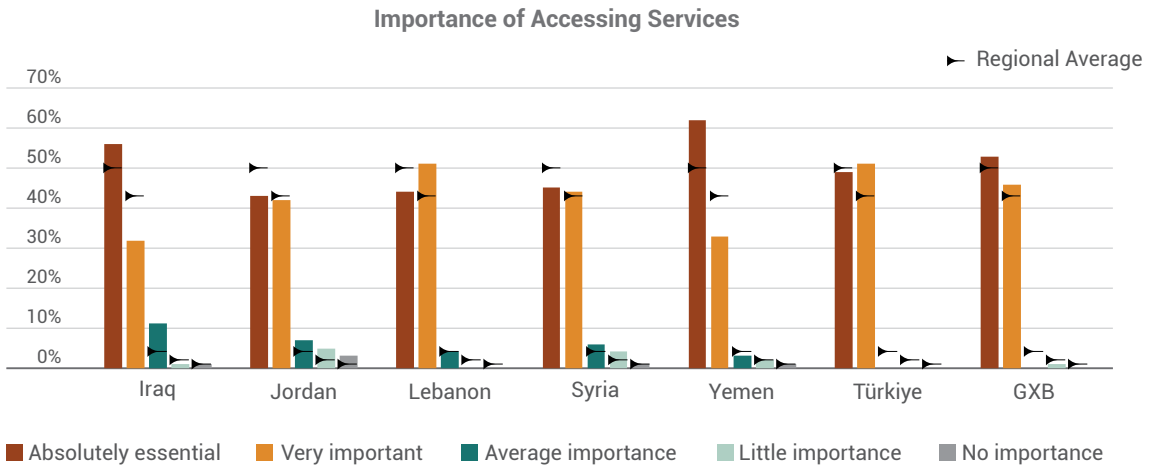
"Receiving free-of-charge medication has reduced many of the burdens of treatment costs on patients." (Yemen FGD participant)

"The hospital provided me with analysis services. Because of my health condition, I suffer from psychological fatigue. I felt better and saved [on] the cost of tests and medications." (GXB FGD participant)

UNFPA's health services frequently focus on the provision of SRH services, which are often of a culturally sensitive nature. Depending on the context, women may not always feel comfortable stating their appreciation for such services. For example, in **Jordan**, UNFPA provides SRH services in Zaatari Camp, including family planning, pre-pregnancy care, ANC, pre-marriage counselling, PNC, post-abortion care, and home visits for beneficiaries who are unable to visit the centre. Because of the cultural sensitivities surrounding SRH, including family and community disapproval and stigmas, CFF respondents in these communities may not feel comfortable expressing their appreciation for these services.

"[UNFPA services were important because they helped me] make family planning decisions and access services without fear." (Jordan FGD participant)

Figure 4: Importance of Accessing Health Facility Services



Health Facilities Popularity/Valued among Youth:

Health facilities are highly valued by the community. More specifically 50% of respondents stated that it was absolutely essential for them to receive such services, and 43% stated that the services provided by health facilities were very important to them. The demographics of respondents to the survey also provide some indications of the groups that value health facilities. 18% of respondents to the survey were 10 – 17 years old, and 18% were 18 – 19 years old. Within both of these groups, those who considered health services to be absolutely essential was high, and was consistent with the overall average for the sample. Such findings highlight the youth-friendly nature of health facilities, as they not only provide SHR services, but also serve as a secondary safe space for women and girls to bond over shared experiences, socialise, and connect with each other. In addition to offering SHR services, health facilities also work as a second safe space for women and girls across the region.

Range of services

The types of services provided by any individual UNFPA health facility vary according to the facility's specific context, country, and configuration. Because UNFPA generally works through and/or in partnership with national health systems to help provide necessary services and fill key service gaps, the specific services provided are generally tailored and shaped to the local context. The services provided by UNFPA also vary greatly in terms of the depth of engagement from supporting government recruitment and capacity-building efforts to the direct management of SRH-GBV clinics.

In line with this circumstantial variability in service provision, the most popular services delivered at these health facilities also varied considerably across the seven humanitarian responses. In general, the

highest-rated services across countries were (1) gynaecological consultations, (2) family planning, and (3) ANC and PNC. Gynaecological consultations were the highest ranked services in **Iraq**, **Jordan**, **Lebanon**, **Syria**, and **Yemen**, while family planning was particularly highly ranked in **Iraq**, **Jordan**, **Lebanon**, and **Türkiye;** antenatal and postnatal care were most highly ranked in **Iraq**, **Türkiye, GXB**, and **Yemen**.

"Yes, solving problems of difficult childbirth, malnutrition, vaccination, raising awareness about diseases and the importance of vaccination, and how to provide healthcare for pregnant women." (Yemen FGD participant)

In contrast to the WGSS model, UNFPA does not provide a core set of SRH services across all health facilities. This is due to the fact that health facilities are operated through close government partnerships, and the nature of these partnerships varies greatly from one country or context to the next–with UNFPA's engagement spanning from basic HR management to the direct provision of health services. Despite the variability across countries, contexts, and beneficiary populations, overarching trends have still emerged, particularly among CFF respondents. Gynaecological consultations, family planning, ANC/PNC, general SRH services, and CMR are the five streams of services that seem to be the most essential and widely valued across all countries included in this assessment.

This survey did not collect data about the ways in which SRH activities are mainstreamed through UNFPA's engagements with health ministries. However, if a clear consensus emerges in terms of service priority areas, it would be possible to incorporate aspects of SRH into broader governmental health services. For example, best practices with regard to SRH and ANC/PNC could be incorporated into the capacity-building of medical staff. Similarly, UNFPA could consider leveraging its partnerships with health ministries to enhance the availability of equipment and medicines for SRH services.

"All the services provided in the health centre are necessary and useful, but some suggested that it is better to take financial support instead of medication service because all necessary medications are not available in the health centre." (Lebanon FGD participant)

Clinical management of rape (CMR) was identified by 10% of respondents across the region as the least relevant service provided by UNFPA's health centres; these numbers were consistently high across different countries and contexts. The lack of appreciation for CMR services may be rooted in cultural factors and barriers that prevent people from discussing GBV openly. However, the prevalence of respondents who openly devalue CMR services hints at the degree of stigma that survivors may face, not only in their families and the wider communities, but also from community members using the very facilities where these survivors are seeking support.

When participants were asked about which additional services they would like to receive at health facilities, most referred to either advanced medical services (e.g. surgeries, inpatient services) or advanced pharmaceutical and laboratory services (e.g. medications, free lab tests). The majority of these services are outside UNFPA's remit.

"We hope that medications will be available in the centre (pharmacy) [and] we hope that there will be more than one physician available in the centre." (Yemen FGD participant)

One specific issue associated with health centres is the degree of information provided to beneficiaries. At the regional level, 61% of the respondents surveyed stated that their service provider had explained their treatment options before providing a health care intervention. While only 6% of respondents said that they had not received any information about treatment options, another 7% said that they had been told 'somewhat' about their options. In some contexts, the number of respondents who reported being inadequately informed about their treatment options was higher: in **Yemen**, for instance, 13% of respondents reported being 'somewhat' informed about their treatment options. This data indicates that there may be a communication gap between health care providers and service recipients. It is possible that service providers, and especially those in particular contexts like **Yemen**, may benefit from training on how to engage with clients and explain treatment options.

"The services are free, but there is currently no female doctor available in the centre. The services were good and the response was quick, but the current lack of services has decreased the quality of the service." (Yemen FGD participant)

"Yes, I knew all the services provided before attending and I knew very well the health care provided, all the options were available, consulting the family, especially my husband, in making a better decision." (Jordan FGD participant)

Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

As with WGSS, there is a strong sense of safety and trust amongst those who access health facilities. Ninety-seven per cent (97%) of all regional CFF respondents reported feeling safe, with consistently high levels of safety and trust (above 95%) reported across all countries. Similarly, 99% of all respondents felt that staff were friendly and non-judgmental. Trust in the confidentiality of health service providers was slightly lower, at 94% overall. There were no significant differences in these findings with respect to age, gender, or disability status.

"What makes us feel respected is there is no discrimination in the treatment between a displaced person, a refugee, and the host community." (Yemen FGD participant)

"Sometimes I feel with some doctors that they cannot wait to be done with us and they rush us." (Jordan FGD participant)

Awareness of accountability and feedback mechanisms stood at 83% for the whole region; this is relatively low when compared to WGSS. In **Syria**, only 59% of respondents were aware of feedback mechanisms, indicating a need for concerted awareness activities about the accountability mechanisms of health facilities across the country. In **GXB**, **Lebanon** and **Jordan**, awareness was also relatively low, at 75%, 83%, and 86% respectively. When respondents were aware of feedback mechanisms, 97% reported feeling comfortable and safe submitting a complaint.

ONE SPECIFIC ISSUE ASSOCIATED WITH HEALTH CENTRES IS THE DEGREE OF INFORMATION PROVIDED TO BENEFICIARIES.

> SOMETIMES I FEEL WITH SOME DOCTORS THAT THEY CANNOT WAIT TO BE DONE WITH US AND THEY RUSH US.

"Not everyone treats us with respect. I came with my mother to [the] childbirth department. The doctor shouted at my mother." (GXB FGD participant)

While the majority of respondents were aware of feedback mechanisms, a smaller proportion of respondents felt that complaints were being adequately followed up on. Only 44% of CFF respondents said that they were aware of the ways in which suggestions and feedback had been followed up on. The dynamics of feedback mechanisms are similar to those reported by WGSS beneficiaries, with respondents generally not feeling that feedback was applicable to them.

Youth Centres

Importance of services

An average of 65% of CFF respondents reported that the services provided by youth centres were absolutely essential to their lives—an increase of about 17% from 2022. Meanwhile, another 27% of CFF respondents reported that these youth centres were 'very important' to their lives. As a result, in 2023, youth centres were rated as the most essential service by CFF respondents across all service modalities; this is in contrast to previous years, when WGSS were generally considered to be the most essential service. While the data provided does not support a direct analysis of the reasons for this change, there is a strong possibility that the region's well-documented economic decline and lack of opportunities have disproportionately affected youth, who have begun to rely more on social networks and community support systems like those provided by the youth centres.

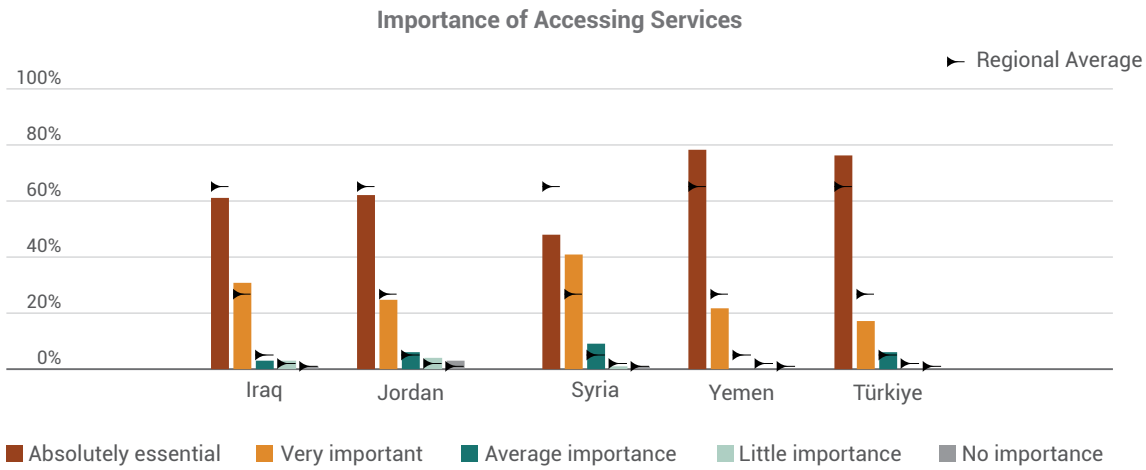
"Our psychological situation has become better because of filling our free time and getting rid of pressures…. Social life is better, especially with making new friends and getting rid of the barrier of shyness and fear." (Jordan FGD participant)

There was strong variation in the degree to which respondents in different countries felt that youth centres were important. In **Yemen**, 78% of CFF respondents felt that the youth centres were 'absolutely essential' to their lives, while 48% of respondents in **Syria** rated youth centres as absolutely essential. In both **Iraq** and **Jordan**, approximately 60% of respondents felt that youth centres were essential to their lives. In both **Iraq** and **Syria**, UNFPA expanded the number of centres offering youth activities in 2022; thus, it is possible that the lower ratings in these countries may be associated with this expansion and the process of building trust with local communities.

"I benefitted from the grant received from the livelihood program, which helped create a source of income for me and my family. Accordingly, my children were able to complete their studies." (Iraq FGD participant)

Youth centres are not offered by UNFPA in its **Lebanon** and **GXB** operations, and the specificities of service provision differ dramatically from country to country. In **Yemen,** all CFF respondents were over 20 years of age, whereas in other contexts, youth across all age categories participated in CFFs. There is a possibility that the decision to target youth over the age of 20 resulted in Yemen's relatively higher satisfaction rates. However, in both **Jordan** and **Syria**, those at the younger end of the spectrum (10–17 and 18–19) were more likely to value the services provided at the youth centre; in Jordan in particular, this may be attributed to the fact that these centres are operated within the camp environment.

Figure 5: Importance of Accessing Youth Centre Services



Range of services

The highest-rated services carried out at the youth centres across the five relevant humanitarian responses — **Iraq**, **Jordan**, **Syria**, **Türkiye**, and **Yemen** — were (1) recreational services, (2) vocational training, and (3) life skills training. Although the responses were consistent across different countries, it is important to note that youth centres in **Yemen** only provide reproductive health services, life skills training, and vocational training services. Notably, reproductive health services emerged as the highest ranking in **Yemen**.

> *"Another girl mentioned that her mother, after participating in the sewing course, learned how to sew the clothes they wanted to wear after it was difficult for the parents to buy them from the shops." (Iraq FGD participant)*

Participants expressed very strong demand for follow-up activities, specifically connected to vocational training programmes: youth were actively looking for jobs, CV support, grants to support small business start-ups, etc. The desire for these additional employment activities links strongly with the theme of resilience: economic shocks are considered to be the most relevant and impactful shocks faced by local communities. By partnering with organisations and specialists focused on livelihood and career development, UNFPA could strengthen the pathways between its youth centres and tangible work/career opportunities.

"The quality of the services was excellent, but it was limited to a certain type of services. The girls in the community need a lot of services, such as support for returning to school and health services." (Iraq FGD participant)

Activities at youth centres that were rated as least relevant by respondents included recreational activities, vocational training, and art classes. Both recreational activities and vocational training were also listed among the most highly appreciated activities, demonstrating the diversity of youth who are accessing the centres, and suggesting that the current offerings may need to be better tailored to meet more diverse needs and demographics. This observation is reinforced by the prevalence of youth centre beneficiaries who have requested additional support in accessing employment – via job matching programmes, small business grants, CV tailoring, etc.

Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

Ninety-seven per cent (97%) of CFF respondents stated that they felt safe in youth centres, with high levels of safety reported consistently across all demographic groups, regardless of group, gender, or disability status. Ninety-eight per cent (98%) of respondents felt that staff were friendly and non-judgmental, and 95% felt that they could trust in the confidentiality of those who were working at youth centres.

"The staff at the centre are kind, compassionate, and understanding. They empathise with the survivors and provide them with all the advice and support they need. When survivors come to the centre, a safe and supportive environment is created so they can feel comfortable speaking about their experiences." (Iraq FGD participant)

Awareness of accountability mechanisms among youth centre beneficiaries stood at 87% across the whole region; this is on par with WGSS. However, it should be noted that neither **Lebanon** nor **GXB** host youth centres, and in **Lebanon,** overall awareness of feedback mechanisms was relatively low across different types of service modalities. Whenever youth were aware of accountability and feedback mechanisms, 98% reported feeling safe and comfortable submitting a complaint.

While the majority of respondents were aware of feedback mechanisms, a smaller number of respondents felt that complaints were being followed up on. Only 44% of CFF respondents said that they were aware of the ways in which suggestions and feedback had been followed up on. The dynamics of feedback mechanisms were similar to those seen at WGSS and health facilities, with respondents generally not feeling that feedback was applicable to them.

"When we ask any question or for any service, they take it with respect and listen to what we want fully and with respect for our views and empathise with our circumstances and accept them." (Jordan FGD participant)

Dimension B: Access

This dimension of UNFPA's humanitarian response looks at the availability of and access to GBV, SRH, and youth services among refugees, IDPs, and host communities. In particular, the 'access' dimension looks at the challenges faced by people with disabilities or who are otherwise vulnerable (e.g. due to age, sexual orientation, and other factors). Within this dimension, this assessment also looks at the degree to which services are open and accessible to all. Data was collected to assess respondents' perceptions on the following key points:

How their needs could be addressed in the absence of UNFPA

Overall accessibility of UNFPA's services and facilities

Accessibility of services and facilities specifically for vulnerable groups

WGSS

Addressing needs in the absence of UNFPA support

UNFPA services are seen as unique to the communities they serve: in line with findings from 2022, women and girls claimed that no other service provider offers the same quality and combination of services in a safe and respectful environment. In other words, while similar services exist across the seven humanitarian responses, women and girls in all of the FGDs reported that none of these other service providers deliver the same quality and comprehensiveness of activities, in such close proximity, with such easy accessibility, and, most importantly, available in exclusively female-only spaces.

> *"The centre is the only place in the camp that provides activities that support women in awareness-raising and self-development and awareness of women's rights and protection from violence. There is no other entity in the camp, which efficiently provides the same services." (Iraq FGD participant)*

> *"There are no places allocated for us except this safe space. They [women] will definitely be lost, [and without the women's centres] psychological state deteriorates." (GXB FGD participant)*

Across most of its operational locations, UNFPA is widely recognised as the only significant player providing GBV support, especially in camp settings. While some other providers do exist in the GBV sector, primarily in the form of non-governmental organisations (NGOs), most of these providers offer a different package of services, delivered via different approaches. One of the most highly valued approaches adopted by some UNFPA WGSS is the multifaceted nature of support: at many WGSS, for example, women can bring children with them. There is demand to build on this approach across more WGSS operations, with women often asking for more services targeted toward children and/or the establishment of CFSs within WGSS, so that children can engage directly and confidentially with facilitators in the context of these safe spaces.

One of the most highly valued aspects of UNFPA's WGSS operations is the women-only nature of the centres. Both in FGDs and KIIs, beneficiaries and partner staff made it clear that the centres provide women with space to discuss and engage freely. In quantitative responses as well, 10% of beneficiaries highlighted the ability to engage freely with other women as a strength of the WGSS model.

> *"Yes, [other organisations] also provide safe spaces. However, these places are not as good as the UNFPA safe spaces because they do not provide empowerment services, and they mostly offer their services in public places that are not exclusively for women." (Yemen FGD participant)*

One of the key measures that can help assess the uniqueness of UNFPA's offerings is how people hear about the services. Across the region, 62% of people had heard about WGSS through word of mouth, indicating that community trust in WGSS is high. Building this kind of trust takes time, and it would be challenging for another service provider to develop such a strong community base.

Accessibility of services and facilities

Overall, 62% of CFF respondents described access to WGSS as 'easy,' which represents an increase of 7% from 2022. There was variability in accessibility from country to country: only 49% of respondents in **Yemen** stated that it was easy to access WGSS, compared to 67% of respondents in **Jordan**, and 96% of respondents in **GXB**.

Across all humanitarian contexts, transportation was identified as a major barrier to WGSS access. When asked about the top challenges that individuals faced in terms of accessing WGSS, 53% of all respondents cited lack of transport as an issue, while 51% cited high transport costs as a barrier. Transportation costs have been identified in impact assessments as an access issue for the past several years, and in KIIs, UNFPA staff and partners pointed to several pilot projects that have attempted to address these issues. Some of the approaches included the provision of free transport and centralisation of services via multi-service centres. Centralisation of services was highlighted as a benefit during FGDs and in some quantitative surveys, while the provision of free transport was not mentioned as frequently or extensively.

> *"The girls mentioned that it is difficult for them to reach the centre on foot, especially when the weather is hot, and the activities were conducted at noon. Some girls said that it's difficult for them to come to the centre alone because they are afraid of being harassed in the street." (Iraq FGD participant)*

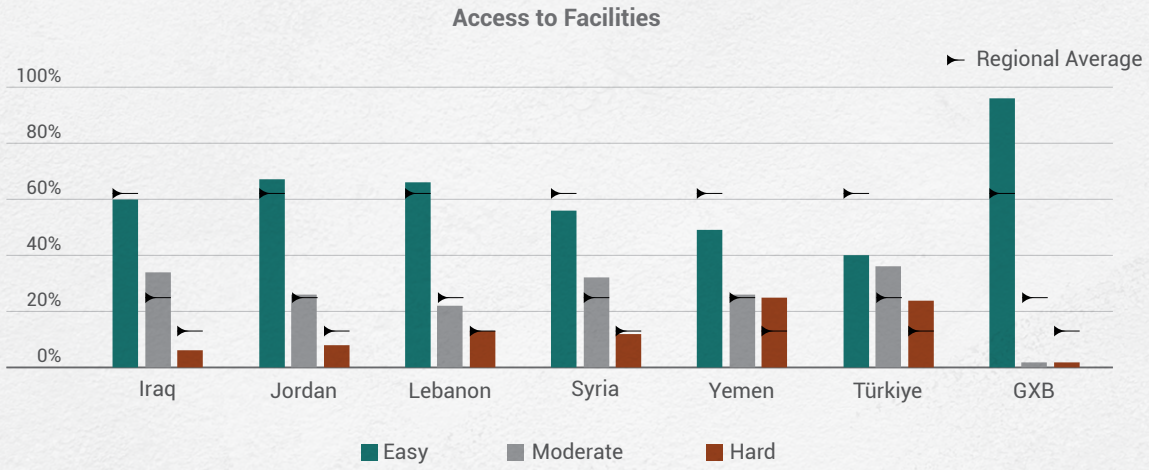
In **Lebanon** and **Yemen**, cash for transportation was provided to help beneficiaries access GBV case management services. In both countries, the majority of respondents confirmed that cash for transport contributed significantly to beneficiaries' ability to access services necessary to recover from the conditions of violence.

Another major barrier to access was the presence of cultural factors—namely, family disapproval and the need to secure a chaperone. Across the region, these two barriers were identified by 15% and 33% of respondents, respectively; these issues were also identified in several previous assessments. UNFPA has made efforts to gain wider acceptance within communities, conducting awareness activities and training sessions, as well as broader outreach activities conducted through partners. While these kinds of attitudinal and behavioural changes typically require systematic, long-term investments, a 'lessons learned' exercise on the success of different approaches may support more effective and impactful programming.

"Adolescent girls are exposed to social discrimination by their parents or husbands." (Iraq FGD participants)

Lack of child care options was also mentioned as a barrier to access by 12% of respondents. This figure was supported by qualitative information gathered during FGDs and from open-ended questions about requested services: a significant minority of women request that WGSS provide child care, CFS, or educational activities targeted at children. This kind of integrated service structure has been implemented at some centres, such as the multi-service centre in **Iraq**. It would be useful to gather best practices and lessons learned from these facilities, so that they could be applied in other countries and contexts.

Figure 6: Access to WGSS Facilities



Accessibility for vulnerable women, girls, and youth

People with Disabilities: Fourteen per cent (14%) of quantitative survey respondents at WGSS reported having disabilities. Of those people with disabilities, 14% reported facing challenges in accessing WGSS and related activities, either personally or on behalf of the individual(s) with disabilities who they support.

There was significant variation between countries regarding accessibility for people with disabilities; this variation can be analysed both in terms of the proportion of CFF respondents who reported having disabilities and in terms of the proportion of those respondents who stated that they had faced accessibility challenges. In **Iraq**, 16% of CFF respondents had disabilities, indicating that some steps toward inclusion have been made. However, with 32% of CFF respondents in Iraq reportedly facing challenges in accessing services, there is clearly much more work to be done. In **Yemen**, the situation was fundamentally worse, as only 4% of respondents reported having a disability indicating that access challenges are very high.

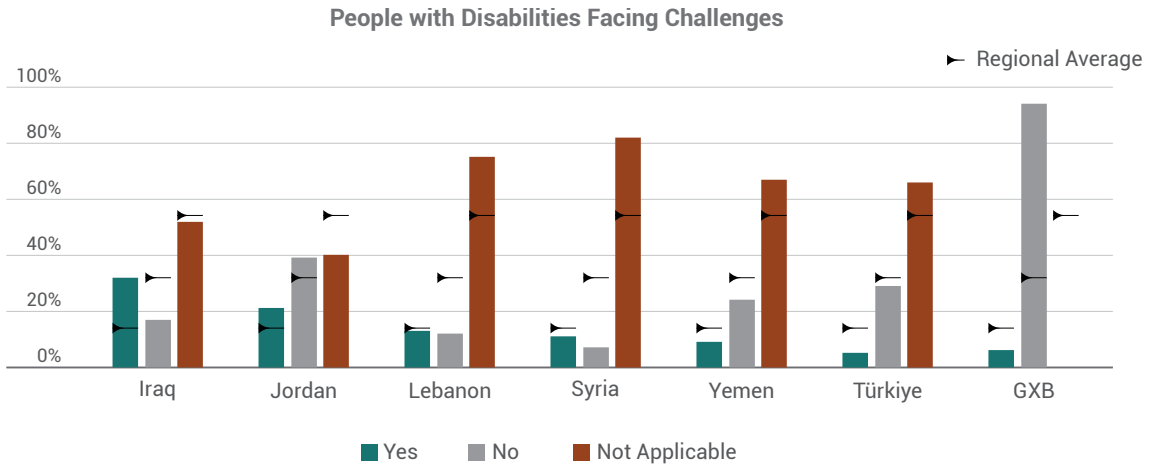
"The UNFPA centre is unique for us, [other centres] provide us with some spaces, but it is limited to physical activities and there is no specialised staff to deal with our needs. (Iraq FGD participant)

In some contexts, people with disabilities faced challenges, not only in accessing WGSS, but also in accessing specific WGSS-related services. For example, in **Syria**, 8% of WGSS attendees reported receiving dignity kits – but none of the people with disabilities in the CFF sample had received dignity kits. The reasons for this disparity are not clear from the data collected for this report.

"[It would be good if the WGSS could] organise activities for people with disabilities and to pay more attention to their needs so that they can benefit from these services." (Iraq FGD participant)

"Some people with disabilities have accessed the services, while others have not been able to access the services because their families might be afraid for the disabled girls to get to the place alone, or they might be afraid of the stigma for people realising that there is a disabled girl in the family, as some families consider this to be shameful." (Yemen FGD participant)

Figure 7: People with Disabilities Facing Challenges Accessing WGSS



Youth: Different age groups showed specific preferences with regard to the activities they most value at WGSS. Girls from the age of 10 to 17 show a preference for MHPSS programming and awareness sessions; they also expressed appreciation for programmes that target them specifically, such as dedicated sessions and activities for adolescent girls. Some contexts were particularly challenging for young girls: in **Yemen**, girls between 10 and 17 were disproportionately likely to say that it was difficult for them to access a WGSS, but were also likely to be in high need, as they showed strong satisfaction with dignity kits and other specific services. In some contexts, UNFPA's service provision approach was more pointedly targeted toward youth: for example, in **Syria,** youth between 10 and 17 were particularly likely to value vocational training.

"Sewing [is not relevant for us at the WGSS] because it is not suitable for our age although it is currently not available for women older than us." (Jordan FGD participant)

"Bullying and harassment by men along the way [prevents us from coming to the centre in the camp]." (Jordan FGD participant)

Elderly People: Access issues, specifically those linked with transport and security, were highly likely to affect elderly people in specific contexts. For example, in **Iraq**, people over 60 were especially likely to rate access to WGSS as hard. The services provided at WGSS may also need to be more carefully tailored to older beneficiaries: in **Iraq**, those over 60 were also disproportionately likely to be dissatisfied with dignity kits, the contents of which are generally targeted toward younger women. Other services may also need to be better tailored to elderly beneficiaries, with referrals readily available for their specific needs.

"The elderly: They request a monthly pension or 'food rations or other benefits' from ABAAD [resource centre for gender equity]." (Lebanon FGD participant)

Other Marginalised Groups: Across the region as a whole, some LGBTQI individuals have accessed services; there was also a small proportion of CFF respondents who preferred not to state their gender. The number of known LGBTQI individuals accessing these services is small, but their representation in CFFs also represents an improvement over previous years. In **Lebanon** and **Turkiye,** specialised partners provide cash through GBV case management, focussing on specific marginalised groups (including LGBTQI, people living with HIV, sex workers, and men and boys who are survivors or at risk of sexual violence).

Health Facilities

Addressing needs in the absence of UNFPA support

UNFPA's health service offerings are less specialised than the services it provides at WGSS and youth centres. This is due in part to how health services are offered in some, but not all, settings: where possible, UNFPA builds partnerships with local health ministries and implements its services within existing government-led health facilities. In countries and settings where this is not possible (e.g. GXB, Yemen), UNFPA provides these health services directly.[8] This leads to a methodological challenge when it comes to assessment: while UNFPA acts as a direct service provider in some contexts, in others, it trains governmental entities and employees, who then roll out and administer the SRH services at their own health facilities/hospitals. In the latter case, the added value of UNFPA's support is harder to isolate, because UNFPA support and training can have a knock-on effect that impacts all health facilities in the region/country. For example, UNFPA has worked on transition plans with the government in **Iraq** to hand over its SRH services to government-run primary health centres, which has had wide-reaching benefits for other government-run health facilities as well.

In 2023, data from CFFs, FGDs, and KIIs indicates that health facilities continue to provide a necessary service. The specific needs that are met vary by country; in countries with stronger government structures, UNFPA-supported facilities provide specific services to more vulnerable communities in camps (e.g. **Iraq**). UNFPA facilities were also valued because of the wide range of services offered in one location (e.g. **Lebanon** and **Türkiye**). In more fragile contexts with weaker governments, UNFPA was seen to be one of the only actors providing health services to conflict-affected women and girls (e.g. **Yemen**).

> *"People would have had to go to private clinics in Al-Mukalla, which are very expensive and unaffordable for many people. This would mean that most people would be unable to get the treatment, which would make their suffering worse." (Yemen FGD participant)*

8 In GXB, they do not have government authorities, but only de facto authorities. Thus, UNFPA remains a major provider of RH services and the sole provider of RH kits.

"The situation will become difficult for the people of the region. They will have to go to Marea, Al-Rai, or Azaz, all of which are far away. The patient may die before he arrives there." (GXB FGD participant)

Among service providers and UNFPA staff, health facilities are valued in part because they provide specific SRH services (e.g. ANC, PNC, family planning, post-abortion care, management of sexually transmitted infections and CMR in **Jordan** and **Yemen,** and family planning in **Türkiye**). The added value of specialised services, such as CMR, is less clearly recognised among women and girls who access the health facility services: beneficiaries did not indicate high value for these services in the quantitative data from CFFs or in the qualitative data gathered from FGDs. This indicates that greater community awareness may be needed on specific SRH issues, as well as on the health benefits associated with service provision.

"There are no similar nearby places and we cannot look for another facility because of the distance and the financial cost. We cannot imagine what we would do if this centre did not exist." (Jordan FGD participant)

"This centre makes it simple for people to get everything they need in one spot." (Lebanon FGD participant)

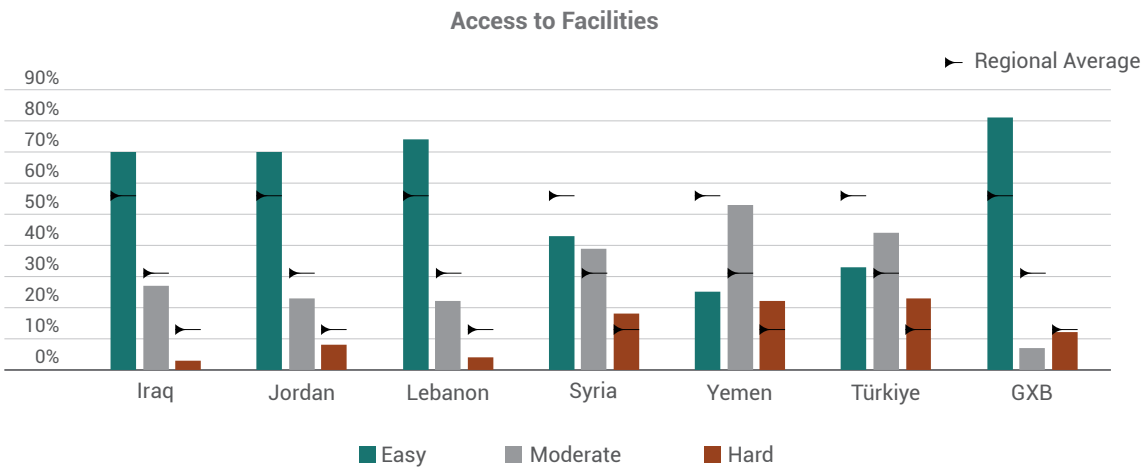
"There are no other places close to us, except the private one… but I can't afford it." (GXB FGD participant)

To address barriers to maternal health services, Yemen introduced vouchers designed to help increase the uptake of essential reproductive health services for pregnant and lactating women, enhance the quality of service in remote and underserved areas, and facilitate referrals to contracted government health care facilities. Local midwives were hired to help distribute vouchers, mobilise communities, support outreach, and refer beneficiaries to the targeted health facilities, in an effort to increase facility-based deliveries and antenatal care visits.

Accessibility of services and facilities

In general, beneficiaries reported that health facilities were slightly harder to access than WGSS. Fifty-six per cent (56%) of respondents stated that access to health facilities was easy, compared to 62% of WGSS respondents. There was a wide variation in access from country to country, however. Access was particularly challenging in **Syria** (where only 43% of respondents said access was easy) and **Yemen** (where only 25% of respondents said access was easy). In contrast, access was significantly easier in other countries, with 70% of **Iraqi** respondents, 70% of **Jordanian** respondents and 74% of **Lebanese** respondents stating that access was easy.

Figure 8: Access to Health Facilities



It is possible that access challenges are associated with conflict and fragility – both **Syria** and **Yemen** are very fragile contexts – and with low levels of trust in government actors and/or the capacities of government actors. UNFPA has developed strong collaborations with government entities in **Yemen** to support wider SRH programming and to provide SRH services directly through government-run clinics. However, where government actors have reduced operational capacities, they may also face challenges in supporting effective SRH service provision.

> *"Some parents refuse to bring their daughters to the centre to get the services." (Yemen FGD participant)*

> *"Yes, the services were good, but there was a delay as we were added to the waiting lists, and we had to wait for our turn to receive the services." (Yemen FGD participant)*

As with WGSS, CFF respondents identified three major challenges in accessing health facilities. Transport was an issue for many beneficiaries, with 38% of respondents stating they had no transport, and 44% stating that transport costs were high. There were also cultural barriers associated with accessing health facilities, specifically related to the need for a chaperone (identified by 19% of respondents). Only 5% of respondents suggested that their family disapproved of their engagement with the health centres, representing a lower disapproval rate than for beneficiaries visiting WGSS and youth centres. Lack of child care was noted as an issue for 9% of respondents. Similar to the dynamics in WGSS, various efforts have been made to address these challenges, and a comparison and 'lessons learned' exercise would support the development of best practices.

> *"It is difficult to reach healthcare facilities sometimes with a rise in fuel price and transportation fees as well, so some pregnant women or those seeking counselling and family planning services may refrain from coming." (Yemen FGD participant)*

> *"I cannot come alone because the hospital is a little far from my home and because my family does not allow me to go out alone." (GXB FGD participant)*

In mid 2022, **GXB** implemented a conditional cash assistance pilot to support PNC uptake by reducing the financial barriers to accessing health care in a dignified and safe manner. Over ninety-nine per cent (99.9%) of women who registered for the programme attended the three mandatory PNC visits and subsequently received the cash. Seventy-two per cent (72%) of PDM interviewees said that the cash assistance had a significant effect on the beneficiary's decision to come back for follow-up PNC visits. The pilot was also a major pull factor effect for the facility implementing it, making this a highly recommended approach that can be replicated in other SRH facilities across the wider geographic area.

In the aftermath of the 2023 earthquake, **Syria** initiated a voucher for transport programme to help pregnant and lactating women (PLW) access 24/7 maternity care during their last trimester. Based on the PDM data, 100% of the respondents used the CVA, and reported that it significantly enabled them to access safe delivery services. Similarly, 100% of the respondents indicated that the transportation voucher positively impacted their family. In **Yemen**, a cash for transportation programme targeted 564 people, in an effort to reduce their barriers to accessing health facilities. Based on the PDM, the majority of these beneficiaries reported satisfaction with the services received. However, there was some feedback suggesting that the cash assistance was not sufficient, particularly for those travelling from remote or hard-to-reach areas.

> THERE ARE NO OTHER PLACES CLOSE TO US, EXCEPT THE PRIVATE ONE... BUT I CAN'T AFFORD IT.
>
> (GXB FGD PARTICIPANT)

Transportation:

Transportation remains an issue across all contexts, and the main obstacle for beneficiaries to access WGSS, health facilities, and youth centres across the seven humanitarian responses. For example, in Syria, 90% reported that either a lack of transportation (48%) or the high costs of transportation (42%) remained significant factors in accessing services at health facilities. Similarly, in Iraq, 80% reported that lack of transportation (40%) and high cost of transportation (40%) remained the main challenge in accessing WGSS. The same occurred with youth in Yemen, with over 85% stating that there was a high cost of transportation to access youth centres.

UNFPA has actively piloted voucher transportation and partnered with local organisations across the region. An example of this is in Yemen, in 2023 through its CVA pilot approach, which mainly focused on supporting logistical and transportation services for GBV survivors to essential services. 71% of women and girls (87% WGSS and 33% shelters) confirmed their centre's provision of such cash assistance. Thus, given the volatility of the context in which UNFPA operates, transport is likely to be a minimum cost associated with access moving forward.

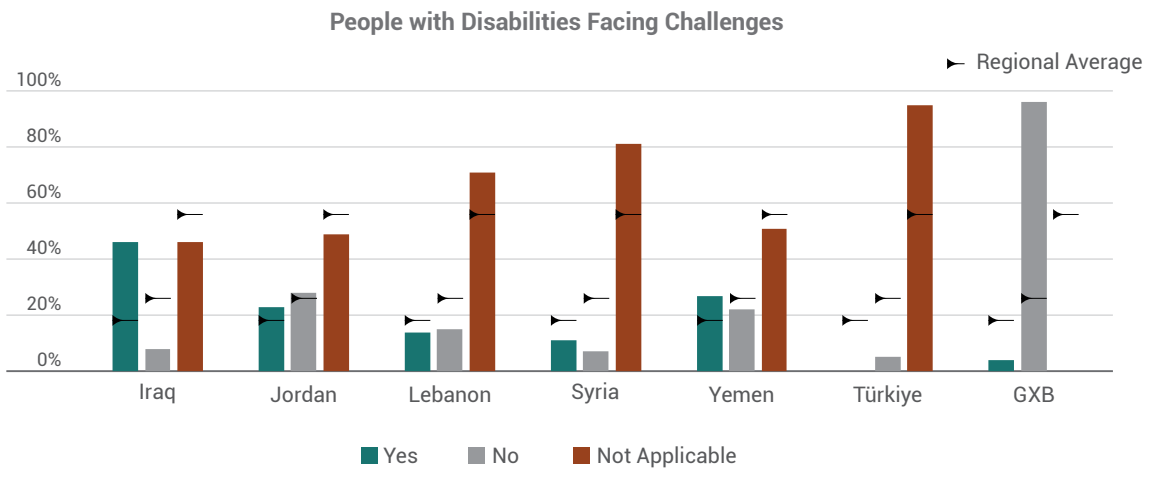
Accessibility for vulnerable women, girls, and youth

People with Disabilities: At a regional level, only 8% of CFF respondents at health facilities reported having disabilities. Given that people with disabilities are likely to have acute health care needs, the low attendance rate of people with disabilities is an indication that they may experience challenges related to access or stigma. Eighteen per cent (18%) of CFF respondents (including those with disabilities and those responsible for caring for people with disabilities) indicated that they had faced challenges in accessing the health centres. In some contexts, disability was a noticeable issue: in Iraq, for example, 46% of CFF respondents indicated that people with disabilities faced challenges in accessing health facilities.

People with disabilities requested better 'accessibility' from health facilities. These requests for support were expressed across several dimensions: for starters, people requested awareness activities dealing with disability, which indicates that there may be community-level barriers to access for people with disabilities. Infrastructure was also cited as an issue, including lack of bathrooms specifically tailored to people with disabilities. Appropriate medical support, including distribution of specific disability aids (e.g. prosthetics, hearing aids), was also seen to be lacking within the current service offerings.

"Yes, [people] such as divorced women and persons with disabilities cannot access services." (Yemen FGD participant)

Figure 9: People with Disabilities Facing Challenges Accessing Health Facilities



Youth: In **Yemen**, youth, specifically girls 10–17, had issues accessing health facilities. Youth who were responsible for caring for people with disabilities also found access disproportionately hard. It is likely that youth with caring responsibilities face a range of challenges – including cultural challenges (lack of chaperone), security issues, and transport issues – when they try to access health centres.

"It is possible that there can be difficulty … in reaching the clinic due to the distance and the lack of a companion for these people who have time to help them reach the clinic." (Syria FGD participant)

Elderly People: The data did not indicate that elderly people (over the age of 60) had any specific or disproportionate challenges in accessing health facilities. Elderly people showed levels of satisfaction with health services that were commensurate with all survey respondents. No specific issues arose around elderly people during the FGDs or KIIs.

Other Marginalised Groups: On a regional level, some LGBTQI individuals reported accessing services, and there was also a small proportion of CFF respondents who preferred not to state their gender. The number of LGBTQI individuals accessing services is small – but their representation also indicates an improvement in accessibility compared to previous years.

Youth Centres

Addressing needs in the absence of UNFPA support

UNFPA is one of several agencies providing dedicated services to youth – but despite the prevalence of actors, UNFPA's youth centres are still considered unique, thanks to the comprehensiveness of services, the high quality of service provision, and the close proximity to beneficiaries. This is especially true when targeting vulnerable populations in restricted settings, such as youth residents of camps (e.g. **Iraq** and **Jordan**).

"[We] noticed that the number of organisations that provide services for women and girls has decreased, which made us worried that these services may disappear one day." (Iraq FGD participant)

It is possible that efforts to tailor centres to particular age groups (e.g. **Yemen**) and specific needs (e.g. comprehensive service provision in **Syria**) contribute to the added value that beneficiaries derive from UNFPA youth centres. Some youth centres are specifically designed to target people with disabilities (e.g. **Iraq**); these targeted centres are seen as providing particularly valuable services that cannot be found elsewhere.

"There is no centre that provides comprehensive services like this centre… while others are farther away and not all activities are available." (Jordan FGD participant)

"To me, there is only this centre. I feel safe here and I cannot say elsewhere what we speak of here." "If it was not for this centre, there would not be any other place where we could receive such services." (Türkiye FGD participants)

Accessibility of services and facilities

Forty-two per cent (42%) of all CFF respondents stated that access to youth centres was easy. There was enormous variation in accessibility from country to country: no respondents in **Yemen** found it easy to access youth centres, whereas 76% of respondents in **Jordan** stated that it was easy to access the centres, with specific reference to the proximity of youth centres in camp settings. Adolescents and young girls (between 10 and 17) were most likely to find it hard to access youth centres. Some FGDs in **Iraq** indicated that this challenge was due primarily to social barriers: girls of this age are more likely to experience family-imposed restrictions on travel and movement.

> *"There are many [young] women who would like to participate in the services provided by the centre, but they have not been able to as they live far from the centre. Therefore, if transportation was made available, this would increase the number of women coming to the centre from different places." (Iraq FGD participant)*

Unlike health centres, youth centres are not implemented in collaboration with government partners. As such, trust in government and/or government capacity is not likely to affect access. However, youth centres are being implemented in dramatically different contexts throughout the region. In **Jordan**, youth centres are located in refugee camps, and movement within camps is reasonably safe and secure. In contrast, in **Yemen,** youth need to take transport to the centres, which can be particularly dangerous for young women.

> *"Some people cannot come to the club due to the far distance." (Iraq FGD participant)*

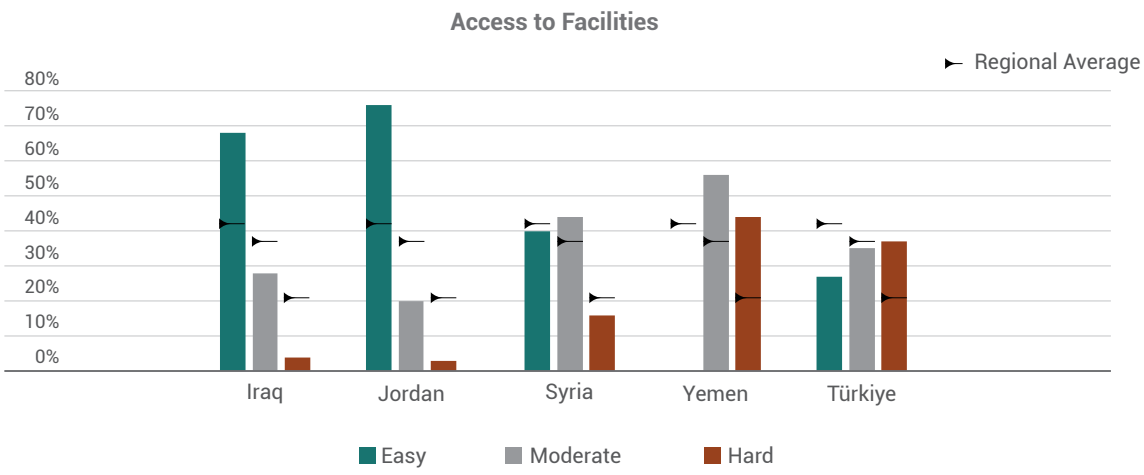
> *"Due to weather conditions, access was difficult, despite the availability of services that may mitigate the effects of the climate during our time in the centre." (Jordan FGD participant)*

As with WGSS and health facilities, CFF respondents at youth centres identified two overarching challenges in accessing the facilities: transportation and cultural barriers. Sixty-six per cent (66%) of respondents stated they had no transport, and 14% stated that transport costs were high. The cultural barriers associated with accessing youth centres included both family disapproval, identified by 13% of respondents, and lack of a chaperone, identified by 18% of respondents. Family disapproval of youth centres may be related to cultural perceptions about the need to protect young girls and women. Lack of child care was also noted as an accessibility issue for 19% of respondents. Given the relatively high proportion of respondents identifying child care as an issue, integrated service provision at youth centres

may provide added value. As in WGSS, various efforts have been made to address these challenges, and a comparison and 'lessons learned' exercise would support the development of best practices.

> *"Due to the customs and traditions of the community… some beneficiaries are unable to come to the centre." (Iraq FGD participant)*

Figure 10: Access to Youth Centres



Accessibility for vulnerable women, girls, and youth

People with Disabilities: Throughout the region, 11% of survey respondents at youth centres identified as having disabilities; this is higher than the proportion of people with disabilities accessing health facilities, but lower than the proportion accessing WGSS. Nineteen per cent (19%) of all respondents (including those with disabilities and those with caring responsibilities) indicated that it was challenging for people with disabilities to access youth centres.

People with disabilities appeared to face unique accessibility challenges and issues in youth centres: they were disproportionately likely to answer with responses other than 'yes' to questions about safety and respect, and they were less confident that staff at youth centres would treat their information with confidentiality. Both of these issues were particularly prevalent in **Iraq** and **Yemen**.

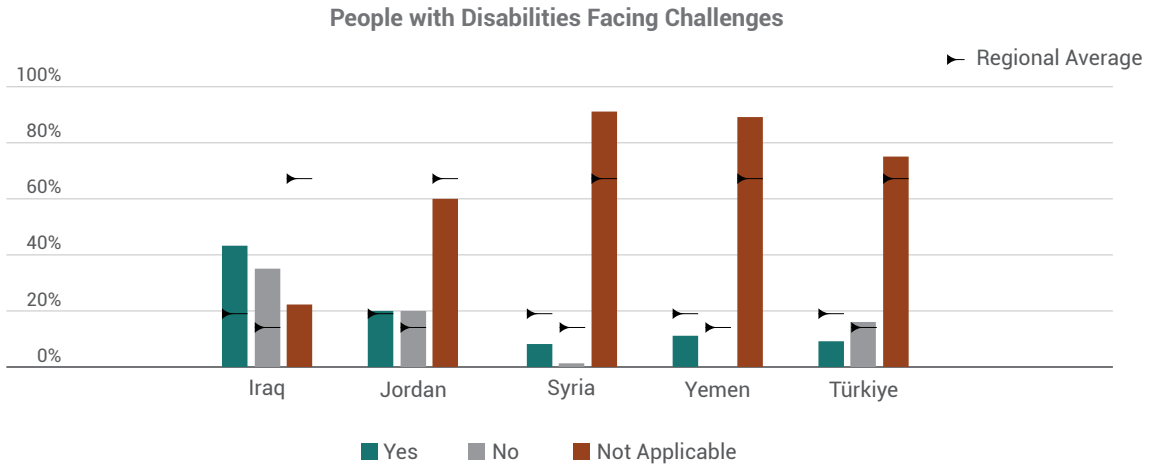
"SOME PEOPLE CANNOT COME TO THE CLUB DUE TO THE FAR DISTANCE.

(IRAQ FGD PARTICIPANT)

People with disabilities often requested that youth centres incorporate services that would support improved inclusion and cohesion. Requests were made for Braille lessons and books, for specific and dedicated centres for people with disabilities, and for equipment and services to support people with disabilities (e.g. hearing aids, prosthetics, specialised medical care).

> *"[The centre could be improved by] expanding the activities designed for people like us, and paying attention to economic projects and small projects for people with disabilities like us." (Iraq FGD participant)*

Figure 11: People with Disabilities Facing Challenges Accessing Youth Centres



Youth: Youth are the primary targets of youth centres and, overall, they report being able to access the facilities fairly well. It should be noted that the specific youth demographics targeted by each centre differ: in **Yemen**, centres target older youth (20–24), whereas in **Syria** and **Iraq**, younger people (e.g. 10–17) tend to frequent the centres. The data suggests that different age groups value different activities: recreational activities are valued more by younger groups (10–17), while vocational training is valued more by older groups (18-19 and 20–24). In general, it may be possible to more closely tailor activities to specific age groups in order to increase youth centre satisfaction in countries where rates of satisfaction are lower. UNFPA should also consider trying to standardise the ages targeted by youth centres.

> *"The first time I came as a courtesy to my mother, and it was not my desire to come, but when the sessions started and the variety of topics became interesting and important to me, I became excited to go to the centre." (Lebanon FGD participant)*

Other Marginalised Groups: No non-binary individuals reported accessing youth centres, and across the region, only two CFF respondents at youth centres preferred not to provide their gender. Lack of attendance at youth centres suggests that non-binary youth face a range of issues and challenges in accessing youth centres, but the specific nature of these challenges is not clear from the existing data.

> *"But sometimes, these vulnerable groups might not be able to use the services. This could be because of problems like not knowing about the centre, having no way to get there, or facing barriers like money or discrimination. To help them, we need to spread the word, offer transportation, and make sure everyone feels welcome." (Lebanon FGD participant)*

> *"It doesn't reach girls and divorced women, and there is no networking with institutions for these groups." (Syria FGD participant)*

Dimension C: Efficiency

The following dimension consolidates all WGSS, health facility, and youth centre data into one comprehensive analysis.

In 2023, while the current capacities of staff, training, and facilities were broadly considered to meet community and beneficiary needs, the majority of KII respondents expressed a distinct uneasiness about the future. Staff across various humanitarian responses witnessed the closure of facilities due to lack of funding. Others noted that funding concerns had led to staffing shortages and/or overburdening of staff. Across all countries, sustainability was mentioned as an ongoing challenge for the future, with staff and partners expecting to face growing issues in meeting needs.

"The challenges are the shortage in funding and the lack of the sense of responsibility towards the people, whom we are working with. This creates a kind of frustration due to the inability [to] make future plans. I do not like to make plans only for the next two months. I'd like to make a plan for the coming years, and how I can support my work and the people I work with." (Jordan KII participant)

"The anxiety in which we are going to live in the last two months of the year. Are we going to keep working there or not? We don't have job security." (Jordan KII participant)

"There are women who stopped coming to the centre due to reduction of activities provided in it, which resulted from decreasing the funds offered to the centre." (Iraq FGD participant)

Human Resources: Adequacy and Needs

As in previous years, the adequacy of staff varies by country, SDP, and specific location (with greater staffing challenges in more remote areas). Across all countries and SDPs, however, KII respondents noted a decline in the adequacy of staff, due to funding shortages and other constraints. There were reductions both in the number of centres supported by UNFPA and in the number of staff per centre. In some countries, including **Lebanon** and **Iraq**, implementing partners managed staffing challenges by asking part-time staff to work longer hours, increasing their responsibilities to the equivalent of full-time levels while leaving their pay untouched.

"In the third quarter of this year, there was a reduction in the budget by about 50%. This has forced us to make some of the employees' contracts on [a] part-time basis." (Iraq KII participant)

Issues with staffing included not only staffing numbers but also modalities and frequencies of payment. In several contexts, including **GXB** and **Yemen**, salaries are paid periodically rather than monthly, often because of logistical constraints and money transfer processes. This is challenging for staff. In **Yemen**, staff at one centre tried to compensate for low levels of programme funding by supplementing funding for particularly vulnerable beneficiaries, but did not have adequate salaries themselves to do so. Payment of salaries on time and on a monthly basis is often the responsibility of implementation partners, but these partners face challenges with their own cash flow and administrative systems.

"I'd like to draw your attention to the fact that the salaries get paid every three months. This delay affects us too much." (GXB KII participant)

"We haven't gotten paid our salaries for three months, and therefore we cannot even cover the cost of treatment [of a vulnerable woman whom we wanted to support] from our salaries because they are not even enough to support our families." (Yemen KII participant)

> IT DOESN'T REACH GIRLS AND DIVORCED WOMEN, AND THERE IS NO NETWORKING WITH INSTITUTIONS FOR THESE GROUPS.
>
> (SYRIA FGD PARTICIPANT)

In certain contexts – most notably **Lebanon**, **Syria,** and **GXB** – the value of salaries is either dropping rapidly or has already dropped dramatically due to local currency deflation and global inflation. Such fast-paced changes have also affected the degree to which salaries are perceived to be sufficient. Staff motivation, as well, is affected by the adequacy or inadequacy of salaries. It should be noted that issues of currency deflation are generally closely monitored by cash and markets working groups (CMWG); it could be useful to find methods for linking UNFPA's salary mechanisms to CMWG benchmarks, where they exist.

"The most challenging are… the low salaries that have resulted from the global inflation and the increase in the commodities prices. Therefore, the staff has started looking for other job opportunities in other places." (GXB KII participant)

Lack of Security and Salaries:

In Syria, the lack of security and the direct targeting of health workers and health facilities have led to an exodus of trained staff leaving junior health workers to work beyond their capabilities in increasingly difficult circumstances. It has been reported that more than 50% of health workers are estimated to have left the country in the last decade. Additionally, the health care providers left are facing challenges in that their salaries are insufficient to live on. More specifically, the value of salaries is dropping rapidly due to currency deflation and global inflation. Such fast-paced changes have also affected the degree to which salaries are perceived to be sufficient. As a result, staff motivation, as well, is affected by the adequacy of salaries.

The high level of turnover among qualified staff, and particularly staff with SRH skills, has been noted in previous assessments. This year, additional challenges were identified related to obtaining qualified staff, with respondents in **Yemen**, **Türkiye,** and **Jordan** all discussing recruitment and staffing issues. While retention was difficult, so was recruitment, with qualified staff generally unwilling to work in contexts where salary was uncertain. Facilities in remote areas experienced even greater challenges: recruitment of qualified staff was hindered by the challenging nature of the work, the remote location, and the risks associated with currency fluctuations.

"We don't have enough resources to attract the specialised doctors and the qualified medical staff. It is very difficult to find a doctor living or residing in these rural or remote areas, so we have to try to bring doctors from another area." (Yemen KII participant)

In previous assessments, discussions of staff qualifications have been focused on staff with technical skills, and particularly those working in SRH. However, this year's assessment was notable for the fact that, across several country operations, including **Iraq** and **Yemen**, lack of administrative staff was noted as a specific gap. Partners also faced serious challenges in meeting reporting requirements, exacerbated

by the fact that programme staff were asked to cover some of the work traditionally done by administrative staff. Meanwhile, in **Türkiye**, while it was indicated that most staff were sufficient, there was a high demand for interpreters, and specifically those speaking Farsi.

> *"Regarding the programme staff, we have a team, but we don't have operation staff. Because we are an implementing partner with UNFPA, and since such agencies are subject to audit and monitoring standards, this matter requires human resources in the operations department." (Iraq KII participant)*

> *"The project assistant and a health mediator provide interpreting support in Farsi. However, confidentiality, establishing a relationship of trust, and having the same person interpret is very important. A Persian interpreter can therefore be hired. In the current situation, whoever has the time is interpreting. It will be important to have a permanent interpreter, especially for individual consultations." (Türkiye KII participant)*

Volunteers are used across several UNFPA operations. These volunteers are actively involved in programme delivery, but their compensation is generally perceived to be insufficient. In **Lebanon**, volunteers often provided their own materials and supplies in order to conduct sessions for community members. Across other contexts and operations, requests were made to increase the salaries of volunteers.

Staff wellbeing was a challenge that was highlighted across several contexts. In **Jordan**, individuals working in the camps pointed out that both the work environment and the nature of the work itself was challenging. In **Lebanon**, especially in remote locations, staff were under particular stress, which has affected retention. In **Yemen**, staff wellbeing was an issue across different SDPs.

> *"The most challenging, is working as a psychologist. My personal energy has gotten drained because of feeling of being helpless because of the big problems the beneficiaries talking to me are facing, from the traditions and customs to the social stigma." (Yemen KII participant)*

Training and Capacity-building

Across different country operations, partner staff found UNFPA training valuable. Several key informants stated that training has improved year after year, indicating that UNFPA is responding productively and positively to feedback from previous assessments.

In some contexts, specifically **Jordan** and **Iraq**, UNFPA conducts its training activities in close partnership with government actors. These trainings are essential to ensuring that UNFPA elevates the capacities of implementation staff and partners and engages in programming that supports the shift from humanitarian to development work. However, training in partnership with government actors poses various challenges, particularly in contexts where governments are fragile and themselves lacking capacity. In **Jordan**, KIIs noted that while UNFPA invested in training with the health ministry, the training only reached a small number of participants. In Iraq, participants noted that the transition away from the humanitarian system lowered UNFPA's profile for training, subsequently reducing the quality of training.

> *"We are not able to train a large number of the staff every year. We have six workshops, and there are 20 people in each workshop. The volume of work is large in the Ministry of Health. We have 35,000 employees, and therefore it is not possible to reach everyone." (Jordan KII participant)*

Some participants noted that training must be accompanied by the appropriate administrative structures. Not only should staff be provided with time for training (as expressed by respondents in **Jordan**), they must also be provided with appropriate infrastructure, particularly if training is conducted online (as expressed by respondents in **Yemen**). Some participants also highlighted the importance of face-to-face interaction for specific trainings. The issues raised in the KIIs also highlight the need for training to be conducted in environments that are appropriate for delivering key messages, which may necessitate including follow-up and mentorship mechanisms.

"The staff are supposed to attend the workshops, [but they] aren't given enough free time to attend the workshops." (Jordan KII participant)

"[...] emotion does not pass through the internet. Having face-to-face, hands-on experience is much more effective." (Türkiye KII participant)

UNFPA Training to Government and Partners:

In some contexts, UNFPA COs work alongside governments, ministries, and partners to deliver high-quality services to communities, and in others, these services have been transitioned to the governments as part of a transition initiative such as in the case of Iraq. Such partnerships and transitions require the provision of best practices, transitional support, and training. These trainings are essential to ensure that UNFPA supports the capacity of duty bearers and engages in programming that supports the shift from humanitarian to development work. However, training in partnership with government actors has posed challenges. More specifically, key informants in Iraq noted that a change has occurred following the transition away from a humanitarian system; this included a lower profile for UNFPA in training, and a lower quality of training. Moving forward, in order to smooth transitional processes, it could be possible to develop a mechanism to support improved training and communication between IPs, government authorities, and UNFPA. This will allow for regular engagement.

Across different countries, staff at several SDPs mentioned receiving CMR training, with most but not all staff also mentioning that they have access to the appropriate kits for providing treatment. This indicates that, at least in some areas, UNFPA has invested in specialised training, and that these investments have had concrete positive results.

There is significant demand, however, for more training in specialised subjects. Specific subjects mentioned included psychological support for critical cases (e.g. suicide, severe depression, and dealing with trauma and other personal issues), support for survivors of GBV, and technical/clinical skills (e.g. delivery, midwifery, IUD insertion, SRH training, etc).

"I receive few rape cases. Yesterday, I received one, but I was confused [about] what I have to do with her, [so] I told her to go [to] the police. It is possible there are more cases, but the victims don't want to talk about it." (Lebanon KII participant)

"Everything is evolving, so an SRH training that includes current approaches rather than stereotypical approaches would be empowering." (Türkiye KII participant)

Many of the KIIs conducted with implementation partners indicated struggles with administration, management, and reporting; similarly, in some countries, staff management appeared to be hindered by capacity limitations. In **Lebanon**, these issues have been discussed previously, and partner staff mentioned receiving training in finance, administration, and management. In **GXB**, there is evidence from

the 2022 impact assessment that training was provided on report writing. Outside of these examples, no KIIs from other countries or contexts mentioned having received such support. Investing in partner training may support smoother operations and improve resource management for these partners.

> *"The monitoring team should also receive the training that service providers receive. Especially the SOP training. Training for the management team would be good." (Türkiye KII participant)*

Facility Adequacy and Needs

Key informant interviews were conducted with implementation partner staff from health facilities, WGSS, and youth centres. Staff from many of these operations reported having good (or adequate) facilities and equipment. Many also noted that, while they could always do with additional support, they are doing the best they can with what they have. In specific contexts, facility adequacy is an ongoing challenge. In **Yemen,** several partners reported challenges in maintaining facilities because of rapid deterioration, slow maintenance and repair processes, and lack of funds. **Iraqi** respondents also noted a deterioration in facilities and slow maintenance and repair processes. The provision of medicines was a specific and acute challenge across several contexts, but most predominantly in **Yemen** and **Iraq**. There were, of course, considerable variations within both of these countries: SDPs in more rural locations reported greater challenges in procuring both medicines and infrastructure support (e.g. maintenance).

> *"Now, we don't have power, as the solar panel system got damaged [a] few weeks earlier, and they haven't gotten repaired and maintained yet. Now, we only have a battery." (Iraq KII participant)*

In contexts with strong currency depreciation – most notably **Lebanon**, **Syria** and **GXB** – specific challenges were noted with regard to the economic situation. For example, it was harder to ensure facility adequacy in these contexts, including the provision of maintenance services and basic materials. It also became more difficult in these contexts to procure medicines and other specialised equipment. Finding ways to overcome volatile currency conditions and inflation is likely to continue to be crucial in the coming years, and it could be useful to develop specific trainings for partners about this issue.

> *"We have a very big shortage in medical supplies. We don't have medicines, even for emergency cases, such as antibiotics. The patients are the ones to get medicines from private pharmacies." (GXB KII participant)*

In specific circumstances, engagement with government actors has been very positive. In **Lebanon**, for example, the provision of medicine takes place through the Ministry of Health. This has generally been seen as successful, with several health facilities reporting smooth and uninterrupted provision of supplies. Similarly, in **Jordan**, medicine and infrastructure are provided in close collaboration with the Ministry of Health, and relatively few issues are reported.

> *"In this programme, there is no budget for medicines. UNFPA has directly connected us with the Health Ministry, which responded positively, and provided us with medicines for the mobile clinic." (Lebanon KII participant)*

Ongoing Challenges, Solutions, and Support

Other challenges have been reported across different country operations and SDPs. These issues are discussed and highlighted in the paragraphs and bullet points below:

Across several different contexts, including **Jordan**, **Yemen**, and **Syria**, referrals were mentioned as a challenge. Referrals are essential for effective case management and the appropriate provision of health services. Referral systems are often managed by governments, where they have adequate capacity, or by international agencies, local NGOs, and members of the Protection and Health Clusters. In several

contexts, there were weaknesses identified in the referral system, including a lack of follow-up and lack of appropriate service provision on the part of the provider to whom the patient is referred. In some situations, there were indications that partner staff may need further training on referral processes, modalities, and purposes.

> *"Being a doctor working in the camp for a long time, I can say that the most challenging are the referred cases. In some other cases, we feel that the party [provider] that will help you with the referral, or the party that will follow up on the case, may have a coordination problem. Also, there are the referral[s] to the government hospitals: they are not responsive and postponed." (Jordan KII participant)*

In several countries, including **Lebanon** and **Jordan**, administrative challenges were highlighted as an issue. Staff from partner agencies pointed to heavy reporting workloads and significant investment in compliance and reporting processes. In Lebanon, this issue was raised, despite the fact that specific training was conducted on the topic in 2023. However, KII participants provided some concrete suggestions for improving these issues, with one partner recommending that UNFPA adopt one single input form for partners across different projects to complete.

> *"The most challenging [part] is about the reporting. We have a heavy workload starting from providing the medical services to the awareness sessions, which may take about two hours. We are asked to make reports to be submitted within very short times." (Lebanon KII participant)*

In general, partners appear to have strong relationships with local communities, but in specific contexts, including **Lebanon** and **GXB**, staff stated that they experienced challenges in ensuring that their work was prioritised by community leaders. One staff member from GXB said that it was difficult to do her work due to a lack of acceptance by local communities.

> *"The most challenging is dealing with the community leaders. If I want to make community engagement and deal with the leaders and the local stakeholders, I can say that these things are not one of their priorities." (Lebanon KII participant)*

In **Iraq**, UNFPA is in the process of handing over its programmes to government actors. Across several KIIs and FGDs in Iraq, a decline in service provision and stability was noted. Lack of government commitment to UNFPA priorities is an ongoing risk, and it could be worth considering a more proactive approach to managing this risk.

"UNFPA should think about the next stage, so that the provided services wouldn't stop suddenly. If they want to keep working in this way, and don't want to change this way of working, then it is much better to stop this project, or to hand it over to another organisation. The government doesn't care about the staff building, support[ing] raising the awareness of the staff, and the other related trainings." (Iraq KII participant)

Other issues highlighted during these assessments included:

- Challenges in managing patient expectations, particularly when patients have both psychosocial and medical needs and/or are expecting specific services
- Difficulties managing patients with relatively limited language capacities, who cannot express their medical or psychosocial needs, highlighting the need for specific translators
- Security situation
- Lack of language skills among staff in areas with several different linguistic communities living in close proximity (particularly among mobile care teams)
- Lack of transportation for SDP personnel
- A need for visual materials and anatomical models (e.g. breast model, male/female genital organs, etc.) to better facilitate the SRH awareness sessions

"WE ARE WORKING NOW BY MAKING AND SELLING PRODUCTS, BUT FEW DUE TO HIGH INCREASE IN PRICES.

(SYRIA FGD PARTICIPANT)

Climate, Environmental Impact, and Resilience

"We do not want winter to come because thunder is like an earthquake for us." (GXB FGD participant)

In 2023, for the first time, questions were asked in FGDs about the wider variety of shocks facing UNFPA beneficiaries, and analysis was conducted on the ways in which these shocks are affecting the needs of women and girls, both in the short-term and the long-term.

Table 6: Number of FGDs

Humanitarian Response	# FGDs
Iraq	23
Jordan	15
Lebanon	9
Syria	55
GXB	13
Türkiye	8
Yemen	6
Total:	126
Percentage:	

Figure 12: Type of Shocks Reported by Beneficiaries across All Humanitarian Responses

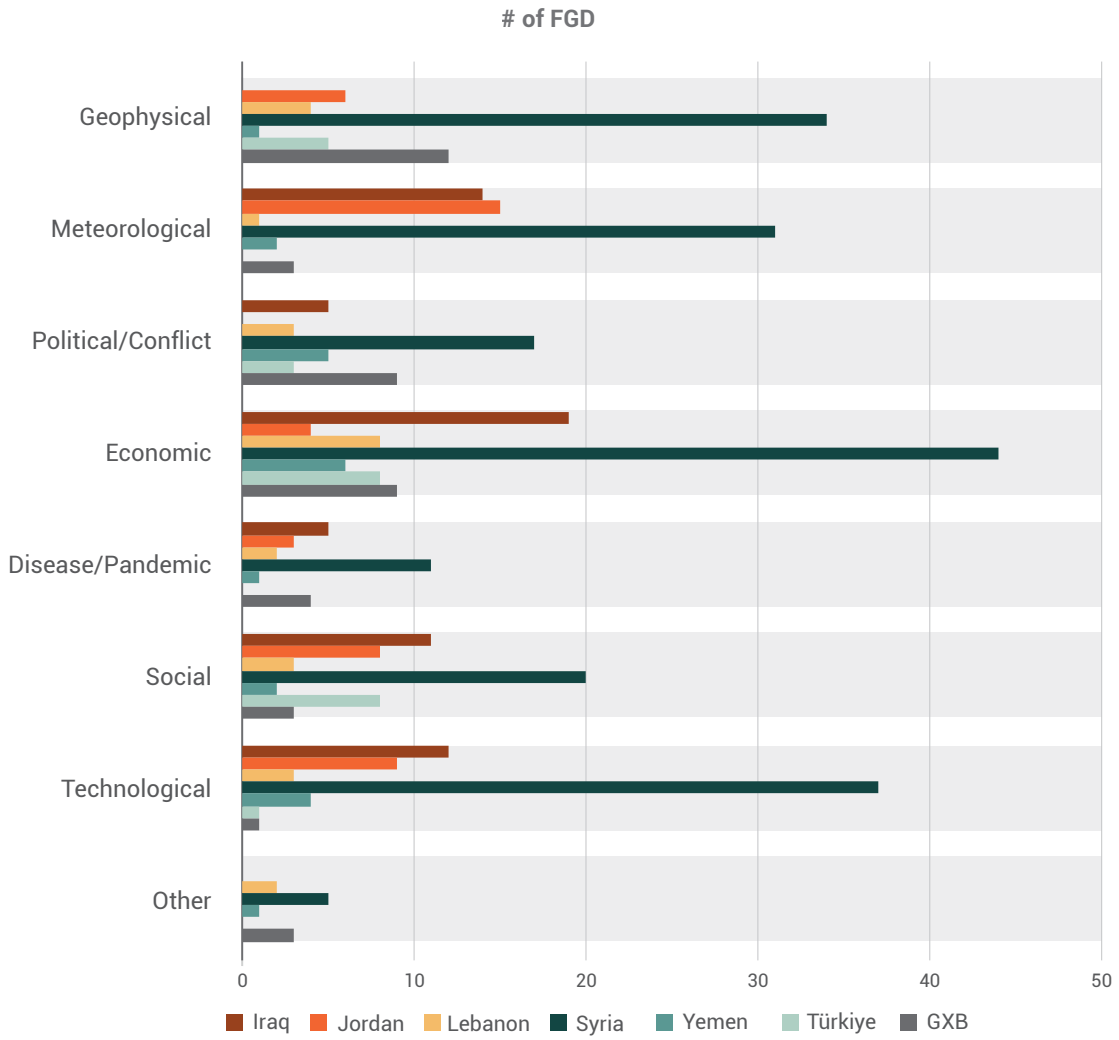


Figure 12, above, outlines the categories of shocks, along with the number of FGDs in which they were reported. From this data, it is clear that economic and climate-related shocks have become an ongoing challenge for the majority of UNFPA's beneficiaries, regardless of the specific operational context, and that UNFPA and its partners will need to take these factors into heavy consideration when working to safeguard the resilience of these operations.

Economic shocks are prevalent throughout the region and represent the most serious challenge for women and girls. Economic shocks were a topic of discussion in 98 of the 126 FGDs, or 78% of all focus group discussions across the region. The specifics of these shocks varied across contexts, with beneficiaries in different areas mentioning high inflation, lack of job opportunities, and lack of capacity to assure household wellbeing. Some economic shocks represent the long-term effects of conflict and/or displacement. For example, economic shocks discussed in **Yemen** and **Iraq** are often associated with volatility in the market and disruption of supply chains. For displaced populations in **Türkiye**, **Jordan**, and **Lebanon**, lack of the right to work and discrimination have worsened household situations. Literature indicates that in situations of economic downturns, women and girls can be at greater risk of deprivation and abuse.

> *"The deteriorating economic situation of families leads to family problems, increased domestic violence and social problems. Not knowing the fate of many of our relatives who are still missing is also a source of anxiety." (Iraq KII participant)*

> *"My skin and hair were damaged, and I couldn't tolerate people around me. It also prevented me from completing my education." (Iraq FGD participant)*

As a result, there has been growing demand for economic activities and services, but relatively limited supply. When individuals were asked what services they would like to see in UNFPA's programming, most respondents mentioned employment, small business support, or career-matching services. This reflects the prevalence of economic shocks across all countries, and demonstrates that demands for economic support are not currently being met.

Women and girls believe that more needs to be done to address economic shocks. The economic needs of different communities affected the types of services they were looking to receive. When individuals were asked what services they would like to see included in UNFPA's programming, most mentioned employment, small business creation, or career-matching services. The push for UNFPA to provide programming related to livelihoods and markets may reflect either a broader lack of sufficient livelihoods programming or a need for this type of programming to be tailored specifically to women. The data collected for this evaluation was not sufficient to identify the precise issue, but it did confirm that UNFPA could benefit from developing a clearer approach to economic shocks and livelihoods for women and girls.

> *"[My] daughter received a small project grant through her participation in the centre's livelihood activities. This helped them start a project for making candles, soap, and resin from home, which improved the family's economic situation [but services are limited and not many people receive this]." (Iraq FGD participant)*

> *"We are working now by making and selling products, but few due to high increase in prices." (Syria FGD participant)*

Technological shocks were identified as issues in 53% of the FGDs, but these were strongly linked to infrastructure. Technological shocks include power failure, internet outages, and issues caused in part by infrastructure failures. Many of these issues were identified during FGDs, but they were not ranked among participants' primary concerns, and were often rated between '3' and '5' in terms of the most critical challenges faced by beneficiaries. Technological shocks did, however, cause increased stress, fear, and anxiety among participants. It is possible that lack of power and internet connectivity also affected learning opportunities and the building of social networks among youth, as many were active users of social media platforms.

Climate and environment do have an impact, with both short-term and long-term effects. Fifty-two per cent (52%) of respondents to FGDs identified climate issues as the top shocks affecting their lives. Climate issues can both act as a shock, by causing a crisis or a meteorological event, and as a factor that exacerbates pre-existing challenges. For UNFPA beneficiaries, the most significant impact of climate change is the exacerbation of pre-existing issues. **Türkiye** represented a major exception to this rule, as in the aftermath of the earthquake, participants appeared to have greater awareness of the ways in which climate conditions and events could affect them. Even in **GXB**, where climate issues represented a direct and primary shock, it was still tied to economic shocks: participants in these FGDs discussed the ways in which the earthquake had affected prices and markets.

> *"[Meteorological shocks cause] increased cases of family and marital problems, and deterioration of the economic situation of the community, which led to the disintegration of the community." (Iraq FGD participant)*

> *"The centre informed us how to protect ourselves during the earthquake." (Türkiye FGD participant)*

UNFPA programming helps climate-affected individuals achieve greater psychological and social resilience. There is clear evidence, across quantitative and qualitative data, that UNFPA programming helps individuals and households achieve greater psychological and social resilience; this, in turn, helps them to develop the networks and communities necessary to manage climate-related shocks.

> *"The earthquake greatly affected my psychological state because I could not leave my house during the earthquake. I lost my daughter and her children, and my health condition also worsened." (GXB FGD participant)*

Huge vulnerabilities remain, and partnership may be the key to building climate resilience. Overall, affected communities could build greater resilience through climate-sensitive economic programming, and through direct climate change-related programming. Such programmes, however, require strong technical expertise. Partnership between UNFPA and other agencies would be optimal.

Dimension D: Comparison Against 2022 Dataset

Visual comparisons of key data indicators from the 2022 and 2023 assessments can be found below. 2022 saw an increase in the number of quantitative survey responses and an improvement in the statistical strength of the data. In 2023, the same data collection modalities were maintained. As a result, year-over-year comparisons continued to gain strength. However, there are some differences, most notably the exclusion of Sudan from the 2023 dataset.

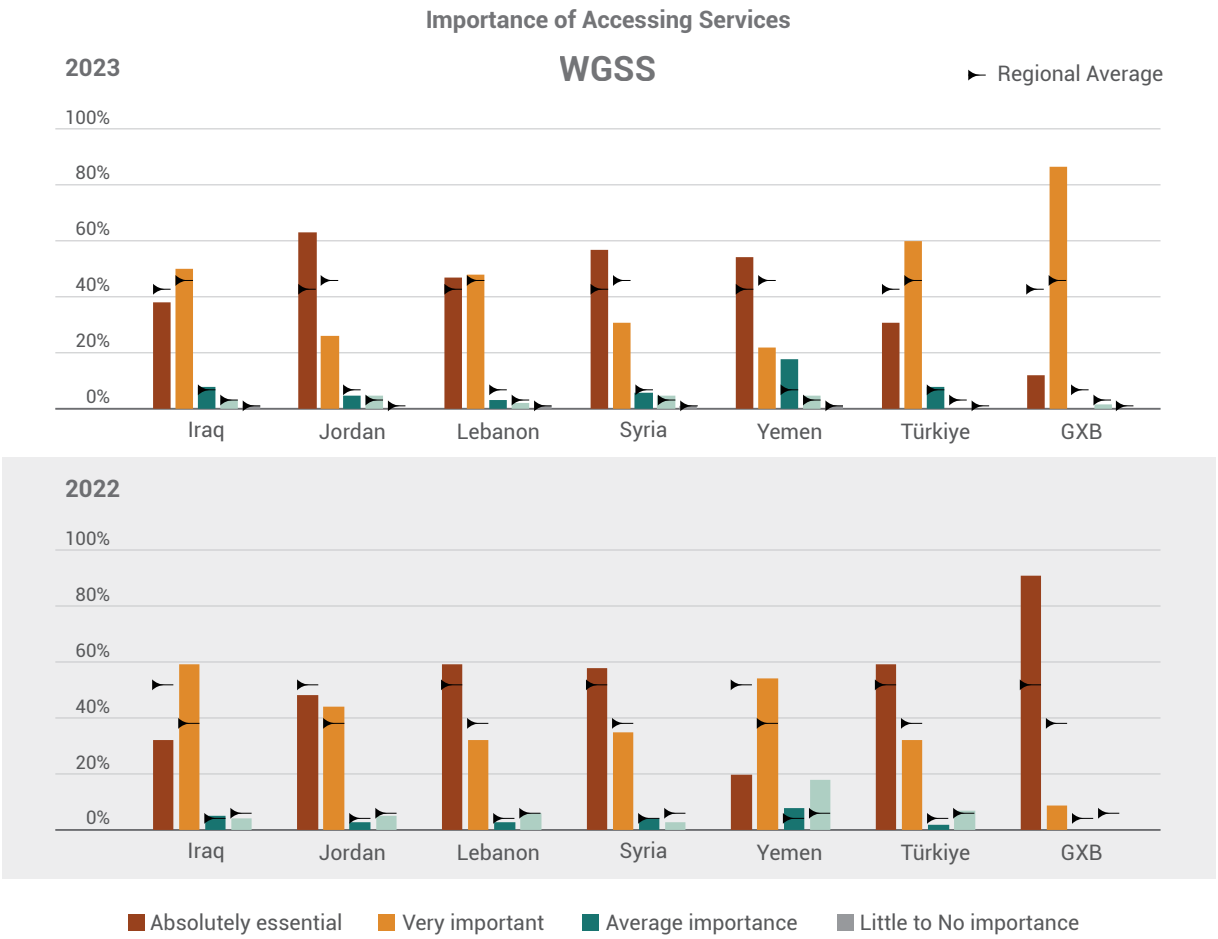
Dimension A (Wellbeing) Trends[9]

DIMENSION A:

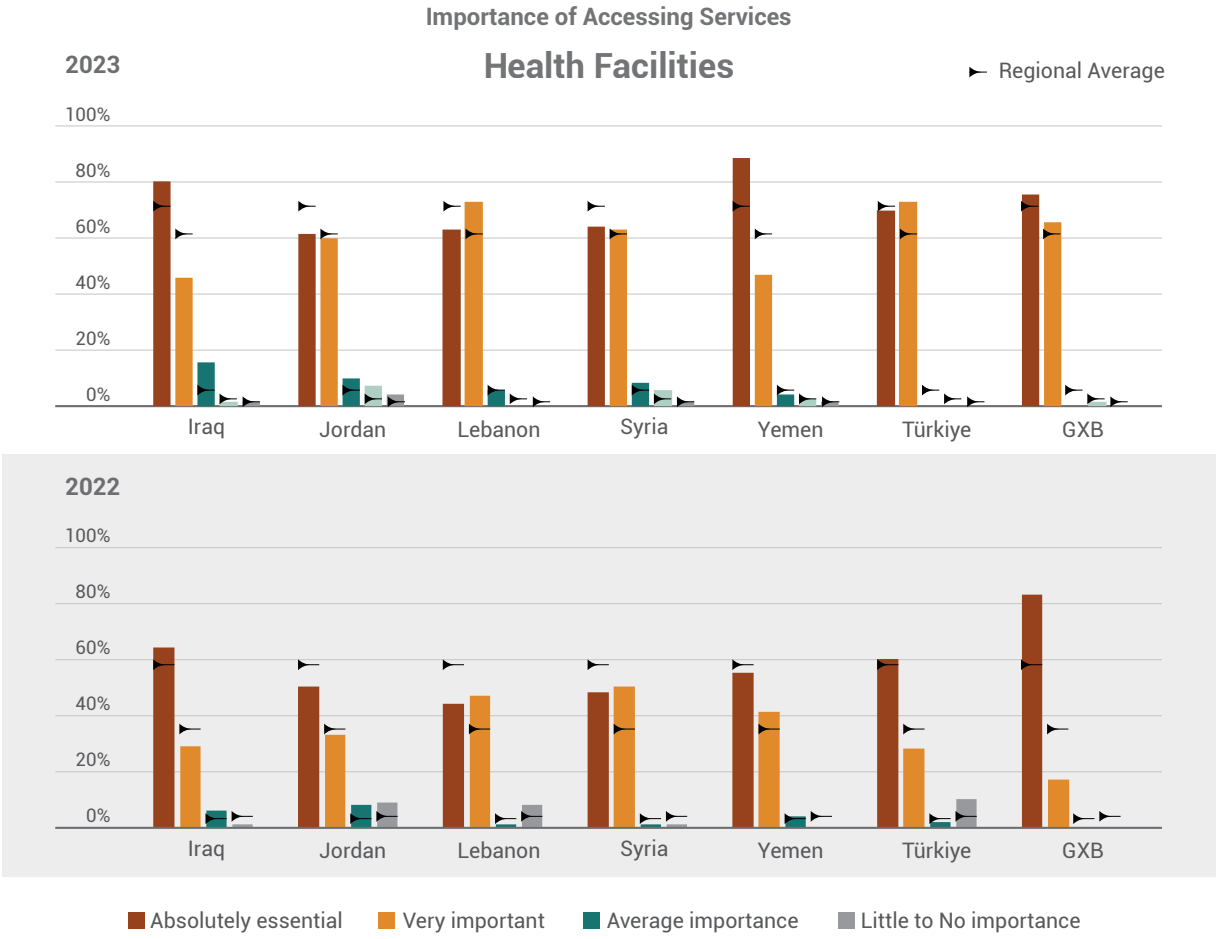
1. **How important is it for you to have received this service today? (Importance of Accessing Services by SDP)**

When it came to the perceived importance of accessing services, the proportion of respondents who considered WGSS and health facilities as 'absolutely essential' decreased slightly throughout the region, although the proportion of respondents who ranked these SDPs as 'very important' increased. When combining these two categories together, the perceived importance of WGSS and health facilities remained constant from 2022 to 2023, highlighting the ongoing importance of these services to the communities they serve.

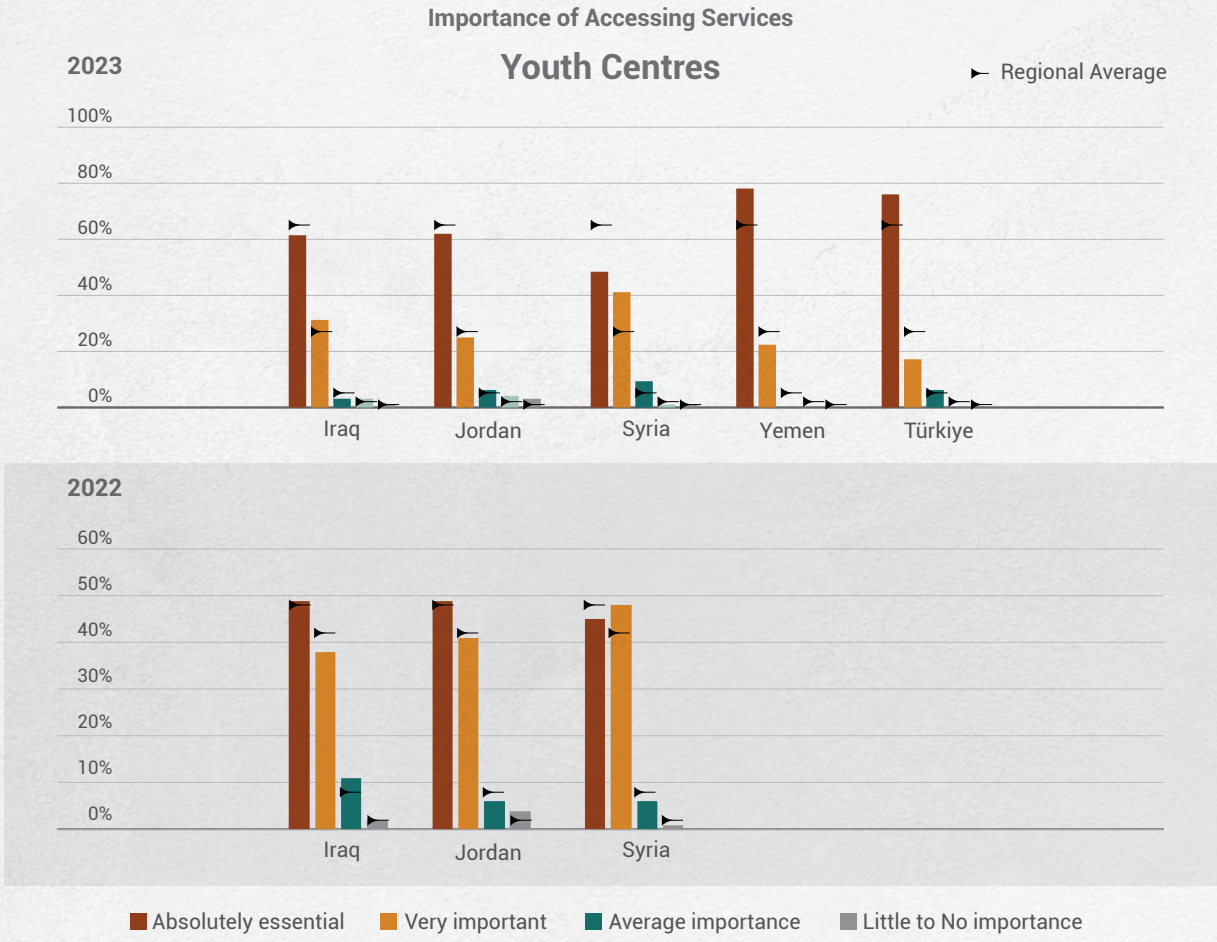
Figure 13: Importance of Accessing Services, 2022-2023 by Country and SDP



9 Some trends may not be shown as the indicator was not collected for specific countries.



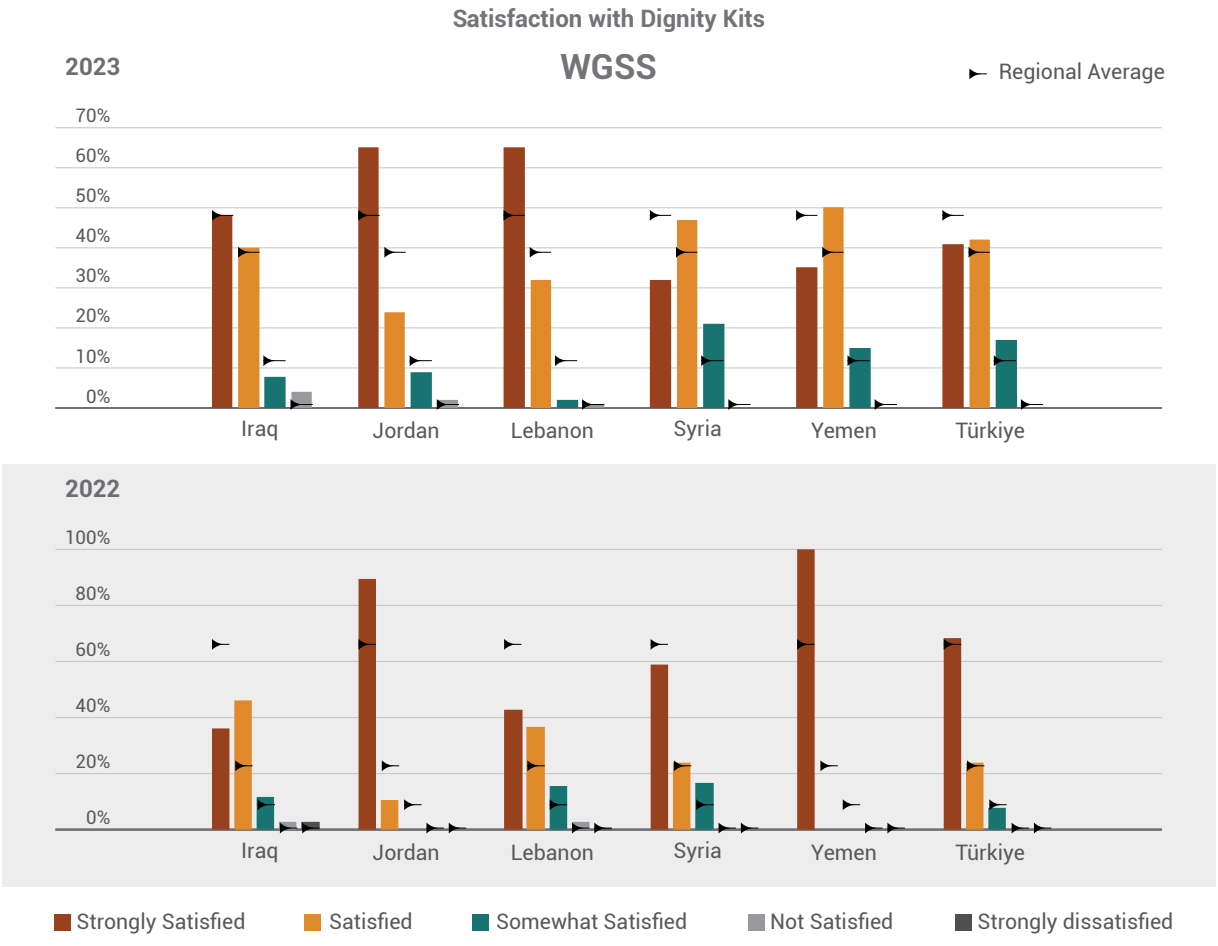
By contrast, the perception that youth centres are 'absolutely essential' increased significantly (17%) throughout the region from 2022 to 2023. As a result, youth centres were considered the most essential SDP by CFF respondents. This is in contrast to 2022, when it was considered the least essential SDP, after WGSS and health facilities. While the data does not support a direct analysis of the reasons behind this shift, there is a strong possibility that the well-documented economic decline and lack of opportunities have disproportionately affected youth, who have begun to rely more on social networks and systems, such as those offered by UNFPA's youth centres.


Importance of Accessing Services
2023
Youth Centres
Regional Average
100%
80%
60%
40%
20%
0%
Iraq
Jordan
Syria
Yemen
Türkiye
2022
60%
50%
40%
30%
20%
10%
0%
Iraq
Jordan
Syria
Absolutely essential
Very important
Average importance
Little to No importance

2. **If you received a dignity kit, how would you rate your overall level of satisfaction with the dignity kit? (Dignity Kit Satisfaction)**

In 2023, the percentage of respondents across the region who were 'strongly satisfied' with their dignity kits decreased by 18%, according to CFF data. FGDs highlight that this was due to the fact that the contents of kits were not tailored based on needs, age, and disabilities. While the rates of respondents who expressed outright dissatisfaction remained roughly consistent from 2022 to 2023, it is important to highlight that in 2023, dissatisfaction was most prevalent in women over the age of 60. As dignity kits generally support women and girls of reproductive age who are experiencing menstruation, the need to tailor dignity kits based on age continues to be significant. However, while combining both the 'strongly satisfied' and 'satisfied' categories of responses, the level of satisfaction remains similar to that reported in 2022.

Figure 14: Satisfaction with Dignity Kits, 2022-2023 by Country

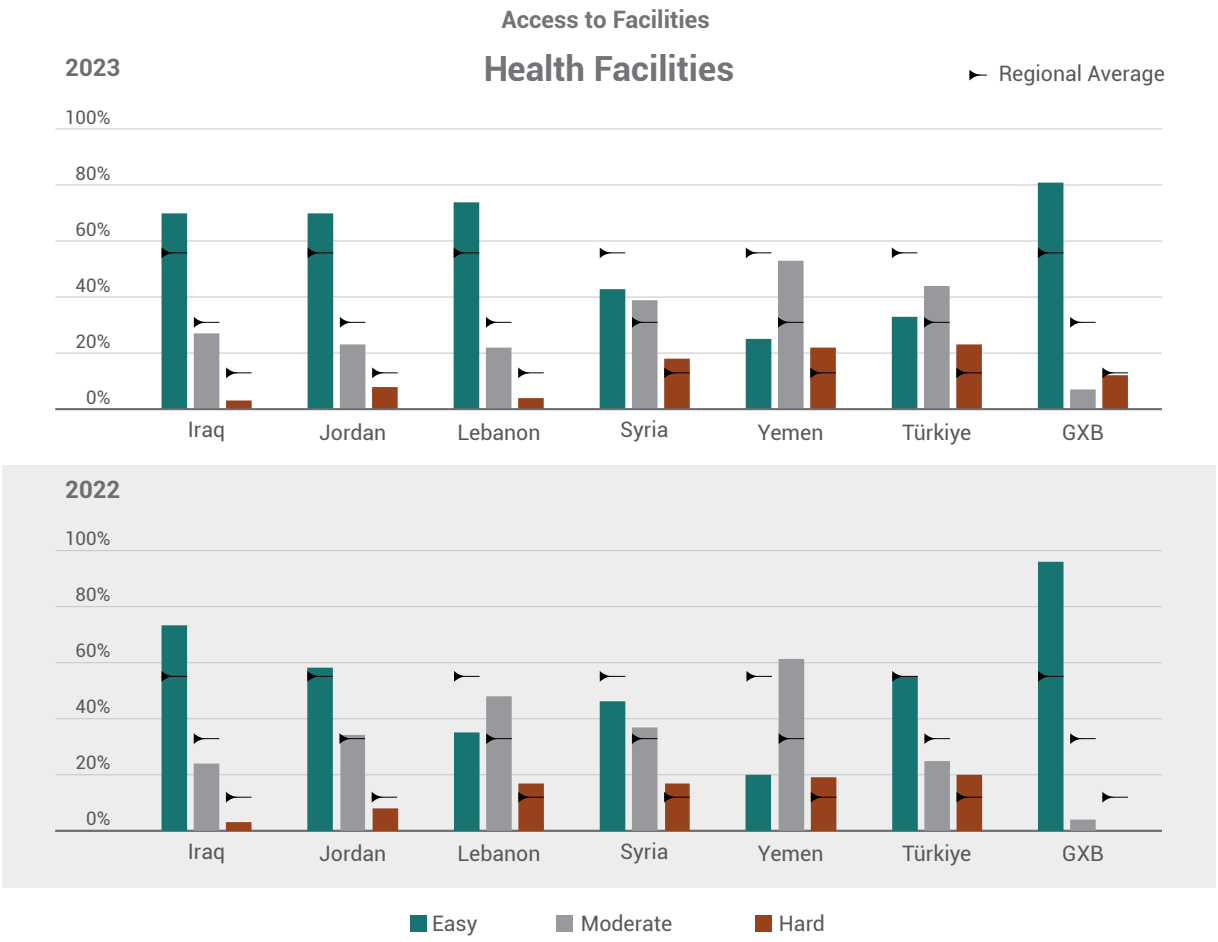


Dimension B (Access) Trends

1. **How do you describe the accessibility of this facility? (Access to Facilities)**

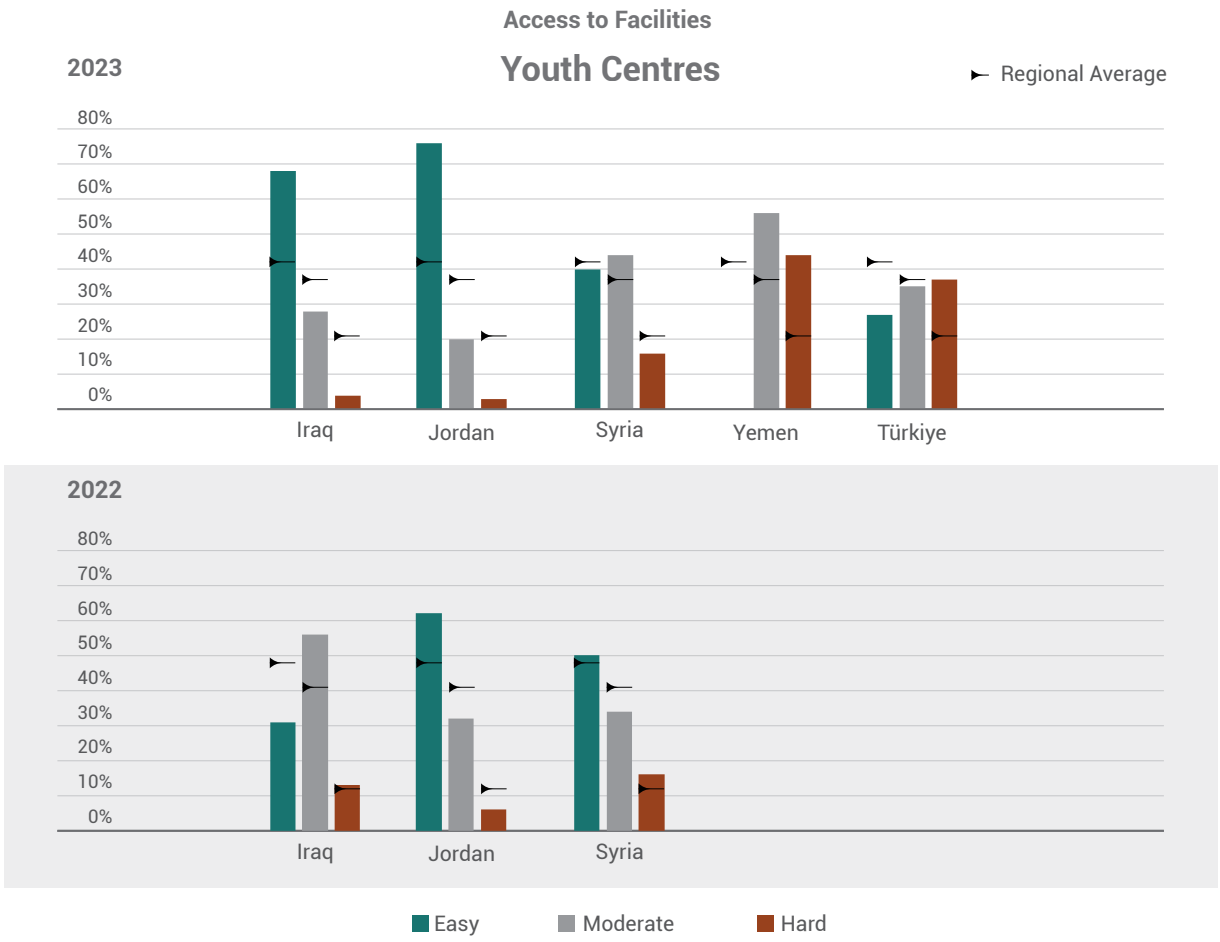
When it came to the accessibility of SDPs across the region, in 2023, there was a 7% increase in CFF respondents who found accessing WGSS 'easy,' as well as a 1% increase in those who found it 'easy' to access health facilities. There were similar increases in the 'moderate' category, while respondents who found access 'hard' decreased from the previous year. Overall, the results highlight that, although access to transportation and cost of transportation remain the main barriers to accessing facilities in 2023, it was slightly easier for beneficiaries to access WGSS and health facilities than in 2022.

Figure 15: Access to Facilities, 2022-2023 by Country and SDP



In contrast, there was a 6% decrease in CFF respondents who considered it 'easy' to access youth centres, and a 4% decrease in those who found accessibility to be 'moderate,' while the number of respondents who reported that accessing youth centres was 'hard' increased by 9% from 2022 to 2023. While transportation remains the main accessibility barrier for youth centres, CFF respondents and FGD participants also highlighted cultural barriers and family disapproval, particularly regarding the perceived need to protect young girls and women, as significant factors impeding access to these facilities.

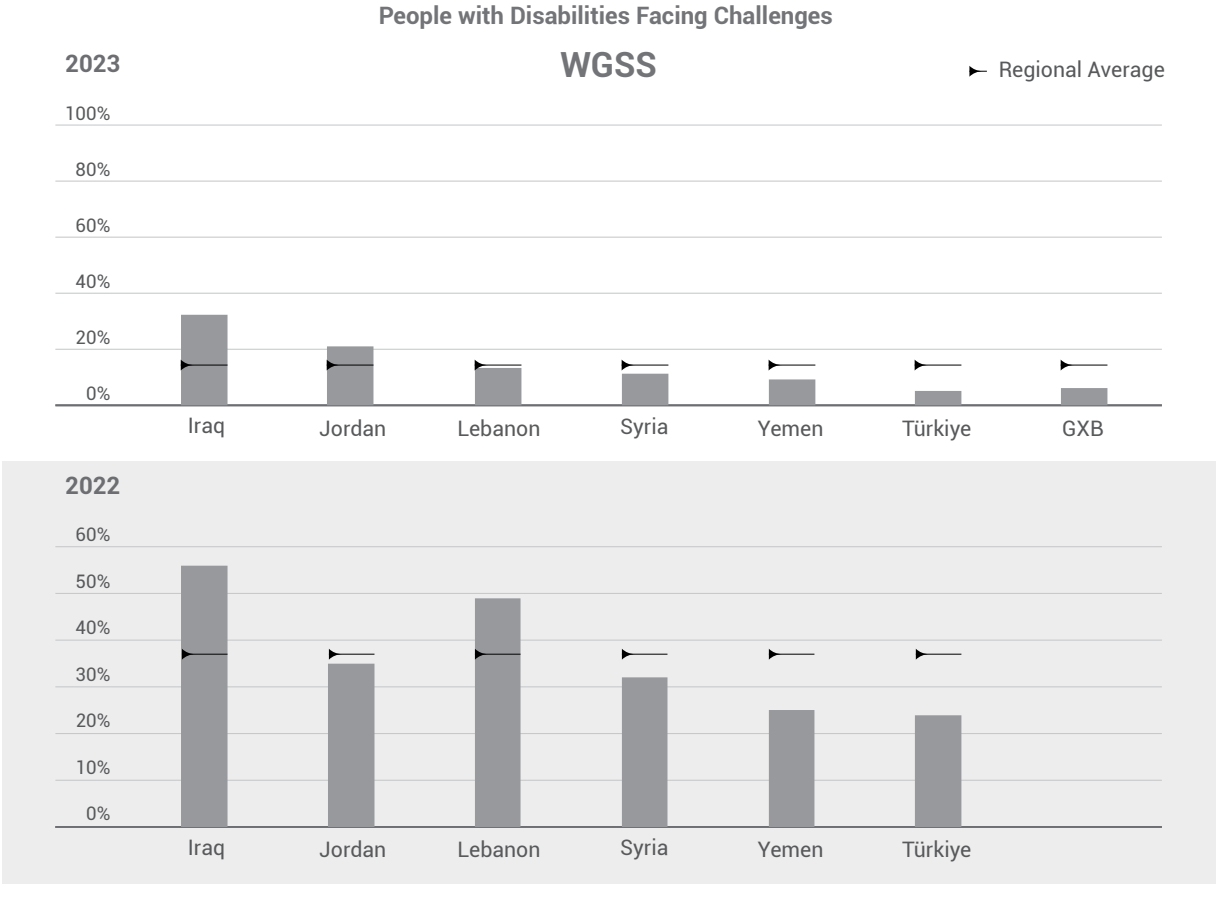
WHILE TRANSPORTATION REMAINS THE MAIN ACCESSIBILITY BARRIER FOR YOUTH CENTRES, CFF RESPONDENTS AND FGD PARTICIPANTS ALSO HIGHLIGHTED CULTURAL BARRIERS AND FAMILY DISAPPROVAL.

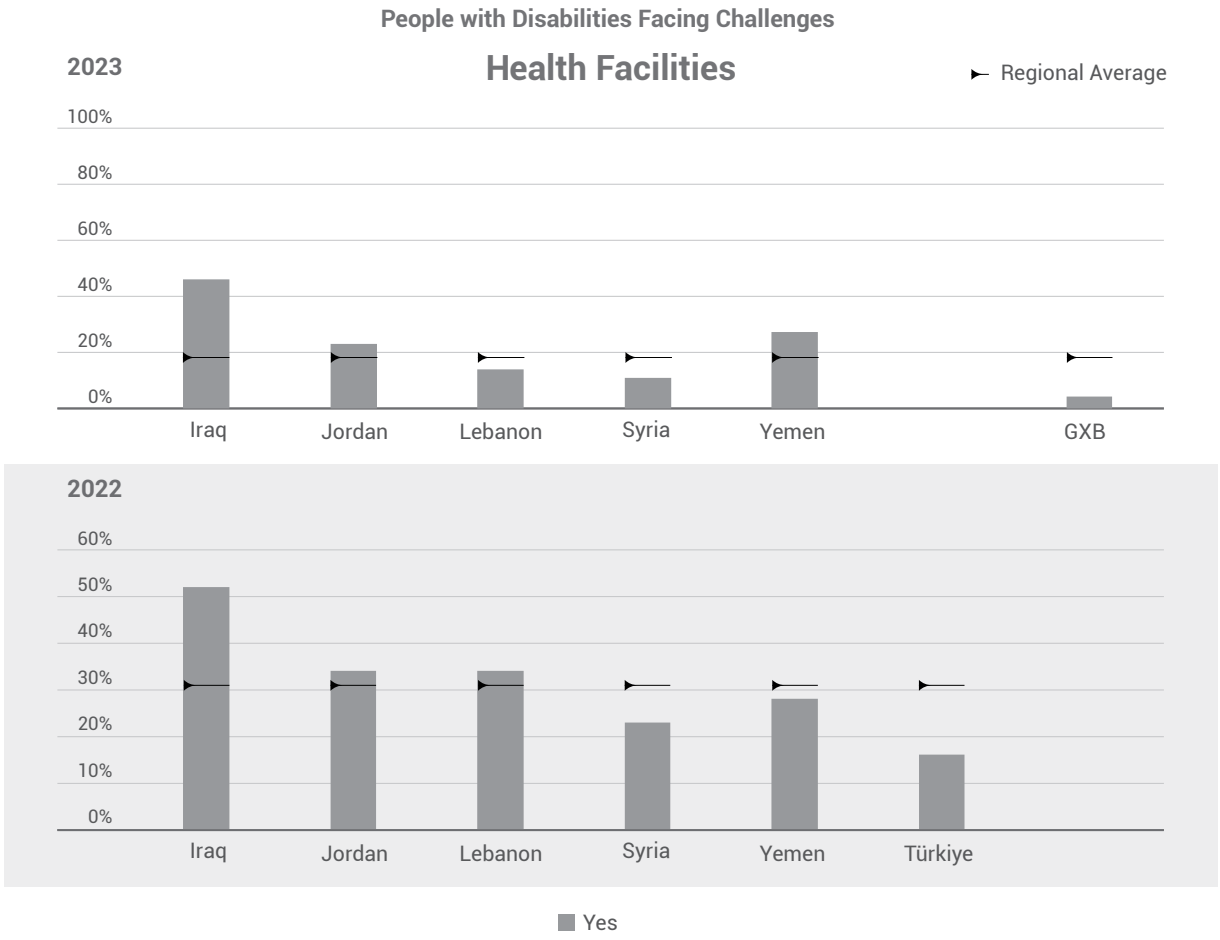

Access to Facilities
Youth Centres
2023
Regional Average
80%
70%
60%
50%
40%
30%
20%
10%
0%
Iraq
Jordan
Syria
Yemen
Türkiye
2022
80%
70%
60%
50%
40%
30%
20%
10%
0%
Iraq
Jordan
Syria
Easy
Moderate
Hard

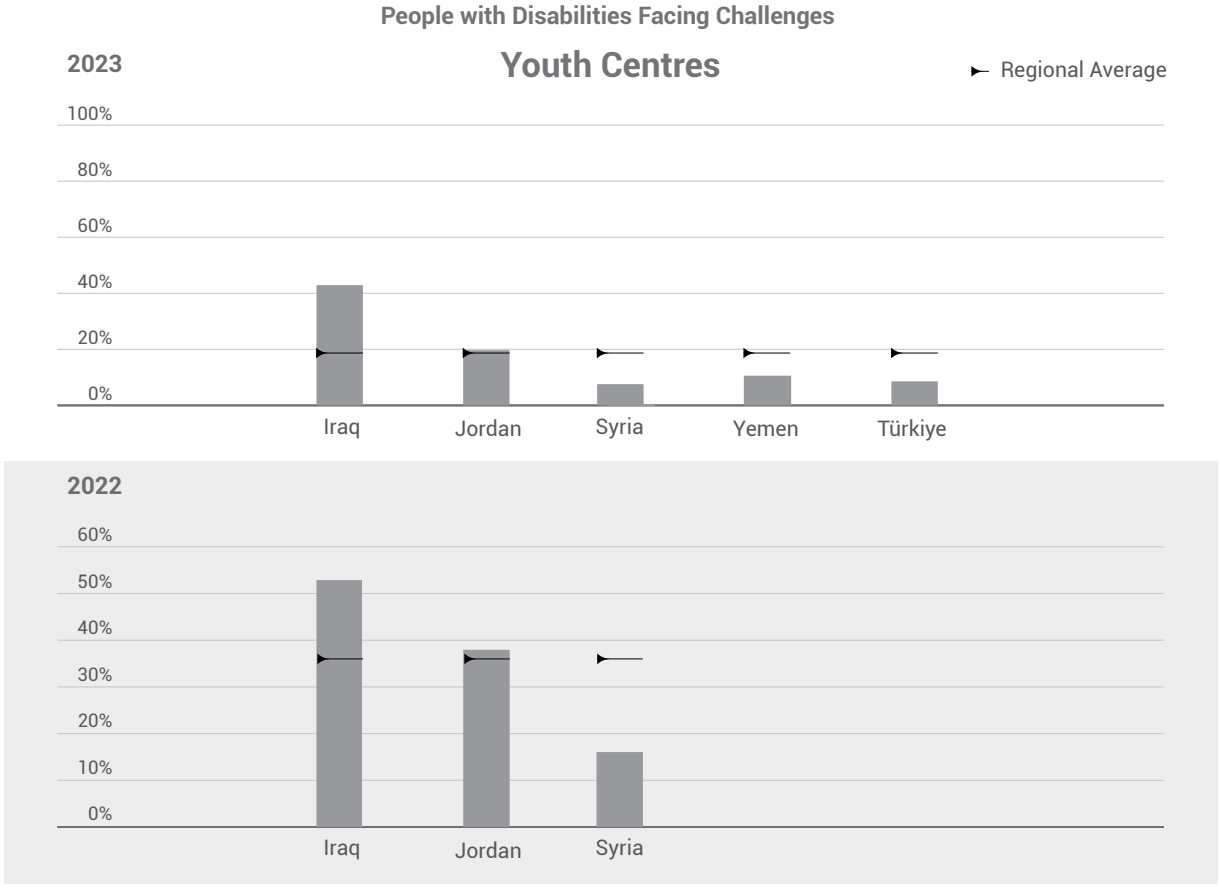
2. **If you are a person with a disability or if you are supporting a person with a disability, did you or the person you support face any challenges in accessing the centre and its related services? (Accessibility of People with Disabilities to Different Services)**

Across the region, there was a significant decrease in the percentage of people with disabilities, or those supporting persons with disabilities, who faced challenges in accessing the various SDPs and their related services. This included a 23% decrease in those who found it challenging to access WGSS, a 17% decrease in challenges related to accessing youth centres, and a 13% decrease in those who found it challenging to access health facilities.

Figure 16: People with Disabilities Facing Challenges, 2022-2023 by Country and SDP




People with Disabilities Facing Challenges
2023
Health Facilities
Regional Average
100%
80%
60%
40%
20%
0%
Iraq
Jordan
Lebanon
Syria
Yemen
GXB
2022
60%
50%
40%
30%
20%
10%
0%
Iraq
Jordan
Lebanon
Syria
Yemen
Türkiye
Yes


People with Disabilities Facing Challenges
2023
Youth Centres
Regional Average
100%
80%
60%
40%
20%
0%
Iraq
Jordan
Syria
Yemen
Türkiye
2022
60%
50%
40%
30%
20%
10%
0%
Iraq
Jordan
Syria

Dimension E: Follow-up on 2022 Recommendations

Recommendation 1: Roll out improved global guidance on Accountability to Affected populations (AAP) for integration into humanitarian programming

Both regional and country-level efforts to roll out and integrate global guidance on AAP programming have resulted in an increase in the proportion of women and girls accessing UNFPA SDPs who are aware of and comfortable with using UNFPA feedback mechanisms. This increase, and the high level of comfort, is consistent across countries and contexts. The major point for ongoing improvement relates to the 360-degree nature of feedback – namely, ensuring that beneficiaries are informed about the changes that UNFPA and its partners make in response to their feedback.

Iraq: UNFPA Iraq has put strict confidentiality protocols in place to ensure that beneficiaries' personal information is protected. The team has also established feedback mechanisms in line with global guidance. UNFPA Iraq works closely with implementing partners to enhance AAP capacities across all operations.

Jordan: UNFPA Jordan has adopted a multifaceted approach to AAP. Regular reviews of ongoing programmes are conducted to ensure their effectiveness, often involving consultation with the communities they aim to assist. This includes establishing and undertaking capacity-building measures for implementing partners. To date, these efforts have included training, resource allocation, and shared learning. Confidentiality, especially pertinent given UNFPA's focus on sexual and reproductive health, is a critical aspect of these efforts. Finally, feedback mechanisms have been put in place to allow affected populations to voice their perspectives on the assistance they receive, thereby contributing to regular monitoring and evaluation of the programmes.

Lebanon: For the first time, UNFPA Lebanon rolled out a protection mainstreaming survey, conducted on a quarterly basis across partners in the European Community Humanitarian Office (ECHO) programme. The survey aims to look at the safety and security of existing programming and at improving AAP, including beneficiary knowledge of feedback mechanisms, compliance, and follow-up. The results are discussed with partners on a regular basis and corrective actions have been taken when necessary. For example, in July, 87% of survey respondents said that they knew how to register their suggestions or lodge a complaint, compared with 76% of respondents during the April survey.

Syria: In 2021, the AAP task force developed feedback and complaint mechanism guidelines and initiated a pilot project to establish feedback mechanisms at three facilities supported by UNFPA in Syria. In March 2022, UNFPA introduced the guidelines and conducted training sessions on AAP for three identified IPs. Orientation sessions were then conducted to increase beneficiaries' awareness of the feedback mechanisms. Between July and Dec 2022, there were 238 instances of feedback that were received through different channels. All the feedback received was handled at the IP level, and each IP shared a monthly summary with the UNFPA team. In 2023, the UNFPA team rolled out these feedback mechanisms for all partners in Syria, and followed up with each IP individually until they established and activated their own feedback mechanisms.

Northwest Syria/GXB: Capitalising on the increased access to Northwest Syria after the earthquake, UNFPA GXB conducted regular in-person missions

to consult with affected communities on the quality of the SRH and GBV services received. Regular third-party monitoring (TPM) solicited beneficiaries' qualitative feedback on their satisfaction with the quality and scope of services and service providers. This feedback was subsequently addressed by IPs and, when necessary, programming was adapted accordingly. Accountability mechanisms were put in place at each facility, with most facilities introducing a diverse set of feedback mechanisms. All respondents expressed trust for the mechanisms they identified and stated that they felt comfortable using them.

Türkiye: As part of its AAP approach, UNFPA Türkiye engages with all stakeholders—including IPs, local communities, and refugees—in order to ensure that programming is effective and responsive to the needs of beneficiaries throughout the programme cycle. A system for complaints and feedback has been integrated into the online data entry system, Zoho, that was already being used by UNFPA. Through this system, implementing partners can systematically submit and follow up on the complaints and feedback received. Through this standardised system, UNFPA Türkiye can easily monitor the complaints and feedback received across different programmes and SDPs. Additionally, regular feedback is given to implementing partners about the actions taken and the response timeframe for complaints received within the programme. Protection from sexual exploitation and abuse (PSEA) is also included in the complaint and feedback mechanism: beneficiaries are provided with information, education, and communication (IEC) materials and awareness sessions, together with the sexual exploitation and abuse (SEA) reporting line.

Yemen: In 2023, UNFPA Yemen worked to enhance its partners' protection mainstreaming capacities, most notably through the humanitarian rapid response mechanism (RRM). UNFPA also continued to engage with its IPs in Yemen to ensure the proper implementation of its AAP approach, including its complaint mechanism (and raising awareness of this mechanism), PSEA prevention and response efforts, and other interventions.

Recommendation 2: Deepen engagement with young people

Youth-focused programming – provided via dedicated youth centres – was present across four of the seven operations covered by this impact assessment. Youth centre survey respondents were more likely to rate the services provided to them as 'absolutely essential' than respondents at other SDPs. As such, it can be broadly assumed that this recommendation was acted on in 2023. It should be noted, however, that youth have high expectations about livelihood prospects, and that it may be necessary to develop partnerships and referral systems in order to sustain satisfactory engagement with youth.

Iraq: UNFPA collaborated closely with the government of Iraq to deepen its engagement with young people. Three capacity-building Training of Trainers (ToT) programmes were conducted for youth centre staff and volunteers from the Ministry of Youth and Sports and the Ministry of Culture, who received training on life skills, SRH, and early marriage programming. A total of 54 youth centres were involved in the training, and a roll-out and follow-up system was put in place for all centres. Through these efforts, a total of 27,430 young people were reached. An additional round of general capacity building was also organised for youth centre staff and volunteers at 28 youth centres. One training workshop was conducted specifically on UN Security Council Resolution 2250 (S/RES/2250) commitments for 18 members of Iraq's Youth, Peace, and Security (YPS) Coalition. The goals of this workshop included building a joint vision for the coming five years, reflecting on the best practices and lessons learned from the past year, and moving towards the coalition becoming more youth-led and sustainable.

Jordan: UNFPA Jordan has been working with young people through a variety of different formats. This includes not only the Youth, Peace, and Security programme that has been highlighted in previous reports, but also other initiatives, such as providing support for the Empowering Young People to Empower Each Other (Y-PEER) Network, which has included helping to register the network with the Ministry of Social Development. UNFPA has been supporting the Shababna network, a youth-led network under the scope of the Royal Health Awareness Society that operates across 13 universities. UNFPA also supported the Resident Coordinator's office in helping establish the UN Youth Advisory Council. Through the establishment of this council, UNFPA aims to bring young people to the table through meaningful participation. UNFPA has engaged in capacity-building programmes with youth and plans to conduct several other trainings during the coming year. At the Zaatari Camp, UNFPA has been chairing the Youth Task Force since 2015. This action-oriented, field-level forum focuses on youth-specific advocacy, planning, and coordination.

Lebanon: In 2023, UNFPA Lebanon conducted MHM information sessions, specifically targeting adolescent girls via different primary health care centres.

Syria: To boost youth participation and engagement, 'orange teams' were established in Dara'a, Dier Az Zour, Al Mayadeen, and Aleppo, with plans to expand these efforts to Lattakia and Homs. Through these teams, youth were trained on basic SRH and GBV concepts and principles, the prevention of drug addiction, service referral pathways, and youth-led initiatives. During the earthquake response, adolescent girls in shelters and affected areas were invited to take part in FGDs in order to better understand their needs, and response plans were designed and implemented accordingly. Youth team members developed training materials on "Meaningful Youth Participation," and delivered this training to three teams of young people across several Syrian governorates. A number of training workshops have also been planned to take place in 2023 and 2024, in order to target other groups of young people in other governorates.

Northwest Syria/GXB: UNFPA GXB continued to implement multiple initiatives targeting youth, with a particular focus on adolescent girls. Among these, the Adolescent Mothers Against All Odds (AMAL) Initiative continued to produce positive impacts on the lives of pregnant adolescents and first-time mothers. AMAL seeks to raise awareness at three intersecting levels – individual/family, health sector, and community – on topics like family planning, early marriage, dangers of early pregnancy, how to tailor services to adolescent girls, spacing pregnancies, and the risks of home deliveries. The AMAL Initiative targeted adolescent girls, who were engaged in Young Mothers' Clubs; community leaders, who were part of the community engagement activities; and health service providers, who were engaged in transformational activities aimed at shifting their attitudes and biases when providing SRH services, including family planning, to adolescents. One of UNFPA's IPs implemented another successful initiative called Rebel Girls, co-designed by the Hub. Through a storytelling approach, this initiative helped create a safe space for adolescent girls to learn from their peers, share their experiences, and enhance their communication and leadership skills.

Türkiye: UNFPA Türkiye has been operating youth-focused humanitarian programmes since 2015, and provides SRH, GBV, empowerment, and social cohesion support to the most vulnerable youth. UNFPA works to enhance the resilience of the most vulnerable youth through the provision of youth-friendly health and GBV services. There are four youth centres in Türkiye, two of which are located in the earthquake-affected region of the country. Mechanisms have been introduced to increase this focus on youth, including regular and ongoing consultations with diverse groups of young people, in order to identify and address their peace and security needs. One of these mechanisms is the Health Mediator System at the youth centres. Health Mediators are selected from the target community to act as a bridge between youth in the community and the services provided by the centres. Youth Advisory Boards were established in both of the earthquake-affected centres to enhance the participation of youth in decision-making and to help collect feedback about the centre activities. UNFPA has also begun to organise provincial stakeholder meetings, bringing together diverse local youth and actors from governmental and non-governmental organisations who provide responses to youth-related issues.

The youth centres in Türkiye have collaborated closely with the Provincial Directorates of the Labour Agency of Türkiye and Municipalities, in order to provide young people with accredited vocational training. Following counselling at the youth centres, young people who are interested in vocational training were referred to these courses in order to support their economic empowerment and livelihoods.

Yemen: In 2023, UNFPA heavily expanded its mobilisation of resources to target young people, including mobilising resources from the Netherlands to support the establishment of youth-friendly health services. UNFPA also expanded its work with the Internationally Recognised Government's Ministry of Youth, and is supporting youth empowerment interventions in Taiz. Advocacy efforts have also been put in place to pave the way for additional interventions in 2024. These include further integration of youth-targeted interventions, including within the RRM and SRH frameworks.

Recommendation 3: Redouble efforts to ensure that the distribution of commodities appropriately targets the most vulnerable

While country-level operations have always aimed to target the most vulnerable, significantly more work needs to be done on this front, particularly when it comes to tailoring programmes to different age groups, such as elderly women, and when working to provide specific programming for people with disabilities. Over the past several years, efforts have been made to target LGBTQI and non-binary individuals.

Iraq: UNFPA Iraq is working with the Ministry of Health to enhance its logistical capacities. This is slated to include capacity-building training for relevant ministry employees. This also includes efforts to secure important supplies and commodities via third-party agreements. In addition, UNFPA is working alongside health ministries in both Baghdad and Erbil to enhance demand through a behaviour change communication (BCC) strategy, targeting community and religious leaders on topics related to family planning and SRH services.

Jordan: In Jordan, several key pilot initiatives were launched in the second half of 2023. This included an initiative to provide cash assistance to GBV survivors with disabilities and LGBTQI individuals within the case management framework. In 2024, UNFPA Jordan will engage in the capacity building of medical staff on the consequences of female genital mutilation. The UNFPA Jordan office is also examining the possibilities and logistics of reaching more remote areas for future programming, as well as the possibilities of implementing programming that more effectively targets adolescent girls. UNFPA also aims to provide youth-friendly health services within the youth centre at Zaatari Camp, as it was observed that young refugees are facing challenges when attempting to access maternity clinics, due to the stigma associated with these facilities and services.

Lebanon: UNFPA Lebanon is partnering with organisations that provide services to LGBTQI community members. It is also making efforts to target people with disabilities in outreach interventions. Furthermore, UNFPA is co-chairing an LGTBQI Task Force with UN Women that has worked on a service-mapping exercise for this group, in order to identify what services are available to them. UNFPA Lebanon is also preparing a trend analysis to monitor the situation of LGBTQI communities and individuals in Lebanon. Additionally, UNFPA Lebanon is conducting disability training for UNFPA staff and implementing partners, in order to equip them with the knowledge and skills they need to be more inclusive of people with disabilities in their projects and services.

Syria: In Syria, UNFPA has targeted the distribution of kits and other services toward the most at-risk population groups, including female-headed households, women with disabilities, and IDPs. There have been increasingly concerted efforts to focus on GBV prevention as an entry point for adolescent girls and their caregivers', including through the Girl Shine programme. This programme is being piloted in three governorates, with plans to scale up in the coming year. There is no specific focus on nor measurement of LGBTQI engagement, due to context-specific sensitivities.

Northwest Syria/GXB: UNFPA continued to increase the capacities of its partners in order to ensure that services are accessible to all targeted groups, including persons with disabilities. In June 2023, UNFPA GXB, in collaboration with the World Health Organisation (WHO) and Humanity & Inclusion, conducted a two-day Training of Trainers on social inclusion. This capacity-building activity enhanced the knowledge and skills of 15 participants (six women and nine men) from 12 organisations, in an effort to enhance access to SRH and GBV services for people with disabilities.

Türkiye: The evaluation report, "Increasing Access of Most Vulnerable Groups to Protection Services in Türkiye," showed that UNFPA interventions are based not only on identified needs of vulnerable groups, but on a very clear and well-evidenced gap in services for the targeted populations, such as limited access to both protection and sexual reproductive health services. The evaluation report underlined that UNFPA should increase access to services for vulnerable groups, which has contributed to the establishment of specific coordination mechanisms, including the Kurdistan Regional Government (KRG) thematic coordination group platforms in Istanbul and Gaziantep and the inter-sectorial Disability Inclusion Task Team, all of which are considered to be important coordination mechanisms by all involved parties. As part of its ongoing support for particularly vulnerable individuals and communities, UNFPA Türkiye has been reaching out to LGBTQI populations, refugee sex workers, refugees living with HIV, men and boys who are survivors or at risk of sexual violence, refugees with disabilities and their caregivers, adolescents, and youth, in order to enhance their access to SRH and GBV services.

Yemen: In 2023, UNFPA Yemen conducted an assessment on the Muhamasheen community (the most vulnerable due to racial and societal discrimination) to gain a deeper understanding about their vulnerabilities and the best strategies for implementing a more targeted response. This assessment is being finalised and will inform UNFPA in 2024 on the best way to target SRH and GBV services to this group.

Recommendation 4: Dignity kits should be mainstreamed across programming wherever possible

Despite the fact that dignity kits play a vital role as an entry point to key SRH and GBV services, this recommendation has not been substantively implemented. Across the region, 25% of CFF respondents reported receiving dignity kits, but on a country level, variation was enormous, with the percentage dropping to as low as 5% in certain contexts. In some areas, people with disabilities appeared to be excluded entirely from receiving dignity kits. The reasons for these issues are not clear, but given the effort that has been made around dignity kits, this report recommends that knowledge-sharing and 'lessons learned' exercises be conducted.

Iraq: In 2022, a total of 10,000 dignity kits were procured, and no procurement, distribution, or management constraints were identified during that period. The transition from humanitarian to development programming has not significantly affected the demand for dignity kits, as the demand remains constant in areas with humanitarian needs. Dignity kits continue to be seen as an essential component of UNFPA programming in Iraq. The procurement of dignity kits is primarily done internally, by government actors, and UNFPA has limited information on the specific supply of hygiene items in local markets. However, feedback from KIIs indicates that, at the ground level, there are increasing issues with availability of supplies, linked to coordination challenges with government actors.

Jordan: UNFPA Jordan has piloted a programme that uses cash assistance to increase access to menstrual hygiene products, as an alternative to the distribution of dignity kits. This was based on the assessment that the Jordanian market is functional enough to ensure that beneficiaries can exercise a free and dignified choice of products with the assistance received. The pilot provided cash assistance to beneficiaries who attended MHM awareness sessions, which were conducted for both adolescents and caregivers.

It should be noted, however, that feedback from FGDs and KIIs from this impact assessment indicated that dignity items available in the markets were of a lower quality than those provided in UNFPA dignity kits.

Lebanon: The distribution of dignity kits in Lebanon was linked to outreach interventions and awareness activities, and based on the availability of resources. In 2023, for the first time ever, UNFPA Lebanon conducted post-distribution monitoring on dignity kits, both to improve feedback mechanisms and

to confirm how essential the kits are in the context of Lebanon's current economic crisis. It is also important to highlight that Lebanon implemented a pilot programme to couple MHM awareness with cash assistance.

"For girls, the percentage of those who could cover all their MH needs at the time of PDM data collection rose from 32% to 68%, while those who could always access comfortable and safe menstrual health products in the last month rose from 37% to 63% after receiving the conditional cash assistance."[10]

Syria: In Syria, UNFPA distributes dignity kits largely through IPs and within existing integrated facilities, including WGSS and integrated mobile teams (IMT); UNFPA has also worked with ministry actors to support the availability and distribution of sanitary napkins. According to the results of regular assessments and (PDM), items included in dignity kits remain a key need, especially among IDPs. Challenges related to procurement processes are acknowledged, and efforts have been made to use fast-track procedures. UNFPA will continue to work on increasing the available stock of dignity items in the country, through area-based and need-based stockpiling, depending on available resources.

Northwest Syria/GXB: In 2022, UNFPA GXB continued to procure and distribute dignity kits to women and girls above 10 years of age. As confirmed by the AAP research on dignity kits, jointly launched by UNFPA and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), dignity kits ensure that women and girls have access to safe, dignified hygiene and sanitary items, reducing risks and mitigating the consequences of GBV in reception centres, camps, and other informal settlements. Dignity kits, which contain essential items, have continued to act as a strategic entry point for information and service referrals, and for identifying women and girls at risk of GBV.

Türkiye: Since the 2022 assessment, the deterioration of the economic situation in Türkiye led to a decrease in beneficiaries' purchasing power, limiting their access to essential sanitary and hygiene items. In particular, following the Kahramanmaraş earthquake, dignity kits have become a critical element of support, and have been used as a vital entry point to the provision of SRH and GBV services. The CO closely monitors the distribution process and conducts FGDs with beneficiaries to collect feedback on the kit and its contents. The country office relies on long-term, international agreements to procure the dignity kits. However, not all items are included in these agreements, which prolongs the process of procurement. After the earthquake, suppliers in Türkiye became overstretched and lead times increased.

Yemen: Due to funding shortages, only some GBV activities included the distribution of dignity kits. RRM provides a blanket response for newly displaced persons, and involves the distribution of dignity kits. UNFPA is engaging with additional donors in order to mobilise and mainstream resources for dignity kits.

10 UNFPA Lebanon. "An Integrated Approach to Menstrual Hygiene Management: Awareness Sessions and Cash Assistance for Women and Girls Affected by Crisis in Lebanon." https://lebanon.unfpa.org/en/publications/integrated-approach-menstrual-hygiene-management-awareness-sessions-and-cash-assistance

Recommendation 5: Maintain and redouble focus on longer-term solutions that mitigate future challenges

There is an acute need to focus on sustainable, long-term solutions. During this year's data collection, a number of beneficiaries requested more long-term, resilience-building support and services, such as job matching, CVA training, and small business grants. Although these kinds of services fall outside of UNFPA's mandate, it is possible to address these needs through systematic, long-term partnerships with livelihood actors, or by developing more concrete and active referral systems between vocational training and life skills courses and agencies offering livelihood programmes.

Iraq: Since the 2022 assessment, UNFPA has adapted its programmes in order to respond to recurring acute crises, whether economic or climatic in nature. In Iraq, UNFPA has been working to ensure the continuity and sustainability of services for women and girls, which has included actively supporting livelihood programmes and facilitating the handover of WGSS in the Kurdistan Region of Iraq (KRI) to the Ministry of Labor and Social Affairs (MOLSA-KRG). As part of the transition toward more development-focused programming, UNFPA is working to finalise a Minimum Initial Service Package (MISP) document with the relevant authorities, which provides contingency plans for any potential emergency or crisis. In cooperation with MOLSA-KRG, UNFPA also provided vocational training courses for young people. In 2022 and 2023, UNFPA procured vocational training equipment for its youth centres, including computers, mobile maintenance tools, sewing machines, and items needed for hairdressing and barber work.

Jordan: In July 2023, UNFPA Jordan developed an action plan for different interventions aimed at directly and indirectly supporting the four UNFPA outputs enumerated in the Country Programme Document (CPD) for 2023-2027. Priority actions will be undertaken in two of these output areas (policy change and data generation), as they have been identified as key to laying the foundation for longer-term interventions. By focusing on policy advancement and data generation, UNFPA Jordan aims to create a ripple effect that will positively impact the other two outputs: service delivery and discriminatory gender and social norms programming. Specific actions under the scope of service delivery can also be initiated to enhance the awareness, preparedness, and responsiveness of implementing partners in managing and mitigating climate-related issues.

Lebanon: Efforts to support resilience and long-term programming in Lebanon include strengthening referrals between community-based interventions and institutional service providers. All partners are asked to map out existing services and centres in the community where they operate, so that they can ensure linkages with and referral to these institutions/centres.

Syria: Under the scope of youth programming, a climate change tool kit was developed and shared with all youth programme implementing partners, and a climate change awareness session was added to the work plan. Within WGSS operations, livelihood interventions are a core part of GBV prevention and risk mitigation initiatives vocational training and start-up kits are distributed to women and girls to enhance their economic empowerment capacity beyond the duration of specific programmes and interventions. Coordination with other UN agencies is also being expanded: for example, UNFPA is collaborating with United Nations Development Programme (UNDP) and Food and Agriculture Organization (FAO) on joint programmes supporting the empowerment of women and girls. Going forward, UNFPA aims to review the existing service delivery models, including WGSS and IMT, to explore long-term, sustainable, community-owned alternatives.

Northwest Syria/GXB: (IGAs) According to the participatory after-action review conducted in August 2022, income-generating activities were effective at increasing beneficiaries' resilience within the framework of a broader early recovery strategy, reducing existing barriers to livelihood opportunities experienced by the most vulnerable groups. UNFPA, GBV AoR and the Early Recovery and Livelihood Cluster jointly developed "Income-Generating Activities within GBV Programming Standard Operating Procedures (SOPs)" in December 2022. These SOPs are now widely available in both English and Arabic. The document aims to establish collective standards and guidelines for upholding GBV principles during the IGA lifecycle.

Türkiye: In 2023, many of UNFPA Türkiye's efforts were focused on managing the aftermath of various shocks and crises. After the Kahramanmaras earthquake on February 6, UNFPA introduced cash support for earthquake survivors to reduce their GBV risks during the post-emergency period and promote their safety and dignity. UNFPA scaled up its services to reach those in dire need by engaging more mobile teams in earthquake response activities. UNFPA conducted a series of self-care sessions for 429 service providers. UNFPA provided training sessions for IP personnel on: GBV services provision in emergencies

(73), multi-sectoral responses to GBV for women with disabilities (44), and CVA in case management (25). In order to strengthen the capacities of sector partners to provide protection services and work with key populations, UNFPA provided training sessions on (i) protection and SRH needs of key populations for 62 service providers from 25 organisations, (ii) support for children who are sexual violence survivors for 33 participants from 21 organisations, (iii) PSEA for 103 participants coming from 44 organisations, (iv) GBV in emergencies for 47 personnel from the Ministry of Family and Social Services.

Since 2021, UNFPA's youth centres in Türkiye have been coordinating mini-grant activities for the young people to support their project and budget management skills, social cohesion, and awareness of SDGs, SRH, GBV, and social responsibility.

Yemen: UNFPA Yemen has continued to engage in its existing sustainable programmes, while simultaneously exploring additional sustainability and resilience solutions. This includes the ongoing implementation of livelihood and economic empowerment activities for the most vulnerable women and girls, as well as continued support for existing health facilities in order to ensure their long-term impact. UNFPA Yemen has also developed a concept note to start working in-depth on issues of climate change in relation to SRH and GBV service provision, and is in discussion with various donors about more sustainable interventions, such as solar panels, improved water, sanitation, and hygiene (WASH) and waste management facilities, and so forth.

Recommendation 6: Leverage recommendations from the Johns Hopkins study on Cash and Voucher Assistance

CVA is now being used in all countries included in this assessment except Iraq, as the Iraq office is transitioning out of humanitarian programming. In general, operations that use CVA have invested in PDMs and in appropriate CVA responses.

Table 7: UNFPA Countries and CVA 2023

Country Office	GBV case management	Income generating activities	Menstrual Health and Hygiene	SRH
Jordan	✕		✕	✕
Lebanon	✕		✕	
GXB	✕	✕		Planned for 2024
Yemen	✕			✕
Syria				✕
Türkiye	✕			Planned for 2024

Iraq: The UNFPA Country Office is not currently implementing a CVA programme within GBV case management programs or for SRH, as the office is transitioning out of humanitarian programming.

Jordan: Vouchers have been used to provide essential SRH medications to pregnant and lactating women in Jordan. One important lesson learned from the provision of CVA in Jordan could be the critical role of community engagement and education. Regarding CVA in the context of GBV programming, UNFPA Jordan continues to integrate cash assistance into GBV case management through two IPs operating across seven governorates. The most recent monitoring exercises showed how the integration of cash assistance within GBV case management in Jordan proved to help mitigate further risks of GBV. Eighty-six per cent (86%) of women stated that the assistance contributed to the mitigation or reduction of domestic violence and 97% of all participants stated that receiving the cash made them feel safer. Ninety seven per cent (97%) of respondents indicated that receiving cash assistance helped them access the goods or services they needed to recover from incidents of violence. While referrals to livelihood activities are integrated into case management at the end of the CVA cycle, there is still room for improvement on this front.

Lebanon: CVA is a standard tool in UNFPA Lebanon's GBV case management programming and it is incorporated in the case management system of all implementing partners, including within safety plans. UNFPA Lebanon has a robust PDM system in place to monitor the processes and outcomes of the cash assistance provisions. UNFPA Lebanon has even scaled up its cash assistance activities, allowing implementing partners and organisations who offer GBV case management and are part of the gender-based violence information management system (GBVIMS) network to send referrals for eligible survivors to receive recurrent cash assistance. UNFPA has positioned itself as the leading agency when it comes to providing recurrent cash assistance for GBV survivors.

Syria: In 2022, UNFPA Syria partnered with the World Food Programme (WFP) to support the provision of CVA to pregnant and lactating women. The support included providing beneficiaries with a top-up payment to help them purchase hygiene items. Within this context, CVA proved to be a strong intervention for responding directly to the needs of women and girls. However, UNFPA had to stop its CVA project with WFP Syria due to funding limitations. In 2023, UNFPA plans to make use of CVA for its GBV case management approach in one governorate, with the potential to expand into other governorates based on lessons learned and funding availability. UNFPA will be working closely with the regional office to design these CVA interventions in a way that ensures the safety of beneficiaries and the fulfilment of their needs; this includes developing new monitoring systems and ensuring proper management of the intervention. UNFPA Syria has also initiated a pilot project for urban transport vouchers and rural cash assistance, in order to support access to facilities delivering key programmes and services.

Türkiye: Within the context of GBV case management, cash assistance programmes are implementedthrough GBV partner organisations, and include the targeting of refugee groups, particularly vulnerable demographics (including LGBTQI, people living with HIV, and sex workers), and men and boys who are survivors or at risk of sexual violence.

Northwest Syria/GXB: In Northwest Syria and GXB, CVA was implemented via three modalities: (1) case management, (2) income-generating activities, and (3) individual protection assistance. In the context of case management, the GXB office conducts programming with a partner organisation. One hundred per cent (100%) of CFF respondents who reported being survivors of GBV also reported that CVA helped them access the services necessary for them (or their child) to recover from the violence they disclosed. In the context of IGA, GXB partnered with a third-party organisation to respond to beneficiaries' requests for WGSS to have more income-generating activities. This included the provision of small grants to help women start new small projects/businesses, allowing them to achieve economic independence, develop self-reliance and self-sufficiency, and reduce/mitigate their risks of GBV. In the context of IPA, in response to the February 2023 earthquake, GXB initiated the distribution of CVA. Since then, two major CVA IPA programmes have been carried out. The first one took place from April to June, and included the distribution of CVA to beneficiaries in the Azaz, Jarablus, Afrin, and Jebel Saman districts of Aleppo and the Harim district of Idlib. The second one took place in June, and included the distribution of CVA in the Suran, Armanaz, Kafr Karmin, Jandaris, Jarablus and A'zaz areas.

Yemen: In Yemen, cash assistance is provided within the context of GBV case management across different governorates. Based on insights derived from PDM, cash programming focuses primarily on supporting logistical and transportation services for GBV survivors, in order to facilitate their access to essential services. UNFPA Yemen has also implemented a pilot programme to provide vouchers to beneficiaries as a means of increasing access and uptake of services.

Section 3.

Regional Conclusions

Section 3. Regional Conclusions

Summarising Conclusions

As the world continues to experience a range of complex, overlapping, and ongoing crises, the value of the work that UNFPA has done across its mandate areas has been thrown into sharp relief. Women and girls in the Arab States region continue to encounter numerous challenges to their sexual and reproductive health, from a lack of health and wellness supplies to the inaccessibility of vital support services, to active risks of conflict and climate change. In this context, UNFPA aims to provide vital information as well as safe, effective, and affordable access to services.

UNFPA's work has had clear positive psychological and social impact, as expressed by beneficiaries directly. This mental and social resilience not only helps beneficiaries navigate issues like protracted displacement, but it also builds up resilience, which is critical in contexts where resources are increasingly limited and communities' access to essential goods and services remains constrained. UNFPA can build on this positive impact by strengthening the operations of its WGSS and youth centres, and by conducting regional exercises on best practices and lessons learned.

There is a strong demand for resilience-building activities among women, girls, youth, and other vulnerable groups. Across FGDs, KIIs, and CFFs, participants in UNFPA activities are actively demanding support in finding jobs, starting small businesses, and investing in assets. This demand is likely linked to the strong prevalence of economic shocks through the region. While this demand is outside UNFPA's mandate, it could be possible for UNFPA to build partnerships with relevant organisations and act as an entry point to longer-term economic programming for the most vulnerable demographics and communities.

In order to maintain the strength and quality of UNFPA's work, it will be necessary to bolster funding. Partner staff have expressed clear anxieties about the current state of funding, and some have already experienced contract uncertainty associated with a potential lack of funding. The risks associated with reduced funding should be clearly and urgently highlighted to donors, especially in contexts where UNFPA is actively working to transition operations to government partners and develop other sustainable approaches to service provision. To the degree that it is possible, contingency plans for lower funding levels should be developed; these plans should identify priority services and outline plans for managing uncertainty among both UNFPA staff and implementing partners.

Dimension A: Wellbeing

UNFPA services are highly valued: All types of service delivery points (WGSS, health facilities, and youth centres) are recognised as providing essential services to vulnerable communities. Fifty-three per cent (53%) of those surveyed considered the services provided by UNFPA to be absolutely essential, while another 39% considered them very important; these high ratings were consistent across countries, age groups, and beneficiary categories. UNFPA services are considered to be unique across different countries and contexts.

UNFPA's approach of tailoring services to local needs is helpful for beneficiaries: Across different data collection tools and methodologies, women and girls expressed that they had been included in the process of selecting the services provided at their respective SDPs. Some SDPs provide a 'core' set of services, as well as supplementary services based on local context and demand; other services are strongly tailored to local contexts and partners. This high degree of contextualisation supports outreach: women and girls can access SDPs such as WGSS to receive tailored or supplementary services (e.g. recreational activities) and, after accessing this service, they can more easily engage with the SDP's core services.

SRH service provision could be strengthened across countries: (1) Some of these services are perceived as being among the 'least' important for CFF respondents; (2) quantitative data clearly demonstrates continued stigma around certain SRH topics and services; and (3) KIIs suggest that a more comprehensive regional approach could be taken.

Learning should take place around the provision of dignity kits and menstrual health supplies: UNFPA has tried various approaches to the provision of dignity kits and menstrual health supplies, but significant challenges still remain. Only a small proportion of respondents reported receiving dignity kits, despite a 2022 recommendation to mainstream the dispersal of dignity kits. In certain contexts and countries, some vulnerable groups, such as people with disabilities, appear to be completely excluded from these services.

Responses to feedback should be strengthened: Respondents overwhelmingly expressed feeling safe and respected in UNFPA SDPs, and they also felt that their information was being treated confidentially. Feedback on staff has also been positive, and respondents Generally noted that they have open access to feedback mechanisms. However, they do NOT feel that if they provide feedback, it will be taken into account and services will be changed. As a result, UNFPA and its IPs should work to better communicate actions taken in response to feedback.

Dimension B: Access

UNFPA services are seen as unique: In line with findings from 2022, women and girls have clarified that no other service provider offers the same quality and combination of services in a safe and respected environment. The uniqueness of UNFPA's services could be seen across all SDP types, including WGSS, health facilities, and youth centres.

Access is improving, but major cost and context challenges remain: In both CFFs and FGDs, there are indications that access to UNFPA services is generally either improving or at least remaining constant. However, two major barriers to access persist: (1) lack of transport and high cost of transportation, and (2) family restrictions, notably the need for a chaperone and family disapproval of participation in UNFPA activities.

Access for people with disabilities should improve: Across all contexts, people with disabilities found it more challenging to access UNFPA services; in some countries, no respondents with disabilities reported receiving dignity kits. Intersectionality plays a role in this issue, with younger people with disabilities facing disproportionately greater challenges.

All UNFPA service providers should consider tailoring services and accessibility solutions to specific age groups: Women and girls in different age groups have different types of difficulties in accessing all UNFPA services across all SDP types; these challenges also affect access to essential services like dignity kits. A more in-depth analysis needs to be conducted on the barriers facing different age groups, with particular focus on ages 10-17, 18-19, and over 60.

Dimension C: Efficiency

While **UNFPA does provide training, it could be better targeted toward specific knowledge and skill gaps among staff:** UNFPA provides training to partner staff across different countries. The quality of these training programmes is generally considered good, and UNFPA's efforts are generally and widely appreciated. When KII data is triangulated against CFF data, it appears that specific efforts could be made to target identified staff weaknesses (e.g. communication in healthcare facilities).

Staff capacity and engagement has been strongly affected by local shocks: Across different countries and contexts, UNFPA staff and partners have themselves been impacted by shocks, including but not limited to the earthquake (in Türkiye and Syria) and economic challenges (such as those experienced in Lebanon). Staff concerns about their own safety and that of their families can restrict engagement. It could be possible for UNFPA to consider providing referrals for their own staff and partner staff. Additionally, UNFPA can develop contingency plans for providing different programming options when affected staff and implementing partners experience challenges that impede their ability to provide service continuity.

Economic shocks and funding have consequences on the provision of services: Economic shocks have increased the cost of providing services, and in contexts with many diverse and complex funding priorities, partners are worried about securing the funds necessary to continue providing high-quality services.

> BECAUSE WE COME FOR TREATMENT AND EXAMINATION, AND WE IMPROVE, AND IT ALSO HELPS US TO RELY ON OURSELVES.
>
> (GXB FGD PARTICIPANT)

Cash and Voucher Assistance

Since 2016, UNFPA has been committed to scaling up high-quality and well-coordinated CVA that maximises results for women, girls, and youth during crises. As of 2023, CVA was provided within:

GBV case management in Jordan, Lebanon, GXB, Yemen, and Türkiye, leading to improved protection outcomes for GBV survivors and mitigated individual risk of GBV for survivors.

Income-generating activities in GXB, including the provision of small grants for women that allowed them to start new small projects and businesses to achieve economic independence.

MHM, which involved providing vouchers to women and girls to restock their monthly pads supplies from local shops in order to ensure that their menstrual hygiene was improved.

Individual Protection Assistance in GXB, which entailed the distribution of multiple cash assistance one-off cash assistance modalities after the 2023 February earthquake to ensure that beneficiaries had the ability to meet their basic needs amidst the circumstances.

SRH in Yemen and Syria, which included urban transport voucher pilot programs to ensure that beneficiaries had access to SHR services. More specifically, in Yemen, it aimed to ensure that financial barriers did not prevent the beneficiaries from reaching healthcare facilities, and in Syria, it aimed at increasing access to pregnant women living in rural remote to obstetric health facilities at the time of delivery.

As a result, evidence highlights that CVA continues to be a powerful instrument that can save lives, alleviate risks, and help women and girls escape abusive environments. However, although it has improved in terms of quality, numbers, and forms in 2023, the main issue across the five forms was the sufficiency of the CVA to cover needs, particularly amidst the increase in shocks, including but not limited to economic, geophysical, and meteorological.

Impact

UNFPA activities have clear, positive psychological and social impacts across all countries: These positive impacts featured prominently in the majority of the 126 FGDs. These impacts were also reinforced by quantitative data: 10% of CFF respondents claimed that the benefits of speaking to each other at WGSS and other forums were key to their wellbeing. Women and girls also mentioned the benefits they experienced from being able to discuss issues with each other, participate in common activities, and learn from one another. These impacts also align with the fact that, in WGSS in particular, MHPSS consistently ranked as the most highly rated service, followed closely by recreational activities.

"[UNFPA activities] helped me through psychological support and encouragement to overcome the crises and shocks I faced in my life. In addition, participating in recreational activities helped me to overcome the psychological problems I suffered from to some extent." (Iraq FGD participant)

"One of the women says that even though we are from the same area, we only meet at the centre. Another mentioned that she learned rituals she didn't know before, as well as customs and traditions. Another woman said she got to know Christians and Yazidis and learned about old traditional dishes through attending the centre. She met new women who shared their marriage customs and traditions." (Iraq FGD participant)

> *"Reducing verbal violence and the ability to stand up to harassers and prevent them from doing so, and the centre's activities have mitigated the phenomenon of child marriage and its negative consequences and violence against women inside the home." (Jordan FGD participant)*

There is demand for more economic impacts, but relatively limited supply: When individuals were asked what services they would like to see added to UNFPA's programming, most mentioned employment, small business creation, or job-matching services. They expressed appreciation for vocational training and life skill courses, as well as a desire to see these courses transformed into opportunities that would allow them to develop greater resilience. The desire for economic impacts reflects the prevalence of economic shocks across, and illustrates the fact that demand for economic opportunities is not being fully met.

> *"Through our frequent visits and participation in the various activities, we were able to develop ourselves, and learn how to rely on ourselves and our families… [and we want UNFPA to] expand vocational and educational, by adding courses especially languages (English, computer, and sports), as there is a high demand for them." (Iraq FGD participant)*

> *"After gaining confidence and encouragement at the centre, I was able to get a job, and now I have a source of income." (Yemen FGD participant)*

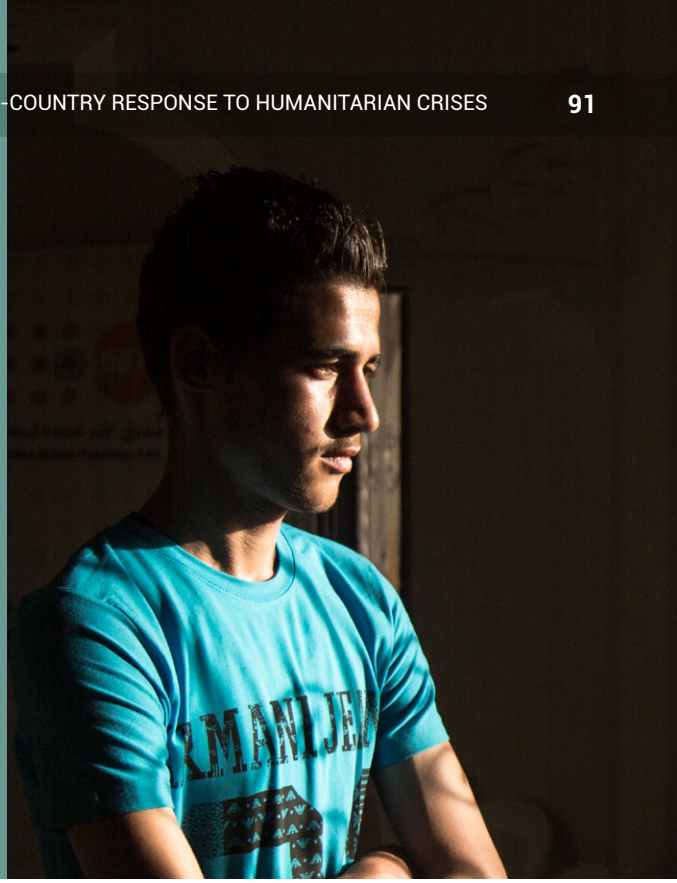
> *"[UNFPA could] coordinate with commercial stores to provide recruitment opportunities for beneficiaries, such as sewing and pastry workshops." (Yemen FGD participant)*

> *"[We are] sharing a number of online websites related to job opportunities, registering to attend relevant courses, etc." (Jordan FGD participant)*

Physical impacts should be more carefully considered, specifically with regard to SRH dimensions: In FGDs, beneficiaries expressed sentiments that UNFPA was perceived as having less influence on the physical wellbeing of respondents, compared to the other dimensions (psychological, social, and economic). KIIs indicated that UNFPA's support for beneficiaries' physical wellbeing is diffused across many different aspects of health care provision, ranging from infrastructure to staffing, to direct support. A further narrowing of UNFPA's SRH objectives, the mainstreaming of these objectives across direct service provision, and increased engagement with ministries could all potentially improve the physical impact of services. The need to reinforce physical impacts was most clearly illustrated by qualitative

AFTER GAINING CONFIDENCE AND ENCOURAGEMENT AT THE CENTRE, I WAS ABLE TO GET A JOB, AND NOW I HAVE A SOURCE OF INCOME.

(YEMEN FGD PARTICIPANT)



data, which highlighted beneficiaries' limited abilities to explain the ways in which UNFPA's activities supported physical wellbeing, which stood in contrast to the ease with which they could enumerate the psychological, social, and economic impacts of these activities and services.

> *"Because we come for treatment and examination, and we improve, and it also helps us to rely on ourselves." (GXB FGD participant)*

Climate, Environmental Impact, and Resilience

In 2023, questions were asked in FGDs about the types of shocks facing UNFPA beneficiaries. Out of the 126 FGDs conducted, economic shocks were reported in 98 FGDs (78% of all FGDs); technological shocks were reported in 67 FGDs, or 53% of all focus-group discussions; meteorological shocks and climate shocks were reported in 66 and 62 FGDs, respectively (52% and 49%); social shocks were identified in 55 FGDs (44%); political and conflict shocks were reported in in 43 FDGs (33%); disease and pandemic shocks were identified in 26 FGDs (21%); and other shocks appeared in 11 FGDs (9%).

Shocks are interdependent, meaning that one can affect the other: In humanitarian responses like those in Türkiye and GXB, respondents noted how meteorological/geophysical shocks, such as earthquakes, are intertwined with economic shocks, leading to an increase in the prices of essential goods and services.

Across the region, there is qualitative and quantitative evidence that highlights how UNFPA programming has helped women and girls affected by different shocks, enabling them to build greater resilience: This resilience is most evident in psychological and social impacts of UNFPA programming, which empowers women and girls to develop support networks that help them navigate climate and meteorological shocks. This is significant, considering that these shocks often tend to exacerbate pre-existing issues.

Vulnerabilities persist, and strengthening partnerships may be pivotal in building climate and environmental resilience: Some humanitarian responses, such as GXB, piloted CVA programmes through the framework of income-generating activities, by providing small grants for women to start new small projects/businesses and achieve greater economic independence. Additionally, after the earthquake in Türkiye, participants demonstrated greater awareness of how to protect themselves during meteorological and climate-related emergencies. However, on a larger scale, impacted communities could build greater resilience through climate-sensitive economic programming and targeted climate change-related initiatives. Considering the complexity and expertise needed for such programmes, partnership with other agencies and organisations is encouraged.

Section 4.

Recommendations

Section 4: Recommendations

1. **Develop partnerships with other actors, specifically on economic opportunities for youth**. Data indicates that, among youth, there is high demand for economic opportunities, including job matching, small business startup support, and curriculum vitae (CV) tailoring. This demand is likely driven in part by the prevalence of economic shocks and their strong effect on women and girls across the region. While this is a key issue for beneficiaries, it also falls outside UNFPA's mandate. UNFPA could, however, partner with other actors, particularly those with expertise in livelihoods and markets (e.g. NGOs such as Mercy Corps, international agencies such as UNDP or International Labour Organisation), to support referrals and integrated service provision that addresses economic wellbeing. This impact assessment has identified economic programming as the area with the most potential for new partnerships. However, opportunities for partnership also exist in other areas: for example, it could be possible to partner with an organisation specialised in children's issues (e.g. UN agencies like United Nations Children's Fund and NGOs like Save the Children) to provide integrated services for children within safe spaces.
2. **Conduct further analysis on the accessibility barriers faced by specific age groups (10-17, 18-19, and over 60) and people with disabilities**. Four specific beneficiary groups have been identified as having distinct vulnerabilities: this report has identified some ways in which services can be tailored to better support these demographics. However, more analysis needs to be conducted at both the country and regional level.
    a. **Adolescents and Youth (10–17):** This group faces unique access challenges in both Yemen and Iraq. Additionally, beneficiaries in this age group who also have caring responsibilities for people with disabilities face their own particular issues and challenges. Youth in this age group show preferences for specific activities and services, and greater understanding of these preferences could help to tailor service offerings.
    b. **Youth (18–19):** This group places distinct value on specific services and activities, including health services and vocational training, but these preferences vary according to the particular country or context. Youth in this age bracket also face unique challenges and issues when acting as a carer for people with disabilities.
    c. **Women over 60:** Women over 60 face issues both with regard to the scope of services provided at SDPs and with regard to accessibility.In terms of the scope of services, the contents of dignity kits are not well-suited to older women, and the health requirements of older women (e.g. postmenopausal health, breast, uterine, and cervical health) are not fully addressed. In terms of accessibility, particularly in contexts characterised by physical insecurity, women in this demographic find access particularly difficult. Going forward, UNFPA should consider enhancing SRH services for women over 60, as well as analysing their specific accessibility needs. Specific services should be developed in line with country-level priorities.
    d. **People with disabilities:** A significant amount of work needs to be done on people with disabilities, including developing a strategy specifically to improve accessibility for people with disabilities in non-camp contexts. This strategy should include considerations for the following: (1) transport needs for people with disabilities and their carers; (2) medical, pharmaceutical, and laboratory needs of this group; (3) recreational services that are appropriate for this demographic, and (4) additional support that can be provided to carers. There should be a more systematic approach to data collection on the topic of disability, and the Washington Group Questions should be used to better identify people with disabilities, including in future rounds of data collection for this annual Impact Assessment.
3. **Conduct a 'lessons learned' and 'best practices' exercise specifically related to dignity kits and menstrual hygiene products, including a cross-country and cross-modality comparison**. Dignity kits and menstrual hygiene products are a key element of service provision, and the 2022 report included a recommendation to mainstream the provision of dignity kits, with a more concerted focus on providing dignity kits to the most vulnerable. Country offices have conducted a variety of initiatives and pilot programmes to enhance the distribution of dignity kits, including but not limited to using CVA modalities, adapting supply chain procedures, and changing distribution methods of kits. Projects have also been piloted to integrate menstrual hygiene product distribution into other SRH activities. A lesson learned and best practices exercise could help to identify operational challenges and disseminate best practices across countries.

4. **Improve communication about the ways in which feedback and complaints are handled (e.g. through quarterly community feedback sessions)**. Significant improvement has been shown with regard to the presence and awareness of feedback mechanisms: beneficiaries know and trust feedback mechanisms and they feel safe making complaints. However, most beneficiaries are unaware of the ways in which complaints are addressed. AAP processes in the region should be adjusted to include feedback modalities that are appropriate to the specific country context. This may include stories on social media, meetings at the SDP, or other mechanisms identified by UNFPA staff and partners.
5. **Train local and partner health staff specifically on how to communicate with clients about service options, risks, and mitigation measures**. Across all countries, but most notably in Iraq and Yemen, UNFPA should conduct training with local and partner health staff on how to inform patients about service delivery and client-centred options. The training should focus on how to explain service options using non-technical language, actively listening to patients about their needs and preferences, and providing services based on client requests.
6. **Conduct additional programming, based on the Transcending Norms report, related to embedding all SDPs into communities and gaining greater social acceptance**. Family disapproval of UNFPA services and the need for a chaperone continue to represent two major accessibility challenges. These issues have been identified in previous years, and UNFPA has conducted awareness sessions and activities for men in order to manage issues and risks. A best practices and lessons learned exercise was conducted, and the results were published in the Transcending Norms report. Consistent implementation of the recommendations, particularly those relating to community engagement, could support more improved and widespread community acceptance.
7. **Consider integration of CFS facilities and health services**. Availability of child care was identified as one of the top five barriers to access, both at the regional level and in most countries. When survey participants were asked about the types of services they would value, many identified child care services, CFS, and educational opportunities for children. Expanding multi-service centres to include CFS could support improved access. This could take place in partnership with agencies focusing specifically on children, using approaches like mother-baby corners.
8. **Conduct light-touch research on 'lessons learned' and 'best practices' related to transportation**. Transportation has been identified as a major barrier to access across several years' worth of UNFPA data. Although the issue has been highlighted, little substantive progress has been made in improving access on this front. UNFPA and partner agencies have, however, piloted several approaches to transport, including the provision of free transport and the subsidisation of transport costs. These have been summarised in the 'One Step Closer' brief. Work remains to be done in order to better understand some of the barriers to effectiveness and impact of pilot modalities, and to more fully and widely integrate recommendations and learnings on transportation into service provision models. Development of a learning plan around transport barriers specifically, including identification of best practices and lessons learned, could help to address the issue and generate regional lessons.

9. **Develop a briefing note on funding status, risks and opportunities, and a contingency plan for reduced funding levels**. Uncertainty about funding opportunities is a concrete challenge with tangible consequences on both UNFPA and its partner agencies. For UNFPA, reduced funding would inhibit the organisation's ability to provide key services. At partner agencies, staff have already explicitly stated that they are concerned for their jobs and for their families' wellbeing. Regionally, the negative consequences of reduced funding are enormous. The development of a briefing note and advocacy strategy on the consequences associated with reduced funding for reach and quality of service provision could support increased awareness amongst donors, and potentially improve funding status. Even with the briefing note, it is still possible that funding cuts will take place; a contingency plan should be developed for this possibility. The contingency plan should cover (1) priority activities and approaches, (2) human resources planning, and (3) engagement with partners in the event of funding decreases.
10. **Strengthen CMR programming by developing country-specific plans focused specifically on reducing stigma for survivors of GBV**. At the regional level and in several countries, CMR services have been identified as the least relevant activity by a significant minority of quantitative survey respondents. The fact that CMR was identified as having low relevance may also be associated with stigma toward survivors. In specific contexts where ranking of CMR was not relevant was notable, an analysis of the experiences of GBV survivors should be conducted. This analysis should include any stigma faced at health facilities or from other UNFPA beneficiaries.
11. **Maintain the CVA pilot approach and scale up CVA programming to address the evolving needs and vulnerabilities of programme participants**. Considering that economic, geophysical, and meteorological shocks are the three most common types of shocks that communities face across all seven humanitarian responses, CVA should continue being piloted and expanded across different contexts and modalities, including CVA income-generating activities, IPA, and other CVA forms across the region. Moreover, the expanded programming could be adaptable and flexible in terms of eligibility criteria, in order to account for recurrent shocks experienced by community members. To ensure that the needs of programme participants are met in the short and long term, UNFPA COs should consistently collect data through PDMs and analyse how women, girls, boys, and men can transition into other services in order to achieve long-term outcomes.

DATA INDICATES THAT, AMONG YOUTH, THERE IS HIGH DEMAND FOR ECONOMIC OPPORTUNITIES, INCLUDING JOB MATCHING, SMALL BUSINESS STARTUP SUPPORT, AND CURRICULUM VITAE (CV) TAILORING.

> MY RELATIONSHIP WITH MY HUSBAND HAS IMPROVED AND MY PSYCHOLOGICAL STATE HAS IMPROVED A LOT.
>
> (GXB FGD PARTICIPANT)

Iraq, Jordan, Lebanon, Syria, Gaziantep Cross-Border, Türkiye, and Yemen

2023 IMPACT ASSESSMENT

OF UNFPA's MULTI-COUNTRY RESPONSE TO HUMANITARIAN CRISES

VOLUME I

ASSESSMENT REPORT