



UNFPA Humanitarian Hub for Whole of Syria and Arab States

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

2023 IMPACT ASSESSMENT

OF UNFPA'S MULTI-COUNTRY RESPONSE
TO HUMANITARIAN CRISES



Objectives and Dimensions

Objective 1

Determine the extent of improved physical and psychosocial wellbeing of those accessing SRH services and participating in GBV (prevention, response and risk mitigation) and youth engagement programmes (disaggregated by online/mobile/in situ activities).

Objective 2

Understand accessibility to and availability of [integrated] GBV and SRH services for those reached by UNFPA programmes.

Objective 3

Improve programming where possible.

Objective 4

Provide donors with an overview of the impact UNFPA has on the wellbeing of the people reached by UNFPA programmes.



Methodology and Impact Assessment Framework

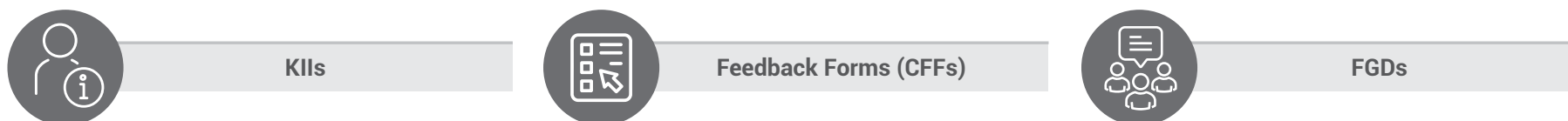
1. This overarching framework looks at three types of SDPs, including associated outreach activities where applicable. These are:



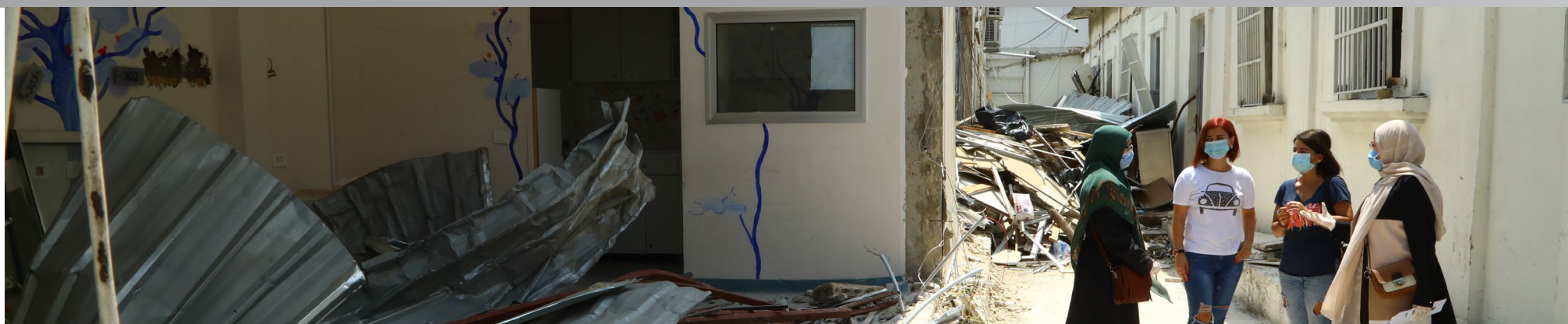
2. Within each Service Delivery Point (SDP), we will look at the four primary dimensions. These are:



3. Additionally, there is an overarching methodology of three primary data collection methods, backed up by secondary data review and triangulation. The three primary data collection methods are:



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

People Reached and SDPs Supported in 2023



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

DIMENSION A: Wellbeing > Overarching

- **UNFPA services are valued:** All service delivery point types (Women and Girls Safe Spaces (WGSS), health facilities and youth centres) are recognised as providing essential services to vulnerable communities.
- **Contextualisation supports entry for vulnerable individuals:** Each SDP provides a 'core' set of services, as well as supplementary services based on local context and demand; these often act as entry points for vulnerable individuals.
- **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, and (3) KIIs suggest that a more comprehensive regional approach could be taken.
- **Learning should take place around dignity kit provision:** UNFPA has tried various approaches to provision of dignity kits, but significant challenges still remain; a comprehensive best practice and context review would be useful.



DIMENSION A: Wellbeing > WGSS



1. WGSS are highly valued. An average of 43% of CFF respondents reported that these services were absolutely essential to their lives, while another 46% indicated that the services were very important.
2. 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.
3. 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.
4. 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.



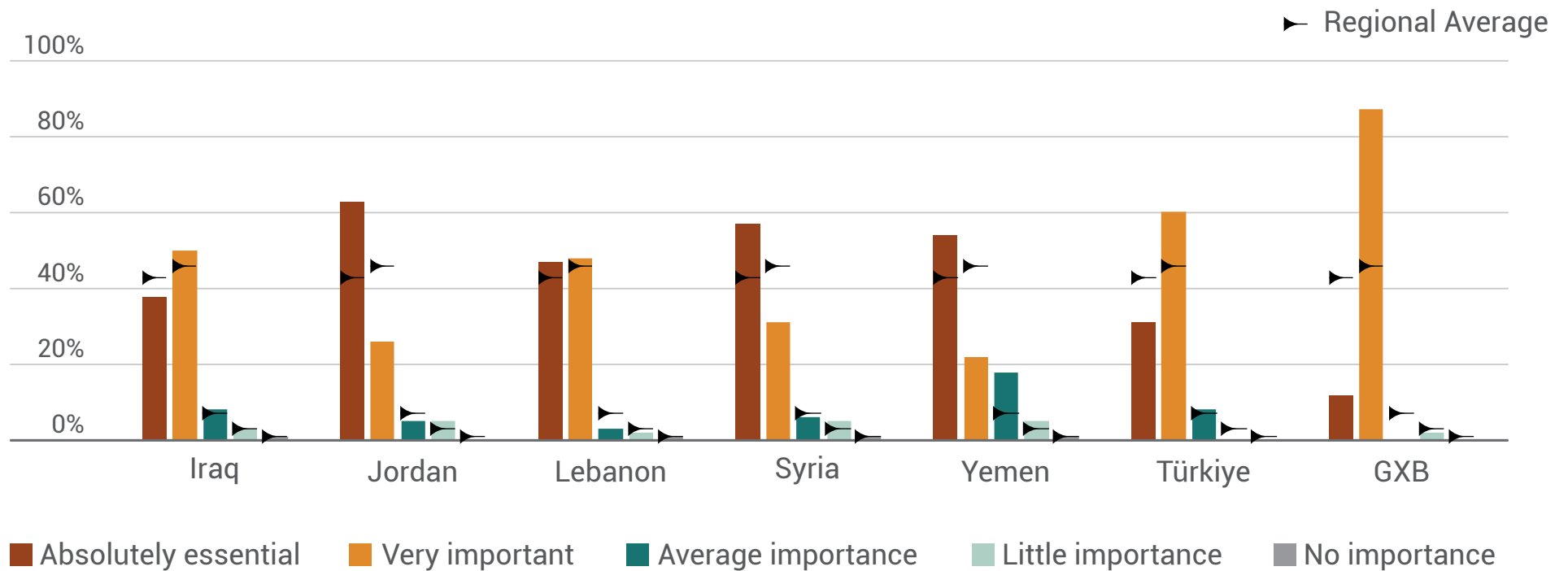
THERE ARE MANY IMPROVEMENTS IN OUR LIVES DUE TO THE SERVICES. THEY REDUCED OUR PROBLEMS, CHANGED OUR HUSBANDS' TREATMENT OF US ... IMPROVED OUR PSYCHOLOGICAL STABILITY AND REDUCED OUR CONSTANT ANXIETY AND FEAR.

(Yemen FGD participant)

Importance of Accessing Services

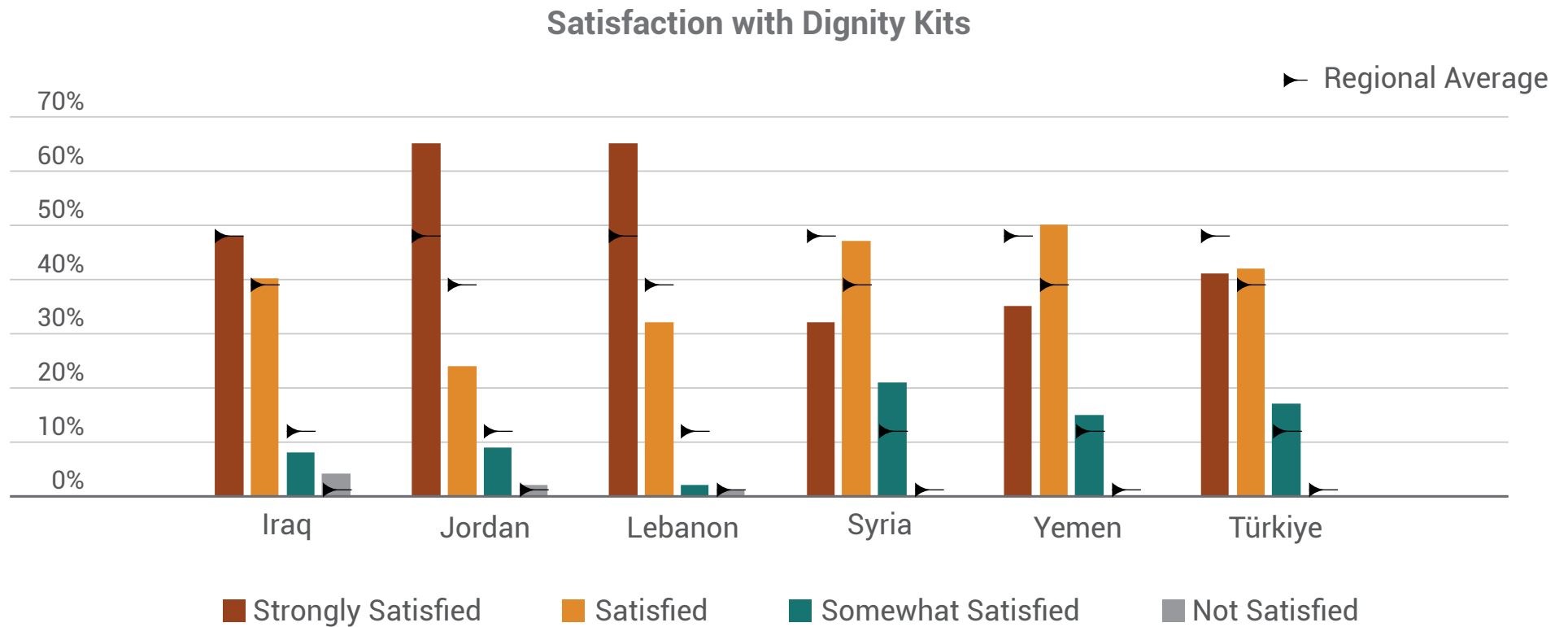
WGSS

Importance of Accessing Services



Satisfaction with Dignity Kits

WGSS



DIMENSION A: Wellbeing > Health Facilities

1. 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.
2. Gynaecological consultations, family planning, and antenatal and postnatal care were the most highly valued services.
3. 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.



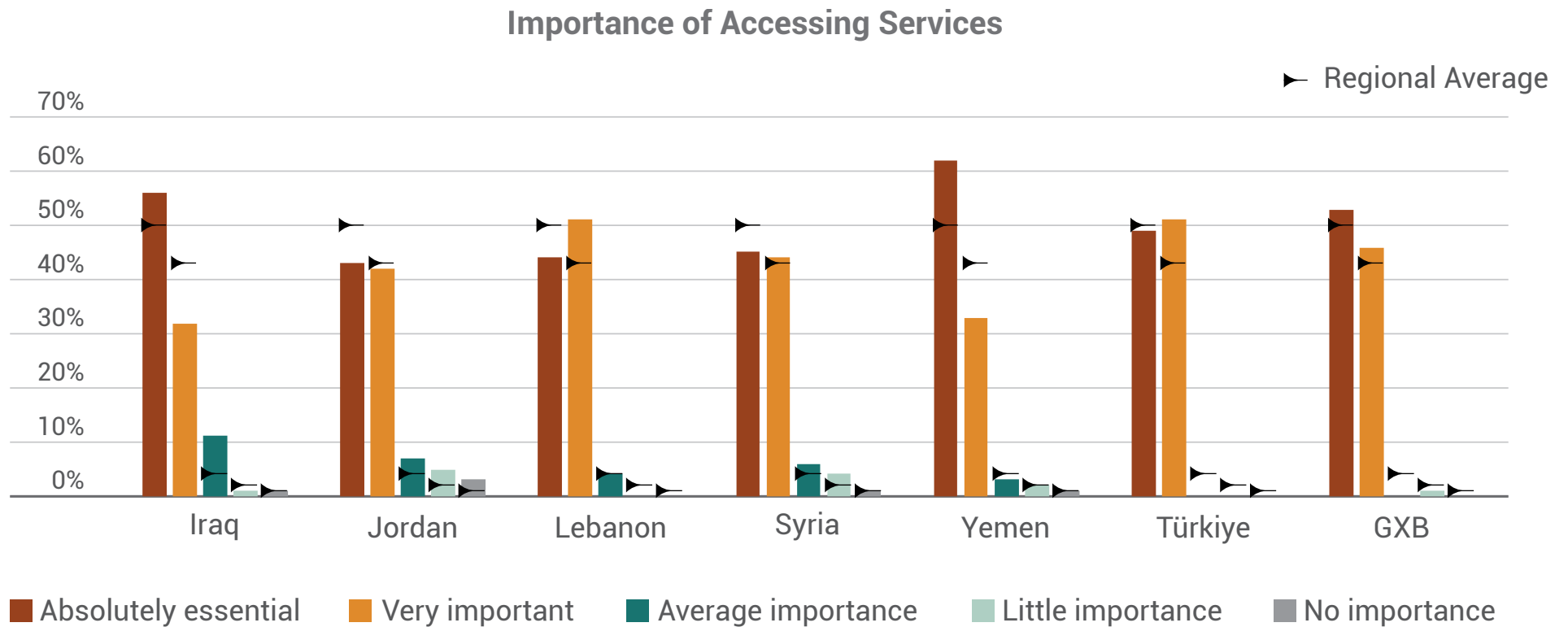
[UNFPA SERVICES WERE IMPORTANT BECAUSE THEY HELPED ME] MAKE FAMILY PLANNING DECISIONS AND ACCESS SERVICES WITHOUT FEAR.

(Jordan FGD participant)



Importance of Accessing Services

Health Facilities



DIMENSION A: Wellbeing > Youth Centres



1. 65% of those surveyed believed that youth centres were absolutely essential to their lives, while 27% indicated that the services were very important. 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.
2. The most highly rated services at these centres were (1) recreational services, (2) vocational training, and (3) life skills training.
3. 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.

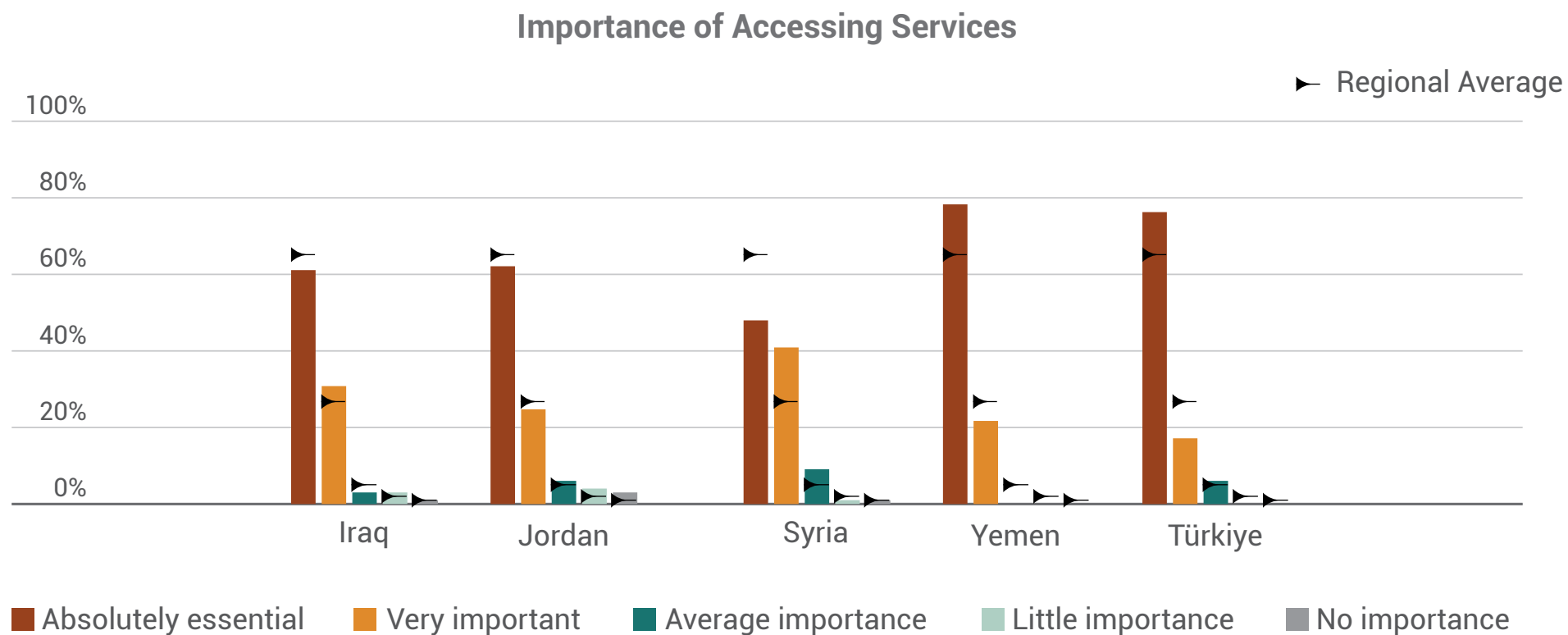


THE STAFF AT THE CENTRE ARE KIND, COMPASSIONATE, AND UNDERSTANDING. THEY EMPATHISE WITH THE SURVIVORS AND PROVIDE THEM WITH ALL THE ADVICE AND SUPPORT THEY NEED. WHEN SURVIVORS COME TO THE CENTRE, A SAFE AND SUPPORTIVE ENVIRONMENT IS CREATED SO THEY CAN FEEL COMFORTABLE SPEAKING ABOUT THEIR EXPERIENCES.

(Iraq FGD participant)

Importance of Accessing Services

Youth Centres



DIMENSION B: Access > Overarching

- **UNFPA services are seen as unique:** In line with findings from 2022, women and girls clarify that no other service provider offers the same quality and combination of services in a safe and respected environment.
- **Access is improving, but major cost and context challenges remain:** In both CFFs and FGDs, there are indications that access to UNFPA services is at least remaining constant or improving. However, two major barriers to access exist: (1) lack of transport and high cost of transport, and (2) family restrictions, notably the need for a chaperone and family disapproval around participating in UNFPA activities.
- **Access for people with disabilities should improve:** Across contexts, people with disabilities found it more challenging to access UNFPA services; in some countries, no respondents with disabilities reported receiving a dignity kit. Intersectionality plays a role, with younger people with disabilities facing disproportionately higher challenges.
- **All UNFPA services should make efforts to consider tailoring access to age:** Women and girls in different age groups have different types of difficulties in accessing UNFPA services. A more in-depth analysis needs to take place into the barriers facing women of different ages, with particular focus on: (1) 10 - 17, (2) 18 - 19 and (3) over 60.



DIMENSION B: Access > WGSS



1. 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.
2. 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.
3. 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 spaces.

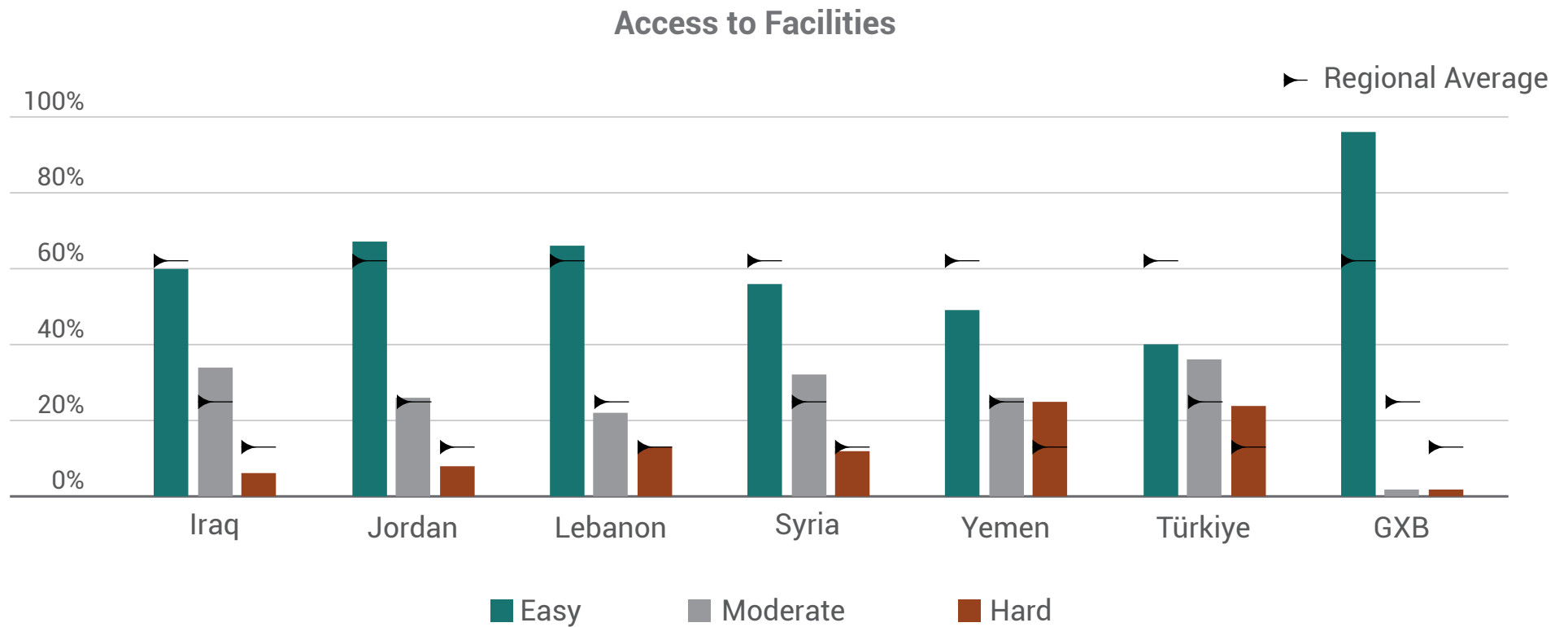
“

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)

Access to Facilities

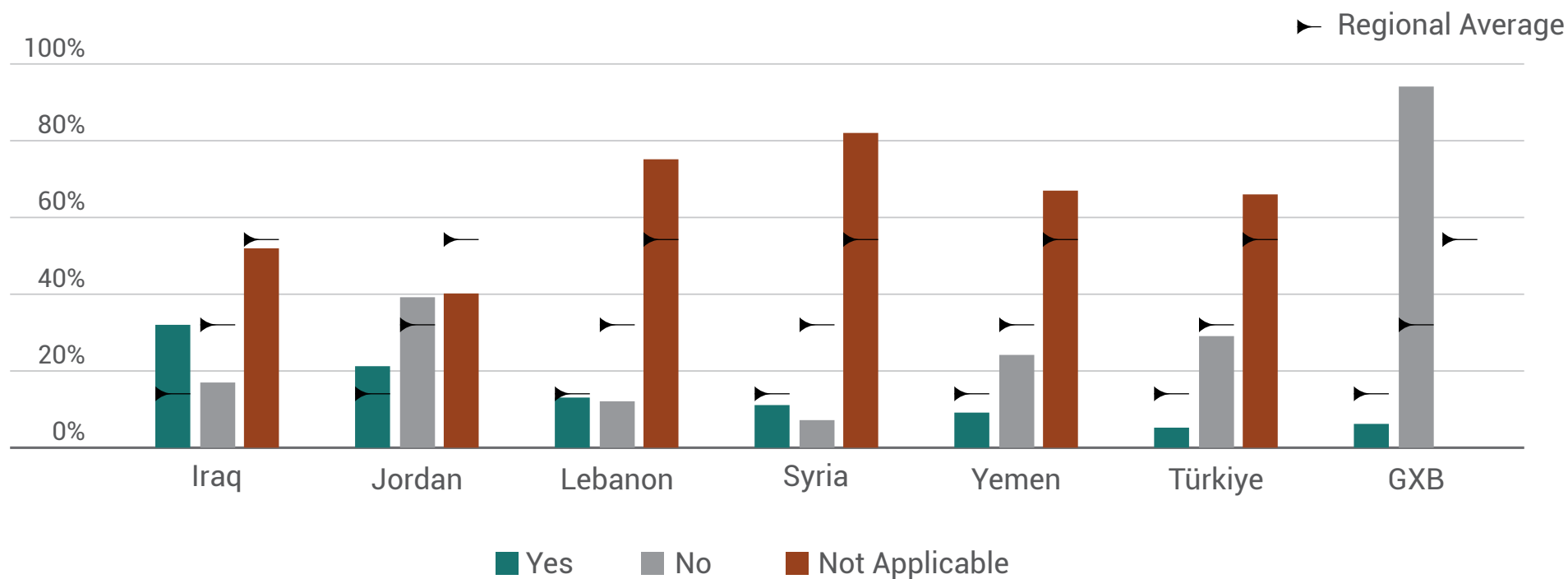
WGSS



People with Disabilities Facing Challenges Accessing Facilities

WGSS

People with Disabilities Facing Challenges



DIMENSION B: Access > Health Facilities

1. UNFPA supported 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.
2. 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.
3. 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.



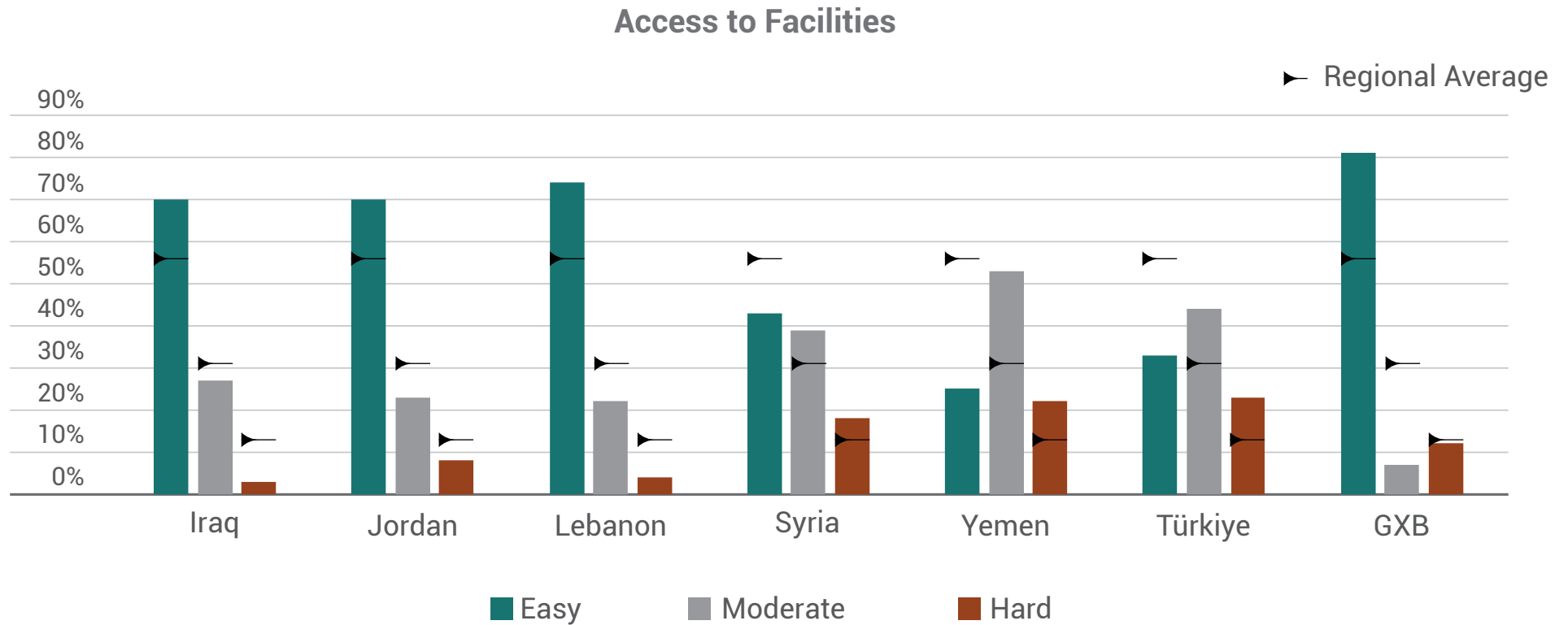
THIS CENTRE MAKES IT SIMPLE FOR PEOPLE TO GET EVERYTHING THEY NEED IN ONE SPOT.

(Lebanon FGD participant)



Access to Facilities

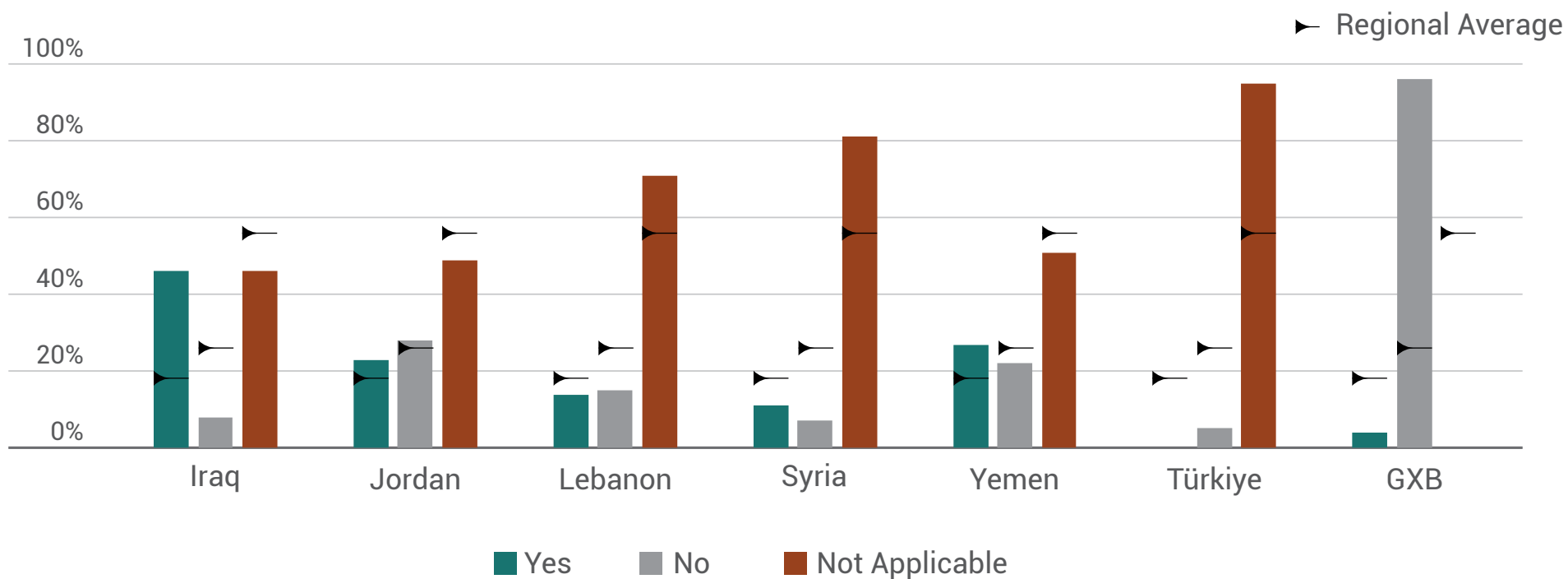
Health Facilities



People with Disabilities Facing Challenges to Facilities

Health Facilities

People with Disabilities Facing Challenges



DIMENSION B: Access > Youth Centres



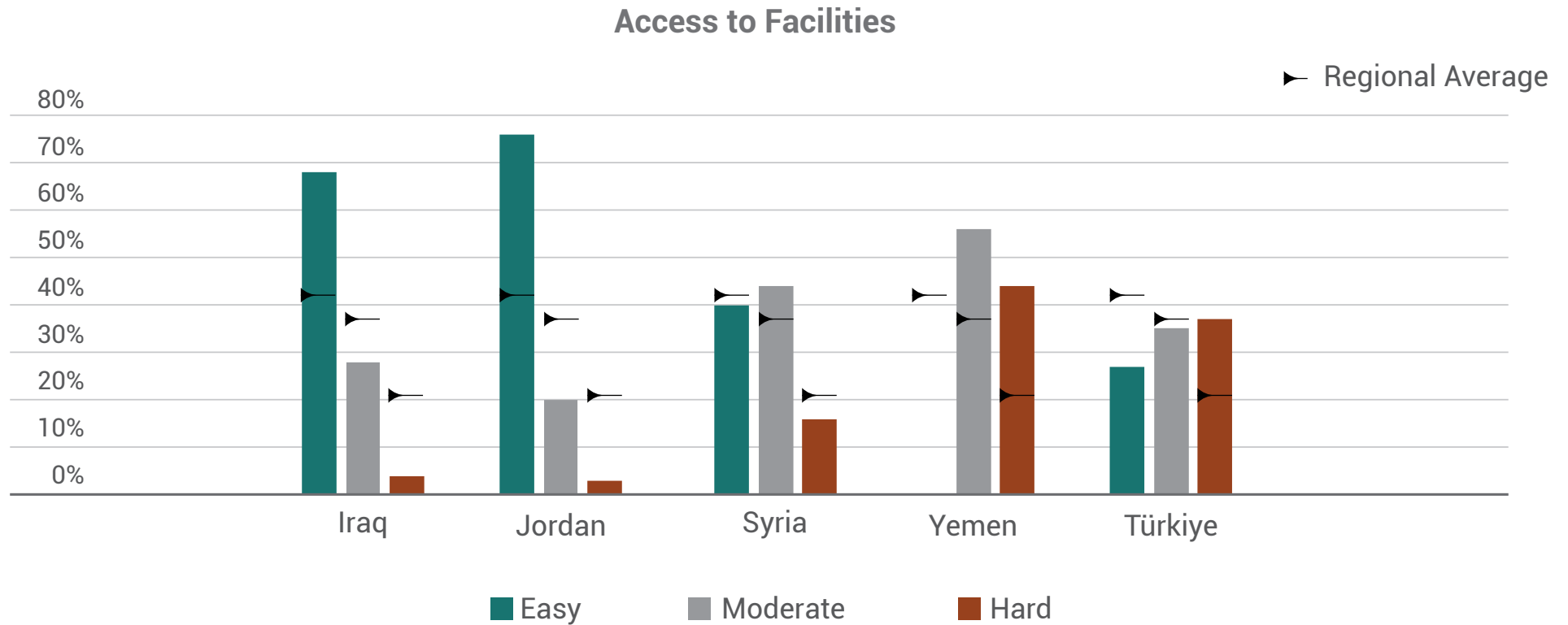
THERE ARE MANY [YOUNG] WOMEN WHO WOULD LIKE TO PARTICIPATE IN THE SERVICES PROVIDED BY THE CENTRE, BUT THEY HAVE NOT BEEN ABLE TO AS THEY LIVE FAR FROM THE CENTRE. THEREFORE, IF TRANSPORTATION WAS MADE AVAILABLE, THIS WOULD INCREASE THE NUMBER OF WOMEN COMING TO THE CENTRE FROM DIFFERENT PLACES.

(Iraq FGD participant)

1. 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.
2. 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). 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.
3. 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. Additionally, (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.

Access to Facilities

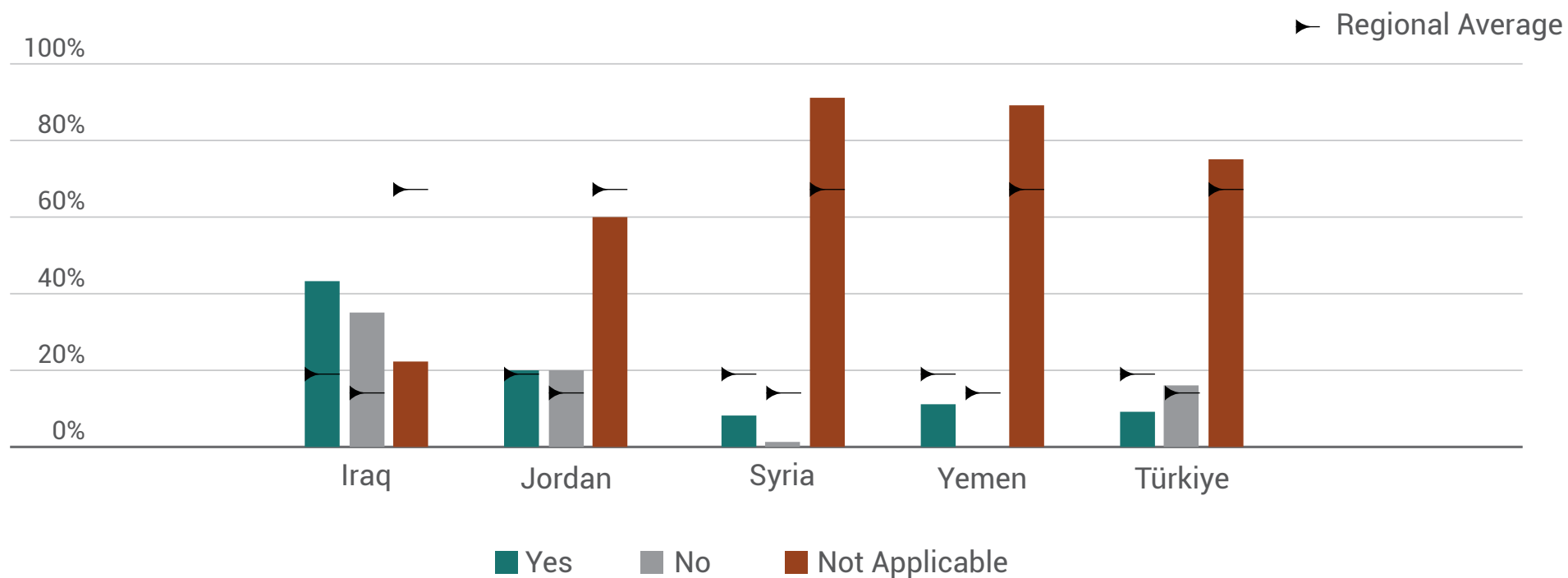
Youth Centres



People with Disabilities Facing Challenges to Facilities

Youth Centres

People with Disabilities Facing Challenges



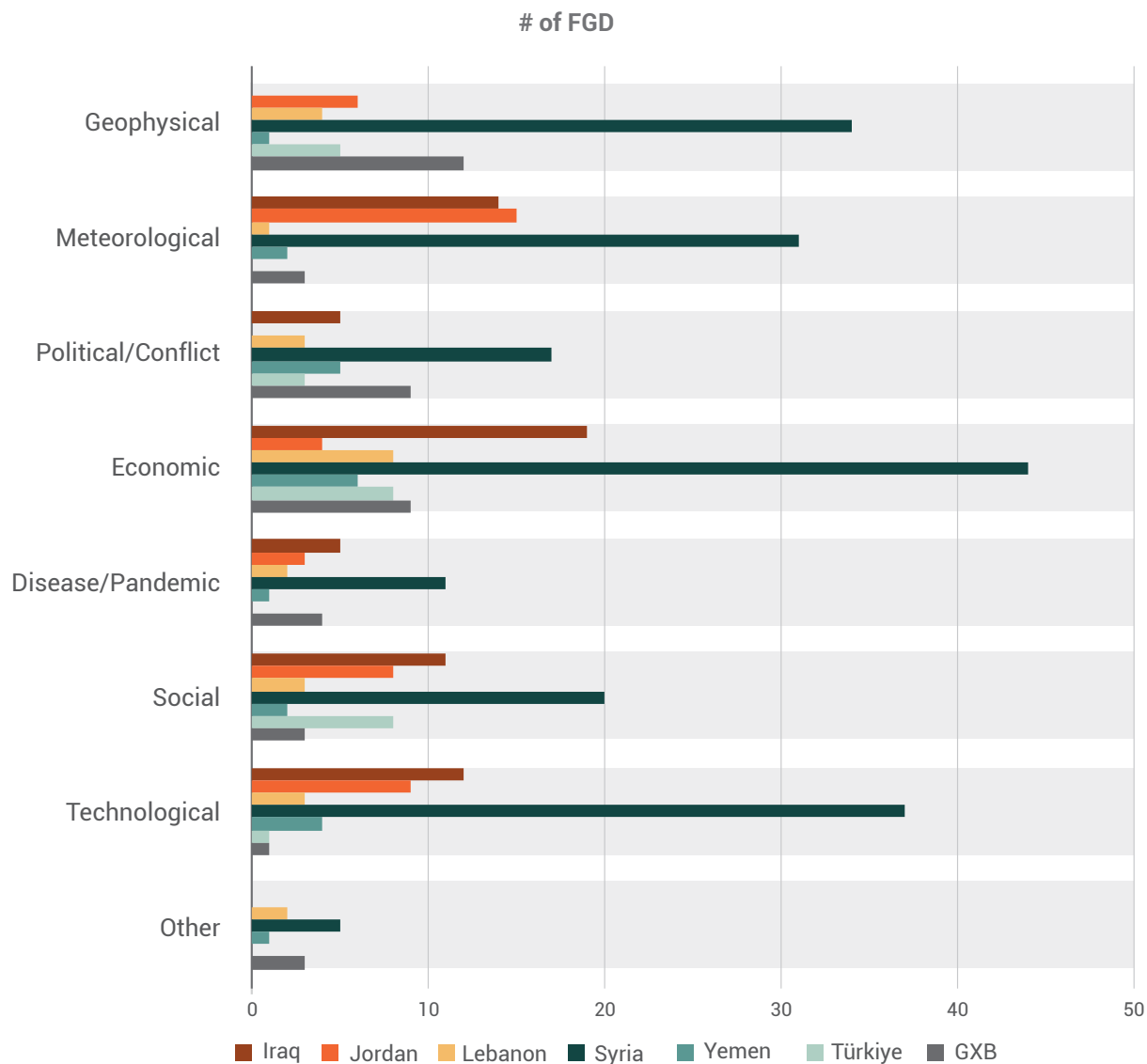
Dimension C: Efficiency



1. **UNFPA provides comprehensive training, and this could be strengthened by targeting 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).
2. **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.
3. **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.

Climate, Environmental Impact, and Resilience

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



Climate, Environmental Impact, and Resilience

1. **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.
2. **Shocks are interdependent, meaning that one can affect the other.** In humanitarian responses like those in Türkiye and GXB, respondents noted how meteorological/geophysical, such as earthquakes, are intertwined with economic shocks, leading to an increase in the prices of essential goods and services.
3. **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.
4. **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.

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:

1. **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.
2. **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.
3. **Menstrual health management**, 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.
4. **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.
5. **SRH** in Yemen and Syria, which included urban transport voucher pilot programs to ensure that beneficiaries had access to SRH 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.

CASH AND VOUCHER ASSISTANCE

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



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.



RECOMMENDATIONS



8. Build upon the review of approaches to enhancing access to 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.

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Cross-Border, Türkiye, and Yemen

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VOLUME I

ASSESSMENT REPORT

CONTACT INFORMATION

Maria Lagourou

Regional Programme Data Specialist of the Regional Humanitarian
Hub for Syria & the Arab States

Lagourou@unfpa.org

+(962) 79 519 4339

