2021 IMPACT ASSESSMENT REPORT
OF THE UNFPA MULTI-COUNTRY
RESPONSE TO THE SYRIA CRISIS:
IRAQ, JORDAN, LEBANON, SYRIA, TURKEY
AND TURKEY CROSS-BORDER PROGRAMMES

BRIDGES TO HOPE

VOLUME I

2021 IMPACT ASSESSMENT REPORT OF THE UNFPA MULTI-COUNTRY RESPONSE TO THE SYRIA CRISIS: IRAQ, JORDAN, LEBANON, SYRIA, TURKEY AND TURKEY CROSS-BORDER PROGRAMMES

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VOLUME I

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ACRONYMS

3RP	Regional Refugee and Resilience Plan
AAP	Accountability to affected populations
ANC	Ante-natal care
ASRO	Arab States Regional Office
BEmOC	Basic emergency obstetric care
BEmONC	Basic emergency obstetric and new-born care
CEmOC	Comprehensive Emergency Obstetric Care
CEmONC	Comprehensive emergency obstetric and new-born care
CFF	Client Feedback Form
CMR	Clinical management of rape
CO	Country Office
CPD	Country programme document
CVA	Cash and voucher assistance
ECHO	European Civil Protection and Humanitarian Aid Operations
EmOC	Emergency obstetric care
EmONC	Emergency obstetric and new-born care
ESSN	Emergency Social Safety Net
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus group discussion
GAC	Global Affairs Canada
GBV	Gender-based violence
GBVIMS	Gender-based violence Information Management System
HRP	Humanitarian Response Plan
IAED	Impact assessment evidence database
IAF	Impact assessment framework
IASC	Inter-Agency Standing Committee
ICO	Iraq Country Office
IDP	Internally displaced person
IEC	Information, education and communication
IFH	Institute of Family Health
IGA	Income-generating activities

IP	Implementing partner
IPA	Individual protection assistance
JCO	Jordan Country Office
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Inter-sex
M&E	Monitoring and evaluation
MHC	Migrant Health Centre
MHPSS	Mental health and psychosocial support
MISP	Minimum initial service package
MNH	Maternal and new-born health
MoH	Ministry of Health
PLW	Pregnant and lactating women
PNC	Post-natal care
PSEA	Prevention of sexual exploitation and abuse
PSS	Psychosocial support
PVE	Prevention of violence and extremism
SCO	Syria Country Office
SDP	Service delivery point
SIDA	Swedish International Development Agency
SRHR	Sexual and reproductive health and rights
TCO	Turkey Country Office
TPM	Third party monitoring
TXB	Turkey cross-border
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSCR	United Nations Security Council Resolution
WoS	Whole of Syria

Executive Summary

Executive Summary

Overview and Methodology

Overview: This assessment report is the 5th regional assessment of UNFPA programming in the Syria regional response to determine the impact on women, girls, boys, and men that UNFPA programming has had, across (i) sexual and reproductive health (SRH) programming; (ii) gender-based violence (GBV); and (iii) youth programmes.

UNFPA activities across the Whole of Syria (WoS) and the Regional Refugee and Resilience Plan (3RP) countries have focussed on supporting facilities and associated outreach activities to provide sexual and reproductive health and rights (SRHR) services including access to family planning; maternal and neonatal health services covering both basic emergency obstetric care (BEmOC) and comprehensive emergency obstetric care (CEmOC); GBV services including access to Women's and Girls' Safe Spaces (Safe spaces) . support to facilities for Clinical Management of Rape (CMR), and GBV prevention messaging. UNFPA has supported youth empowerment and population programming as well.

Key highlights from the 2021 Impact Assessment: With regard to **Safe Spaces,** the key highlight from the 2021 Impact Assessment was that the impact of all services is high, as reported by beneficiaries themselves. The most satisfied beneficiaries across all countries were GBV beneficiaries, with 51 percent reporting that accessing services through Safe Spaces was absolutely essential to their well-being. For health facilities this figure was 40 percent and for youth centres 27 percent. This is critical information: Safe Spaces provide absolutely essential lifesaving and critical services. While it is clear that historically, Safe Spaces have been seen by some within the humanitarian community as a 'nice to have but not necessary' this information clearly highlights the impact that access to Safe Spaces has on physical and psychosocial well-being for women and girls, and therefore **should be considered an essential life-saving service.**

For **health facilities,** women reported that family planning services and ante-natal care (ANC) are the two most important services for them to access and that these are critical to the well-being of women and girls. Compared to Safe Space, there are many more available health services across the countries that beneficiaries can potentially access, with a common theme being that these other services are either not free or not of the same quality as UNFPA-supported SRHR services. In terms of **youth centres**, adolescents and youth reported self-development and feeling more self-confident. They specifically enjoy the issue of civic engagement and giving back to their communities. This is important: youth centres are not just about benefiting youth but facilitating what youth can give back to their communities.

Methodology: The full methodology is outlined in the inception report to this evaluation and will not be repeated here. In brief, the primary foundational approach to the 2021 Impact Assessment methodology was to build on the framework of the 2020 Impact Assessment which rationalised and systematised the different tools and questions previously used (2016-up to 2020) into one overarching **Impact Assessment Framework (IAF)**. This overarching framework looks at three types of service delivery points (SDPs), including associated outreach activities where applicable, being (a) Safe Spaces; (b) health facilities; and (c) youth centres. There is then an overarching framing of three *primary* dimensions, with two further *secondary* dimensions regarding comparison and monitoring from 2020 to 2021. The three primary dimensions are: (a) well-being; (b) access; and (c) efficiency.

There is then an overarching methodology of three *primary* data collection methods, backed up by *secondary data review*. The three *primary* data collection methods are (a) key informant interviews (KIIs); (b) client feedback forms (CFFs); and (c) focus group discussions (FGDs).

Key Findings

Dimension A: Well-being

Safe Spaces: Across all countries, UNFPA-supported Safe Spaces offer psychosocial support (PSS), GBV case management, educational and recreational activities, and awareness-raising for refugee, displaced, and host community women. The importance of accessing services within Safe Spaces remains high. An average of 45

percent of CFF respondents reported that these services were absolutely essential to their lives, and 49 percent said they were very important. This compares to CFF respondent data for health facilities and youth centres being, respectively, 41 percent absolutely essential and 50 percent very important for health centres, and only 26 percent absolutely essential but 59 percent very important for youth centres. In many places, Safe Spaces also serve as a *referral point* for health and information services, both to government services and other UN and NGO services, although this is not consistent across all countries and locations.

Health Facilities: Across all countries, UNFPA-supported health facilities offer a range of SRHR and maternal and new-born health (MNH) services. The importance of accessing health services remains high, similar to Safe Spaces, with 41 percent of health CFF respondents citing the importance being absolutely essential (compared to 45 percent for Safe Space) and 50 percent reporting it to be very important (compared to 49 percent for Safe Spaces).

In respect of feeling safe and comfortable in health facilities, women and girls report 89 percent average satisfaction across the six questions, which compares to 97 percent for Safe Spaces and 96 percent for youth centres. Like the Safe Space, the lowest scores across the six questions relate to being informed on confidentiality issues; being informed on how to submit feedback; and feeling comfortable on submitting feedback.

Youth Centres: Across all countries with youth centres included in this assessment (Iraq, Jordan, and Syria) a range of different services and activities are provided. The importance of accessing services specifically through supported youth centres remains high, although somewhat shifted down in importance from Safe Spaces and health facilities. 26 percent of youth centre CFF respondents reported accessing services as absolutely essential, with then 59 percent reporting it being very important. In regard to feeling safe and respected, youth centres scored an average of 96 percent across the six questions asked, compared to 97 percent for Safe Spaces and 89 percent for health facilities. Like Safe Spaces and the health centres, the lowest scores across the six questions relate to being informed on confidentiality issues; being informed on how to submit feedback; and feeling comfortable on submitting feedback.

Dimension B: Access

Safe Spaces: While across different countries there are different responses as to whether other similar services exist, the consistent response from women and girls in FGDs is that there are no other services which offer the same quality and combination of necessary services in a safe and respectful environment. It is consistently highlighted across countries that one of the reasons for this is that Safe Spaces remain female-only spaces and the criticality of this cannot be over-emphasised.

While reasons vary across countries, transportation issues remain a critical factor for women and girls in accessing services at Safe Space. It should be noted that while the CFF questions separated out the issues of lack of transportation and cost of transportation, through FGDs these issues were always discussed as one: if

the cost is high, then for women and girls that translates as lack of access to transportation, therefore lack of transportation.

Health Facilities: For health facilities, access to services is much more varied across countries as UNFPA-supported health facilities do not 'in all places' provide such a unique combination of services as Safe Spaces do. That is not to say that UNFPA health services are not essential to communities: in many places they do represent the only quality, affordable, SRHR and MNH services available to women and girls. This is particularly true in camp settings. With regard to how people hear about the services, word of mouth and neighbours are still the most common way of hearing of services (within FGDs, treated as the same thing). However, there has been some increased outreach and awareness, and also increased use of information, education and communication (IEC) since 2020.

Youth Centres: In most countries (noting that this assessment only included youth centres in Iraq, Jordan, and Syria) youth centres are considered by youth as more unique than UNFPA-supported health facilities but less unique than Safe Space. There are other centres which provide similar services in some places, but UNFPA-supported centres are still appreciated for the quality, breadth, and affordability of activities provided. Ease of access differs across the countries and in some places differs from accessibility to Safe Spaces and health, perhaps reflecting the number of youth centres available and/or locations. For example, in **Iraq,** access is reported by CFF respondents as being significantly more difficult than for Safe Spaces or health facilities, although with no significant difference between male and female respondents. Barriers to access remain highly transportation-related, like Safe Spaces and health facilities.

Dimension C: Efficiency

The below dimension is consolidated across Safe Spaces, health facilities, and youth centres.

In general, UNFPA continues to provide **training** across a number of areas for GBV and health partner staff both in technical and peripheral administrative and implementing partner (IP) programme management areas such as budgeting, proposal writing, and monitoring and evaluation (M&E). Across different countries, the technical training has included case management, GBV, mental health and psychosocial support (MHPSS), and working with adolescent girls (Iraq), minimum initial service package (MISP) and CMR (Jordan), prevention of sexual exploitation and abuse (PSEA) (Lebanon), and PSS (Syria). In most countries, equipment and supplies are considered sufficient, including access to dignity kits. In Iraq, partner staff report that there is a lack of dignity kits and a need for updated equipment. In Syria, some staff reported that the equipment and tools are old (for vocational training, such as hairdressing tools and sewing machines). Many respondents reported issues with electricity or power, affecting lighting and lack of air conditioning.

> In general, UNFPA continues to provide training across a number of areas for Safe Spaces and health partner staff.

Conclusion

Safe Spaces remain a critical benefit to women and girls, and the impact of accessing these Safe Spaces cannot be over-emphasised. There has been increased demand for more economic empowerment and educational and vocational courses. This reflects increased hardships across a number of countries related to both ongoing conflict and insecurity, economic crises, as well as COVID-19 and the resulting social and economic fractures across the region.

The longer-term benefits of awareness-raising provided through Safe Spaces over many years is beginning to really bear fruit, with more and more women and girls being able to clearly state their rights and their dreams for the future. The increased demand for sport, some of which is traditionally more male-orientated, and English, computer skills and digital literacy highlight this increased confidence and desire to engage more in non-traditional areas.

This also applies to youth centres. In some countries (notably Iraq and Jordan), UNFPA is doing some very interesting youth work outside of youth centres: particularly in the areas of youth, peace and security (YPS) and leading on the Compact for working with and for Young People in Humanitarian Action.

With regard to COVID-19; this is much less of an issue for many people than it was last year, but it is important to remember that, firstly, the world is still very much in the middle of this global pandemic, and secondly, the mental impact of the pandemic has not disappeared.

Accessibility of all service centres – Safe Space, health facilities, and youth centres – varies enormously across different places, but a common predominant barrier to access is transportation: either lack thereof or cost. In fact, these two factors are considered as one by women and girls in FGDs: if the cost is too high, then transport is in fact unavailable to women and girls. More adolescent girls than older women report sexual harassment and lack of an accompanying person as a barrier to accessing services.

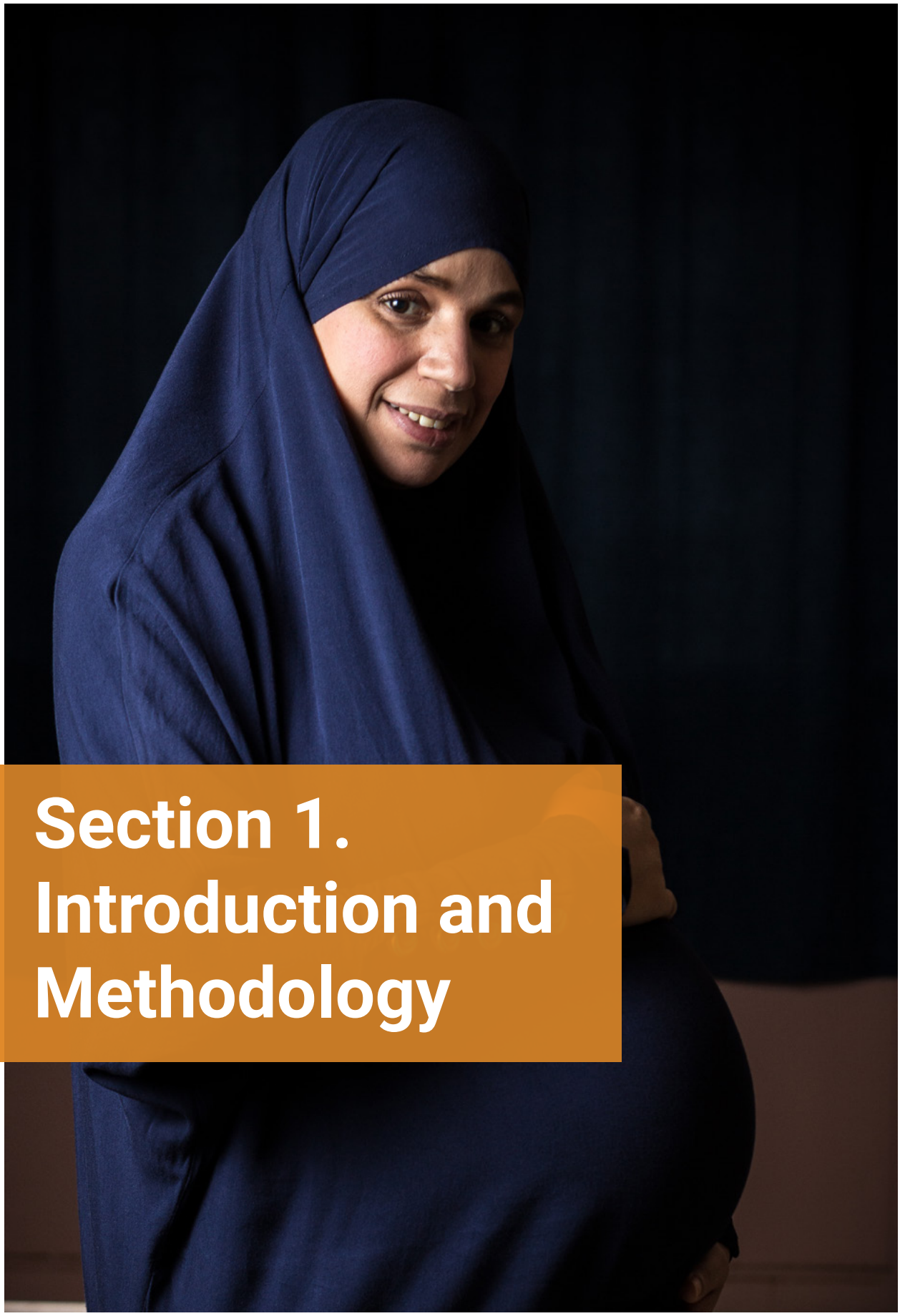
In regard to issues of inclusion, UNFPA has overall made significant progress over the last year. There are some clear examples of genuine focus on increasing access and services for people with disabilities across a number of countries.

Further, in Lebanon and Jordan there has been increased focus on LGBTQI (lesbian, gay, bisexual, transgender, queer and inter-sex) as a marginalised population group – and this is perhaps a consideration for the future in other countries too. While it is a more sensitive topic than working with people with disabilities, the learning from Jordan and Lebanon and the careful and cautious approach being taken would be a good foundation for other countries to start considering how to reach these populations.

With regard to cash, Lebanon, Syria, and the cross-border programme have all made significant strides in the last year. Key pieces of learning for UNFPA in general is around (a) The UNFPA added value / comparative advantage for cash being very specifically around protection purposes and (b) the best modalities for UNFPA cash to potentially piggyback on other widespread cash platforms (normally World Food Programme or UNHCR) already existent within the country.

Recommendations

1. Roll out knowledge series on Transcending Norms and increase cross-country learning on gender transformative approaches, regularly providing examples from different countries.
2. The Hub to develop a short (2-page) briefing note on this impact assessment and funding status, for country offices (COs) to use for fundraising purposes.
3. COs should consider reviewing their Accountability to Affected Population (AAP) plans and build capacity of service providers on provision of information to all beneficiaries with regard to confidentiality protocols, while incorporating feedback loops within AAPs.
4. For SRH in particular: Consider conducting research to understand the barriers to post-natal care (PNC) in order to develop a regional campaign, particularly linking PNC as an entry point to family planning, as well as investigating the creation of incentives.
5. In line with the upcoming UNFPA SRH/GBV Toolkit, consider strengthening referrals from health / SRHR services to other services like GBV within the continued effort to improve SRHR-GBV integrated services and approaches.
6. Following on from the 2020 recommendation: ensure that outreach and awareness raising of services (marketing) is distinct from awareness-raising programming i.e. awareness raising of rights and gender issues.
7. For working with adolescent girls, and ensuring accessibility for people with disabilities, UNFPA should continue to keep this focus and work on the trajectory of continued improvement in these areas across all countries.
8. Hub should consider developing a guide for how to increase access to LGBTQI populations based on the efforts from Jordan and Lebanon, slowly and carefully.
9. UNFPA should regionally consider guidance on how to view transportation barriers as more of an issue under UNFPA's control (while recognising it as an external issue). UNFPA should also use current innovations across the region to provide practical examples and support on how to prioritise either the services being accessed or the groups accessing (People with disabilities, adolescent girls etc.) so that countries can then decide what works best in their contexts.
10. Build on the experience of integrating cash and voucher assistance (CVA) within GBV and SRH programming to reach scale and replicate good practices in the region. UNFPA should consider conducting research on integrating CVA within the case management process with Johns Hopkins University and set up strong monitoring systems.



Section 1. Introduction and Methodology

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1.1 Overview of the impact assessment

This annual report is the 5th regional impact assessment of UNFPA programming in the Syria regional response to determine the impact on women, girls, boys, and men that UNFPA programming has had, across (i) SRH programming; (ii) GBV; and (iii) youth programmes.

This 2021 assessment will build upon the previous annual impact assessments from 2016 onwards. In particular, it will build upon the 2020 assessment which had a substantive shift in direction from the previous three assessments, being:

1. previous assessments had been conducted per donor and 2020 saw an overall coherent programme impact assessment, inclusive of country-specific chapters, that resulted in one assessment report, shared with all donors;
2. the COVID-19 pandemic was fully integrated throughout the 2020 assessment both in terms of:
   a. adjustments to how the assessment took place and an increased reliance on secondary data; and
   b. ensuring that the realities of how COVID-19 was affecting women, girls, men, and boys who access UNFPA-supported services and what this meant for UNFPA programming was integrated throughout the assessment.
3. the use of CVA was included within the 2020 assessment in terms of specific questions related to CVA.

The findings of the assessment are intended to inform UNFPA programmes with the overall aim of enhancing the services that UNFPA provides. These findings will also be considered when designing new programmes or amending existing programmes. This report also informs the donor community to gain a better understanding of UNFPA's operations in the Syria crisis region.

1.2 Background and overview of the UNFPA Syria regional response programme

The Syria Crisis, ongoing since 2011, has had profound effects on a range of countries in the region and beyond. Within Syria, an estimated 13.4 million people still require humanitarian assistance.[1]
Across neighbouring countries, millions more, comprised of refugees and host communities, require humanitarian assistance and protection due to the impacts of the ongoing conflict. In total, approximately 20 million people across the region – internally displaced persons (IDPs), refugees, returnees, and impacted host community members – are considered as vulnerable and in need of humanitarian aid due to the ongoing conflict.

In 2014, the WoS approach was introduced across the United Nations, authorised initially by UN Security Council Resolution (UNSCR) 2165 in 2014 which allowed cross-border humanitarian assistance from Iraq, Jordan and Turkey. Successive UNSCRs extended and adapted this, eventually reducing to cross-border assistance from Turkey only. The most recent extension of the Turkey cross-border (TXB) operation was authorised by the Security Council in July 2021 under UNSCR 2585[2].
In addition to the WoS approach under the Humanitarian Response Plan (HRP), there has been a succession of comprehensive 3RPs since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Egypt, Iraq, Jordan, Lebanon, and Turkey[3].

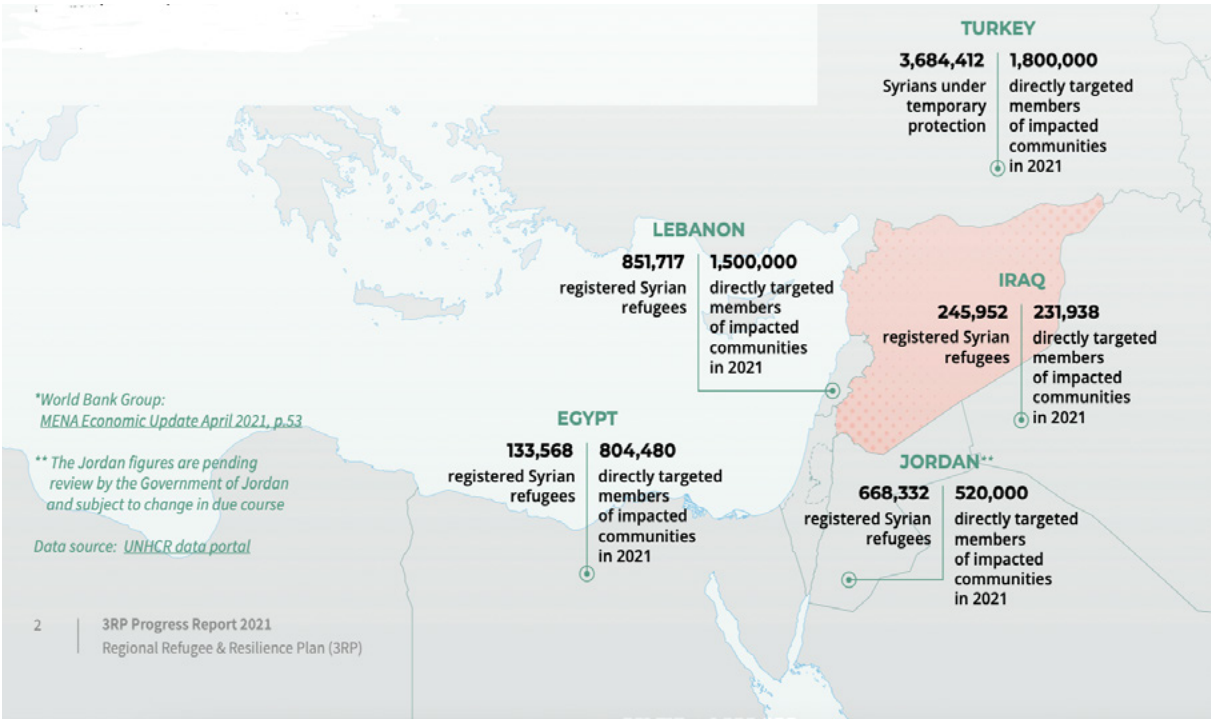
Figure 1. Syria HNO 2021 numbers: (overall) People in Need in Syria by severity classification[4]

1 UNOCHA. Syrian Arab Republic Humanitarian Needs Overview 2021.
2 https://www.un.org/press/en/2021/sc14577.doc.htm
3 Egypt however is not part of this regional impact assessment.
4 UNOCHA. Syrian Arab Republic Humanitarian Needs Overview 2021.

13.4M	0.1%	4.6%	50.5%	33.7%	11.1%
	0.01M	0.62M	6.76M	4.51M	1.48M
PEOPLE IN NEED	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC

With regard to regional figures, the 2020 3RP Annual Report highlights the below numbers of refugees across the 3RP targeted countries.[5]

Figure 2. Map of 2021 3RP needs[6]



The below table highlights how these numbers have changed from 2019.

5 Note that while Egypt is included within the 3RP, this UNFPA assessment does not include Egypt and focuses only on Iraq, Jordan, Lebanon, Syria, TXB, and Turkey.

6 https://www.3rpsyriacrisis.org/wp-content/uploads/2021/09/2021_3RP_Progress_Report.pdf

Figure 3. Comparison of 2019 and 2020 numbers per country[7]

Country	2019 Registered Syrian refugees	2019 Directly targeted members of impacted communities	2019 Total	2020 Registered Syrian refugees	2020 Directly targeted members of impacted communities	2020 Total
Iraq	245,810	158,110	**403,920**	242,163	231,938	**474,101**
Jordan	654,692	520,000	**1,174,692**	661,997	520,000	**1,181,997**
Lebanon	914,648	1,005,000	**1,919,648**	865,531	1,500,000	**2,365,531**
Turkey	3,576,369	1,800,000	**5,376,369**	3,638,193	1,800,000	**5,438,193**
Total	**5,391,519**	**3,483,110**	**8,874,629**	**5,407,884**	**4,051,938**	**9,459,822**

As can be seen from the above table, numbers have not drastically changed from 2019 to 2020. However, the situation has in fact deteriorated in terms of the people in need (PiN) in Syria itself, which is higher in 2021 (13.4 million) than it was in 2020 (11 million).

Overview of the UNFPA response: The UNFPA response is coordinated through the Syria Response Hub ('the Hub'), agreed upon in 2012 and established in Amman in 2013 following the declaration of L3 crisis level for Syria. This hub was established as part of the Arab States Regional Office (ASRO) structure, and before UNSCR 2165 or the overall WoS response structure. It was established in response to UNFPA recognising the need to scale up the Syria response and improve coordination between different COs. A Regional Humanitarian Coordinator (RHC) was appointed in February 2013 with further dedicated posts being subsequently created, particularly in the areas of GBV, communications, and M&E.[8]

The Hub's Terms of Reference were updated in 2020, noting an increased focus on knowledge management and with the creation of additional posts for grant management and humanitarian programmes data.

Key achievements across the Syria regional response countries in 2020 are highlighted in the table below.

7 UN. 3RP Annual Report 2019. 2021 data was not available when this report was finalised and therefore it is a comparison of 2019 and 2020 data, in the same way that the 2020 impact assessment showed a comparison of 2018 and 2019 data.

Figure 4. UNFPA key results 2020[9]

	People reached and service units supported					
Countries	**People reached with GBV services**	**People reached with SRH services**	**Mobile clinics**	**Safe Spaces**	**Adolescent and youth friendly spaces**	**Functional health facilities**
Iraq	191,133	480,796		72	4	25
Jordan	58,344	128,931	4	19	1	20
Lebanon	20,341	35,320	8	10		35
Syria	1,177,849	1,531,750	110	73	12	33
Turkey	161,557	47,910	12	6	4	
Total	**1,609,224**	**2,224,707**	**134**	**180**	**21**	**113**

UNFPA activities across the WoS and the 3RP countries have focused on supporting facilities and associated outreach activities to provide SRHR services including access to family planning; maternal and neonatal health services covering both BEmOC and CEmOC; GBV services including access to Safe Space, support to facilities for CMR, and GBV prevention messaging. UNFPA has supported youth empowerment and population programming as well.

9 UNFPA data transparency portal for the different countries. https://www.unfpa.org/data. Note that there is no specific data for the TXB programme.

Key highlights from the 2020 Impact Assessment:[10] With regard to **Safe Spaces,** the key highlight from the 2020 Impact Assessment was that the impact of all services is high, as reported by beneficiaries themselves. The most satisfied beneficiaries across all countries were GBV beneficiaries, with 51 percent reporting that accessing services through Safe Spaces was absolutely essential to their well-being. For health facilities this figure was 40 percent and for youth centres 27 percent. This is critical information: Safe Spaces provide absolutely essential lifesaving and critical services. While it is clear that historically, Safe Spaces have been seen by some within the humanitarian community as a 'nice to have but not necessary' this information clearly highlights the impact on physical and psychosocial well-being that access to Safe Spaces has for women and girls, and therefore should be considered an essential life-saving service.

For **health facilities**, women reported that family planning services and ANC are the two most important services for them to access and that these are critical to the well-being of women and girls. Compared to Safe Space, there are many more available health services across the countries that beneficiaries can potentially access, with a common theme being that these other services are either not free or not of the same quality as UNFPA-supported SRHR services. In terms of **youth centres**, adolescents and youth reported self-development and feeling more self-confident. They specifically enjoy the issue of civic engagement and giving back to their communities. This is important: youth centres are not just about benefiting youth but facilitating what youth can give back to their communities.[11]

Recommendations from the 2020 Impact Assessment

1. Plan for expansion of gender-transformative interventions including income-generating activities in Safe Space;
2. Develop interim guidance on addressing male survivors of sexual violence;
3. Rationalise male engagement and activities through GBV programming with a clear statement that Safe Spaces are for women and girls only;
4. For youth centres, a rationalisation of the target audience would be useful;
5. Adolescent girls: enhance the Hub's ongoing initiatives of sharing good practices, and support the testing and replication of successful interventions in different settings;
6. People with disabilities: categorise the specific factors of disability exclusion and map specific actions for each;
7. Create a regional plan for mapping and monitoring the return on investment of IEC and outreach for raising awareness of Safe Space;
8. COVID-19: institute an ongoing practice of collating and sharing COVID-19 solutions and unexpected positive outcomes;
9. COs should use the raw data collected in this report to analyse more closely specific issues arising from the feedback.[12]

> "For health facilities, women reported that family planning services and ANC are the two most important services for them to access.

10 The section below provides a brief overview of the highlights from the 2020 Impact Assessment Report: for any further information please click here: https://arab-states.unfpa.org/en/publications/restoring-balance-assessment-report

11 Ibid.

12 Ibid.

1.3 Background to the 2021 impact assessment

The purpose and objectives for the 2021 impact assessment remain the same as the 2020 assessment. The overall **aim** of the 2021 impact assessment is to examine if the services provided at UNFPA-supported SDPs, including health facilities, Safe Spaces and youth centres, and outreach activities conducted from these static SDPs, are achieving the intended objectives.

The **dual purposes** of the impact assessment are to:

a. Determine the extent of improved physical and psychosocial well-being of those accessing SRHR services and participating in GBV programmes (prevention and response) and youth programming;

b. Establish the accessibility and availability of integrated GBV and SRHR services for IDPs, refugees, host communities, and youth.

The specific objectives of this assessment are to:

a. Improve programming where possible;

b. Provide primary regional donors (the Foreign, Commonwealth and Development Office (FCDO), Global Affairs Canada (GAC), and the Swedish International Development Agency (SIDA), European Civil Protection and Humanitarian Operations (ECHO), Finland, Denmark, Italy, Norway and the US) with an overview of the impact UNFPA programmes have on the well-being of refugees, IDPs, and host communities, and how their funding has contributed to this.[13]

13 Note with regard to what this impact assessment will not cover. In order to manage expectations, it is important to clearly state what the impact assessment will not or cannot achieve, as this assessment will specifically be focusing on the impact of UNFPA-supported services. (1) It is not a comprehensive needs and / or gaps assessment for any of the countries; (2) Aligned with the above, while many COs are – quite rightly – keen to understand the views of those people that are not currently reached by UNFPA-supported services, this assessment does not have the time or resources to do this properly, particularly with no travel being undertaken by the consultant team and COVID-19 restrictions in place. The assessment will aim to examine the thoughts of people reached by UNFPA programmes as well as service providers as to why friends and neighbours may not be accessing services, but it will not be possible to directly find unreached people to gain a comprehensive understanding of why they may not be accessing services; (3) It will not be highlighting gaps or weaknesses on behalf of other actors, including governments; (4) As a regional assessment, it will not be able to focus entirely on elements specific to a particular context. While a certain country-specific flexibility within the overarching framework is feasible, and there will be country-specific chapters in the final report, the overarching assessment framework will be coherent across all country contexts.

The **scope** of this impact assessment includes:

1. *Temporal:* mid-2020 (where the scope of the previous assessment ended) to mid-2021;[14]
2. *Geographic:* Iraq, Jordan, Lebanon, Syria, TXB operation, and Turkey;[15]
3. *Thematic:* UNFPA GBV, SRHR and youth programming including SDPs and associated outreach activities of health facilities, Safe Space, and youth centres.

With regard to target **audiences**, there are both primary and secondary identified audiences for this assessment. Primary audiences include those who are most likely to use findings and recommendations of this report and secondary audiences, no less important, are those who might find the findings interesting but are not directly likely to implement recommendations.

Primary audiences:

1. UNFPA ASRO Syria Response Hub, UNFPA COs in Iraq, Jordan, Lebanon, Syria, TXB sub-office in Gaziantep, and Turkey;
2. UNFPA donors.

Secondary audiences are:

1. UNFPA ASRO;
2. UNFPA IPs;
3. Other humanitarian and development actors across Iraq, Lebanon, Jordan, Syria, TXB operation and Turkey – particularly those working on SRHR, gender and GBV, and adolescents and youth programming;
4. Other UNFPA regional and country offices;
5. UNFPA Humanitarian Office (HO).

1.4 Methodological overview of the 2021 impact assessment

The full methodology is outlined in the inception report to this evaluation and will not be repeated here. In brief, the primary foundational approach to the 2021 Impact Assessment methodology was to build on the framework of the 2020 Impact Assessment which rationalised and systematised the different tools and questions previously used (2016-2020) into one overarching **Impact Assessment Framework (IAF).**

This overarching framework looks at three types of SDPs, including associated outreach activities where applicable.[16] These are:

There is an overarching framework of three *primary* dimensions, with two additional *secondary* dimensions regarding comparison and monitoring from 2020 to 2021. However, the additional dimensions will not be

14 The 2021 impact assessment was started in July 2021 with data collection across August and September 2021 and the final draft report finalised in November 2021. However, for some questions, respondents were asked to consider what had happened over the previous year; hence the time period being mid-2020 to mid-2021.

15 This impact assessment does not include Egypt.

16 Turkey operates in a different way and for this 2021 Impact Assessment, GBV and health services provided within Safe Spaces and Migrant Health Centres (MHCs) were assessed separately. The results were that GBV services were reported under ' Safe Space' and health services were reported under 'health facilities', to allow the Turkey data to align with and be consolidated with the other country data.

assessed through KIIs, FGDs, or CFFs. They were analysed after the information was collected. The three primary dimensions are:

Wellbeing

Access

Efficiency

The two secondary dimensions are:

- Comparison with 2020 across dimensions A, B, and C.
- Monitoring of 2020 recommendations.

Moreover, there is an overarching methodology of three *primary* data collection methods, backed up by *secondary data review*.[17] The three *primary* data collection methods are:

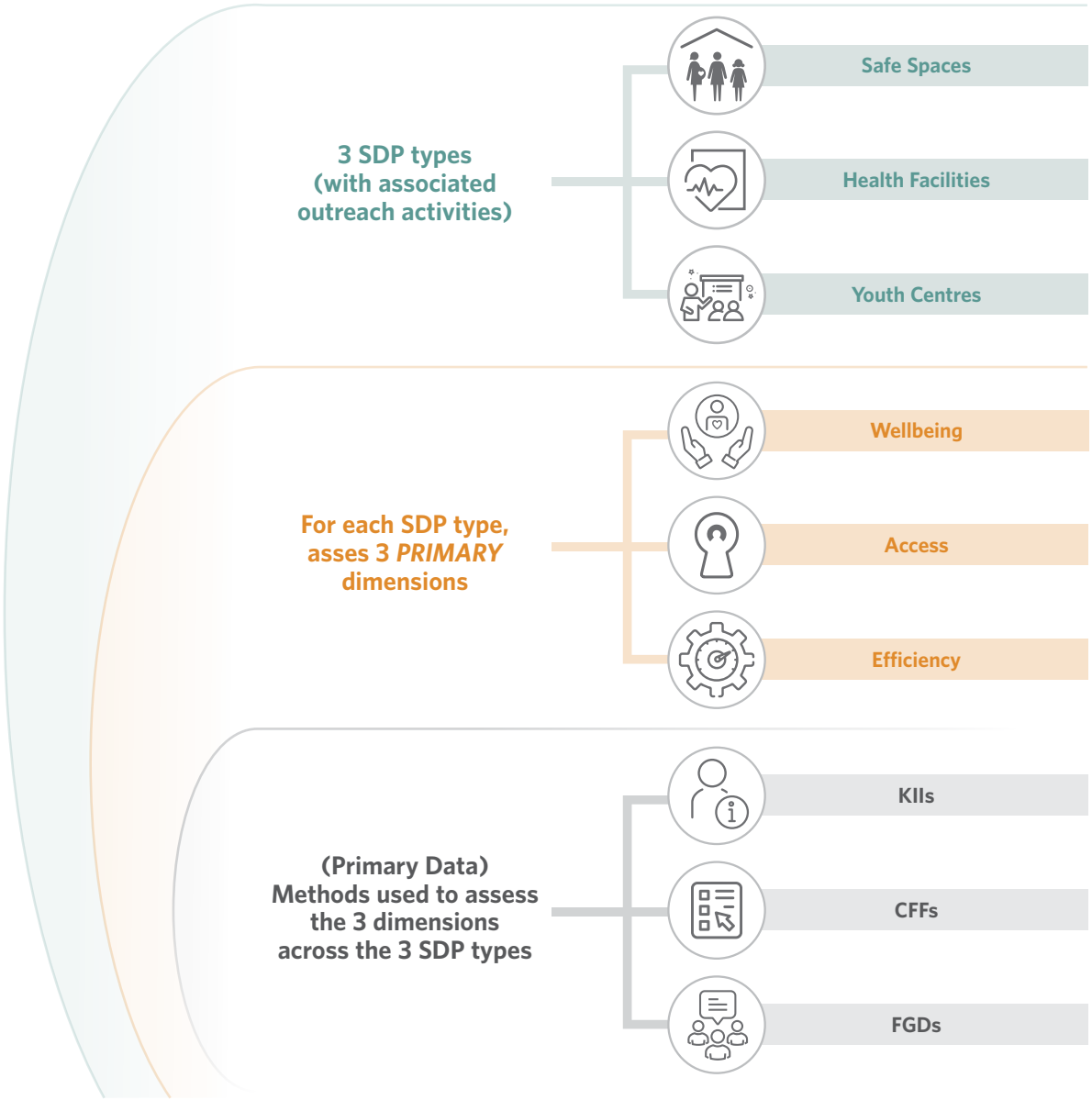
KIIs

CFFs

FGDs

17 Note that the 2020 Impact Assessment included a significant in-depth document review. The 2021 Impact Assessment will build on this comprehensive document review, adding a further document review of any new secondary evidence from the last year.

Figure 5. The 3 x 3 approach[18]



From this framework, specific questions were extracted for different SDPs and different data collection tools as was relevant, as per the evaluation matrix as provided in Annex I. The IAF then framed the **Impact Assessment Evidence Database (IAED)** so all evidence collected, regardless of data collection methodology (FGD, KII or CFF – or secondary data sources) or SDP (Safe Space, HF, YC) was categorised according to the coded question.

In this way, a holistic analysis was performed on the totality of evidence collected and was triangulated and verified / validated within the analysis process. The analysis was conducted within a building block methodology: for each SDP – i.e. Safe Space, health facility, or youth centre – in each country, an analysis of all the data was made per dimension and country chapters (see Volume II) were developed. Then this information was synthesised per SDP per dimension for the overall regional overview.

18 Note that for the Turkey country programme, Safe Spaces are integrated into the health system and provide both SRHR services at primary health care level and GBV services.

Learning from the 2020 Impact Assessment: There were some specific lessons learned from the 2020 Impact Assessment which were used to refine the methodology for 2021. These lessons and the proposed changes made to the 2021 methodology are outlined in the table below.

Figure 6. Lessons learned from 2020 Impact Assessment and proposed changes for 2021

Lesson learned	Explanation	Changes for 2021
Need to ensure more consistency across countries and SDP type;	The sampling of SDPs, including CFFs and FGDs was not as consistent across countries as it could have been.	While countries have a level of ownership over this process, the 2021 assessment tried to ensure further support from the external assessment team and the Hub on sampling.
Need to better include marginalised groups during data collection of marginalised groups;	While some countries in 2020 (notably Syria and TXB) were able to conduct specific interest group FGDs (adolescent girls, and women and girls with disabilities) this was not consistent across all countries. There was no deliberate inclusion of LGBTQI+ individuals within FGDs.	For the 2021 assessment the methodology proposed that each country allocates at least 20 percent of FGDs to 'specific interest groups' which can be any of the following: 1. adolescent girls; 2. women and girls with disabilities; 3. older women (over 65); 4. LGBTQI+ individuals.
Need for better focused and fewer questions;	There were many questions across the three dimensions of wellbeing, access and efficiency meaning little depth to any questions could be achieved.	The 2021 assessment tried to rationalise fewer, more focused questions across the three dimensions which will remain the same.
No need for long lists of service questions on the CFF, require more aggregable information;	Within the CFF there were many questions which were not useful for the purposes of the assessment as they could not be aggregated in any meaningful manner.	The methodology removed those irrelevant questions. CFFs comprised only those questions that were useful in 2020 and additional aggregable and useful questions as highlighted by COs.
Some questions that Iraq integrated into CFFs were very useful;	In the 2020 assessment Iraq did not conduct any FGDs due to COVID-19 restrictions. Instead, Iraq proposed an expanded CFF. While this did not provide as much rich data as FGDs, the additional questions added into the Iraq CFF were useful.	The questions that Iraq added to CFFs were then used across all countries in the 2021 CFFs.
Need to cap CFFs:	After a certain point, there is a saturation level with CFFs and the time required for inputting and analysis is not worthwhile, as no more useful data can be extracted.	For 2021, the methodology capped the CFFs at 100-150 per SDP type per country. So, each country will have 100-150 CFFs for Safe Spaces in total, 100-150 CFFs for health facilities in total, and 100-150 CFFs for youth centres in total. There will be no more than 300-450 CFFs for each country (and less for those countries that do not have all three SDP types).

Lesson learned	Explanation	Changes for 2021
Cross-border third party monitoring (TPM) reports do not provide adequate comparable data.	In 2020, the TXB programme did not use CFFs, as this programme has regular TPM reports which were provided instead. However, the TPM reports did not provide adequate comparable information to the CFF for the purposes of this assessment.	The UNFPA TXB operation conducts regular monitoring of activities through a third party (SREO Consulting125) in northwest Syria, and the information below is collated from their TPM reports in addition to interviews and three FGDs. No CFFs were distributed. Therefore, it is presented in a different format from other countries.

Report Structure

Given the depth of the data, this report is presented in two volumes.

- **Volume I:** this volume includes Sections 1-3. This is the introduction and methodology; the regional impact assessment findings; and the regional impact assessment conclusions and recommendations.
- **Volume II:** this volume includes Section 4 of the report and consists of the country level findings. Note that as a regional-level assessment, recommendations are only provided at the regional level, not the country levels. Volume II will not be published and can be requested bilaterally.

Data Sources

The 2021 impact assessment includes input from 147 key informants; 1,113 FGD participants; and 2091 CFF respondents. This compares with 125 key informants interviewed for the 2020 impact assessment (18 percent increase on 2020); 337 FGD participants (230 percent increase on 2020) and 2754 CFF respondents (76 percent of 2020). The impact assessment also included 24 new 2020-2021 documents reviewed, together with a re-review of the extensive document review conducted for the 2020 impact assessment.

Figure 7. Key Informants

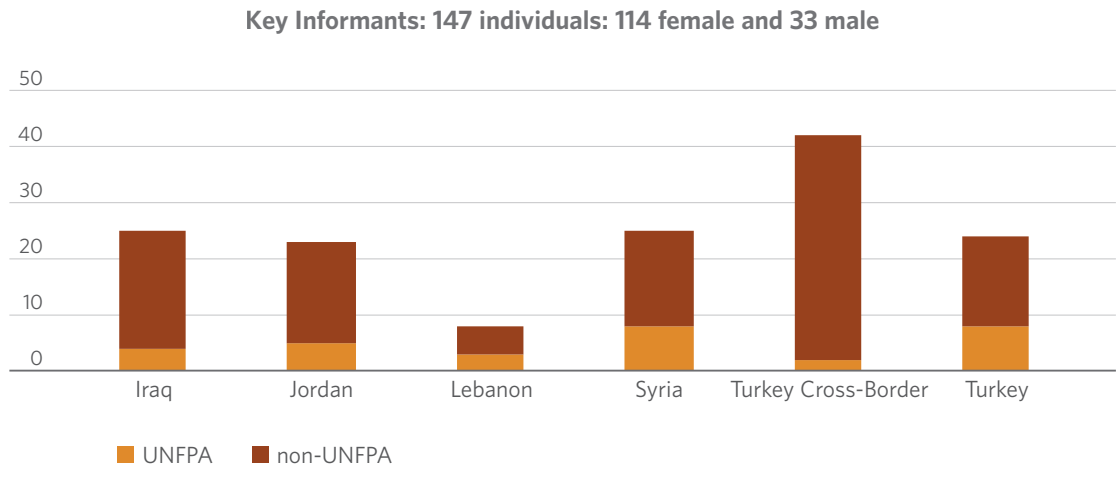


Figure 8. FGD Participants

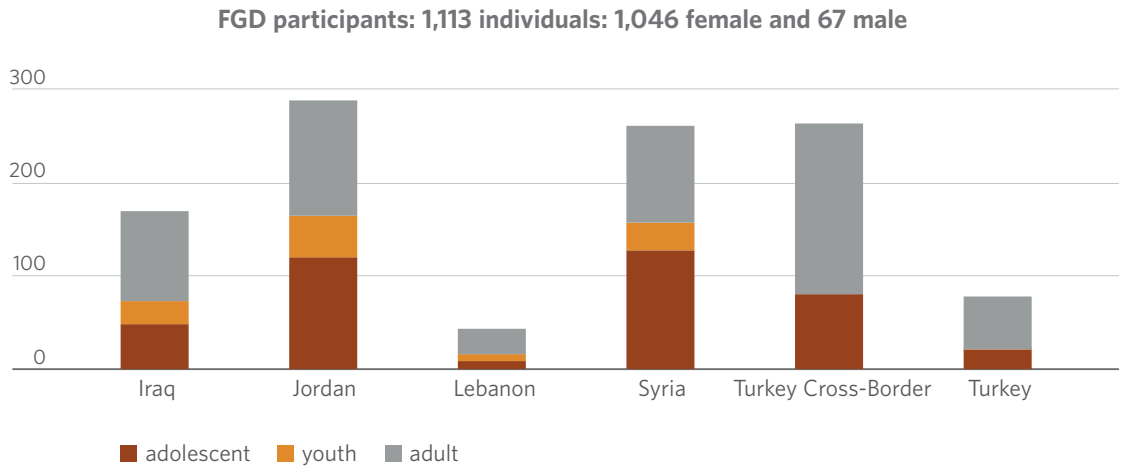
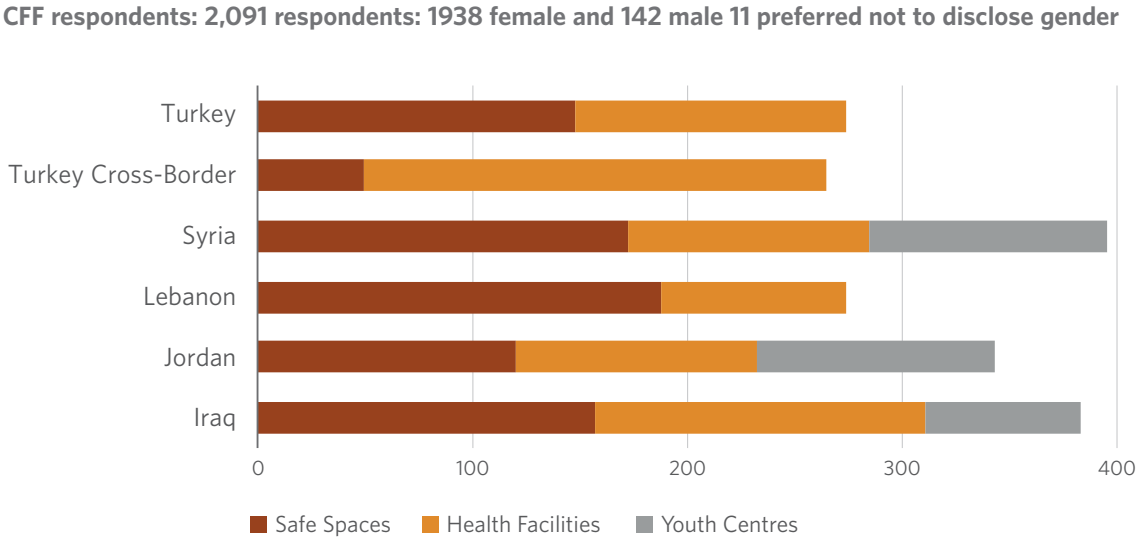
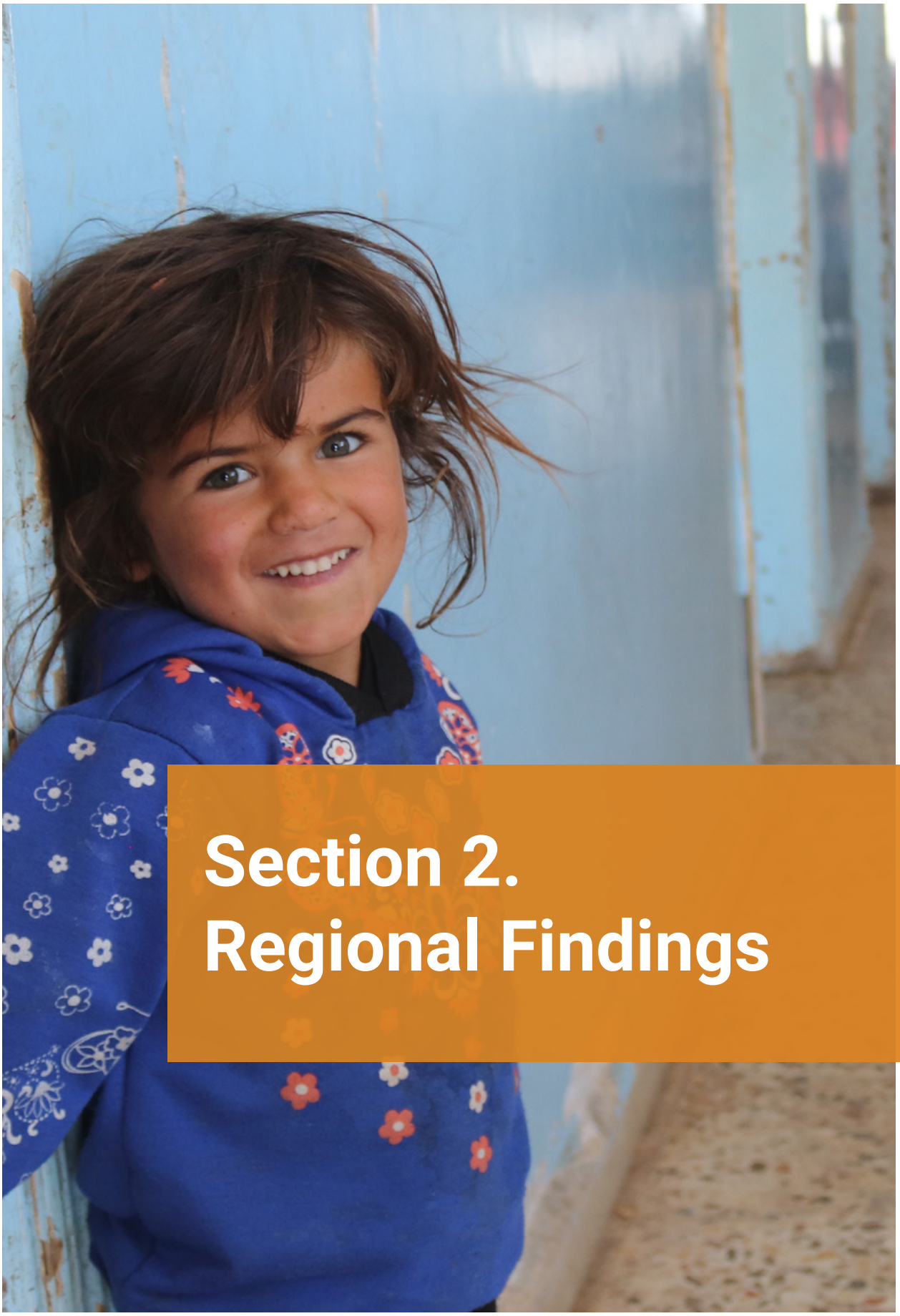


Figure 9. CFF Respondents





Section 2. Regional Findings

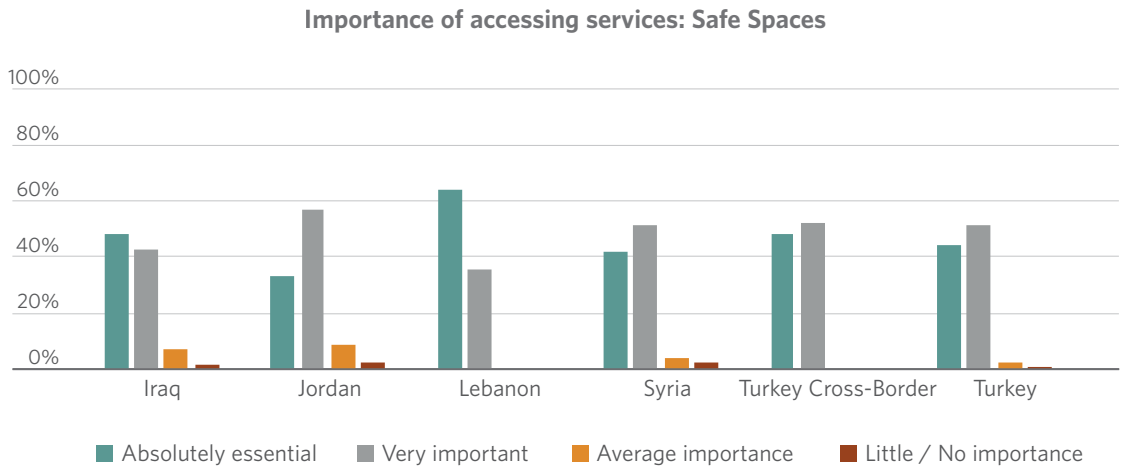
Section 2. Regional Impact Assessment Findings

Note that in the all the below graphs, all six programmes (Iraq, Lebanon, Jordan, Syria, TXB, and Turkey) are shown in the key to ensure consistency. However, not all data are available for all programmes.

2.1 Dimension A: Well-being[19]

Safe Spaces: Across all countries, UNFPA-supported Safe Space[20] offer psychosocial support, GBV case management, educational and recreational activities, and awareness-raising to refugee, displaced, and host community women. The importance of accessing services within Safe Spaces remains high, with an average of 45 percent of CFF respondents reporting it to be absolutely essential to their lives, and 49 percent reporting it to be very important: this compares to CFF respondent data for health facilities and youth centres being, respectively, 41 percent absolutely essential and 50 percent very important for health centres, and only 26 percent absolutely essential but 59 percent very important for youth centres.

Figure 10. Importance of accessing services in Safe Spaces



In many places, Safe Spaces also serve as a *referral point* for health and information services, both to government services and other UN and NGO services, although this is not consistent across all countries and locations.

19 This dimension included the following questions which were asked as applicable through KIIs, FGDs and / or CFF. A.1. What services / activities are provided at this facility? For Safe Spaces only: How are these activities decided upon? / A.2. What are your top three most appreciated services and activities, and why? (for KII, what are the top three most popular services or activities, and why do you think that?) / A.3. What are the services or activities that are least relevant to you, and why? (for KII, what are the least popular services or activities, and why do you think that is?) / A.4. Overall, do you feel that this centre (Safe Space, HF, YC) makes your life better in some way? If yes, how does it make your life better? / A.5. What would you improve or change? / A.6. What services or activities would you like to be added that are currently not available? / A.7. Why do you come here? / A.8. What is the most important thing you have learned here, and why? (Note that it's useful to compare to raw data from previous years, to contribute to assessment of resilience) / A.9. How important is it for you to have received this service today? / A.10. If you have reduced your use of services due to COVID-19, how badly has that affected your well-being and health? / A.11. Did women / girls / youth stop using the centre due to COVID-19? What impact has that had on them? / A.12. Do you feel safe in this centre? (if not, why, and can you define what safe means for you? - FGD only) / A.13. Do you trust the service providers to maintain confidentiality? / A.14. Were the staff friendly and non-judgmental? / A.15. Do you feel respected in this centre? (if not, why? - FGD only). If yes, what is it that makes you feel respected? Are you listened to? / A.16. Have you been informed how you can submit feedback if you did not like something or had a suggestion regarding the activity/ies you participated in? / A.17. Would you feel safe/comfortable to submit feedback or a complaint? / A.18. If you feel listened to, what are the examples of this?

20 In Turkey, Safe Spaces provide both GBV and health services. Under the Safe Spaces section, GBV services are reported for Turkey, while health services are reported under the Health Facilities section.

Quotes from women and girls reflect the absolute impact that these services have on their lives:

> *We consider it a source of relief for stress and anxiety, helping us to face our difficulties in life.*
>
> *IRAQ FGD participant*

> *I was thinking about suicide a lot, and the sessions helped me stop those ideas.*
>
> *JORDAN Adolescent FGD participant*

> *We feel different. We feel we exist. We are more confident and stronger because we can now express our feelings or discuss the things that bother us.*
>
> *LEBANON FGD participant*

> *In the past, I was so shy, I didn't know how to behave. I had nothing to do, but this centre made me set a goal for myself. I've taken up sewing as vocational training.*
>
> *SYRIA FGD participant*

> *The Young Mothers Club has helped me because I got married at early age. I've benefited greatly from the health information and have changed many aspects of my relationship with my husband and his family.*
>
> *TXB adolescent FGD participant*

> *The centre is like our family – they respect us here. I learned new things about early marriage. When forced marriages involve people under the age of 18, we can call the police or go to the centre and ask for help.*
>
> *TURKEY adolescent FGD participant*

In some countries, there has been a clear increase in difficulties for women and girls due to national economic issues, some linked to COVID-19 and some with subsequent resentment towards refugees. For example, in **Lebanon**, UNFPA and service centre staff reported that in the past year, they have seen a significant increase of Lebanese women and girls accessing services. In addition to this, there are more women and girls coming to Safe Spaces who are survivors of different types of GBV. Before, it was predominantly survivors of domestic violence, but now there are others such as those exploited through 'sex for rent', for example, reflecting the difficulties and challenges currently facing everyone in Lebanon, refugees and host communities alike.[21] Given the current country challenges, service staff report women deprioritising their well-being in general: and there has been a general shift of focus towards basic needs.

In both the Syria Country Office (SCO) and **TXB** programmes in **Syria**, staff reported that the most requested services are linked to economic empowerment and other things related to market needs – such as income-generating activities, vocational courses, and assistance with finding employment. Popular services in Safe Spaces remain an entry point to other reproductive health (RH) and PSS services, as well as being beneficial and impactful in their own right. However, the increasing demand for economic empowerment reflects the protracted nature of the Syria crisis.

In **Turkey**, UNFPA and partner staff in Turkey reported that GBV cases have been increasing due to the COVID-19 situation over the last year. There have been no significant changes in the basic structure of the provision of services and support to women and girls, but UNFPA Turkey reported consistently striving to improve the methods of remote service provision adapted to the ever-changing COVID-19 situation.

Overall, popular services offered within Safe Spaces include a number of traditional activities, such as sewing, crocheting, and other handicrafts; hairdressing; general GBV and PSS awareness sessions; individual counselling; and case management. However, there is an increase in the demand for less traditional courses: English language and computer and digital literacy courses are in high and increasing demand, particularly as these can be linked to job opportunities beyond traditional small business income-generating activities (IGA) such as sewing and hairdressing. Sports – and sometimes more traditional male sports, such as football – are also increasing in popularity. In Turkey, services provided include Turkish lessons for women and girls (noting that Turkey is also unique within the impact assessment countries with regard to the language).

In **Jordan**, UNFPA has been trying to invest in and expand gender transformative activities beyond knitting, cooking and beauty. The Institute of Family Health (IFH) introduced other courses on top of these, such as plumbing and basic electricity. Overall, popular activities remain PSS and counselling, awareness-raising sessions, sewing, soap-making, knitting and handicrafts. Zumba is also very popular. However, as referenced above, less gendered activities have been added and some FGD participants referenced electricity and carpentry as activities they enjoyed. Some of these activities have a practical benefit that go beyond a gender transformative approach. UNFPA partners explained how single (single, divorced, or widowed) women might struggle to allow a man into their home when alone but may need to fix simple issues with electricity or plumbing. Female trainers are used for these courses. Of course, this is still new for many women and gender transformation is understandably a longer-term goal.[22]

Across all countries, there is limited significant difference in the most popular courses between older women and adolescent girls. The long-term impact of awareness-raising sessions is really beginning to show for adolescents in some countries, with adolescent FGD participants highlighting their knowledge of the consequences of early marriage, and their self-confidence and sense of self-worth as young women.

> *We learn information about pregnancy and childbirth in the session, even though we don't want to get married yet. It's not relevant at the moment, but it is still good to attend.*
>
> *JORDAN adolescent girl FGD participant*

Suggestions for improvements from FGD participants include, to a large extent, more of the same, which highlights both the importance of all these services to women and girls, and also the budgetary restrictions for UNFPA and partners. In most countries, suggestions for additional activities or support centred around the provision of equipment and tools once a course was completed (such as a sewing machine or computer); support with securing job opportunities or university scholarships, increased childcare provision within the Safe Space;

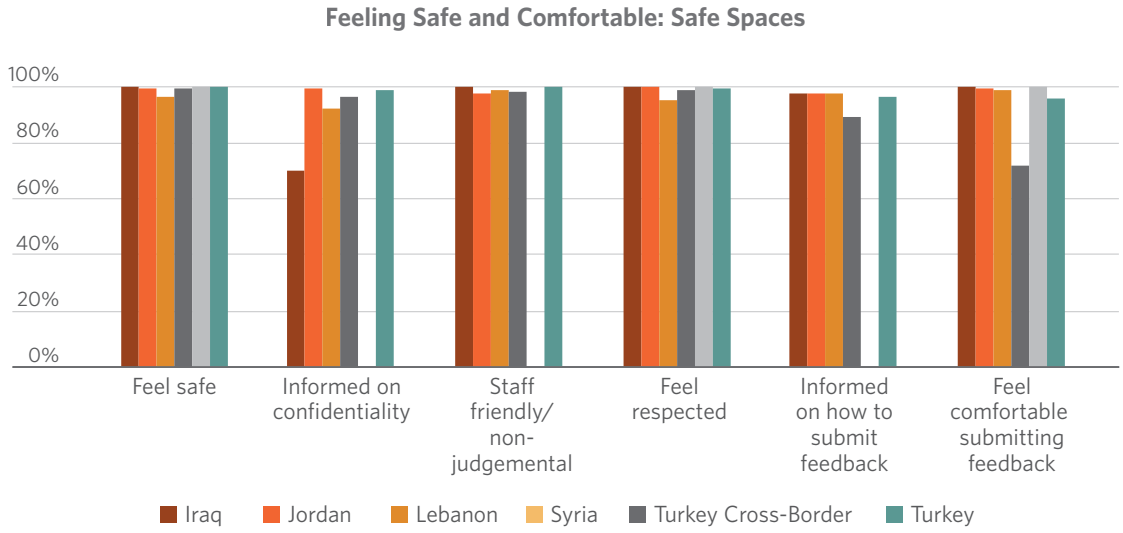
21 Noting that the UNFPA Humanitarian Office has engaged in feasibility and design of CVA integration within GBV services to mitigate and respond to these risks.

22 The Hub led work in the first half of 2021 to better understand the challenges and opportunities related to less gender-stereotyped vocational trainings in Safe Spaces through the publication of the Transcending Norms Series (https://arabstates.unfpa.org/en/publications/transcending-norms).

and additional support with transportation costs.

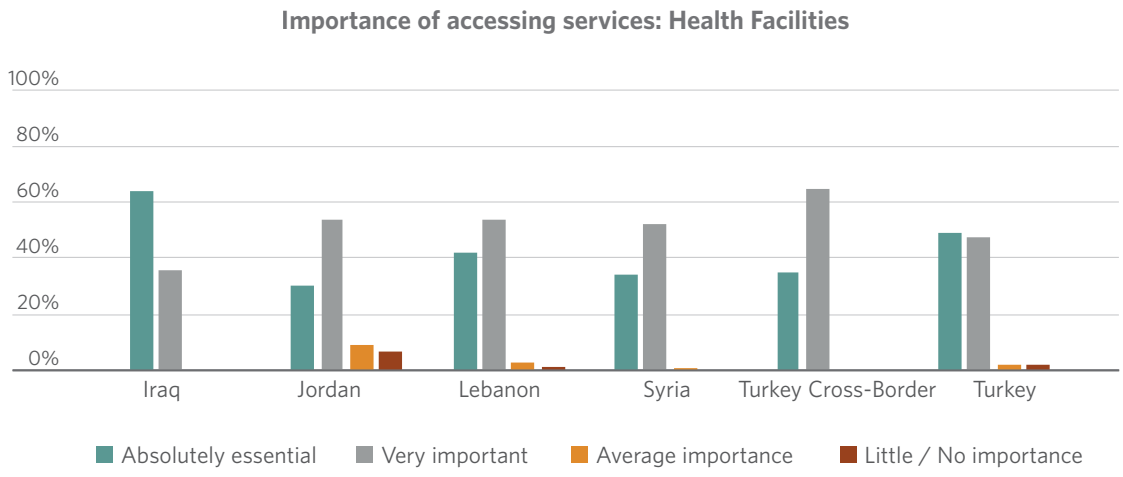
Women and girls show an extremely high level of feeling safe and comfortable in Safe Space: with an average score of 97 percent across the six questions – 89 percent within health facilities and 96 percent within youth centres. The lowest scores across the six questions relate to being informed on confidentiality issues; being informed on how to submit feedback; and feeling comfortable on submitting feedback: however, this is still scored very highly in general terms.

Figure 11. Feeling Safe and Comfortable in the Safe Space



HEALTH FACILITIES: *Note that as no FGD discussions were conducted at health facilities, there is less beneficiary feedback than for Safe Spaces or youth centres.* Across all countries, UNFPA-supported health facilities[23] a range of SRHR and MNH services. The importance of accessing health services remains high, similar to Safe Space, with 41 percent of health CFF respondents citing the importance being absolutely essential (compared to 45 percent for Safe Space) and 50 percent reporting it to be very important (compared to 49 percent for Safe Space).

Figure 12. Importance of accessing services in Health Facilities



In some countries there has been a focus on implementation of a more comprehensive package of SHRH and MNH services. For example, in **Jordan**, UNFPA has focused on implementation of a comprehensive package of services. UNFPA reported that the service components with the most uptake include ANC, safe delivery, PNC and emergency obstetric care (EmOC), together with counselling for family planning options. UNFPA partners report providing a range of SRHR and MNH services based on World Health Organisation (WHO) standards. In the camps, UNFPA-supported facilities are often the only choice for women and girls. Mobile clinics have been used to reach remote areas of Jordan.[24]

Popular services include ANC, safe delivery, and family planning services. For example, in **Iraq,** service providers report that the MNH services and particularly the CEmOC and BEmOC safe delivery services are reported as the most popular, followed by family planning services. In **Jordan,** all the services are reported, by service providers and partners, as being critical for women and girls, both refugees and Jordanians. For CFF respondents, the most popular service reported was gynaecological and pregnancy check-ups (which of course can cover a range of services), followed by family planning services.

The least popular services were reported as being post-natal care, with many women not prioritising this as a critical health service for either themselves or their babies.

23 In Turkey, Safe Spaces provide both GBV and health services. Under the Safe Spaces section, GBV services are reported for Turkey, while health services are reported under the Health Facilities section.

24 Currently the Jordan Country Office does not have funding to support mobile clinics: however, mobile clinics were used between July 2020 and December 2020 and operated in under-served areas in seven governorates.

Additional services requested at health facilities across the countries can be categorised into two distinct issues:

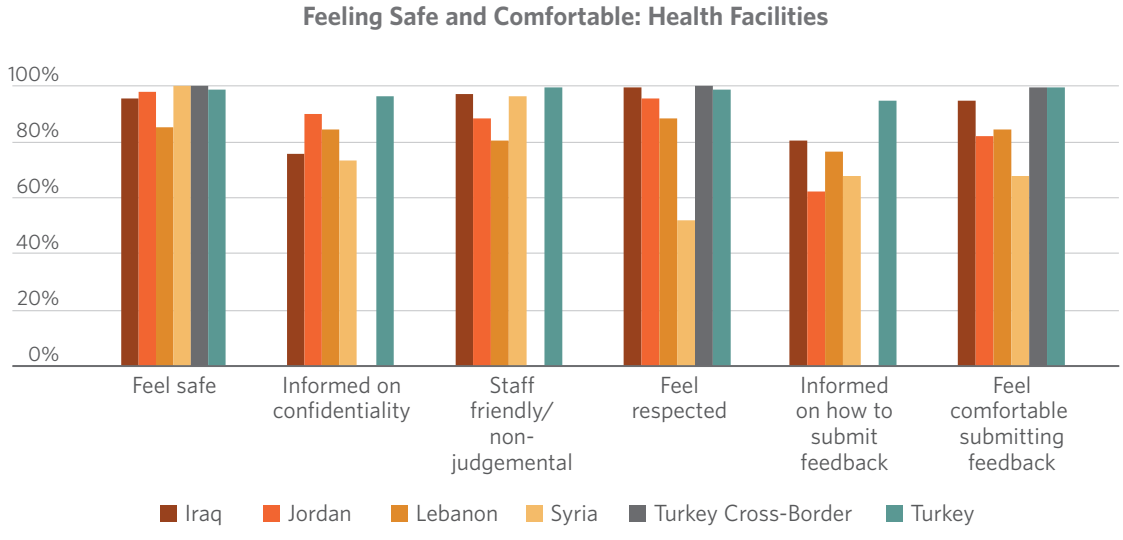
1. additional health services, such as dentistry or ophthalmology, which fall outside of the UNFPA mandate;
2. additional non-health services, such as educational courses, recreational courses, literacy and vocational courses, which fall outside of the health facility's mandate.

Both of these issues require increased referral linkages.

There was a limited difference between adolescents and the overall response for CFF respondents with regard to the importance of accessing health facilities.

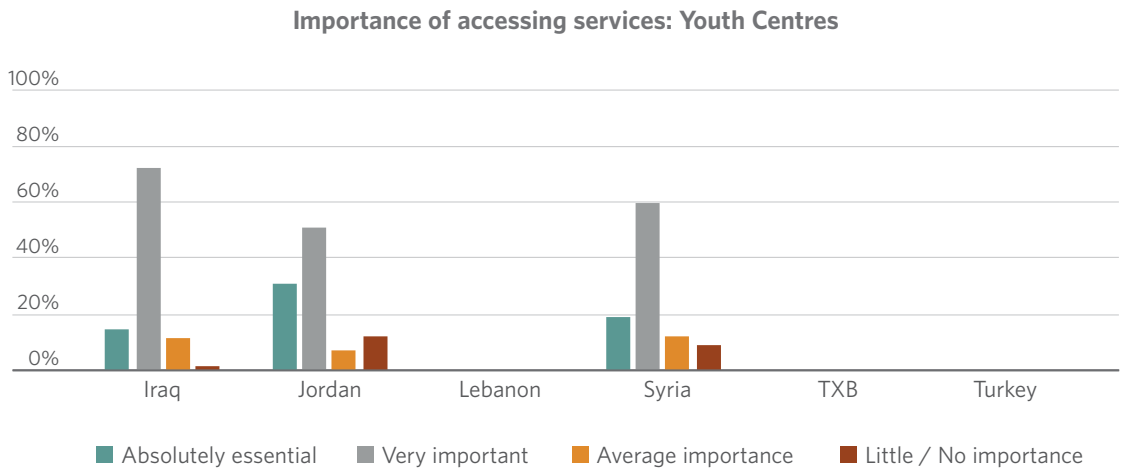
In respect of feeling safe and comfortable in health facilities, women and girls report 89 percent average satisfaction across the six questions, which compares to 97 percent for Safe Spaces and 96 percent for youth centres. As with the Safe Space, the lowest scores across the six questions relate to being informed on confidentiality issues; being informed on how to submit feedback; and feeling comfortable on submitting feedback.

Figure 13. Feeling Safe and Comfortable in the Health Facilities



YOUTH CENTRES: Across all countries with youth centres included in this assessment (Iraq, Jordan, and Syria) a range of different services and activities are provided. The importance of accessing services specifically through supported youth centres remains high, although somewhat shifted down in importance from Safe Spaces and health facilities. 26 percent of youth centre CFF respondents reported accessing services as absolutely essential, with then 59 percent reporting it being very important.

Figure 14. Importance of accessing services in Youth Centres



In addition, some countries do substantial youth work outside of centres. For example, in **Iraq,** UNFPA established the Iraqi Coalition on Youth, Peace and Security in collaboration with the Ministry of Youth and Sports. The Coalition is formed of 30 youth with the aim of engaging youth for the advocacy of youth, peace and security in Iraq and supporting the development of an action plan on Youth Peace and Security Resolution 2250. UNFPA has also integrated peace education in youth centres managed by the Federal Ministry of Youth and Sports and Ministry of Culture and Youth in the Kurdistan Region of Iraq. As a result of the project intervention, more than 4,000 youth received peace education in the youth centres.

UNFPA in **Jordan** leads on the Compact for working with and for Young People in Humanitarian Action; Jordan Country Office (JCO) leads a Y-Peer network, and also on a YPS initiative. During 2020, UNFPA worked with a consultant to develop a sustainable transition plan for the Quest scope-run youth centre in Za'atari camp; seeking to expand IGA so the centre is not so completely dependent on UNFPA funding. Other youth work supported by UNFPA in Jordan includes the Y-peer network. The aim is to formalise this network by registering it in Jordan and expand exciting private partnerships such as with Zain, the mobile network for supporting adolescents and youth with digital information and SRH awareness.

Within the Za'atari youth centre, all male and female adolescents and youth reported enjoying art, music, English lessons, computer / digital literacy lessons, sports such as football, ping-pong, and the FRIEND programme. Sport, English, computer courses, and PSS activities are the most requested, according to a recent survey on activities. All youth had different ideas of what is least favourite – one FGD participant mentioned the library ("because I hate studying"). In terms of adding or changing things, some girls reported it would be good to increase girls' participation in football leagues. A certified ICDL course, a better gym, and library were also requested.

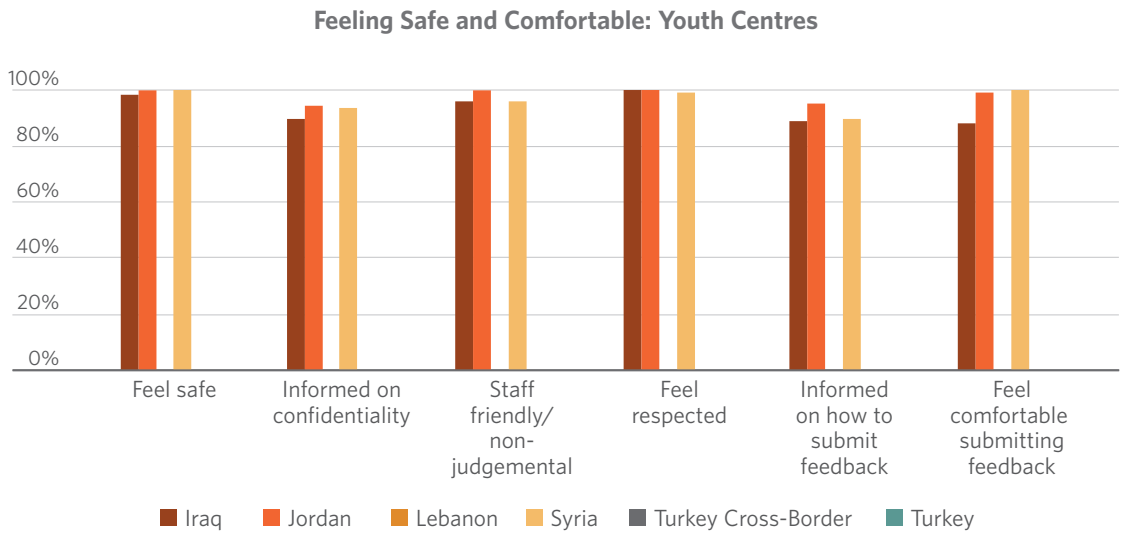
In **Syria**, access to livelihoods is the single largest concern of young people within youth centres. In addition, there is a large and growing demand for PSS services.

For adolescent girls and young women, awareness sessions, training courses and recreational activities are the most popular. Many girls and young women also highlighted that the youth centres were a conducive place to study. Centres are also valued by girls as a place to make friends.

55 percent of female youth CFF respondents and 33 percent of male youth CFF respondents said there was nothing that was not relevant in the centres. For additional courses, girls would like to see hairdressing and make-up courses, nursing and first aid courses, cinema visits / film sessions and theatre, photoshop, and longer-term academic and professional courses. Male youth suggested chess training and driving lessons as additional activities they would like to see offered, as well as practical training in the field of working in humanitarian development aid. Other considerations suggested by youth in mixed gender FGDs included operating the aircon when it is hot and reducing the duration of courses.

In regard to feeling safe and respected, youth centres scored an average of 96 percent across the six questions asked, compared to 97 percent for Safe Spaces and 89 percent for health facilities. Like Safe Spaces and health centres, the lowest scores across the six questions related to being informed on confidentiality issues; being informed on how to submit feedback; and feeling comfortable on submitting feedback.

Figure 15. Feeling Safe and Comfortable in the Youth Centres



COVID-19 IMPACT AND ACCESS ISSUES. In general, COVID-19 was referenced much less this year than during the 2020 impact assessment, with many FGD quotes highlighting that COVID-19 is not a priority issue for women and girls, or youth.

> *The situation was very bad but now it is very good.*
>
> *IRAQ FGD participant*

> *Zoom is annoying and we can't hear each other properly.*

> *Currently, the issue of COVID-19 has not affected us, and we have not reduced our visits to the centre.*
>
> *SYRIA FGD participant*

A significant difference showed amongst FGD participants in northwest Syria and in Jordan, which can be partially explained by the significant COVID-19 wave in northwest Syria at the time and the fact that Jordan had some of the most restrictive COVID-19 policies in the world.

We have been horribly affected. We feel as if we were in a prison. We feel upset and exhausted.

Online services for Safe Spaces related activities do not provide as much information as in-person services, although it was agreed that online sessions were better than nothing.

This had a significant impact because these spaces provide breathing space from the pressures we experience in our daily lives, but you can reduce this through online sessions, so that we can continue to communicate and learn.

TXB FGD participants

It had great effect. For example, I was attending psychological support here, but then I had no communication except with the doctor. When I am away from people, I suffer and find it difficult to adapt.

It has affected everything. We stayed at home, couldn't understand the curriculum and struggled to study properly.

JORDAN FGD participants

In **Iraq,** at the beginning, FGD respondents reported fear about the COVID-19 virus and the ensuing lockdowns; but they said that families and communities have now become used to the situation and things are better.

In **Lebanon,** while COVID-19 had a significant impact on accessing services in 2020, the current issue centres on the impact of COVID-19 combined with the more recent fuel and economic crisis in the country. The lack of access to transportation – not just for refugees and vulnerable host community members, but for everyone in Lebanon, including UNFPA and partner staff – and the lack of electricity, meaning provision of remote services is also deeply affected – is a much greater challenge than COVID-19 during 2020.

In **Syria,** the SCO has been able to consolidate the move for a number of online services that started in 2020 and has also been able to adapt to a more hybrid approach when face-to-face activities resumed, allowing for both remote and face-to-face services to continue simultaneously. Services continued online into 2021, with UNFPA supporting partners for increased transportation costs when face-to-face services resumed. Partners have reported that UNFPA was very flexible but that constraints were caused by the general pandemic and economic situation. However, some respondents reported that people in general are not completely committed to COVID-19 protective measures both in the community and also in some service centres.

In general, 2021 has seen a gradual adaptation to a new normal, vis-à-vis COVID-19. All KII and FGD respondents reported no current lockdowns, and also FGD participants reported their relief and pleasure in returning to face-to-face services.

For youth, there was less impact on accessing services due to COVID-19 than for Safe Spaces. Staff at UNFPA-supported facilities reported women being very fearful to access services during the height of COVID-19 and even afterwards when lockdown ended and face-to-face services resumed. However, youth reported being less impacted by COVID-19 and happily continued face-to-face activities as much as possible.

In **Turkey,** in general, there has been less impact from COVID-19 than in 2020. For some FGD respondents, there was frustration at the disruption to courses, particularly the Turkish language courses, that delayed or derailed their plans. However, others reported that their access to services did not decrease but mentioned the additional measures now in place – masks, social distancing, and hand sanitisers. Adolescents were more likely to have continued using face-to-face services after lockdowns eased: "It did not prevent us, we are going to the centre more," [adolescent, FGD participant] whereas older people reported more overall decreased used of services and highlighted that they could not go out and mingle with others because they were old and therefore more vulnerable to the virus: "Due to our age, we couldn't go out because of corona. We really wanted to come here. Being inside the house all the time affects us," [older person, FGD participant].

One significant feature of the UNFPA-supported Safe Spaces in Turkey is the information provided about COVID-19 vaccines: *"I contracted COVID-19 a month ago. After you gave information about the vaccine, I decided to get vaccinated and got my COVID-19 vaccine," [FGD participant].*

As above though, in **Jordan,** COVID-19 has continued to have a significant impact, with many FGD participants highlighting that while Safe Spaces are now open, the impacts of the pandemic continue. Many reported missing activities and services during lockdowns, and also reported increased divorce rates, increased psychological stress, and increased violence against women due to men's extended presence in the home, difficult financial situations, and overall stress. However, women appreciated the online activities even though internet connection was poor for many.

Health facility staff have reported that some women ceased contraception as they were unable / unwilling to access the facilities to collect it. Some health facilities were able to negotiate agreements with pharmacies for home delivery of contraceptive pills. However, this was not possible everywhere and service providers reported that there is still a fear of accessing health services due to the potential of catching COVID-19.

Interestingly, for health services, youth mainly reported that the quality of services was not affected when provided through Zoom and WhatsApp, and other platforms. In fact, across the UNFPA youth programme, which includes the youth centre in Za'atari, a lot of WhatsApp groups, Facebook groups, and other online platforms already existed pre-COVID-19.

For the **TXB programme,** FGD respondents within Safe Spaces all reported that COVID-19 has had a significant impact on their mental health and social relationships.

For health facilities, COVID-19 has proven to be a big challenge, but the use of telephone consultations where possible was one way of trying to mitigate the impact. However, service providers reported that some women were not allowed to provide telephone numbers by their husbands. Services continued to try reaching all women, using a combination of telephone appointments, triaging within clinics, and imposing COVID-19 safety measures such as social distancing and masks – although it is reported by service providers that people are still not following these measures in general life.

2.2 Dimension B: Access[25]

Safe Spaces: While across different countries there are different responses as to whether other similar services exist, the consistent response from women and girls in FGDs is that there are no other services which offer the same quality and combination of necessary services in a safe and respected environment. Overwhelmingly, it is consistently highlighted across countries that one of the reasons for this is that Safe Spaces remain female-only spaces and the criticality of this cannot be over-emphasised.

> *There are other service providers but women told us that the organisation they most like to come to is Almasalla, because it's just for women and some husbands don't allow their wives to come to a women-only centre. It's not a closed community here but still women prefer women-only services.*

> *We are the only GBV service provider in the old city. If our service stopped, I don't think women would look for different actors because they like our services, as they feel safe and it's women only.*

IRAQ Partner service providers

> *We like it because there are no men and it is a place dedicated to women. Our husbands allow us to come to the centre because it is for women only and we feel comfortable because there is privacy and confidentiality.*

> *Yes, it is safe and comfortable for them and their adolescent girls because it is specified for women only.*

JORDAN FGD participants

> *My husband does not allow me to come if there are men. The place is very suitable so I am able to come.*

> *Yes, they respect our privacy - men are not allowed to enter.*

> *There is safety and freedom of speech due to privacy and confidentiality and there are no men. Staff treat us kindly.*

> *Because it is a women-only centre we feel comfortable and the staff make us feel safe as well.*

25 This dimension included the following questions which were asked as applicable through KIIs, FGDs and / or CFF. B.1. What would people do if this facility did not exist and they needed these services? Are there other places with similar services / activities? / B.2. How do you describe the accessibility to this facility? (and why? - FGD only) / B.3. What challenges do you face accessing the facility? (for KIIs, what challenges do you think some people might face in accessing the centre?) / B.4. How did you find out about the service? / B.5. Are the opening hours of the facility convenient for beneficiaries (KII) / you (FGD/CFF)? (if not why not? - KII/FGD only) / B.6. Do you think the services / activities in this centre help the women and girls / youth in your community that need the most help and that are the most vulnerable? - If not, who are they and why not? (prompt re adolescent girls, widows, those with disabilities etc). / B.7. Have you provided services to people that had difficulty seeing, even if wearing glasses, in the past month? / that had difficulty hearing, even if using a hearing aid, in the past month? / that had difficulty walking or climbing steps, in the past month? / that had difficulty remembering or concentrating, in the past month? / that had difficulty (with self-care such as) washing all over or dressing, in the past month? Have you provided RH services to people that had difficulty communicating, for example understanding or being understood, in the past month? / B.8. If you are a person with disability, did you receive specialised services or assistance at the facility? / B.9. What kind of specialised assistance that could be provided at this facility to help person with disability? / B.10. How difficult has it been for you / clients to continue using services during COVID-19 times? / B.11. Are there other women / girls / youth who have now stopped using the services at this Safe Spaces / HF / YC? What has the impact on them been? / B.12. How have you adapted services / activities for COVID-19? Do you think there are more ways that the services should be adapted? / B.13. Have you scaled up the use of cash at all since last year? If so, how? / B.14. Note this question is only applicable if the answer to B.11 highlights the use of cash: Do you think cash is transformational for women and girls? If so, how - do you have examples? / B.15. Note this question is only applicable if the answer to B.11 highlights the use of cash: Are you aware of the new UNFPA cash strategy and if so, has it been helpful? / B.16. Note this question is only applicable if the answer to B.11 highlights the use of cash: Are there particular data protection challenges with cash? If so, how do you manage these challenges?

It is the only centre that is for women only and that makes us feel comfortable.

We feel safe in this centre because it is just for women.

Sometimes, we feel upset by the presence of male volunteers in certain activities.

My husband allows me to come only because it is for women only, otherwise there are no other centres to go to.

My father sends me because it is woman centre. So if the facility didn't exist, I wouldn't be able to go to any other centre.

SYRIA FGD participants

The centre is very comfortable and it is dedicated to women. There are no men which is very important for us and our husbands.

Certainly, when I am greeted by a female staff member, I feel relaxed. This is a safe place. I only wish it were bigger.

Yes, I feel safe and comfortable as there are no males.

Of course, I act freely in the centre. There are no young men.

Yes, we feel more secure because the centre is dedicated to women.

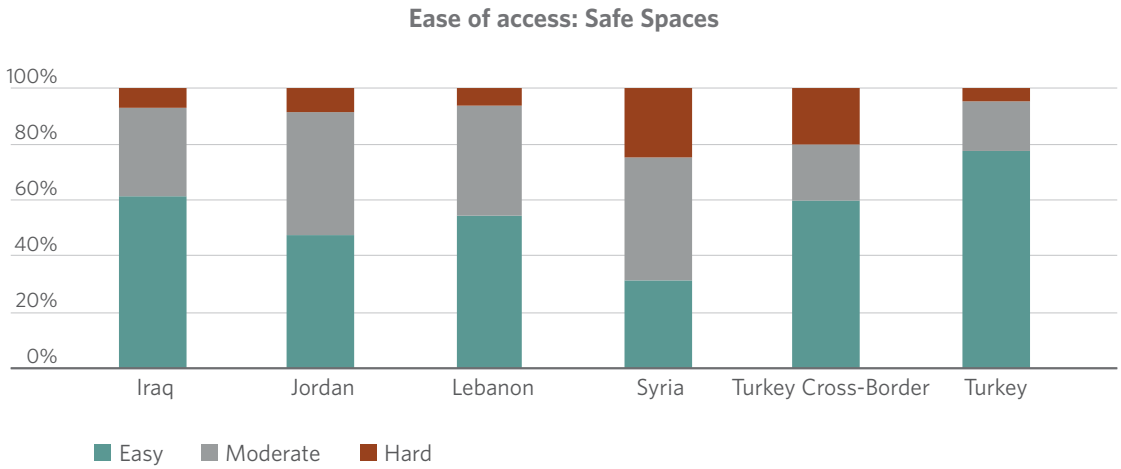
Northwest Syria (TXB) FGD participants

Turkey is a unique context within the regional response in terms of service integration with government-provided services. Both Safe Spaces and the Ministry of Health-supported Migrant Health Centres (MHCs) provide both health and protection services in one facility (this is also sometimes the case in Jordan).

FGD participants highlighted that they are aware of other centres but none that provide the same combination of services, particularly as a family package. This, for some respondents, relates to being able to bring children with them to the centre. There are still male engagement and male awareness-raising activities provided through UNFPA-supported Safe Spaces – at separate times to female activities. Both male and female beneficiaries in Turkey appreciate this, although it is not clear how many Syrian women and girls are unable to access the centres because they are not 100 percent female-only, all of the time. Another very clear benefit and contributory factor for access is the Arabic-speaking staff and translation services. Some service providers reported that even if there are staff within Turkish health centres that speak some Arabic, they do not always understand the Syrians who try to access health services, and that anyway, it is extremely rare for there to be any Arabic-speaking staff in Turkish centres.

Access varies across countries, with Turkey showing the easiest access for women, followed by Iraq, TXB, Lebanon, Jordan, and then Syria CFF respondents reporting the most difficulties in terms of access.

Figure 16. Ease of access to Safe Spaces



While reasons vary across countries, transportation issues remain a critical factor for women and girls in accessing services at Safe Spaces. It should be noted that while the CFF questions separated out the issues of lack of transportation and cost of transportation, through FGDs these issues were always discussed as one: if the cost is high, then for women and girls that translates as lack of access to transportation.

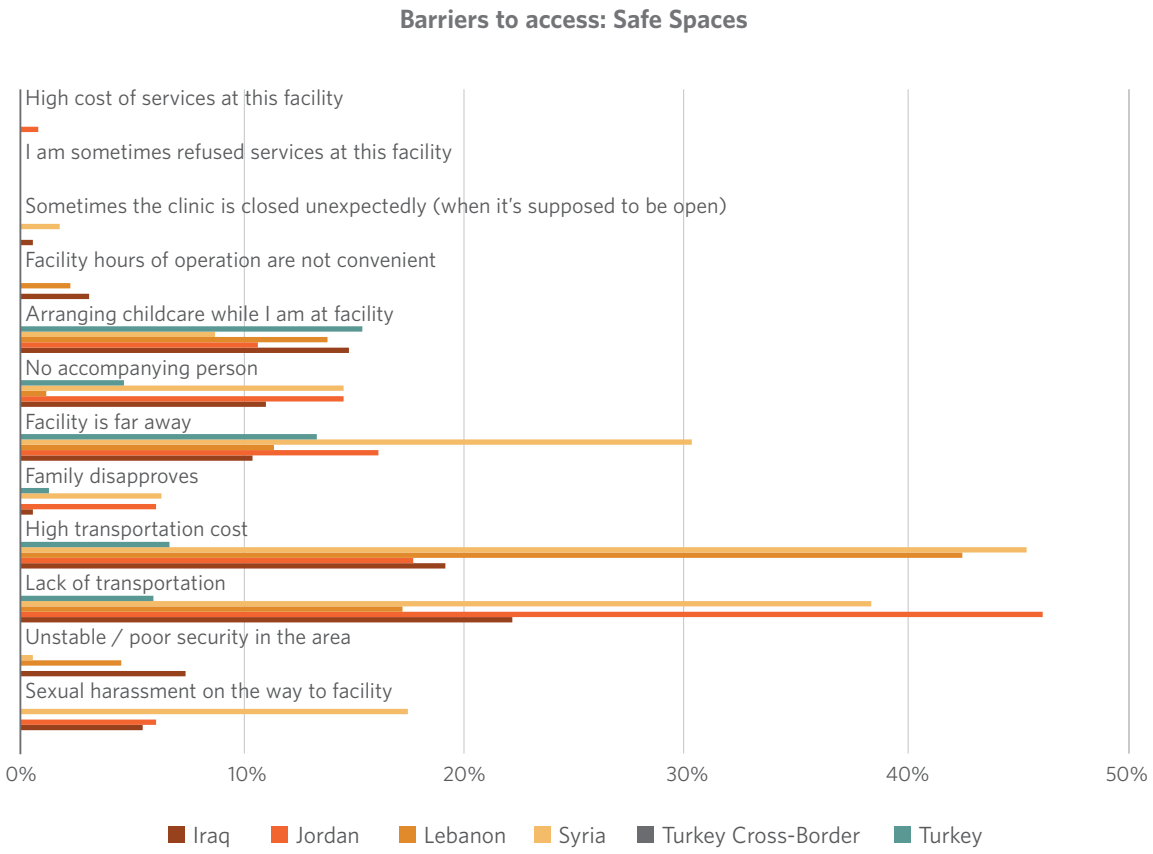
In **Lebanon,** of course, the biggest challenge with accessing Safe Spaces now is due to the fuel and economic crisis, and therefore the unavailability, and / or high costs of transportation. But also in **Iraq,** FGD participants and CFF respondents reported that access is generally easy but can be constrained by transportation (absence of and cost) as well as security and curfew issues.

In **Syria** though, accessibility remains a challenge, with some FGD participants reporting that they walk 2-3km and then taking a bus for up to an hour to access the centre. One participant reported spending 2,000 SP ($1.60). UNFPA SCO has been trialling different activities over the last year to increase accessibility for women and girls. Transportation is a big part of this: UNFPA currently has a pilot project for transportation assistance for the most vulnerable women and girls, with a clear gender transformative element, namely to recruit women as drivers. However, SCO also recognises the need to do more assessment missions to ensure a complete understanding of the totality of needs, and to help prioritise interventions.

There was limited significant difference in access between the overall CFF respondents and adolescent girls in particular. However, in **Jordan** adolescent girls struggled more with having no accompanying persons; the facility being too far away; or family disapproving of their attendance. In **Iraq** adolescent girls reported more sexual harassment on the way to the facility than in other countries.

> “While reasons vary across countries, transportation issues remain a critical factor for women and girls in accessing Safe Spaces.

Figure 17. Barriers to access to Safe Spaces



Awareness-raising and outreach from Safe Spaces have increased in terms of how women and girls are hearing about services compared to 2020,[26] perhaps highlighting more focus and effort in some countries on the marketing of services. So, for example, in **Iraq** and **Lebanon,** awareness-raising and outreach from Safe Spaces together are more or less equal to word of mouth and neighbours together, which highlights the increased focus by Iraq and Lebanon on outreach and awareness-raising. This was also confirmed by FGD participants. In **Jordan,** in terms of hearing about services, neighbours and / or word of mouth is

26 See Dimension D for direct 2020 and 2021 comparisons across key datasets.

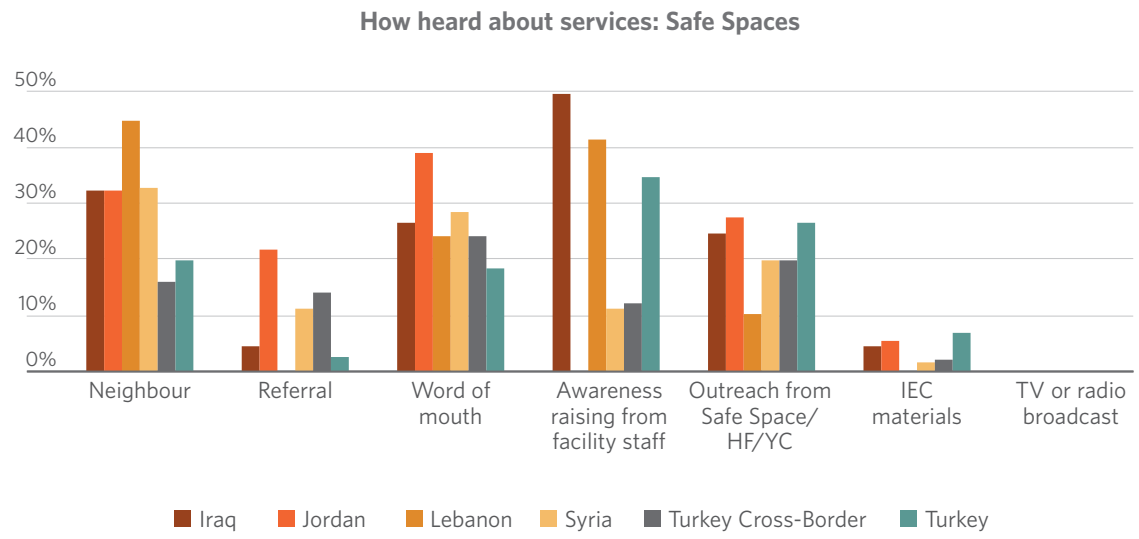
the most common overall and specifically for adolescent girls. Outreach efforts and IEC materials feature significantly higher for the overall population than for adolescent girls.

In **Syria,** and **northwest Syria,** neighbours and / or word of mouth is the most common, both overall and specifically for adolescent girls. However, it is also clear that SCO and the TXB programme have been working hard on increasing outreach from Safe Spaces and awareness-raising from the facility, as these means also feature highly in CFF and TPM data.

In Turkey, neighbours and word of mouth is still a primary source of information. Interestingly, awareness raising from the facility ranked much higher for those who were accessing GBV services, particularly the adolescents, than for those accessing health services: but for those accessing health services, outreach from the centres ranked highly. UNFPA Turkey works with health mediators within the Syrian refugee community and many FGD respondents highlighted that this was how they initially heard of the services.

In no country did TV, radio broadcast, or social media feature strongly which perhaps indicates an opportunity in the future for UNFPA.

Figure 18. How heard about services at Safe Spaces



Opening hours were broadly considered to be convenient, with a few exceptions. So for example, in **Jordan,** adolescent girls highlighted that opening hours clashed with school hours, although this also meant that the opening hours were convenient for older women who had school-age and school-attending children.[27] In **Syria,** many FGD participants requested an afternoon shift as well as a morning shift and many adolescent girls requested afternoon or evening opening hours as they are at school during the day.

HEALTH FACILITIES. For health facilities, access to services is much more varied across countries, as UNFPA-supported health facilities do not 'in all places' provide such a unique combination of services as Safe Space. That is not to say that UNFPA health services are not essential to communities: in many places they do represent the only quality, affordable, SRHR and MNH services available to women and girls. This is particularly true in camp settings.

So, for example, in **Iraq,** most service provider respondents highlighted that in fact there are other similar services which provide the same SRHR and MNH services as UNFPA, in both camps and health facilities. However, demand is high for quality and affordable services and therefore there is room for multiple actors in this field. In some places, such as in Jadaa, UNFPA-supported services are the only SRH provider.

In **Jordan,** in camps, UNFPA is considered a critical health service provider, with no quality alternatives for safe delivery of CMR. There are some actors that provide ANC and other RH services, but not in the same comprehensive manner as UNFPA. In urban areas, there are many more facilities for women to choose from, but

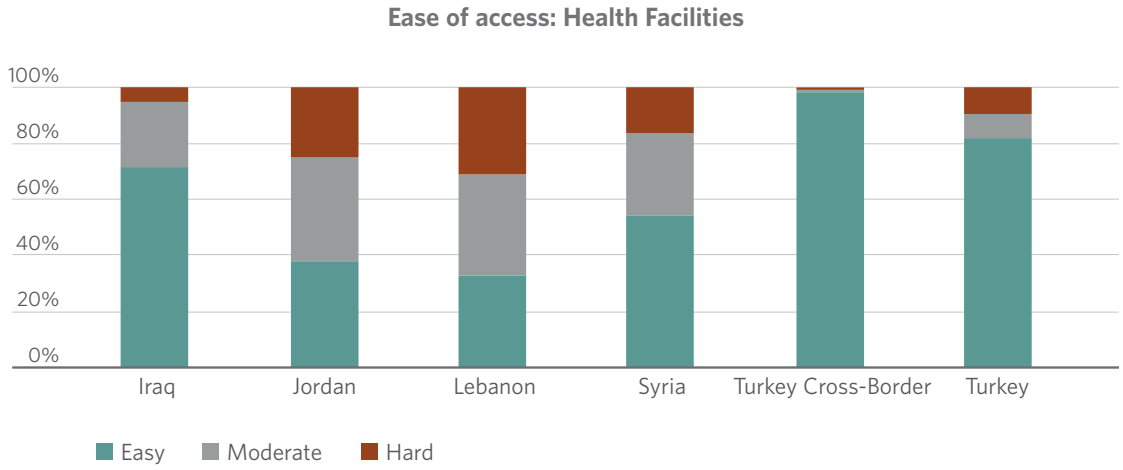
27 UNFPA Jordan clarify that all activities specific to adolescent girls are conducted outside of school hours, so here adolescent girls in FGDs are likely referencing other activities, aimed more at women with children.

costs are often high. In addition, UNFPA offers services targeted directly to urban refugees and poorer Jordanian women in locations convenient for this target demographic, and provided for free while remaining high quality, aligned with both national and WHO minimum standard protocols.[28]

In **Lebanon,** there are both government services and other organisations that provide health services. However, UNFPA-supported services are often preferred, particularly for LGBTQI individuals accessing specific services in an environment that makes them feel comfortable:

> *I used to go to another NGO to get tested for STIs, but I am someone who is specific about the environment, which includes safety etc. Even if the service there was amazing, it all depends on how I am feeling while receiving the service. I didn't feel like I was comfortable while I was there.*
>
> *LEBANON LGBTQI FGD participant*

Figure 19. Ease of access to health facilities

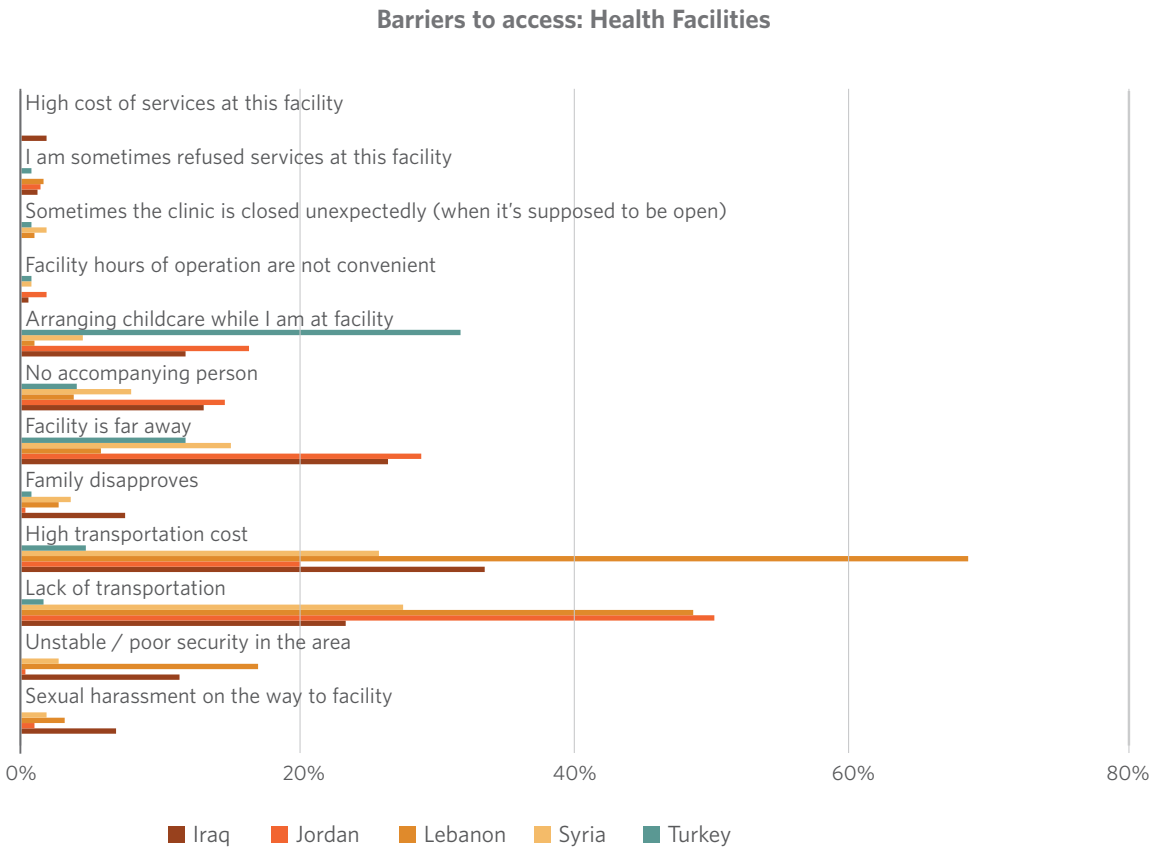


In **Iraq,** there was no significant difference in accessibility between women in general and adolescent girls. However, in **Jordan,** barriers to access are somewhat similar to Safe Spaces with overall CFF respondents particularly highlighting the lack of transportation and, related, the distance of the facility, as a main barrier. Interestingly, arranging childcare is a much greater concern as a barrier to access for health facilities than it is for Safe Space, for both adolescents and the respondents providing feedback through the CFFs.

In **Lebanon,** as for Safe Space, by far the most serious barriers to access relate to transportation issues: either lack of transportation or high cost of transportation. Service providers have even started giving beneficiaries two appointments, due to the high rate of no-shows caused by endemic and significant transportation issues. Online services continue to be affected by electricity cuts and therefore lack of internet connection. In **Syria,** there is limited difference between the overall response and the adolescent response to accessing health centres. Health centre staff reported challenges in relation to the general infrastructure and transportation situation in the country, and issues with lack of fuel, power and connectivity disrupting activities. Even when mobile services are provided, the mobile teams often cannot inform the villages beforehand that they are coming, due to lack of electricity and connectivity. Inflation and price changes have a strongly detrimental impact on procurement. A further challenge is an overall shortage of qualified medical personnel, as doctors and nurses leave the country where possible. One UNFPA-supported clinic reported having to close laboratory services, which has had a big impact on beneficiaries.

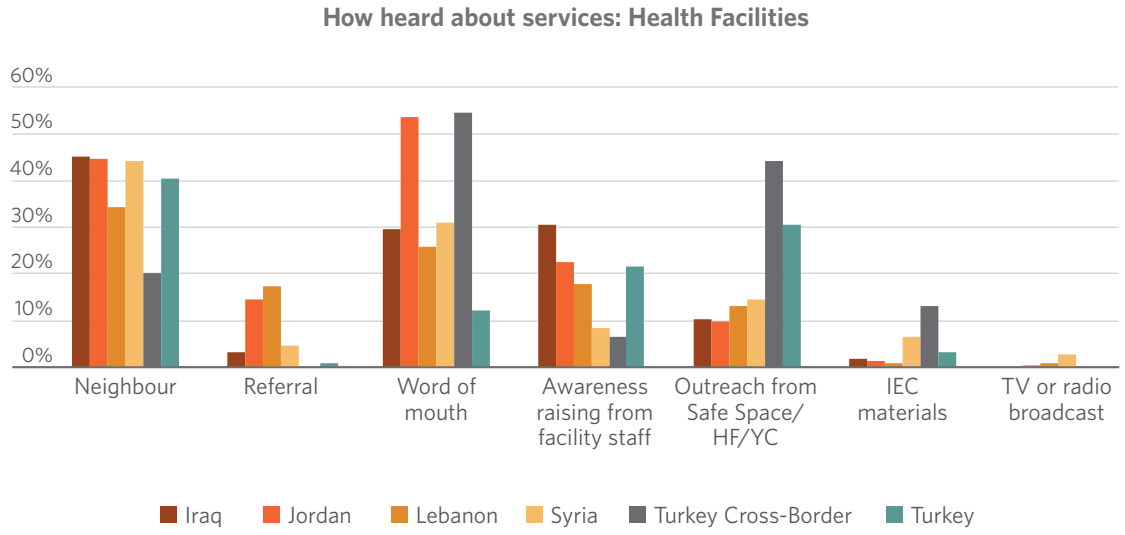
28 UNFPA Jordan supports nine primary health centres in host communities.

Figure 20. Barriers to access for health facilities



With regard to how people hear about the services, word of mouth and neighbours are still the most common way of hearing of services (within FGDs, treated as the same thing).

Figure 21. How heard about services in health facilities



However, there has been some increased outreach and awareness, and also increased IEC use since 2020. For example, in **Lebanon,** there has been increased awareness-raising from facility staff and outreach by Safe Spaces for promotion of the services. Further, a number of CFF respondents highlighted referral as way of hearing about health services, which was not the same for Safe Space. In fact, particularly for the LGBTQI services, FGD participants highlighted increasing outreach and information about the services as a critical recommendation to UNFPA:

> ***There are a lot of people who are in need of the services that you give – yet they don't know about the services that you provide. You need to be active on social media and increase your presence.***
>
> *LEBANON LGBTQI FGD participant*

In **Syria,** while there has been an increase in outreach and awareness raising, neighbours or by word of mouth is by far the biggest method overall, and for adolescent girls in particular. It seems facility outreach, IEC materials and TV / radio broadcasts are not necessarily reaching adolescent girls which is something SCO could consider for the future.

Opening hours are generally considered convenient across the board.

Note that for TCO, access to services has been referenced completely under the ' Safe Space' as Turkey health services and protection / GBV services are both provided via UNFPA-supported Safe Spaces or UNFPA support to government MHCs.

YOUTH CENTRES. In most countries (noting that this assessment only included youth centres in Iraq, Jordan, and Syria) youth centres are considered by youth as more unique than UNFPA-supported health facilities but less unique than Safe Space. There are other centres which provide similar services in some places, but UNFPA-supported centres are still appreciated for the quality, breadth, and affordability of activities provided.

> *There is no similar place in Za'atari.*

> *I went to Zohra centre but I didn't like it, they got mad at us and made us feel nervous.*

JORDAN female FGD participants

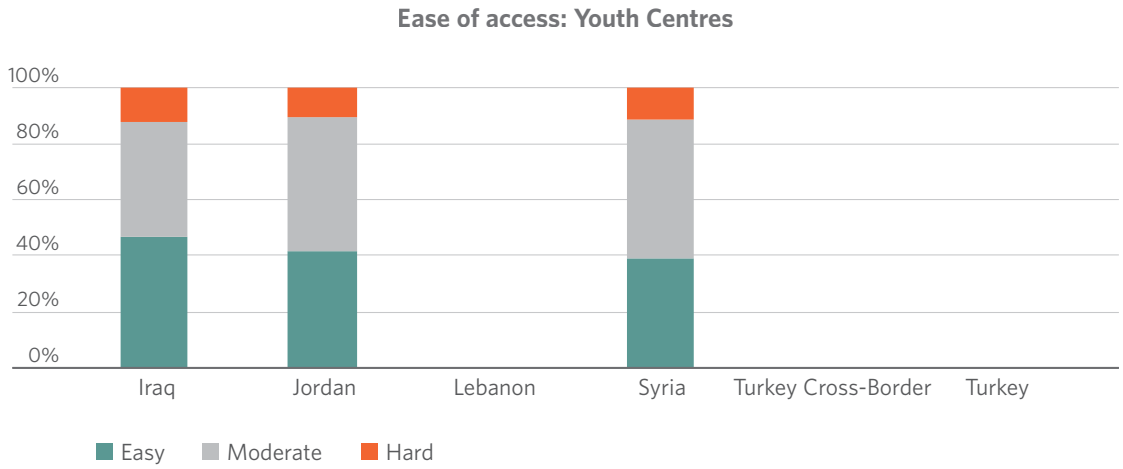
> *There is no other place in the camp where all these activities and services are located together except here.*

JORDAN male FGD participant

In **Syria,** UNFPA youth centres are the only ones providing a full range of access to vocational courses *and* a full package of awareness-raising and PSS activities. Further, youth in FGDs reported that while there are other places that offer courses, they are not free.

Ease of access differs across the countries and in some places differs from accessibility to Safe Spaces and health facilities, perhaps reflecting the number of youth centres available and / or locations. For example, in **Iraq,** access is reported by CFF respondents as being significantly more difficult than for Safe Spaces or health facilities in Iraq, although with no significant difference between male and female respondents.

Figure 22. Ease of access to youth centres



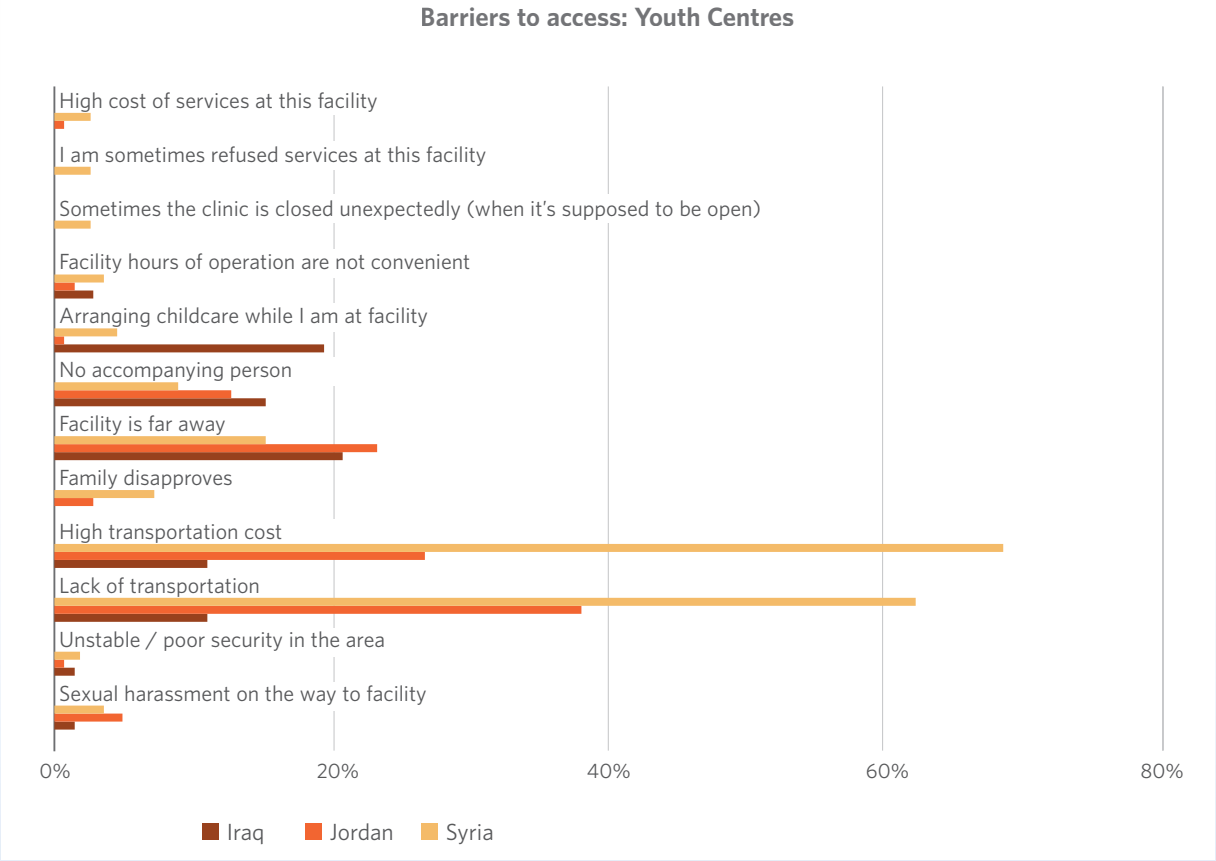
Barriers to access remain highly transportation-related, like Safe Spaces and health facilities. In **Syria,** staff reported challenges for access for youth in relation to the general infrastructure situation being poor. However, youth in FGDs mostly reported that centres were easy and in suitable locations, with no real challenges. Opening hours were reported to be convenient. In terms of barriers to access, lack of transportation and high transportation costs are the overwhelming barrier for both male and female youth, as reported by CFF respondents.

In **Iraq,** arranging childcare was a significant barrier for those attending the youth centres: interestingly, more so for males than for females. UNFPA could potentially investigate the demographic the youth centres are targeting and why one in four male CFF respondents cited childcare as a barrier to access.

In **Jordan,** for the Za'atari camp youth centre, there is quite high ease of access as reported by CFF respondents, both male and female. However, FGD participants did request a second branch in Za'atari as the camp is large, and some also reported challenges with stray dogs in the camp.

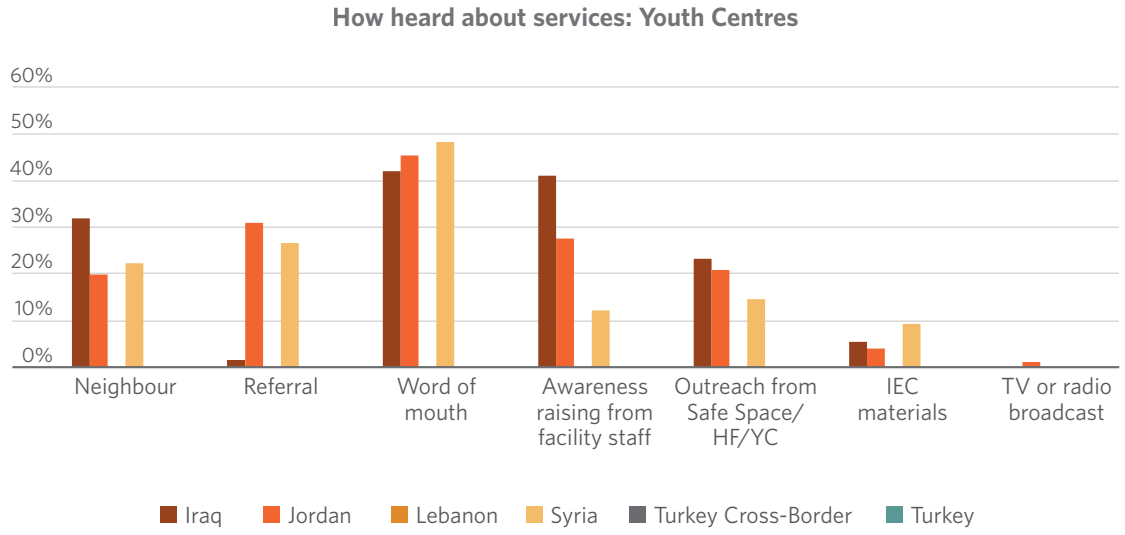
Barriers to access include, like all other services, transportation issues – lack of, or cost of – as well as no accompanying person and the facility being too far away, particularly for female adolescents or youth. There were also reports of sexual harassment on the way to the facility for girls.

Figure 23. Barriers to access to youth centres



While word of mouth remains a primary method of hearing of services, there is a higher reliance on awareness raising and outreach for youth centres than for Safe Spaces or health facilities.

Figure 24. How heard about services in youth centres



In **Iraq,** youth heard of services through awareness raising and outreach from the facilities (more male than female) and then also from neighbours and word of mouth (more female than male): suggesting that outreach is focused on, or at least reaching more male youth.

For the **Jordan** Za'atari youth centre, outreach features quite high for boys and male youth in terms of how beneficiaries have heard of the services, but less so for girls and female youth, as reported by FGD participants; although awareness raising from facility staff – which in itself can be considered outreach – is much higher for female CFF respondents than for male respondents. Word of mouth and neighbours remain high for both; and referrals are much higher for males than females.

In **Syria,** referral, word or mouth / neighbours are the most common ways for youth to hear about services, although the referrals work overwhelmingly for female youth, but not for male youth.

PEOPLE WITH DISABILITIES AND OTHER MARGINALISED GROUPS. With regard to inclusion of marginalised groups, including those with disabilities, there has been mixed progress since 2020.

In **Iraq,** GBV service providers reported that services are open to those with disabilities, but not that there are any specific strategies to ensure access or attendance. Some partners shared that some women and girls with disabilities are unable to visit the Safe Space, either due to transportation and logistical issues (on the way to the centre, or at the centre), or due to stigma and discrimination which results in their families preventing them from leaving the home. Some FGD participants highlighted that there are no special programmes or activities to target women and girls with disabilities or widows (another identified marginalised group in Iraq) and that adolescent girls are the most prioritised target group.

> *As far as I can tell, I don't think that we are reaching people with disabilities a lot. I don't see many people with disabilities visiting our centre.*

> *Actually, I don't see people with disabilities in our centre. I think that they can't reach here.*

IRAQ Partner service providers

In **Jordan,** JCO has been taking significant steps to address these issues over the past year. One major change has been adding a specific disability indicator within the programming framework. In 2020-2021, JCO has worked

with the Higher Council for Disabilities in Jordan, as well as contracting an international consultant to build capacity. Infrastructure has been improved, including within the youth centre in Za'atari camp, which was achieved by collaborating with the disability task force in the camp.

JCO has managed a training programme on disability inclusion for all UNFPA staff and all partner staff. Based on this, more and more centres are strengthening relationships with community-based organisations working with People with disabilities.

In addition to working with People with disabilities, JCO is expanding focus on working with other marginalised populations, including LGBTQI groups and non-Syrian refugee and asylum-seeking groups. For LGBTQI groups, UNFPA has started a partnership with Jeem, an online platform for LGBTQI with Arabic content:[29] Jeem is available in Egypt, Tunisia, and Lebanon and promises a level of south-to-south-cooperation and good peer learning across similar contexts. However, it is a slow process: JCO have been seeking a local trainer to provide training to partners but struggled to identify an eligible person.

For non-Syrian refugee groups, such as Iraqi, there has not been any specific outreach services. Although, an increasing number of non-Syrians are accessing Safe Spaces and health facilities in urban areas. This was something that was highlighted in the 2020 Gender-based Violence Information Management System (GBVIMS) report and UNFPA has conducted a study into how best to support these other nationality groups. The 2020 GBVIMS report highlighted specific risks, such as female genital mutilation (FGM) amongst Somali and Sudanese populations, which require more attention.

In **Lebanon,** all women and girls in FGDs highlighted that Safe Spaces provide services to everyone, without any discrimination. Some of UNFPA's GBV partners have recognised the challenge to ensure that women and girls with disabilities can access services, partly because, as service providers within Safe Spaces reported, those with disabilities prefer to go to specialised services. Moreover, service providers reported that not all Safe Spaces or health facilities are accessible for those with mobility impairments (for example, in wheelchairs). Although, those with hearing or sight disabilities are accessing Safe Spaces and health facilities. There is no information on how those with mental disabilities are reached.

However, very positive progress has been made for LGBTQI individuals, with UNFPA-supported health facilities providing a variety of medical services including support to specific services for LGBTQI populations, as highlighted by discussions UNFPA and partners held with LGBTQI individuals. It is noted that UNFPA has provided additional health support through partners following the August 4th Beirut explosion last year. Health services are often very expensive in Lebanon, particularly for accessing sensitive services such as for sexually transmitted infections (STI) diagnosis and treatment. For the LGBTQI community, the benefit of accessing services is enormous. One LGBTQI FGD respondent reported that UNFPA services are life-saving:

> *you would have sentenced me to death because I can't do without the support I am receiving at this centre.*
>
> *LEBANON LGBTQI FGD participant*

In **Syria,** the momentum for working with People with disabilities has been steadily building within SCO over the past few years and now tangible impact is being seen. SCO has started a survey on accessibility of Safe Space, and is working on enhancing physical accessibility and providing appropriate relevant training for women and girls with disabilities.

However, for health facilities, partner staff still reported that some clinics are not accessible for people with mobility issues, and while they try to reach out to families of People with disabilities if they hear about someone,

29 https://jeem.me/en/about-us

there is still limited access to health services for People with disabilities. However, CFF respondents highlighted a number of benefits: they feel some health facilities offer specialised services to those with disabilities, including physiotherapy, changes to the building layout, free medicine, home-based services, providing wheelchairs and transportation. One woman reported her husband receiving a hearing aid. *From the CFFs, it was unclear whether respondents were referring to what is on offer or what should be on offer: the articulation within the forms suggested both of these things were being referenced.*[30]

For youth centres, the longer-standing SCO efforts on inclusion of People with disabilities in Safe Spaces has become an increasing focus over 2020 and 2021. Youth themselves (through FGDs and CFFs) reported that various centres have made progress, by having special entertainment, sport, or vocational training for youth with disabilities, providing financial support, and having a special bus to bring them to the centre, all of which are seen, by youth themselves, as very positive steps towards inclusion. Only 26 percent of female CFF respondent youth and 48 percent of male CFF respondent youth reported reducing access to youth activities because of COVID-19.

For the **TXB programme,** UNFPA projects have particular indicators for People with disabilities access and partners reported that year on year these approaches have become more structured. This is also true for increased focus, attention, and measuring results for adolescent girls, and for older women. For adolescent girls, the Adolescent Mothers Against All Odds (AMAL) initiative[31] has proven very effective. For older women, there is now an increased focus on COVID-19 vaccination and awareness around the importance of having this. However, some partners reported that there is still a lack of specialised services, particularly for People with disabilities and older persons.

> *People with disabilities is the group that experiences the most difficulties. They would like to come and we are ready to host them, but the family members are not allowing them to go out of the house. We are doing our best to provide for them in their homes.*

> *People with disabilities is the group that struggles most. Sometimes the facilities are not very friendly to them and even transportation isn't suitable, so they can't come here with their wheelchairs. Case managers are not trained to work with women and girls who have speaking or hearing difficulties. We work with them through the family member that accompanies them to the service.*

TXB Partner service providers

In **Turkey,** specific People with disabilities FGDs participants highlighted that the services provided in the centre were critical, but many were not necessarily included in deciding upon activities. However, they all reported that there were awareness-raising sessions on disability rights and that all activities were beneficial. While many of the centres are physically accessible for those with mobility impairments (such as wheelchair ramps at the entrance), some FGD participants complained about the lack of toilets in some centres for People with disabilities. However, in general beneficiaries reported the centres are doing a good job reaching People with disabilities. Various initiatives have included the provision of transportation to the centres for those with disabilities and the development of disability awareness-raising materials with Arabic sign language.

30 As a learning for the 2022 impact assessment, this question should be more clearly defined as 'what is currently offered' not 'what should be offered'.

31 https://www.care.org/our-work/disaster-response/health-in-emergencies/amal/

Since I am both disabled and old, the first place I call for every problem is the centre.

I am visually impaired and my daughter did not want to go to school because she did not want to leave me alone. My daughter attended the trainings. The social worker also interviewed her. My daughter is going to school now. This centre has been a very good thing for my daughter and me.

The most important service for me was the household visit of the health mediator. Before they came, I was thinking of committing suicide. I have now given up on committing suicide. Now I have hope because of the existence of this centre.

The most important thing for me is the training sessions. Because of these, we can now go out. We learned that we can do anything, even if we are disabled. I want to come to these sessions regularly.

TURKEY FGD participants.

CASH. There have been some significant developments across some countries with regard to cash assistance. In **Jordan** there has been the introduction of CVA linked to case management, piloted in three urban Safe Space. This includes both emergency and recurrent cash components, which were piloted in 2021. A study by JHU is currently assessing the protection impact. There is no UNFPA cash assistance for health outcomes in Jordan at the moment. However, UNFPA has been following the UNHCR pilot cash intervention where refugees can access MoH services and pay, but then get reimbursed by UNHCR (this programme includes ANC as a service). This is currently only for Syrian refugees.

In **Lebanon**, UNFPA is currently implementing a pilot CVA activity, with the possibility of scaling up in 2022 and has invested heavily in preparation and research to ensure that the added value of UNFPA in the cash arena is maximised. UNFPA has recruited dedicated CVA staff to support on the CVA integration within case management through three types of modality: emergency cash assistance (ECA); recurring cash assistance (RCA); and cash for transportation (CFT), all provided within the context of GBV case management. ECA is provided to cover the cost of emergency needs arising as a consequence of GBV, or to address situations that expose individuals to GBV. Once a survivor meets the criteria, then cash is provided by a one-off cash transfer. The RCA aims to respond to or mitigate the risk of gender-based violence, including sexual harassment, exploitation or abuse in a longer term, such as removal from and prevention to return to abusive situations. RCA is provided for six months and the amount is based on the family size and protection working group cash guidance. UNFPA is working to join the existing LOUISE (Lebanon One Unified Inter-Organisational System for E-cards) platform to provide cash through the unified card system where possible. In addition to this, UNFPA is also planning to provide support for menstrual hygiene products for women and adolescents of reproductive age.

In **Syria**, UNFPA is working together with WFP targeting 1,200 pregnant and lactating women (PLW) initially in Da'ara city which is now being expanded nationwide. On 2 September 2020, UNFPA and WFP signed an agreement to scale up this programme with an ambition to target 70,000 women with the UNFPA investment amounting to USD 3.37 million between September 2020 and December 2021.

Instead of providing hygiene and dignity kits, UNFPA is providing access to those items through the WFP e-voucher system. The e-voucher allows PLW to choose and purchase those necessary products through the network of WFP shops, along with fresh food items supported by WFP. Informal feedback from PLW so far has suggested a high level of satisfaction with the CVA and the partnership with WFP is working well. Following pregnancy verification at UNFPA health facilities, PLW are able to register with WFP to receive the e-voucher card. UNFPA and WFP top up the cards respectively to cover hygiene/dignity and fresh food needs. UNFPA respondents reported that part of the benefit of this scheme is that women across different locations can all access what they need. So, women in rural areas are generally more in need of support to access hygiene and sanitation items, whereas women in urban areas are more likely to use the support for food items. This partnership is considered one of the largest cash-based UNFPA initiatives implemented globally.

For the **TXB programme,** there has been a big evolution with regard to cash for UNFPA in northwest Syria over the last year. There was always a particular caution in relation to the protection risks the use of cash might trigger. A phased approach has been adopted and guided by interagency SoPs and guidance notes. In addition, UNFPA partnered with the John Hopkins University to conduct a study on the impact of cash assistance. The pilot project included targeting approximately 2,000 vulnerable women in northwest Syria with a focus on protection outcomes. The cash recipients are then planned for comparison with dignity kit recipients within the Johns Hopkins study. Changes over time in each group will be assessed through selected indicators and compared, which allows for attribution of observed differences to the cash intervention. In early 2021, the GBV sub-cluster and cash working group task force conducted a joint GBV risk analysis for CVA.

2.3 Dimension C: Efficiency[32]

The below dimension is consolidated across Safe Spaces, health facilities and youth centres.

In general, UNFPA continues to provide **training** across a number of areas for Safe Spaces and health partner staff both in technical and peripheral administrative and IP programme management areas such as budgeting, proposal writing, and M&E.

Across different countries, the technical training has included case management, GBV, MHPSS, and working with

32 This dimension included the following questions which were asked as applicable through KIIs, FGDs and / or CFF. C.1. Are there enough staff in this centre (Safe Spaces / HF / YC)? / C.2. Are there enough female staff / male staff (where appropriate)? If not, why? C.3. Have staffing needs changed over the last year? If so, how? / C.4. What type of training have you received in the last year and how did you benefit from it? / C.5. What type of training do you most want? / C.6. Are you happy with the level of knowledge that the staff showed and their ability to answer your questions? / C.7. Do you feel that you have the necessary equipment and supplies to provide services and activities effectively? - If not, what is missing / in short supply? / C.8. Are you using UNFPA RH kits?: If so, what kits are most useful and why? / C.9. Do you have Post Rape Treatment kits? If yes, have you ever used it? - For GBV survivors? For other purposes? /C.10. What are the biggest challenges you are facing in this centre (Safe Space, HF, YC)? Note this can be compared to last year to see if previous challenges have been rectified, or continue, or if new challenges have emerged.

adolescent girls (Iraq), MISP and CMR (Jordan), PSEA (Lebanon) and PSS (Syria).

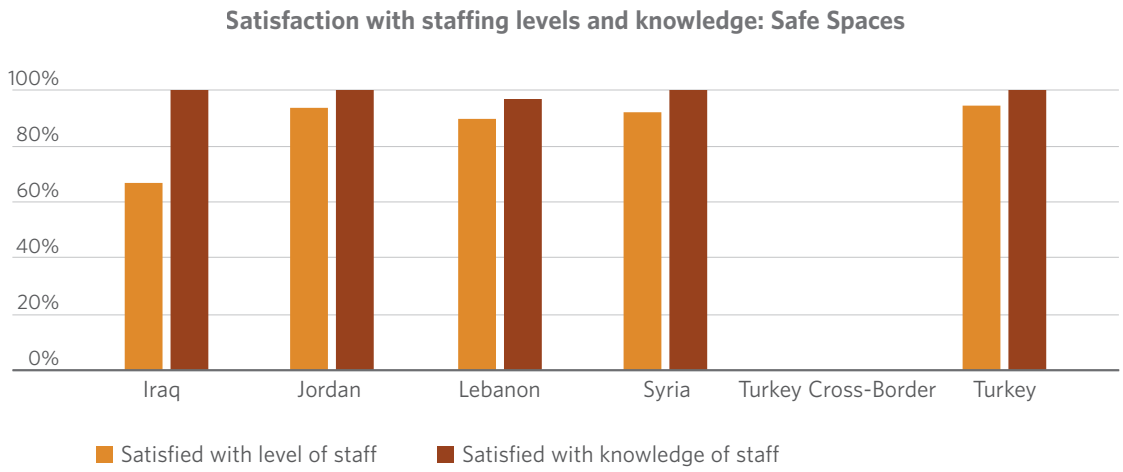
In **Jordan**, a significant investment was targeted towards disability inclusion training, with the contracting of an international consultant and the development and roll-out of disability inclusion training to UNFPA staff and partner and service provider staff.

In **Syria**, UNFPA SCO has also embarked on a comprehensive training package for PSS for all partners. From the perspective of UNFPA, the most needed training is on GBVIMS and GBV integration across different sectors. UNFPA reported the most requested training from partners is case management training, and CMR. A significant challenge in Syria is the high turnover of staff.

In **Turkey**, UNFPA has increased the focus on self-care training for service provider staff. There has also been ongoing general IP management training (such as budget and M&E training). There has been continued male engagement training with partners and then more specialised trainings in the field of digital violence and mental health and refugee rights. Disability training has continued across the year.

Staffing levels are generally considered adequate in most countries, with the noticeable exceptions of Safe Spaces in Iraq and health facilities in Lebanon. This is reflected in the beneficiary perception of staffing levels and knowledge, as below, which are otherwise exceptionally high across the board.

Figure 25. Satisfaction with staff numbers and knowledge: Safe Spaces



> In general, UNFPA continues to provide training across a number of areas for GBV and health partner staff both in technical and peripheral administrative and IP programme management.

Figure 25. Satisfaction with staff numbers and knowledge: health facilities

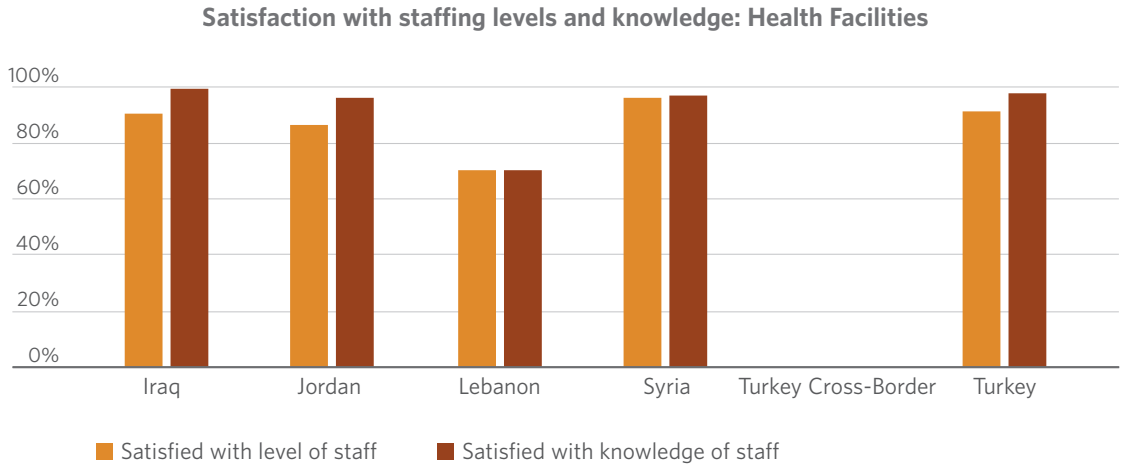
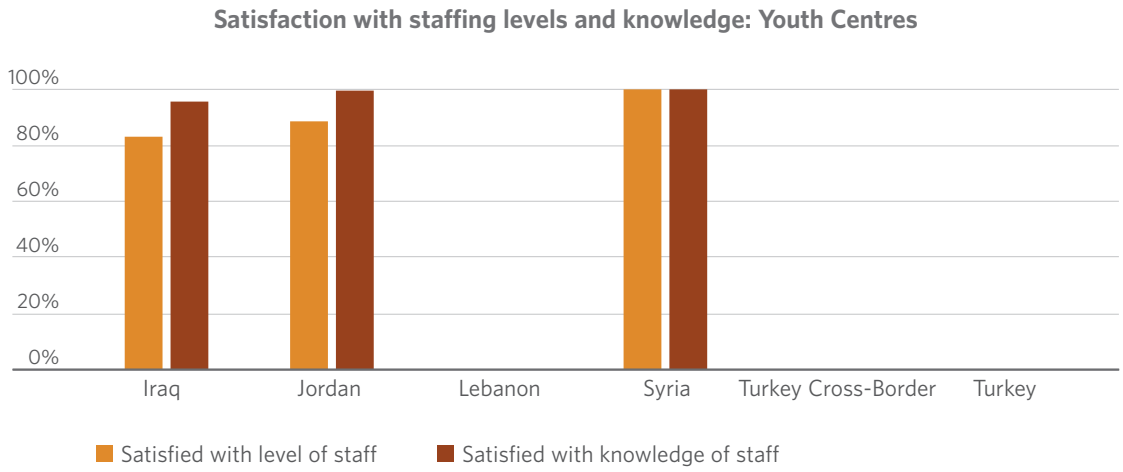


Figure 25. Satisfaction with staff numbers and knowledge: youth centres



In most countries, equipment and supplies are considered sufficient, including access to dignity kits. In Iraq partner staff reported that there is a lack of dignity kits and a need for updated equipment. In Syria, some staff reported that the equipment and tools are old (for vocational training, such as hairdressing tools and sewing machines). Many respondents reported issues with electricity or power, affecting lighting and lack of air conditioning.

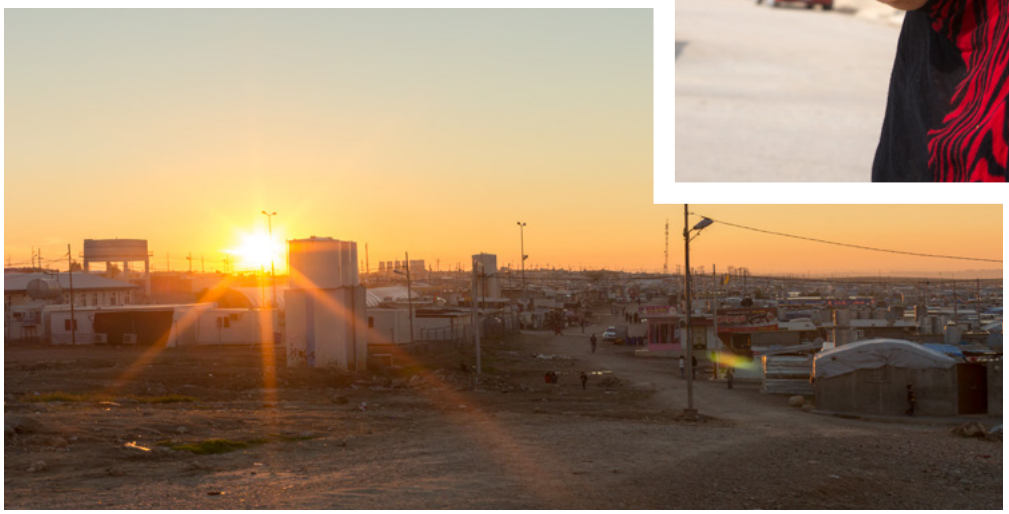
A number of expected and unexpected challenges were raised by both UNFPA and partners in different countries, as presented in the below table.

Figure 26. Table of challenges as highlighted by UNFPA and partner staff[33]

Country	Key Challenges Reported
Iraq	• for Safe Space, lack of support services (such as legal) for GBV case management, and lack of empowerment services and cash provision; • for health facilities: lack of dignity kits, and in health centres, insufficient medications; • for both – capacity issues within government in relation to providing authorities and permits for working;
Jordan	• overall challenge for the youth programme is that youth is not prioritised in humanitarian settings in general, which is reflected in funding; • issues with self-care and not having the level of staff support that service providers need, meaning staff are overworked and overwhelmed; • COVID-19 cases among staff – and linked to this, the Defence Law 32 requiring all non-vaccinated health staff to have a PCR test twice a week which impacts on work due to the extra time burden of compliance;
Lebanon	• for cash in particular, a challenge has been the administrative arrangements of UNFPA as an organisation, sitting under UNDP. UNFPA bank accounts are usually managed under UNDP, so LCO staff reported that the process of collaborating directly with WFP on LOUISE cash transfer arrangements has been a challenge. Another challenge specific to the CVA programme has been fluctuating exchange rates. • within Lebanon, a combination of the ongoing humanitarian consequences of the August 2020 Beirut blast, COVID-19, and the economic and fuel crisis within the country has created very significant challenges for everyone in Lebanon.
Syria	• the general economic situation; • the general security situation, including those areas under control of non-government forces, and as reported by SCO and SCO partners; • the capacity of implementing partners and the high turnover which results in the need for continuous provision of training; • delays in approvals of partners and work plans by the government; • providing services to People with disabilities remains a challenge; • electricity and power.
TXB	• the fact that NW Syria is both a protracted crisis over many years; but still an emergency mode operation given the continuing internal displacements and conflict. This combination has an impact both on the modalities of operation for humanitarian actors and the increasing mental health burden on local populations; • security remains an issue; • the lack of centralised information management remains a challenge; • funding, and the uncertainty caused by the annual renewal of the Security Council Resolution remains a challenge.
Turkey	• administratively, a delayed process with the signing of a three-year donor contract which delayed funds and caused some operational challenges, despite bridge funding being provided by the Hub; • there is increased social tension between refugee and host communities, as highlighted by various demonstrations and riots even in different places across the summer of 2021, resulting in the temporary closure of one of the UNFPA-supported (youth) centres. This has been due to increased economic difficulties caused by COVID-19 and increased anti-refugee rhetoric by certain media outlets, combined with the situation in Afghanistan and a concern that Turkey will be the destination for a large number of new Afghan refugees. This situation is not expected to get better any time soon.

33 Note that these challenges were highlighted by UNFPA and partner staff in interviews and there is not any further impact assessment detail on these challenges than presented here: each country office can follow up on the challenges directly where necessary.

> a number of achievements that UNFPA and partners are very proud of were also reported through this assessment.



However, a number of achievements that UNFPA and partners are very proud of were also reported through this assessment:[34]

Iraq

- The provision of sensitive GBV and gender services, and challenging social norms in such a complicated context.

> *I'm proud of the large number of success stories we have about women who learned to write and read, women who have attended the PSS activities and are now in a better situation, especially compared to the ISIS period.*
>
> *[Service provider]*

Jordan

- Good progress with CMR, including MoH hospitals;
- Speed of adaptation to COVID-19 and provision of remote services.

Lebanon

- The CVA programme is considered a critical achievement of the UNFPA Lebanon programme;
- The positive feedback from beneficiaries and the improvement seen with survivors after individual and group counselling sessions.

34 Note that these achievements were highlighted by UNFPA and partner staff in interviews and there is not any further impact assessment detail on these achievements than presented here: each country office can follow up on the challenges directly where necessary.

Syria

- One of the great UNFPA Syria achievements is the women drivers project for transportation in Deir ez-Zor;
- Improved systematic monitoring;
- More joint programmes with other UN agencies;
- Integrated RH, primary health care, and GBV services provided through mobile teams reaching hard-to-reach areas;
- The success stories of women who are improving their lives:

> *The thing I'm proudest of is the fact that I'm centre coordinator in a rural area where people don't believe that a woman can lead a team or a facility like this. I can feel the bond we have created here with the women and girls. They miss us, even on Fridays, and they always tell us that the centre has become their second home.*

[Safe Space Coordinator]

Turkey cross-border

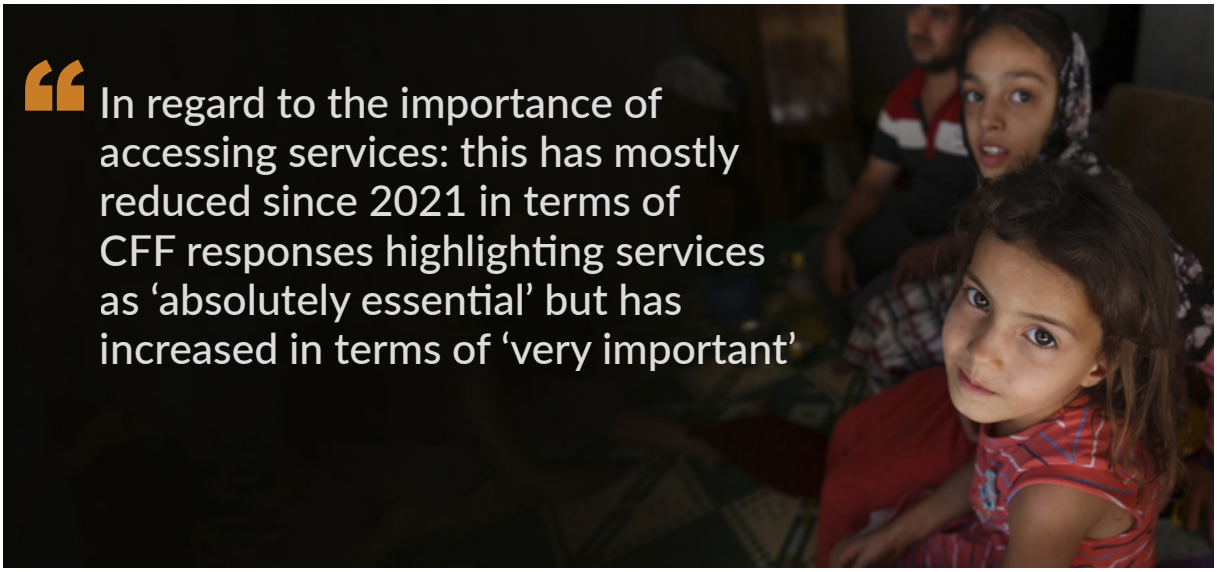
- The integration of GBV and SRH services has been a clear achievement;
- The increased use of CVA is both exciting and promising;
- The development and implementation and monitoring of quality of care (QoC) tools and a technical framework for partners has been a good achievement;
- Continuing to provide services despite the COVID-19 challenges has been a great achievement.

Turkey

- A lot of quite practical and concrete improvements with regard to provision of services for women and girls with disabilities, of which both UNFPA and partners are proud;
- The revival of the national GBV working group by UNFPA and UNHCR this year, previously chaired by the Ministry of Family and Social Services but which faded away due to COVID-19 challenges;
- In addition to the national GBV working group, in 2021 UNFPA supported the creation of the Izmir GBV sub-working group;
- Overall, increased women's awareness about rights and entitlements:

> *I'm very proud of the level of knowledge the women have now after five years of working with them. I see them now and I tell myself how different they are after all the efforts we made with them.*

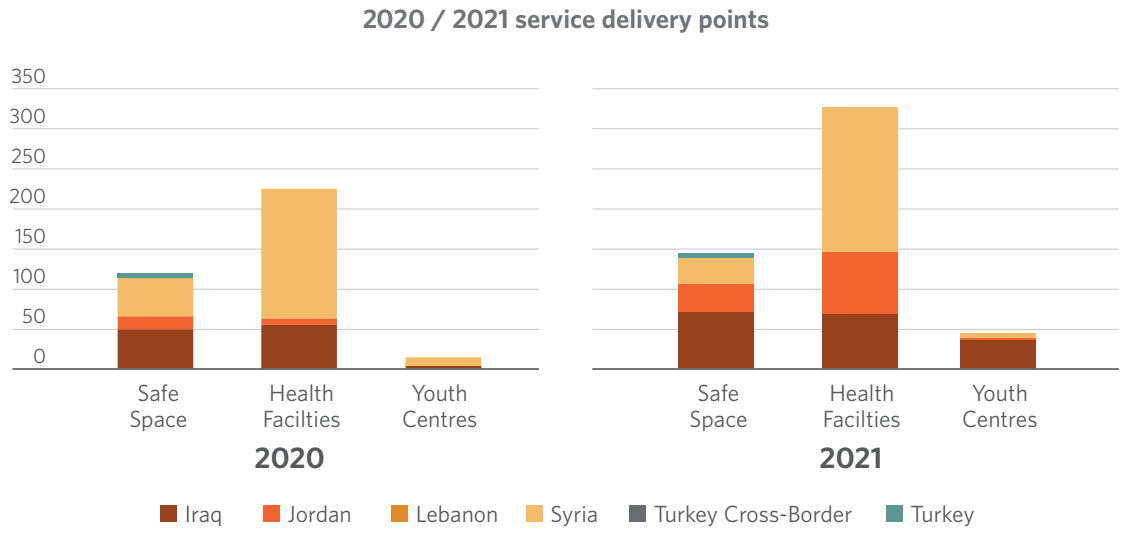
[Partner staff]



2.4 Dimension D: Comparison of key impact assessment datasets between 2021 and 2020

Below are some visual comparisons of key data sets from the 2020 assessment and the 2021 assessment.

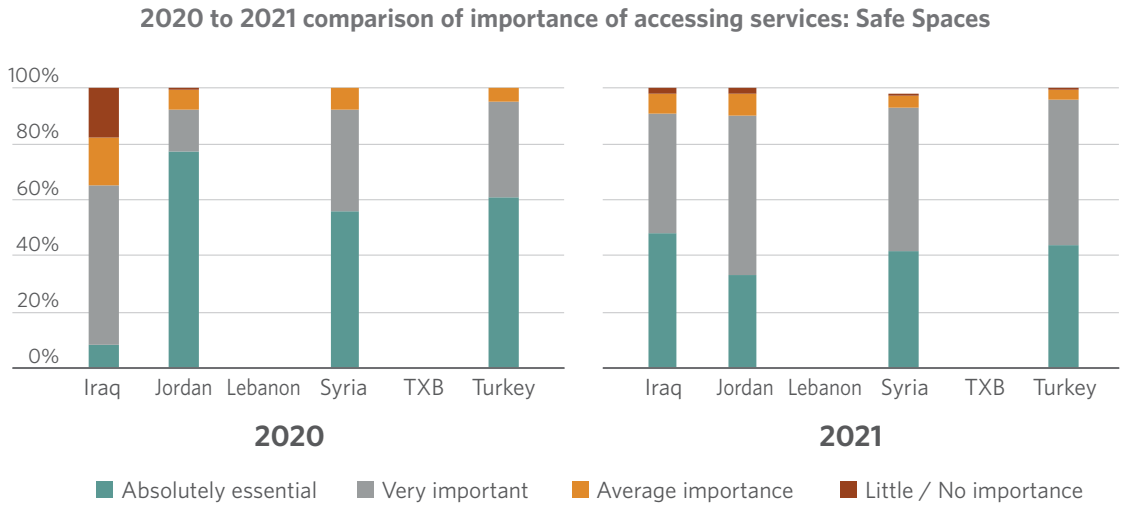
Figure 27. Number of supported facilities, 2020 to 2021[35]

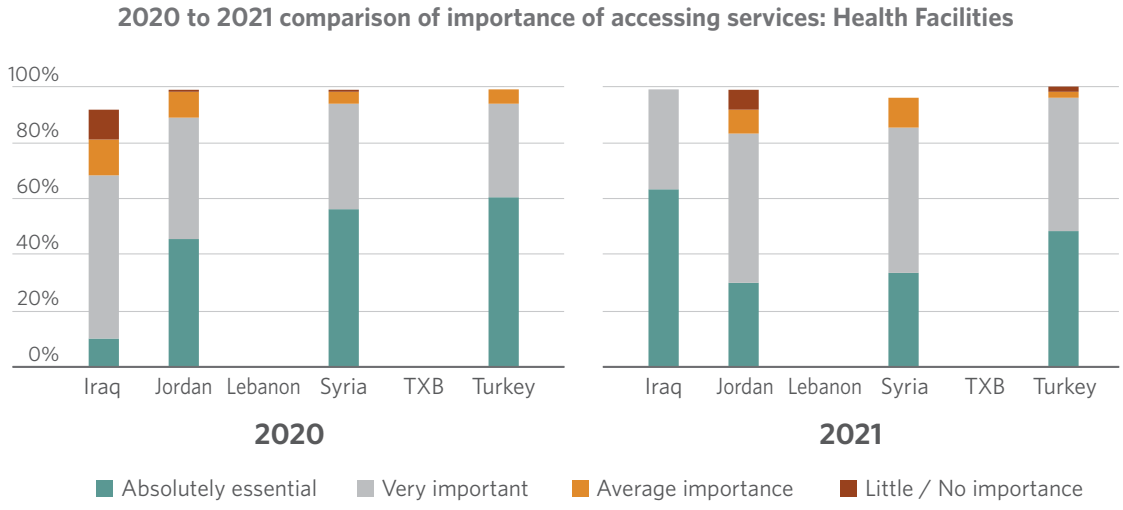


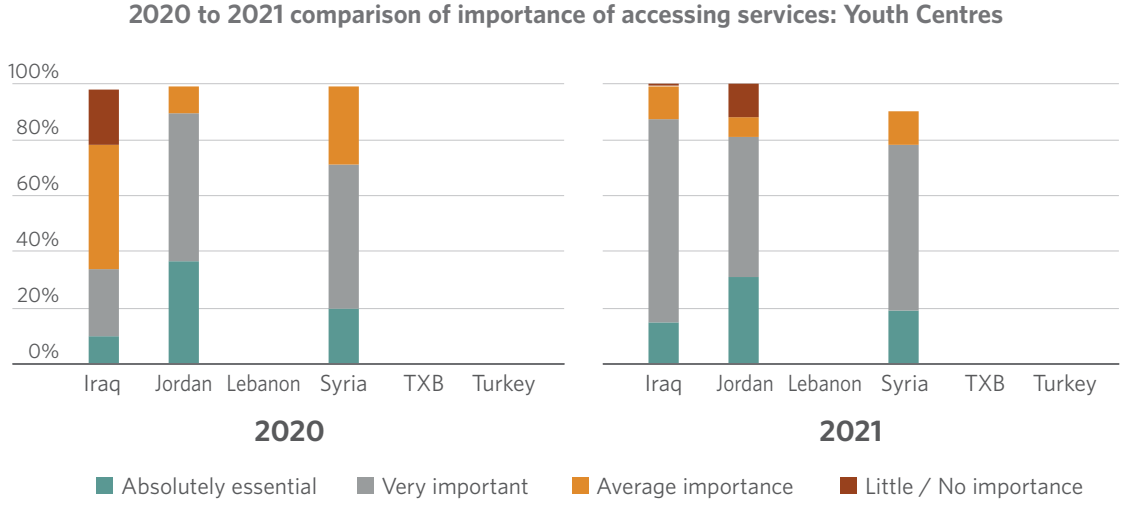
In regard to the importance of accessing services: this has mostly reduced since 2021 in terms of CFF responses highlighting services as 'absolutely essential' but has increased in terms of 'very important' which perhaps reflects both the longevity of service provision and therefore a greater sense of these services being expected (rightly so); together with maybe increased economic hardship caused by the COVID-19 pandemic where other things have taken priority in people's lives.

35 It is noted that UNFPA Turkey supports a number of youth centres not included within this assessment. In Turkey, there are no health facilities supported by UNFPA. However, since Safe Spaces provide both GBV and health services, in the 2021 Assessment the beneficiaries were requested to assess the services separately and the results of GBV services were reported under the Safe Space, while the health services under the health facilities.

Figures 28-30. Comparison of importance of accessing services between 2020 and 2021: Safe Space, health facilities, and youth centres.

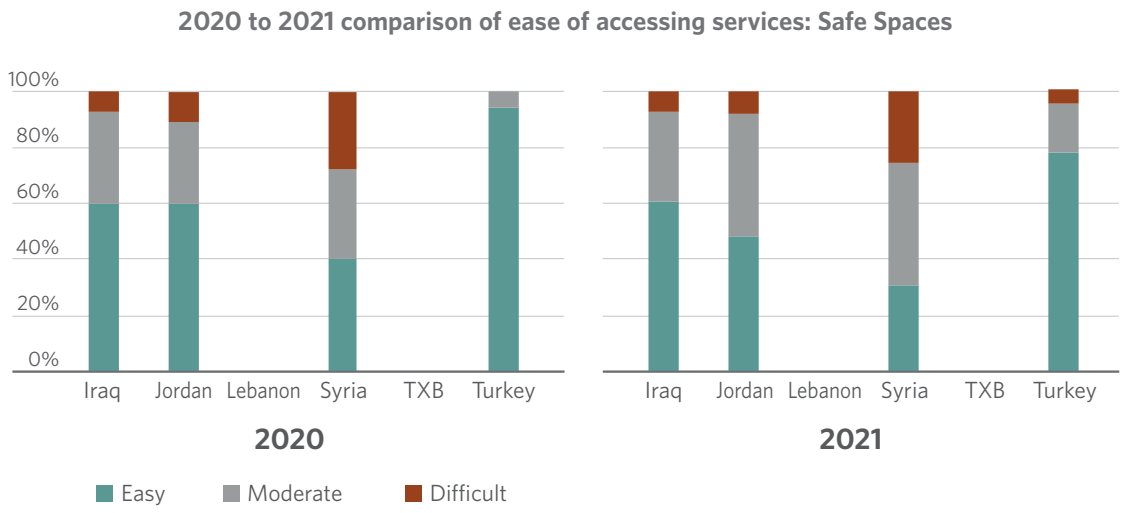


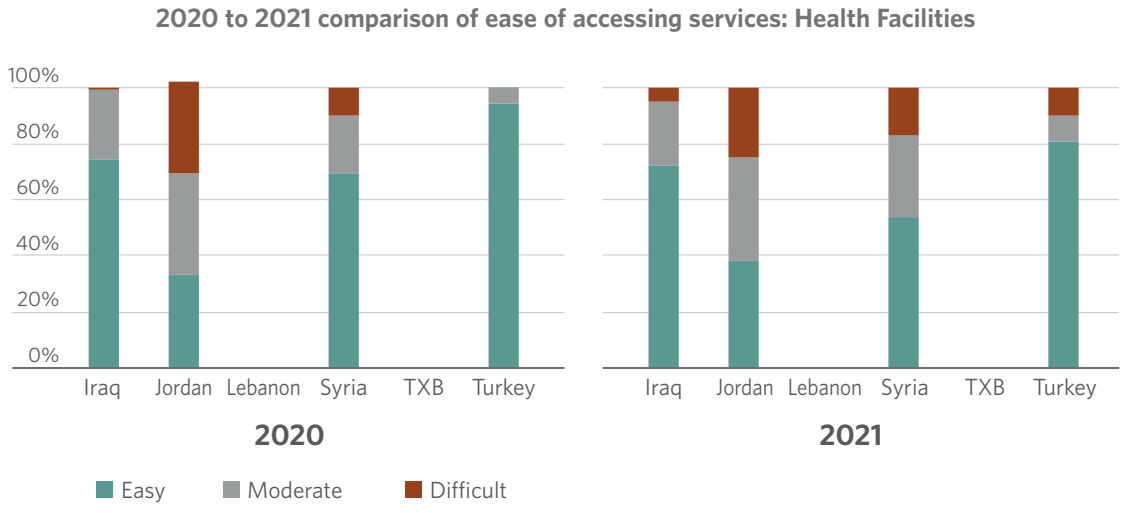


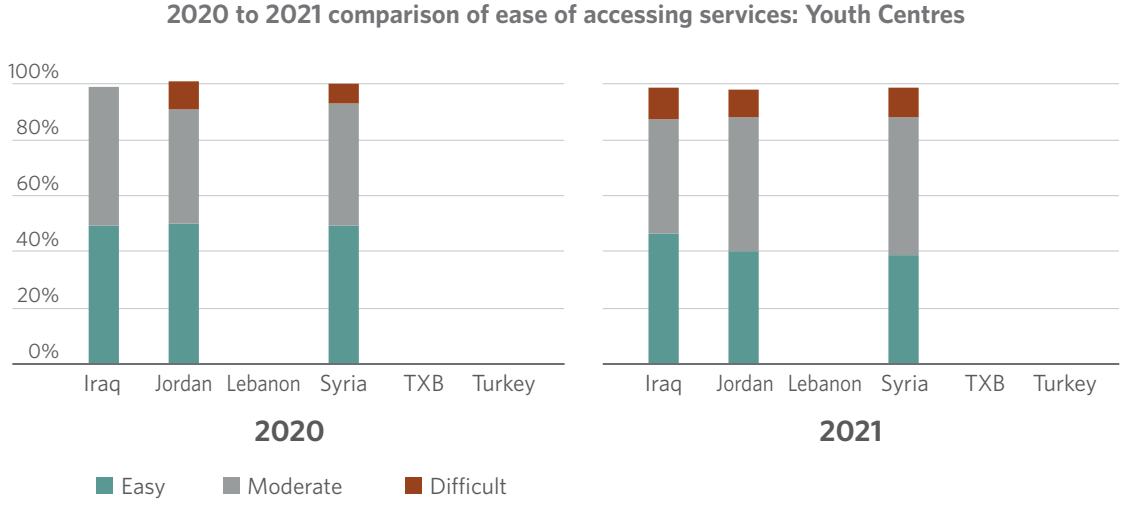


With regard to ease of accessing services, this has mainly decreased or held steady since last year. People are not reporting that accessing services is any easier. However, the barriers reported by beneficiaries (see Dimension B) are barriers that are not entirely always within the control of UNFPA; predominantly transportation issues.

Figures 31-33. Comparison of ease of accessing services between 2020 and 2021: Safe Spaces, health facilities, and youth centres.[36]







36 Note that different facilities were sampled in 2021 compared to 2020 and therefore this ease of accessibility comparison, while summarised and averaged at country level across the two years, does rely on data from different facilities which may impact on the results.

2.5 Dimension E: Monitoring of recommendations from 2020

This section provides an update on the recommendations from the 2020 impact assessment. This assessment included 9 recommendations:

1. Plan for expansion of gender-transformative interventions including IGA in Safe Space.
2. Develop interim guidance on addressing male survivors of sexual violence.
3. Rationalise male engagement and activities through GBV programming with a clear statement that Safe Spaces are for women and girls only.
4. For youth centres, a rationalisation of the target audience would be useful.
5. Adolescent girls: enhance the Hub's ongoing initiatives of sharing good practices and support the testing and replication of successful interventions in different settings.
6. People with disabilities: Categorise the specific factors of disability exclusion and map specific actions for each.
7. Create a regional plan for mapping and monitoring the return on investment of IEC and outreach for raising awareness of Safe Space.
8. COVID-19: Institute an ongoing practice of collating and sharing COVID-19 solutions and unexpected positive outcomes.
9. Country offices should use the raw data collected within this report to analyse more closely specific issues arising from the feedback.
10. All COs and the Hub provided feedback on how these recommendations have moved forward over the last year.

Recommendation 1.
Expansion of gender-transformative interventions including IGA at Safe Spaces.

In **Jordan,** UNFPA has worked with their partner IFH and, together with beneficiaries, has reviewed the recreational activities plan and have added activities such as plumbing, and basic electricity courses within Safe Space. Further, JCO has scaled up courses on digital literacy within Safe Space.

In **Turkey,** UNFPA reported that Safe Spaces provide gender-transformative interventions through ensuring access of women and girls to IGA. Awareness raising sessions on vocational opportunities in Turkey, Turkish language courses to increase social cohesion, and women's employability sessions are organised. Women and girls benefitting from the services of Safe Spaces are referred to additional services including to Public Employment Agency (İŞ-KUR) based on the collaborative efforts. Safe Spaces in Eskisehir have recently launched an initiative on beekeeping, collaborating with the Union of Beekeepers. Another initiative has been on recycling paper, as there is a high number of refugees collecting paper in Eskisehir. They are now in the process of negotiation with the municipality.

Furthermore, UNFPA and WFP have recently collaborated on a joint-initiative that refers women and LGBTQI individuals who benefit from UNFPA's services to WFP's livelihood program.

For the **cross-border Turkey** programme, and following the 2020 UNFPA regional impact assessment, the most requested improvement from surveyed beneficiaries was to increase IGA offered at the Safe Spaces. During the reporting period, UNFPA IPs started preparations and activities to include IGA with linkages to employment and earning capacity, and with focus on vulnerable individuals - including those with disabilities. The objective of the activity, which should start during the next reporting period and continue throughout 2021, is for beneficiaries to achieve a level of economic independence, which would contribute to GBV prevention and mitigation.

There is limited information from Syria: SCO launched a survey for vocational training although there is no further information as to how this has led to more gender transformative activities. A new approach to providing start-up kits for vocational training graduates was also reported although again, without specific information as to how this is transformative.

The UNFPA hub has developed the Transcending Norms Knowledge Series: How to make Safe Spaces more gender transformative. This knowledge series was based on consultations with women and girls and local partners and identified barriers to making Safe Spaces more gender transformative, including recommendations on how to overcome them.

No information from **Iraq** or **Lebanon** was provided.

Recommendation 2.
Develop interim guidance on addressing male survivors of sexual violence.

The Hub has supported the development of the UNFPA global policy on men experiencing sexual violence.

Recommendation 3.
Rationalise male engagement and activities through GBV programming with a clear statement that Safe Spaces are for women and girls only.

The Transcending Norms Knowledge Series launched by the **Hub** clearly reaffirms that Safe Spaces are for women and girls only. Safe Spaces are spaces dedicated exclusively to women and girls and are an integral intervention in GBV in emergencies programming as outlined in the Inter-Agency Minimum Standards. Evidence suggests that the establishment of women- and/or girls-only spaces helps to reduce risks and prevent further harm during emergency responses and protracted conflicts.

In **Jordan,** JCO reported that the message is consistently provided to partners and that additional activities and services, such as family counselling sessions, are provided in alternative locations, not within Safe Space.

In **Syria**, UNFPA has provided the guidance to all IPs that Safe Spaces must remain female-only spaces. Additionally, UNFPA has conducted FGDs in the supported facilities to indicate the accessibility barriers. The outcome of the FGDs indicated that in many facilities one of the barriers for women and girls to access the services is the fact that men in their family (husband, father, brother) are not aware of the nature of the services provided in the Safe Space, which at times can prevent them from visiting the spaces. Women and girls asked for services for males to ensure that males are receiving awareness in GBV and gender related topics. UNFPA is further developing the male engagement activities, including a pilot project of the evidence based 'Engaging Men in Accountable Practices' starting later in 2021 and an evidence-based pilot project (Indashyirkirwa) which

is currently being adapted for the Syrian context with the objective of changing social practices in selected communities.

Likewise, for **TXB,** all partners have received clear guidance that males are not to enter Safe Spaces . TPM verifies that the guidance is adhered to. Through the Safe Spaces programme, UNFPA has continued to prioritise targeted work towards shifting negative social norms that underpin the normalisation of GBV, especially intimate partner violence, child marriage and sexual violence. Men and boys have been reached in community spaces outside of Safe Spaces through dedicated male outreach workers.

In Iraq, UNFPA has started a male engagement initiative, involved husbands, fathers, and family elders in the GBV prevention and response programme. However, there is no clear information that this is conducted outside of Safe Spaces and that these facilities remain female-only spaces.

In Turkey, the Turkey Country Office (TCO) do continue to use Safe Spaces for male activities. The Diyarbakir Safe Space organises men-engagement activities where participants discuss about language of self, communication, masculinity, GBV and discrimination. These activities are organised in Safe Spaces but scheduled during off hours when they are not receiving women and girls or at the partners' general office nearby the Safe Space. TCO reported that this is carefully implemented to keep the centre as a Safe Space for women and girls.

There is no information from Lebanon.

Recommendation 4.
For youth centres, a rationalisation of the target audience would be useful.

In **Jordan,** UNFPA led the launch of the Compact for Young People in Humanitarian Action in June 2020 in partnership with the Ministry of Youth (MoY), UNHCR, UNDP, UNICEF and the Norwegian Refugee Council (NRC). UNFPA conducted capacity building on the IASC guidelines for humanitarian workers in Za'atari and Azraq camps, in addition to the host communities. UNFPA also mainstreamed the Compact agenda in the Za'atari Youth Task Force as the official coordination structure for youth work in the camp. At the office level, UNFPA youth unit provided series of orientations for the Compact and the guidelines for UNFPA staff, and supported knowledge and information sharing processes. However, there is still no rationalisation of the age ranges for youth centres and how UNFPA ensures the Jordan youth definition aligns with the global youth definitions.

In **Syria,** the IASC standard age guide is used in youth programming. Activities are designed to target two age groups: 19-24 and 14-18. In Turkey, UNFPA continues to collect age and gender disaggregated data to enable the analysis of age groups benefiting from the services. Following this recommendation last year, UNFPA met with the youth implementation partner to discuss possible interventions to target young people within the limits of the IASC standard age guidance. Although youth centres have been working on this, the average age of the youth benefitting from the services is higher than expected and UNFPA's CO is following the issue with the implementing partner.

No relevant information has been provided for **Iraq** or **Lebanon.**

Recommendation 5.

Adolescent girls: enhance the Hub's ongoing initiatives of sharing good practices, and support the testing and replication of successful interventions in different settings.

In **Syria,** UNFPA is adapting the Girls Shine model to the Syrian context: a programme and resource package that seeks to support, protect, and empower adolescent girls in humanitarian settings, which will be implemented in selected locations starting in Q4 2021.

UNFPA **Jordan** is in the process of replicating the Young Mother Club initiative from the TXB programme and are about to launch the Adolescent Asset Framework programme in the south of Jordan. Additionally UNFPA is launching the first adolescent girls-led centre in Za'atari camp, utilising young girls' leadership and a participatory action research (PAR) approach to tackle child marriage issues in the camp. UNFPA is scaling up the Girls Shine model from IRC to other partners including IFH Safe Space, and the Quest scope youth centre.

In **Turkey,** the UNFPA-funded Safe Spaces in Eskisehir aimed to enhance their services for adolescent girls with the work plan this year including a Training for Trainers (ToT) for SRH and GBV Peer Educators in Arabic. The volunteer and selected adolescent girls, who are beneficiaries of the Safe Space, will be trained and provide peer education sessions in the centre. This activity will take place in the last quarter of 2021. In addition to the regular awareness raising and empowerment activities of the centre, the service providers have started to organise additional skills building activities to attract and empower more adolescent girls as beneficiaries. These included Turkish language practice sessions, handicraft workshops, sports and cultural activities.

For **TXB,** UNFPA's IPs have invested substantially in 2021 to implement the full scope of activities under the AMAL initiative, which has been designed to meet the immediate needs of pregnant adolescents and first-time mothers in crisis-affected settings, while simultaneously addressing community awareness and engagement around gender, power and social norms with focus on child marriage as well. With the aim of creating a more adolescent responsive healthcare system among health providers and communities, AMAL sets out to break down barriers and facilitate adolescent girls' access to SRH. AMAL teams have coordinated and cooperated with local councils (de facto authorities), schools, and health centres, and also conducted orientation sessions on the overall objectives to harness greater engagement among the communities. As a result of these efforts, one of UNFPA's IP reported that participating midwives had observed a positive increase in pregnant adolescents visiting health centres to access pregnancy consultations and safe delivery. Two established Advisory Adolescents Committees in Abin and Azmarin commenced work with a series of outreach sessions facilitated by adolescent females on the Young Mothers' Club. The adolescent volunteers raised awareness on available health services, ease of access, and other referrals. Focus was given to the importance of postponing early marriage and the need to complete education.

A number of initiatives were carried out by the **Hub** to support adolescent girls and replicate good practices, including:

1. A review of the adolescent girl strategy was organised. The main findings concluded that progress has been made under all four objectives of the strategy, but persistent challenges remained;
2. A south-south approach (local IP in northwest Syria to local IP in Lebanon and Jordan) to replicate the specific Adolescent Girls Curriculum (AMAL);
3. Amplification of adolescent girls' stories, concerns, ideas through dedicated publications. The Hub also led the development of In her Words - a publication which aims to amplify the voices of adolescent girls in humanitarian settings throughout the Arab region, including Lebanon, Jordan, Iraq, Palestine, and the WoS;

4. The Knowledge series. Transcending Norms - gender transformative approaches in Safe Spaces (also has specific considerations for adolescent girls).

No relevant information has been provided by **Iraq** or **Lebanon.**

Recommendation 6.
People with disabilities: categorise the specific factors of disability exclusion and map specific actions for each.

In **Iraq,** an assessment of the service delivery points was conducted for disability-friendly services and UNFPA started a pilot project for women with disabilities with recommendations from the project due to be replicated. In Q4 2021, UNFPA is planning to start a new intervention which will focus on youth with disabilities.

In **Lebanon,** monitoring tools have been improvised to capture the outreach by Lebanon Country Office (LCO) to People with disabilities, although mapping of the specificities remains to be done. A Situation Analysis of Disability in Lebanon was also conducted in collaboration with the Economic and Social Commission for Western Asia (ESCWA) and the Ministry of Social Affairs (MoSA). This report is under finalisation and soon to be published on the UNFPA and ESCWA websites, available to the public.

In **Jordan,** disability inclusion is a JCO-wide intervention, across all thematic programmes, with a specific indicator developed that allows partners to report across all thematic areas. Disability inclusion is considered a substantial result this year. During the year, 724 women and girls with disabilities were reached through awareness, recreational and empowerment activities. The number of women and girls with disabilities, survivors of GBV and vulnerable women and girls seeking help increased compared to the previous year. This was achieved by a strategy for inclusion with multiple actions. Firstly, investing in capacity building of project staff and service providers on GBV and People with disabilities services. Moreover, a two-day capacity building training on disability inclusion was provided for all JCO personnel and 32 service providers from the IPs. Improved accessibility to the centres for people with reduced mobility was achieved and UNFPA worked on strengthening outreach and partnerships with local community-based organisations (CBOs) and associations working with people with disabilities for safe referrals.

In **Syria,** UNFPA reported that the GBV/RH programme provides all IPs with capacity building of the services to provide services remotely, taking into consideration the needs of all vulnerable beneficiaries including People with disabilities without stigma or discrimination. Further, UNFPA rehabilitated some of the facilities that were not accessible for People with disabilities to be more disability friendly and, a series of FGDs were conducted in all Safe Spaces to clarify the accessibility barriers to be mitigated in the upcoming period.

In **Turkey,** all of the service providers of the UNFPA funded centres including Safe Spaces and youth centres have been provided with training to raise awareness about specific health and protection needs of People with disabilities and their caregivers. Also, the training aimed to strengthen the capacity of centres' staff to deliver SRH and GBV services tailored to the vulnerabilities of this group.

In the context of UNFPA's Refugees with Disabilities Project funded by ECHO, provincial advocacy workshops are planned to be held in Ankara and Izmir. The workshops aim to bring national actors (governmental and non-governmental organisations)

together to discuss the barriers and supporting mechanisms for refugees with disabilities' and their support persons' access to the services.

During 2021, Safe Spaces improved their physical conditions to make centres more accessible, and any renovations to accommodate people with disabilities' needs were supported financially. In Sanliurfa Safe Space, health mediators are identifying People with disabilities during the outreach work and are inviting them to visit the centre. The centre rented a vehicle adapted to the needs of people with physical disabilities that is used to transport them to the premises. After receiving consultation and counselling at the centre, the beneficiaries are taken back to their homes with the same vehicle.

In Reyhanlı-Hatay Safe Space, the health mediators have enhanced their outreach mechanisms to reach more People with disabilities. The service providers have organised specialised awareness raising sessions for the refugees with disabilities and their support persons.

In addition, for people living with hearing impairment, UNFPA Turkey developed two awareness-raising videos on GBV and early child marriages that have been shared with the centres to be disseminated. Videos include both Arabic subtitles and Arabic sign language. Based on the feedback received from beneficiaries after watching the videos, it was identified that people with hearing impairment would like to see videos on other topics, such as managing peer pressure, available services for refugees in Turkey, general health and hygiene information.

For people living with vision impairment, brochures have been reprinted in Braille and shared with the centres.

For **cross-border Turkey,** SRH and GBV staff have received training throughout the reporting period on 'Inclusion of Persons with Disabilities in Safe Spaces ' and 'Humanitarian Inclusion of Elderly and Persons with Disabilities'. As a good practice, one UNFPA partner established a committee in its Safe Space, in which beneficiaries elected members who represent girls; women; older women; and People with disabilities. Each committee member ensures that the group of beneficiaries they represent have their needs and concerns heard and responded to. The initiative has also strengthened the sense of participatory ownership of the Safe Space. UNFPA TPM has continued to verify and assess that all SDPs have infrastructure in place (including transport) to facilitate the access and comfort of People with disabilities. TPM also ensures that feedback and complaint mechanisms are adapted to all beneficiaries.

The Hub also complemented its publication - Voices from Syria – with an easy-to-read version.

Recommendation 7.

Create a regional plan for mapping and monitoring the return on investment of IEC and outreach for raising awareness of Safe Spaces.

A specific plan to monitor the return on investment of IEC has not been put in place at the regional level. The Hub had internal reflections on how to take this recommendation forward. It was agreed to study awareness raising efforts and replicate promising practices such as the awareness-raising tool kit in other settings to test it out. For example, the awareness raising tool kit has been updated and UNFPA looked into the option of replicating it in other hubs (northeast Syria and Damascus). The research that was conducted for the development of the GBV / SRH integrated tool kit (Q4 / 2021) also studied how outreach teams were providing awareness raising throughout the region - to come up with good practices to share. It was agreed that the hub would, if needed, further monitor awareness raising and IEC, depending on the findings of this year's impact assessment.

Recommendation 8.

Institute an ongoing practice of collating and sharing COVID-19 solutions and unexpected positive outcomes.

In **Iraq,** UNFPA supported development and disseminating COVID-19 guidelines for midwives and nurses to protect both mother, child and service providers.

In **Jordan,** a guidance note was issued and disseminated in English and Arabic in coordination with GBV Working Group (WG) aiming to provide GBV practitioners with a framework to ensure continuity of safe and confidential GBV

services in the context of the different stages of the COVID-19 emergency. The paper is organised in different sections. It starts by providing a background on the COVID-19 pandemic and GBV situation in the country, then reflects on the COVID-19 impact on GBV risks and service provisions. Section Three looks at the post lockdown stage, and then gives recommendations and messages for dissemination. The paper offers examples that showcase the work of GBV actors in Jordan during this crisis and best practices.

Further, the Health Care Accreditation Council (HCAC), a member of the UNFPA-led SRH WG, circulated a COVID-19 manual amongst the SRH WG members. The manual supports health institutions in dealing with the emerging COVID-19 pandemic and improving the quality of performance, in line with the HCAC's mission to encourage continuous improvement of the quality of safety of health care facilities, services, and programs.

In **Syria,** the UNFPA CO was part of the development of the UN COVID-19 preparedness and response plan in Syria, which includes all programmatic needs, procurement and personal protective equipment to ensure continuity of services. New modality of provision of services was implemented during the lockdown periods by using telecommunication to provide health and social advice and counselling, PSS, and case management. These were all shared with IPs and monitored by UNFPA field office staff & CO staff members in person or remotely depending on Ministry of Foreign Affairs (MOFA) approval and UN movement instructions. At the youth programme level, online awareness raising was enhanced which helped in reaching wider communities, online TOT training was carried out for young people, and standards and minimum precautions were shared with IPs.

In **Turkey,** with the COVID-19 outbreak, UNFPA has started to organise regular online coordination meetings with the IP coordinators and service providers of Safe Spaces and youth centres. During these coordination meetings, the challenges and opportunities in SRH and GBV service provision and outreach activities were discussed and solutions were provided. In addition, UNFPA prepared a guideline for the IPs on switching to remote service provision including the lockdown and curfew periods. The IPs have followed the steps before moving towards the remote service provision to inform the beneficiaries and follow up ongoing cases.

All Safe Spaces and youth centres extended the awareness-raising topics and included new topics covering information on COVID-19 prevention and mitigation measures and about the benefits of the COVID-19 vaccination and the access to the vaccination process in Turkey. Additionally, the Safe Spaces in Eskisehir has collaborated with the Provincial Health Directorate (PHD) and the Provincial Directorate of Migration Management and conducted awareness raising sessions to the refugee community leaders. Consequently, a vaccination point was established in the Safe Space in coordination with the PHD in order to increase the vaccination rate among the refugees in Eskisehir province.

For **TXB,** such information sharing has continued to take place, notably at the level of the SRH Technical WG and GBV SC, which all IPs are active members of.

In the spirit of ongoing learning and sharing lessons learned between the countries and humanitarian responses globally, the **Hub** is leading the development of a new publication 'Adapting to the New Normal' to explore how UNFPA country offices have managed to evolve their programmes to meet ongoing and new challenges. Key questions asked will include: Have we been able to address the challenges we identified back in 2020? Have the effective practices and lessons learned shared previously been expanded and integrated into UNFPA's programming? Have the various initiatives taken in 2020 resulted in measurable insights that can be shared with the international community?

This publication will be divided into two main parts. 1) New initiatives: Information on initiatives and other strategies developed/implemented since the launch of the 2020 edition. 2) Updates on previously provided inputs (for 2020 best practices): Specifically, focusing on assessing, learning from, and updating initiatives highlighted in 2020.

No information was provided for Lebanon.

Recommendation 9.

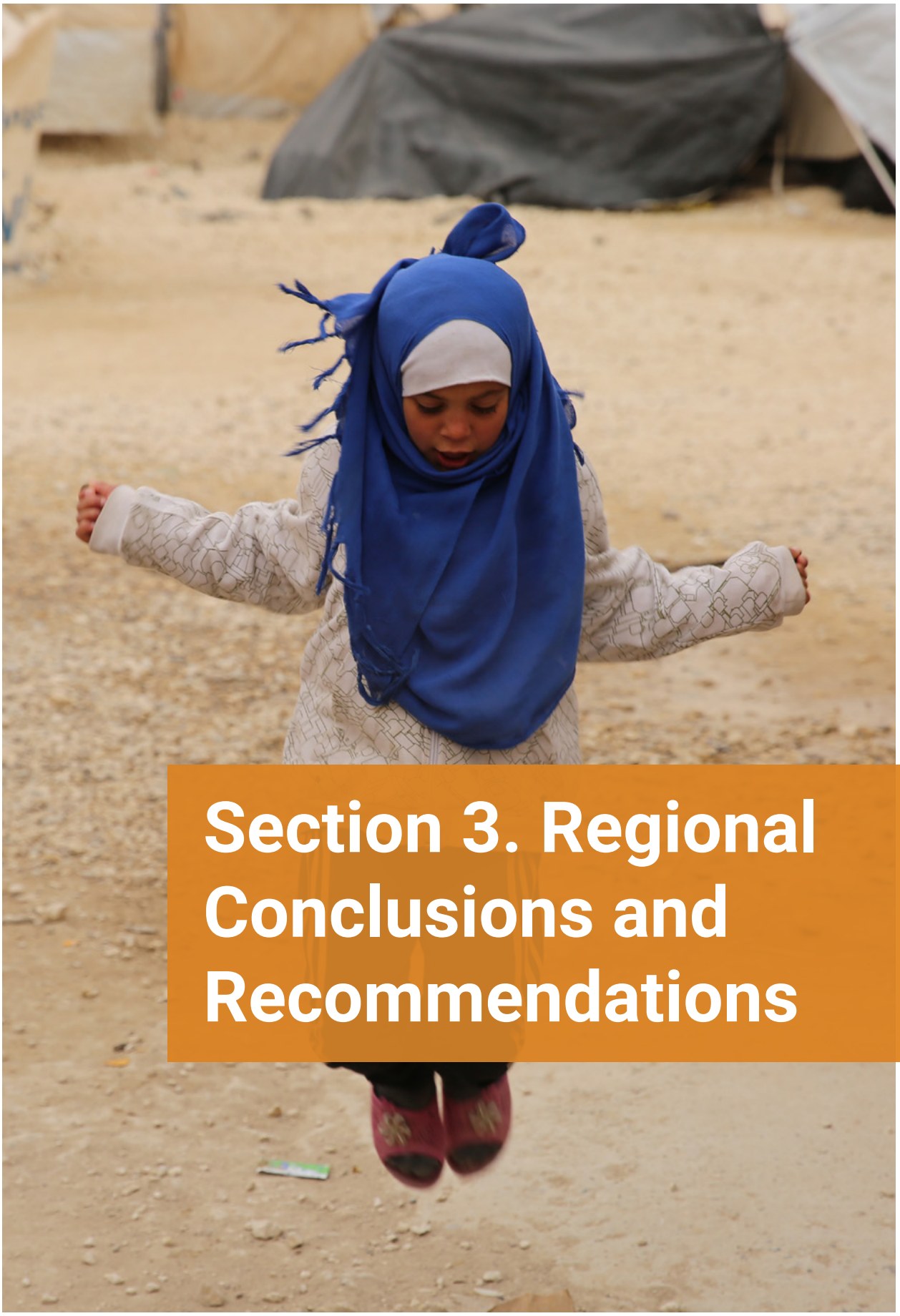
Country Offices should use the raw data collected in this report to analyse more closely specific issues arising from the feedback.

No information provided for **Iraq, Lebanon, Syria or cross-border Turkey.**

In **Jordan,** JCO used with a limited scope the raw data from the 2020 assessment for certain issues. Access to the raw data will improve for 2021, and so there is a plan to utilise this raw data to analyse more closely specific issues arising from the assessment.

In **Turkey,** the 2020 Impact Assessment report mentioned that a youth centre beneficiary completing a CFF reported that she faced sexual harassment on the way to facility. TCO through youth centre CFFs assessed in total 154 beneficiaries. In the 2020 Impact Assessment report not all the youth centre CFFs were analysed. In order to gain a better understanding of the feedback of all the assessed beneficiaries, TCO conducted a thorough analysis of all the youth centre CFFs' raw data. TCO aimed to verify if there were any other cases of sexual harassment on the way to the facility and/or at the facility premises that may request further follow-up actions.

In this context, the CFF multiple choice question C3 (What challenges do you face accessing this youth centre?) was analysed in detail. All the responses provided in the other options (where beneficiaries entered the challenges that were not included in the proposed selection choices) were translated into Turkish and analysed. It was identified that a few (three to be exact) beneficiaries marked the first option sexual harassment on the way to facility and nobody reported any cases of sexual harassment at the facility premises.



Section 3. Regional Conclusions and Recommendations

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Overall Summarising Conclusion

Safe Spaces remain a **critical benefit** to women and girls and the impact of accessing these Safe Spaces cannot be over-emphasised. There has been increased demand for more economic empowerment and educational and vocational courses which reflects increased hardships across a number of countries related to both ongoing conflict and insecurity, economic crises, and COVID-19 and resulting social and economic fractures across the region.

This assessment once again provides evidence to support the fact that Safe Spaces are unique places offering vital services to women and girls that significantly and substantially improve their lives. It is critical that these spaces remain female-only, although Turkey appears to be an outlier with this: however, it is unclear if in Turkey there are some Syrian women and girls who are not able to attend the four Safe Spaces that TCO do support, due to the spaces being used for male awareness sessions. This is something that TCO should continue to monitor carefully.

The longer-term benefits of awareness raising provided through Safe Spaces over many years is beginning to really bear fruit, with more and more women and girls being able to clearly state their rights and their dreams for the future. The increased demand for sport, some of which is traditionally more male-orientated, and English, computer skills and digital literacy highlight this increased confidence and desire to engage more in non-traditional areas. This is something that UNFPA could harness and focus more on in the future, using both the JCO experience of more gender-transformative vocational courses within Safe Spaces and the increased demand for language and digital literacy and the UNFPA Transcending Norms Knowledge series as a basis.

This also applies to youth centres. In some countries (notably Iraq and Jordan), UNFPA is doing some very interesting youth work outside of youth centres: particularly in the areas of YPS and leading on the Compact for working with and for Young People in Humanitarian Action.

Across all SDPs, Safe Space, health facilities, and youth centres, women and girls – and youth – reported extremely positive feelings with regard to feeling safe and feeling respected. Both UNFPA and partners should all be very proud of this, as it is consistent, across all facility types and all countries. There is perhaps some room to focus on two particular issues:

1. Knowledge of confidentiality protocols;
2. Understanding of how to give feedback and all beneficiaries feeling comfortable giving feedback.

With regard to COVID-19; this is much less of an issue for many people than it was last year but it is important to remember that, firstly, the world is still very much in the middle of this global pandemic, and secondly, the mental impact of the pandemic has not disappeared.

Accessibility of all service centres – Safe Space, health facilities, and youth centres – varies enormously across different places but a common predominant barrier to access is **transportation:** either lack thereof or cost. In fact, these two factors are considered as one by women and girls in FGDs: if the cost is too high, then transport is in fact unavailable to women and girls. More adolescent girls than older women reported sexual harassment and lack of accompanying person as a barrier to accessing services.

Across most countries there have been increases in how many people hear about services via awareness-raising and outreach from centres (also treated as one thing by FGD participants, although it features as two separate options in the CFFs) which perhaps reflects increased effort by UNFPA to ensure as many people as possible are aware of the services. There was, in fact, a 2020 recommendation around creating a regional plan for mapping and monitoring the return on investment of IEC and outreach for raising awareness of Safe Space. Whilst a specific plan to monitor the return on investment of IEC has not been put in place at the regional level, the awareness-raising toolkit has been updated. Research that was conducted for the development of the GBV / SRH integrated toolkit also studied how outreach teams were providing awareness raising throughout the region, with the aim of coming up with good practices to share.

This is something to continue to move forward with in the next year, and there is a clear gap in terms of digital outreach which could be considered.

With regard to issues of inclusion, UNFPA has overall made significant progress over the last year. There are some clear examples of genuine focus on increasing access and services for People with disabilities across a number of countries.

Further, in Lebanon and Jordan[37] there has been increased focus on LGBTQI as a marginalised

population group and this is perhaps a consideration for the future in other countries too. While it is a more sensitive topic than working with People with disabilities, the learning from Jordan and Lebanon and the careful and cautious approach being taken would be a good foundation for other countries to start considering how to reach these populations.

In regard to cash, Lebanon, Syria, and the cross-border programme have all made significant strides in the last year. Key pieces of learning for UNFPA in general is around (a) the UNFPA added value / comparative advantage for cash being very specifically around cash for protection purposes and (b) the best modalities for UNFPA cash potentially being to piggyback on other widespread cash platforms (normally WFP or UNHCR) already existent within the country.

Recommendations

1. Roll out knowledge series on Transcending Norms and increase cross-country learning on gender transformative approaches, regularly providing examples from different countries.
2. The Hub to develop a short (two-page) briefing note on this impact assessment and funding status, for COs for use for fundraising purposes.
3. COs should consider **reviewing their AAP plans** and build capacity of service providers on provision of information to all beneficiaries with regard to confidentiality protocols, and an **AAP** (accountability to affected populations) plan focusing on feedback loops. This could include how to make AAP more gender transformative, and ensure greater access to feedback and complaints for women, girls, and at-risk groups.

37 This assessment recognises that TCO has made significant progress in this area, but the TCO Key Refugee Group (KRG) project has not been included as part of this assessment.

4. **For SRH in particular:** Consider conducting research to understand the barriers to post-natal care (PNC) in order to develop a regional campaign, particularly linking PNC as an entry point to family planning, and investigating creating incentives.
5. In line with the upcoming UNFPA SRH/GBV Toolkit, consider strengthening **referrals from health / SRHR services** to other services like GBV within the continued effort to improve SRHR-GBV integrated services and approaches.
6. Following on from the 2020 recommendation: **ensure that outreach and awareness raising of services (marketing) is distinct from awareness-raising programming** i.e. awareness raising of rights and gender issues. There is a clear opportunity to make much more use of digital outreach and social media for raising awareness, while ensuring recognition of and mitigation of issues with regard to unequal access of women and girls to digital platforms, and digital safeguarding considerations.
7. For working with **adolescent girls,** and ensuring accessibility for **People with disabilities,** UNFPA should continue to **keep this focus and work on the trajectory of continued improvement** in these areas across all countries; perhaps ensuring (through this assessment) and ongoing annual stock-take of what improvements in these areas of inclusion have been achieved in the previous year.
8. The Hub should consider developing a guide for how to **increase access to LGBTQI populations** based on the efforts from Jordan and Lebanon, slowly and carefully.[38]
9. UNFPA should regionally consider guidance as to how to view **transportation barriers** as more of an issue under UNFPA control (while recognising it as an external issues) and use current innovations across the region to provide practical examples and support with how to prioritise either the services being accessed or the groups accessing (people with disabilities, adolescent girls, etc.) in order for countries to then be able to decide what works best in their contexts.
10. Build on the experience of **integrating CVA within GBV and SRH programming to reach scale** and replicate good practices in the region. UNFPA should consider conducting research on integrating CVA within the case management process with Johns Hopkins University and set up strong monitoring systems, while at the same time continuing to explore entry points for integrating CVA within SRH programming. This approach could address demand-side barriers such as out of pocket expenses and access to life-saving SRH services that are not provided free of cost.

38 It is noted that UNFPA Turkey has extensive experience working with LGBTQI refugee populations and can contribute to this exercise.

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IRAQ, JORDAN, LEBANON, SYRIA, TURKEY
AND TURKEY CROSS-BORDER PROGRAMMES

BRIDGES TO HOPE

VOLUME I

UNFPA