Evaluation of the United Nations Population Fund’s 7th Country Program

Submitted by:

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### Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all Forms of Discrimination Against Women</td>
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<td>CPAP</td>
<td>Country Program Action Plan</td>
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<td>CPD</td>
<td>Country Program Document</td>
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<td>CSPD</td>
<td>Civil Status and Passport Department</td>
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<td>DAC</td>
<td>Development Assistance Committee</td>
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<td>DOS</td>
<td>Department of Statistics</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>HCY</td>
<td>Higher Council for Youth</td>
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<td>HLS</td>
<td>Healthy Life Styles</td>
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<td>HPC</td>
<td>Higher Population Council</td>
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<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>JNCW</td>
<td>Jordanian National Commission for Women</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MOPIC</td>
<td>Ministry of Planning and International Cooperation</td>
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<td>MOSD</td>
<td>Ministry of Social Development</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring And Evaluation</td>
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<tr>
<td>NCFA</td>
<td>National Council for Family Affairs</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<td>PD</td>
<td>Population and Development</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>RHAP</td>
<td>Reproductive Health Action Plan</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>ToR</td>
<td>Terms of Reference</td>
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<td>ToT</td>
<td>Training of Trainers</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNDP</td>
<td>United Nations Development Program</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>YFHS</td>
<td>Youth Friendly Health Services</td>
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<td>ZENID</td>
<td>Queen Zain Al Sharaf Institute for Development</td>
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Executive Summary

This report serves the purpose of evaluating UNFPA's 7th country program (2008-2012) which encompasses the components of Reproductive Health, Population and Development, and Gender. The program spans a timeframe of five years in which UNFPA partnered with the Ministry of Health (MoH), Ministry of Planning and International Cooperation (MOPIC), the Queen Zein Al Sharaf Institute for Development (ZENID), the Higher Council for Youth (HCY), the Higher Population Council (HPC), the Department of Statistics(DOS), and the Jordanian National Commission for Women (JNCW). The objectives of this program are summarized in its five outputs to be achieved and the focus is on building national capacities, increasing demand for high-quality reproductive health services, youth programming, and addressing gender gaps.

The program was developed following an extensive consultative process with several stakeholders and taking into consideration lessons learned from the previous cycle in addition to the Common Country Assessment conducted at the beginning of the cycle. The base of this program is considered to be the United Nations Development Assistance Framework (UNDAF) which is a joint UN document guiding the agencies’ work in the country. Moreover, the program is harmonized with the program cycles of the United Nations Development Program (UNDP) and United Nations Children’s Fund (UNICEF). During the design of the program, linkages were made with national priorities and the Millennium Development Goals (MDGs).

In conducting this evaluation, the evaluation team has adhered to the evaluation criteria of relevance, effectiveness, efficiency, and sustainability across the program as a whole and per component. The evaluation also investigated the program management and design in each component. Moreover, the methodology of conducting this evaluation has relied on a logical framework to broadly review the program from activities to results. This approach was believed to provide the most comprehensive guide for the evaluation process.

The evaluation consisted of three phases. First, a comprehensive desk review was conducted to gain a better understanding of the program, its objectives and the details of activities involved; the desk review was a continuous process where the evaluation team has consistently referred to it throughout the whole of the evaluation period to formulate interview questions, validate field findings and cross-check information in a triangulation process. The second phase was the field phase in which the evaluation team conducted interviews, focus groups and field visits with partners and stakeholders involved, either directly or indirectly, in UNFPA’s program activities. The third and final phase included analyzing the findings obtained and verified, and the write-up of this report. In its analysis, the evaluation team has conducted a reasoned and systematic assessment of facts and findings to provide answers to evaluation questions. At this stage, the team has synthesized its findings and conclusions, which are grounded on facts, into an overall assessment of the project/program and came up with recommendations to inform the way forward.

The findings of this evaluation were fairly positive. The whole of the UNFPA program was found to be very relevant to national criteria as demonstrated by its adherence to the National Agenda and national strategies and plans. Also, the program goes in line with UNFPA’s comparative advantage as they were indentified in the Country Program Action Plan (CPAP) and the United Nations Development Assistance Framework (UNDAF) priorities represented by UNDAF’s three main outcomes. However, the comparative advantage in the area of advocacy was not sufficiently
addressed and the UNDAF was found to be very general and not inductive in terms of its assignment of roles and responsibilities to UN sister agencies.

In terms of the design of the program, it was designed very well but implementation revealed some gaps and inconsistencies in the original program design. Some assumptions on which the program was built were invalid which gave rise to obstacles along the path of implementation. Strategies and approaches used by UNFPA were mostly successful, although at times more attention should have been given to research and use of baseline results. The M&E system adopted facilitated follow up and monitoring process, however the M&E framework can be more strengthened to reflect the whole chain of results, from inputs to outcomes. In terms of the number and profile of staff, it was found that they were appropriate, given the administrative and managerial nature of the work involved. Nevertheless, the need for technical expertise was apparent in light of the desk review and interviews conducted.

The management of the program on the side of UNFPA was very well conducted. Acknowledgements from most partners were stated in praising UNFPA in terms of their competence in managing the programs and their step by step support and follow up. Although some partners provided strong leadership to the program implementation, others showed need to strengthen their capacity in result based management and monitoring and evaluation. In terms of managing the coordination with sister UN agencies and donors, there were apparent successes that were noticed such as the work with the UNDP on the MDG report and other national plans and with UNICEF on combating violence against children and women. Nevertheless, there was limited coordination in several areas among which was the work concerning youth. This was owed to the generality of the UNDAF. In terms of coordination between the different partners and sub-partners involved in the program, coordination was conducted at the overall level, but not at the component level as stated in the CPAP.

The overall UNFPA supported program in Jordan was fairly effective in achieving the five outputs albeit with different results and although several features of these outputs were not tackled including issues related to the environment, food security, child’s law, and poverty alleviation among others. However, this is because UNFPA was instructed to copy the outputs as were found in the UNDAF during the write-up of the CPAP and originally, UNFPA was not planning on tackling these issues.

Regarding the reproductive health component, UNFPA effectively succeeded in breaking into the primary health care system in terms of sensitization provided on violence against women which has paved the way for actual institutionalization to take place in the next cycle. A number of challenges were faced during the implementation of this program, including gaps in the comprehensiveness of the training, limited conviction on the side of service providers and their fear regarding the matter, and a high staff turnover. Moreover, Service providers expected more logistical and technical support to be provided by MOH.

UNFPA’s work with ZENID on the community level was successful in raising the demand of reproductive health services among community members. Due to an invalid assumption of the existence of well established CBOs in the five targeted communities, a shift in the work modality took place in two communities through building the capacity of local teams rather than building the capacity of CBOs, which proved UNFPA’s flexibility in work and management.
Under UNFPA’s support of promoting healthy lifestyles among youth in partnership with HCY, the program was fairly successful in achieving the stated output although UNFPA faced several obstacles along the way, as indicated by the several delays that took place. It was also found that some camp supervisors are in need of additional capacity building to handle the activities involved in the program. An important point to mention here is the success of the Y-Peer network in facilitating the flow of activities by its use as an effective tool.

In UNFPA’s support on the provision of youth friendly health services in partnership with MoH, the program did not achieve its stated output due to several challenges faced along the way of implementation. The evaluation team has inferred that this was due to the absence of a strategic direction at MoH regarding the matter.

UNFPA’s program with DOS proved to be very successful in achieving the stated output. Moreover, the program succeeded in the generation of disaggregated data and its dissemination on the subnational level and in the analysis of data to produce policy-researches. However, some challenges arose in supporting the use of such data by decision makers, and in the work regarding the generation of data from routine records.

UNFPA’s program with HPC was successful in achieving the stated output. The program effectively built the capacity of the Council in the form of restructuring, developing internal systems, and establishing a new institutional identity, in addition to supporting the HPC to monitor a number of national plans and strategies, which contributed to the stated output in that HPC is now better positioned in coordinating and monitoring relevant national policies and strategies. However, more work should be done to empower the capacity of HPC in its coordination role between program partners.

In UNFPA’s support under gender, there were several successes achieved with JNCW such as the introduction of an M&E system into the organization, the work on CEDAW, and the capacity building that took place. However, many activities were observed to fall outside the scope of the program but this was because UNFPA was acting as a gap filler, conducting work which was supposed to be done by other partners. It is worth noting here that the work on GBV under the reproductive health component strategically fits better under the gender component and is more related to the stated output and outcome concerning gender.

For MOPIC, building the capacity of MOPIC in monitoring the MDGs and integrating population and gender issues into national plans, contributes to the achieving stated outputs in the CPAP which in turn contributes to the stated outcome.

Logically extending from these findings, the evaluation team has provided a set of recommendations to inform the way forward for the upcoming UNFPA cycle. The recommendations centered around UNFPA’s focus of operations, technical expertise, the overall program design, the M&E framework, dealing with partners, and around specific recommendations per component.

UNFPA is encouraged to concentrate its efforts by playing their role on the advocacy-policy level since trying to play a dual role on both the advocacy and implementation levels has resulted in the dilution of their efforts and scattering the work done. UNFPA is expected in the next cycle to move up its engagement to the policy level and using what has already been implemented on the ground.
as pilot case studies for successful implementation. This recommendation falls in line with UNFPA’s role in a Middle Income Country (MIC) country and also paves the way for UNFPA to move onto the third level of engagement with Jordan (most developed MICs), a status not yet reached. This would entail encouraging South-South and triangular cooperation and encouraging the country’s transition to become a donor itself. Another thing is that the modality of work in all MICs should focus on MDGs four and five, namely reducing child mortality rate and improving maternal health. Moreover, this recommendation serves the purpose of better integrating UNFPA’s upcoming cycle with the principles of the Paris Declaration.

Due to the need for technical support by UNFPA, it is encouraged that the agency considers the recruitment of contract-based experts and considers experts to be staffed within the major counterpart institutions. Such experts should have strong technical expertise along with excellent management and communication skills. The evaluation team also advises UNFPA to consider a pool of experts at the beginning of each cycle to be revised on a yearly basis; UNFPA can tap into this pool of experts ‘roster’ when needed. Moreover, linkages with universities should be established within relevant areas of UNFPA focus in the form of internships with UNFPA for partners and stakeholder institutions which would be utilized for research purposes. And for UNFPA to play a bigger and stronger role on the policy-advocacy level, it should further utilize the capacity of the UN Resident Coordinator of Jordan in pushing the program agenda forward especially when communicating with top decision makers at the ministerial level.

Relating to the design of the program, UNFPA is encouraged to assess assumptions made at the outset of the cycle to avoid any disruptions in implementation or deviation from the actual program design. Moreover, UNFPA should balance more among its different components so that efforts are strategically spread among the different areas. UNFPA is also encouraged to utilize and better design pre-program studies and programs so that they meet the objectives of the program and for findings to slightly amend the program design. Another recommendation related to the design of the program is for UNFPA to adopt component-based work plans in addition to their regular partner-based work plans in order to ensure better coordination mechanisms and communication channels. These work plans will serve to clearly define roles, responsibilities and budgets of partners jointly implementing an activity. The Technical Coordination Committee was found to be very useful and robust and UNFPA should ensure its proper functioning in the next cycle. Furthermore, UNFPA should incorporate capacity building as an area of comparative advantage due to its focus in the current cycle and the success of most activities related to it. However, this is a potential area for joint programs with the UNDP as it falls within their core areas of technical assistance.

Regarding the M&E framework, UNFPA is advised to develop the existing framework and add more indicators to fully monitor and assess the chain of results from activities to results and to fully reflect the output/outcome intended. Moreover, more qualitative indicators should be introduced to better reflect the quality of work done and results achieved.

Relating to the mechanism of engaging with partners, the evaluation team recommends UNFPA to adopt a categorization system for each partner to determine their respective level of engagement and working strategy with each respective partner. The evaluation team has recommended three classifications with three different types of working strategies in the report. Moreover, it is advised that UNFPA should partner with the Ministry of Social Development (in its work with youth) and the
National Council for Family Affairs (in its work on GBV). These choices are to assist UNFPA in moving closer to its new direction of operating on the policy-advocacy level.

Finally, specific recommendations per component include the inclusion of social workers in the GBV program and the incorporation of a comprehensive tracking tool in the program design. In its incomplete efforts regarding the provision of youth friendly health services, the next program should build on the efforts made so far so that resources spent are not wasted. Relating to the work done with ZENID in the communities, it should be continued and built on in the same communities with the consideration of changing a few locations in light of the findings of this evaluation. Moreover, the program should not be uniform across all five communities as this will not take into account the context of the intervention; each community should have its own intervention design as part of the program design. Under the work done with DOS, UNFPA should advocate more the utilization of data by decision makers as part of its new direction. Another area is for the partnership with DOS is to develop a Y-Peer database to be accessible to all UNFPA partners and national institutions; this recommendation stems from the realization of the evaluation team that the network can be further utilized due to its strong outreach among the youth population. Regarding HPC, UNFPA is encouraged to continue supporting the council in its PDS demographic opportunity action plan which will guide the council’s activities in the years to come. Moreover, UNFPA should also encourage HPC to play a stronger coordinative role with partners and provide technical expertise for this matter if needed. Under the gender component, UNFPA is encouraged to either reconsider the gender output or consider partnering with an extra institution to cover the wide scope of the output.
I. Introduction:

The UNFPA’s 7th country program (2008-2012) is a three-component program (Reproductive Health (RH), Population and Development (PD), and Gender) that addresses population issues in Jordan. The program was developed after a thorough consultative process with several national stakeholders. It was designed to be in line with national priorities, United Nations Development Assistance Framework (UNDAF) outcomes, and Millennium Development Goals (MDGs), and to be in harmony with the program cycles of UNDP and UNICEF. The program design was also based on the guiding principle of national ownership and leadership through the utilization and strengthening of national systems. As a result, one of the key focus areas of the program was building capacities in partner institutions. Other focus areas include improving the use of data, increasing the demand for RH services, youth programming, and addressing gender gaps.

In order to be efficient and effective, UNFPA supported joint program initiatives with other UN agencies and coordinated its activities with other development agencies, especially USAID and the Japan International Cooperation Agency (JICA). The main national partners of UNFPA in this program were the Ministry of Planning and International Cooperation (MOPIC), Higher Population Council (HPC), Department of Statistics (DOS), Higher Council for Youth (HCY), Ministry of Health (MoH), Queen Zein Al Sharaf Institute for Development (ZENID), and the Jordanian National Commission for Women (JNCW). UNFPA is expected to have played a coordinative role among the different partners in the country. The operations of the program were at both the national and sub-national level, including the governorates of Amman, Zarqa, Irbid, and five selected communities from poverty pockets communities. UNFPA had five program outputs linked directly to the UNDAF.

The main objective of this evaluation report is to assess the UNFPA supported program in terms of its design and management and also in terms of achieving the five stated outputs. The report will investigate the relevance, effectiveness, efficiency, and sustainability of the activities undertaken as part of the program and provide recommendations to inform the way forward when possible. The findings and recommendations will feed into the next program cycle of UNFPA (2013-2017) to improve its relevance and quality. Evaluating the impact of activities falls outside the scope of this evaluation. The following are the main evaluation questions that were addressed in the process of the evaluation.

Evaluation Questions:

- Assess the extent to which the program was relevant to the national priorities and aligned with UNFPA comparative advantage as well as UNDAF priorities.
Assess to what extent the program was designed well, based on evidence, with specific results chain, and implementation arrangements, and a robust monitoring and evaluation plan.

Assess the extent to which the interventions were effective in achieving the program results related to its population and development outputs:
- PD1 “Strengthened national capacity to formulate, coordinate, and monitor gender sensitive strategies and plans on population, poverty alleviation and food security” and
- PD2 “Disaggregated and gender sensitive data and information on women, youth, vulnerable groups and the environment are collected, analyzed and disseminated”

Assess the extent to which the interventions were effective in achieving the program results related to its reproductive health outputs:
- RH1: increased awareness and demand for and access to quality health services with a focus on post-natal care and family planning services and with special attention to vulnerable groups
- RH2: Greater access to integrated health services and gender sensitive information and skills with a focus of maternal and reproductive health, promoting healthy lifestyles and preventing HIV/AIDS and substance abuse

Assess the extent to which the interventions were effective in achieving the program results related to its gender output:
- Strengthened capacity to monitor progress towards the national development agenda and the Millennium Development Goals, aligned with the Convention on the Rights of the Child, and other human rights conventions

Assess the program management and implementation arrangements

Identify lessons learned and way forward

Two main assumptions that were taken into account when designing the programme were also tested for validity, the two assumptions were:

→ UNFPA will not need to focus on the areas which are considered to be of ‘traditional UNFPA support areas’ since these issues (e.g. family planning) are supported by a number of strong active partners such as JICA and USAID.

→ UNFPA will build on the partnership which UNICEF has established through its community development program and therefore the community-based work should take place where UNICEF is already present.

After due bidding procedures which received offers from national and international contractors, this assignment was given to a national consulting company “To-Excel”. The consulting team has thoroughly prepared the methodology and scope of this evaluation which were articulated in an inception report and discussed with UNFPA in an inception meeting.
Section one of this report presents the introduction of the overall program, while section two and three address the methodology used and context of this evaluation respectively. Section four provides an account of the findings and analysis articulated first in general terms and then per component addressing all of the evaluation questions stated in the evaluation Terms of Reference (ToR). Section five concludes by providing general findings and a concluding note on each evaluation criterion. And finally section six provides recommendations for consideration on the way forward.

II. Methodology:
After gaining a comprehensive understanding of UNFPA’s 7th country program along with its local partnerships, the evaluation framework was formulate and is presented in Annex I. The evaluation team has conducted the evaluation in adherence to the above framework and taking into account the criteria of relevance, effectiveness, efficiency, and sustainability. In other words, the three components of operation, as well as the overall program, have been assessed according to the program design, program management, and their relevance to priorities. The criteria for assessment broadly follow the OECD/DAC guidelines and include relevance, effectiveness, efficiency and sustainability. Based on that assessment, a set of recommendations informing the way forward are formulated and provided in section six. This approach was believed to provide the most comprehensive guide for this evaluation mission to produce a high-quality, unbiased and all-inclusive evaluation.

The logical framework, presented in annex II, provides a diagrammatical illustration of the process of evaluation, running from activities (from the left) to the overall impact (to the right) and representing a logical sequence of cause and effect. The evaluation process followed a similar flow in that the evaluation assessed to what extent the activities have contributed to the achievement of the UNFPA outputs. Similarly, the evaluation follows to evaluate to what extent the outputs contributed to the UNFPA outcomes which are linked with the UNDAF outputs. The evaluation will stop at that point and will not go any further because ‘impact’ as an evaluation criteria falls outside the scope of this evaluation.

The methodology followed throughout the project consists of the following three stages:

Desk Review:
During the proposal write-up stage, the evaluation team consulted the documents attached within the ToR to gain a better understanding of the scope and objective of the project. These included the country program action plan (CPAP), Country Program Document (CPD), the CPAP M&E framework, indicators and tracking tools, and the UNDAF document for Jordan (2008-2012). After having the project contracted to To-Excel, a comprehensive desk review process was commenced where the evaluation team read, analyzed, and critically assessed all documents provided by UNFPA, including annual work plans and progress reports of all key partners for most of the years, a mid-term review, a situation analysis… etc.

On the basis of the evaluation team’s analysis of aforementioned documents and following an introductory meeting with UNFPA staff, an inception report of the evaluation was formulated which expressed the team’s comprehension of the scope of the evaluation, the intended activities to be undertaken along with an action plan to guide the team’s planned activities.
It is important to note that the desk review phase is not a one-time process but rather, the evaluation team had been consulting the documents throughout the whole of the evaluation process to formulate interview questions, validate field findings and cross-check information.

**Fieldwork Phase (interviews and focus groups):**

After having the inception report approved by UNFPA, the evaluation team immediately commenced with the next phase of conducting interviews, focus groups, and field visits with partners and stakeholders involved in UNFPA’s program activities. The table in annex III illustrates the work done in the fieldwork phase.

Prompt and constant feedback was given to the UNFPA evaluation management team with regards to progress or arising difficulties. The aim of the field work was to collect evidence through: Direct observation of facts; Statements by informants who have been personally involved; Proxies; i.e. observation of facts from which a fact in issue can be inferred; and Indirect reporting on fact by informants who have not been personally involved.

In conducting the fieldwork, the Evaluation Team was committed to adhering to a code of ethics that complies with the evaluation ethics outlined in the TOR. In this context, the evaluation team is committed towards UNFPA and also towards the groups and individuals involved in the evaluation or concerned by it to adhere to the highest levels of integrity, confidentiality, and ethical behaviour. Therefore, interviewers respected interviewees’ right to provide information in confidence and ensured that sensitive data cannot be traced to its source. In addition, the evaluation team tried to the maximum extent possible to minimize demands on interviewees’ time.

While conducting the evaluation, the Evaluation Team took measures to ensure that the evaluation questions and methodology of analysis clearly document success stories, as well as providing an outlook of the way forward where necessary. That being said, the Evaluation Team have relied on an appropriate mix of tools aiming at cross-checking information sources, ensuring that tools compliment and reinforce each other, ensuring efficiency of the methods and tools to be used through matching time and cost constraints.

**Analysis Phase**

The evaluation team has conducted a reasoned assessment of facts and findings to provide answers to the evaluation questions. Findings were articulated according to cause-and-effect statements based on facts, data, interpretations and analyses; the evaluation team proceeded with a systematic review of findings. At this stage, the Evaluation Team synthesised its conclusions - which clarifies or deletes any value judgement which were not fully grounded in facts and fully transparent - into an overall assessment of the project/program, and provided a summary of all conclusions, which were prioritised and referred to findings and evidence.

The evaluation team leader has checked the quality of data and analyses against quality criteria set for each tool and against general principles, such as: Clear presentation of the method actually implemented; Compliance with the proposed work plan and/or justification for adjustments; Compliance with anonymity rules; and Self assessment of the biases and the reliability of data.

Moreover, the evaluation team leader has verified that conclusions and recommendations are not systematically biased towards positive or negative views and the recommendations will be clustered...
and prioritized as far as possible. The following limitations were faced over the course of this evaluation:

**Limitations**

- The evaluation team was unable to meet with some of the needed stakeholders (e.g. YFHS team in MoH) due to their unavailability. However, this was overcome by expanding the scope of interviews with other stakeholders and relying on the desk review.

- The evaluation team acknowledges the fact that there is an inherent bias in some of the interviews conducted with certain partners to commend UNFPA and its operations in order for UNFPA to continue their support. The team dealt with this issue by trying to get around biased answers and by triangulation of different data sources including the desk review and field visits.

- The budgets analyzed in the report represent planned activities where most, but not all of which have been implemented and achieved. Therefore, the evaluation team has refrained from analyzing those activities which were dropped or changed.

- This evaluation is conducted in year four of the five-year program cycle of UNFPA, and hence, there is still one more year left in the current cycle, it is acknowledged that additional achievements made in year 5 of the program cycle will be missed out. There is no way to overcome this, since according to UNFPA procedures, the evaluation must be conducted and its results used to inform the UNFPA CP 8 which is submitted to its Executive Board in February 2012.

**III. Context**

Jordan’s total population today is estimated to be around 6.2 million. In the 1980s Jordan experienced one of the highest population growth rates in the world, with an average increase of 4.3% yearly. Despite the fact that the total fertility rate decreased from 4.4 to 3.8 births per woman from 1997-2009, Jordan’s TFR is above the rates found in other countries regionally and internationally.

The general population and housing census, conducted by the Department of Statistics in 2004, showed that the number of Jordan’s population had reached approximately 5.3 millions, 7% of which are non Jordanians. Moreover, data shows that Jordan’s population size has doubled about nine times during the second half of the last century, where Jordan’s population was estimated at about 5.85 millions at the end of 2008. The average population growth rate, for the periods between the censuses in Jordan, reached 4.4% between 1979 and 1994, and 2.5% for the period 1994-2004. Despite the decline in the population growth rate, the current rate remains high, which will cause the population to double after 28 years if the rate stabilizes at the mentioned level.

As is the case in any society, there are three direct causes for population change: births, mortality (natural change), and net international migration (unnatural change). In Jordan, all these reasons played a role in the rapid population increase during the last period. However, natural population increase had a larger toll in the population change, despite the continuous decline in the completed total fertility rate (actual) in the past two decades. Hence, during the past twenty years, the average
number of children born for a single Jordanian woman decreased by two births from 8.1 to 6.1 child per woman in reproductive age. According to the results of the 2004 General Census of Population and Housing, this decline led to a smaller average of family size, reaching 5.4 individuals in 2004, compared to 6.2 individuals according to the results of the 1994 General Census of Population and Housing.

The population growth rate is still high at 2.2%, and if this continues, the population will reach 9 million by 2030. This increase in population will add to the economic burden of the state and its resources. Poverty is at a 14.2% and unemployment is at a 15% particularly among women who are at a 25% and youth (15-24) at 28%. These are the main challenges facing economic development and which are induced by a population increase.

Despite all the challenges, the country is undertaking economic and social reforms, and recently developed the “National Agenda” and “We are all Jordan” which set the framework for development strategies in Jordan. The National Agenda was developed within the borderlines of the millennium development goals (MDGs); however, there is a need to strengthen national capacities to monitor the national agenda and the MDGs.

Under this context, UNFPA engaged itself in Jordan under its three components of operation, with a focus on reproductive health for the above mentioned reasons. UNFPA has been engaged in six cycles before this current one and therefore has come to understand and comprehend the context in which it operates and has integrated such understanding in the design of its seventh cycle country program.

Special care in the design of CP7 was made to ensure that the limited resources available to the country program did not duplicate the work done by other agencies in the country. Given that the United States Agency for Development (USAID) has a large bilateral program on building national capacities in family planning and reproductive health commodity security and given that JICA also had a large program on promotion of family planning and reproductive health in the southern governorates, UNFPA did not focus on these areas.

Reproductive health includes, pre and post natal care, delivery care, family planning, provision of counseling and correct information, and prevention of STD, protection from violence especially sexual violence and provision of health services and care for adolescents. The design of the health component focused instead on the last two areas; protection from violence and youth services where there was a clear gaps.

In gender, the program design addressed the gap in the support provided to monitor CEDAW recommendations, and in population and development the program design focused on strengthening other sources of data, from routine records, and data on migration to cover data gaps in this area, this in addition to strengthening the capacities of relevant national institutions in fulfilling their mandate in population policy development and advocacy.

Given this context, the seventh UNFPA program of support to the Jordanian Government has committed to achieving the following five outputs by the end of 2012:

Output RH1: Increased awareness of, demand for and access to high-quality services, with focus on post-natal care and family planning services and with special attention given to vulnerable groups.
Output RH2: Greater access to integrated health services and gender-sensitive information and skills, with focus on maternal and reproductive health, promoting healthy lifestyles, and preventing HIV/AIDS and substance abuse.

Output PD1: Strengthened national capacity to formulate, coordinate and monitor gender-sensitive strategies and plans on population, poverty alleviation, and food security.

Output PD2: Disaggregated and gender-sensitive data and information on women, youth, vulnerable groups and the environment are collected, analyzed and disseminated.

Output GEN1: strengthened capacity to monitor progress towards the national development agenda and the Millennium Development Goals aligned with the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and other human rights conventions.

IV. Findings/Analysis

RH Component
The RH component is considered to be the component with the widest scope out of all three, as indicated by the number of partners and activities involved. This component focuses on three dimensions related to reproductive health, taking into account the fact that USAID and other donors are heavily engaged in this area, and especially in family planning and health system strengthening. The following diagram illustrates the partners, activities, outputs and outcome of this component;
Institutionalization of GBV detection and counseling within the health system

Increasing demand at the community level for RH health services as a right

Raising awareness among young people of healthy lifestyles

Output RH1: Increased awareness of, demand for and access to high-quality health services, with a focus on post-natal care and family planning services and with special attention given to vulnerable groups.

Output RH2: Greater access to integrated health services and gender-sensitive information and skills, with a focus on maternal and reproductive health, promoting healthy lifestyles and preventing HIV/AIDS and substance abuse.

improved quality of and access to equitable maternal and reproductive health information and services, with a focus on
As can be noted from the above diagram, the main partners of this component are the Ministry of Health (MoH), the Queen Zein Al-Sharaf Institute for Development (ZENID), and the Higher Council for Youth. The focus of the activities of the component is to enhance the capacities for GBV detection and counseling within the primary health care system, as represented by MoH; to increase demand for reproductive health services in five selected communities as a right; to raise awareness of healthy lifestyles among young people; and to provide youth friendly health services in selected areas. These activities contribute to the two stated outputs which in turn contribute to the stated outcome. The following analysis represents the evaluation team’s findings based on the desk review and interviews conducted. However, please note that the last two activities (raising awareness among young people of healthy lifestyles and the provision of youth friendly health services in selected areas) will be treated as one since they are both two sides of the same coin (one involves stimulating demand and the other involves service provision).

1) **Assess the extent to which the program was relevant to the national priorities and aligned with UNFPA comparative advantage as well as UNDAF priorities.**

**National Priorities:**

It was found that the output (RH1) related to the GBV program (MoH) and the work on raising demand for RH services in the community (ZENID) goes in line with the visions of both partner institutions. The vision of MoH is “a healthy community within a leading comprehensive health system ensuring equity, efficiency and high quality at the regional level” while ZENID “seeks to provide a learning environment where people can exchange and expand their knowledge, skills and expertise in the area of human and social development”. These are clearly related to the stated output.

The work of GBV is also very relevant to the work of the National Council for Family Affairs (NCFA) and closely adheres to the National Framework for Family Protection, the main national framework addressing GBV and other forms of domestic violence. Out of this framework came the National Strategy for family Protection in which the GBV program strategically fits. There are four national institutions which have a mandate that includes the protection and safeguarding of women and children in Jordan, including the Jordanian National Commission for Women (JNCW), the National Center for Human Rights, and the Family Protection Department as part of the Public Security Directorate, in addition to NCFA. Moreover, protection from violence is mentioned under one of the main themes of the strategy of MoH, although not a priority. Jordan has also ratified the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). Having said all this, it is obvious that violence against women is a main national priority in Jordan, in addition to the fact that most interviewers confirmed its national importance.

With regards to the work done with ZENID in raising the demand of RH services as a right in five selected community, increasing the use of RH services is a main goal under the Health Strategic Plan (2006-2010). Moreover, the issue of improving RH services is also prioritized in the strategy of MoH, although the partnership with ZENID concentrated on raising demand from the community rather than touching on the issue of services provided. Another point is that in the National Agenda, it is stated that healthcare awareness and services is largely concentrated on urban areas and does not properly target the overall population; therefore, the intervention in communities goes in line with national priorities.
There is an increasingly important focus on youth in Jordan as the main potential driver of the economy and society as a whole. His Majesty King Abdulla II has at several speeches focused on the role that the youth will have to play in the development process as they are “the pillars of tomorrow and the substance of change”. As part of this drive on targeting youth, the National Youth Strategy (2005-2009) was launched upholding nine central themes, one of which is health. UNFPA’s partnership with HCY supports two of the three strategic objectives existing under this theme; namely, a) the promotion of healthy attitudes and lifestyles and b) supporting and developing reproductive health and family planning facilities and services. HCY’s activities under its partnership with UNFPA are very relevant to the first strategic objective as attested by their adoption of the healthy lifestyles camps and also fall in line with the second objective in terms of promoting awareness in RH concepts.

However, during the interviews held with HCY, interviewees stressed that even though UNFPA’s involvement is relevant to the council’s scope of work, UNFPA needs to be more integrated in the National Youth Strategy and maybe support the council in more than one theme. In addition, they stressed the fact that they would like to see UNFPA as being a main partner in the strategy, both in the development and implementation phases.

Improving the provision of youth friendly health services also goes in line with national priorities as attested by the repeated presence of this issue in both the strategy of MoH and the Health Strategic Plan. Therefore, the work with MoH in the provision of youth friendly health services is in fact relevant.

The following diagram illustrates how the activities done relate to the national priorities:
Comparative Advantage:

The comparative advantage of UNFPA as stated in the CPAP is in the following areas:

- The production and utilization of vital statistics and data at the sub national level for policy-related decision making
- Policy-oriented research
- Awareness raising and advocacy efforts, especially on emerging population concerns such as migration and women’s rights
Regarding the GBV program, it is closely related to the third comparative advantage since it involves building a system into the public health care system (advocacy). It is also related to the issue of awareness raising since a significant portion of the program contributes to the sensitization of the issue among health service providers. Moreover, it is a fundamental pillar in the issue of women’s rights. The work done with ZENID and HCY are also in line with the third comparative advantage since the work centers on the issue of awareness raising on the issues of RH and healthy lifestyles. However, the work with MoH relating to the provision of youth health services did not include many activities, since many of those planned were either postponed or cancelled; therefore, it would be hard to assess if this part of the program goes in line with the comparative advantages of UNFPA.

**UNDADF Priorities**

The UNDAF priorities can be summarized and represented by the following outcomes:

- Quality of and equitable access to social services and income generating opportunities are enhanced with focus on poor and vulnerable groups
- Good governance mechanisms and practices established towards poverty reduction, protection of human rights and gender equality
- Sustainable management of natural resources and the environment

The outputs of the RH component clearly feed into the first of the above outcomes. Both “an increased awareness of, demand for and access to high quality health services” and “greater access to integrated health care services and gender-sensitive information and skills” feed into “quality of and equitable access to social services”. It should be noted that the UNDAF outcomes include results that the UN collectively is expected to contribute to and not necessarily UNFPA. For example, the first outcome above includes income generating activities which UNFPA did not plan to address assuming that other UN agencies are covering this area. The only focus on the poor was included in the design of the work with ZENID by including ‘poverty pockets’ as a selection criterion. Moreover, the program design tended more towards raising the demand for such services than providing the supply.

In terms of the program’s activities, the work on GBV does relate and contribute to the issue of providing equitable access to social services. However, the activities done with ZENID in the communities along with the activities of HCY under its partnership with UNFPA do not fall much in line with the UNDAF outcomes. The only correlation existing between the activities and the UNDAF outcomes is in terms of providing youth and the community with quality information regarding RH and healthy lifestyles which is loosely in line with the first outcome. But enhancing the quality of and equitable access to social services and income generating opportunities were not present among those activities.

The planned activities that were supposed to occur in partnership with MoH regarding the provision of youth friendly health services is very much in line with the stated outcome. Unfortunately, the output was not achieved, which means that the program has created demand for youth friendly health services without adequate appropriate services.
2) Assess to what extent the program was designed well, based on evidence, with specific results chain, and implementation arrangements, and a robust monitoring and evaluation plans.

The first step in analyzing the design of the program is to check the validity of assumptions made. There was an implicit assumption regarding the GBV program in that once decision makers have the conviction of the seriousness of the issue, then implementation will easily follow afterwards. This implicit assumption was inferred from the evaluation team due to the wide scope of the activities in terms of sensitizing the issue and creating the conviction and then the actual implementation of the program. As it turns out, this was too ambitious as most service providers still do not consider this a priority with some considering it falling outside their scope of work.

In building the capacities of the Ministry of Health in detection and counseling victims of violence against women. UNFPA (and UNICEF for children) worked hand in hand with the Ministry of Health in developing protocols and procedures for the detection, service and counseling. While it was not a joint UNFPA and UNICEF program, it was in fact planned and implemented completely joined by the two UN organizations which minimized the duplication of efforts since the same trainers, committees and staff in the Ministry handled both the violence against women component with UNFPA and the violence against children component with UNICEF.

Moreover, the results of the KAP survey which was conducted at the outset of the program were taken into account in the development of the training programs of health service providers and was subsequently presented to MoH in a workshop.

Not undermining the achievements made and the breakthrough in introducing this important component into the structures of the MOH, the program design faced a number of challenges which are important to consider in the coming cycle:

In the training of trainers:

1- The length of the training given to the core 25 trainers was considered short given it had to cover training skills, gender, human rights, and communication skills, in addition to training on the protocols and roles and responsibilities.

2- The training manual that was planned to be given to the trainers to use in their training was delayed, initially the plan was for the manual to be developed collaboratively by all the trainers themselves, but this was not possible, and the decision was taken to have the training manual developed by an external consultant, this delay in the finalization of the training manual did have an effect on the quality of the training that the core trainers were providing.

In the training of the family protection committees

1- As mentioned above, the finalization of the training manual to be used by the trainers was delayed, this led to trainers using their own materials for the training which was not consistent and the quality of such material was not always the same level.
2- The content of the training did not include enough practical sessions or case studies.
3- There is a high turnover in the committee members so not all committee members are trained all the time, and there was a continuous need to retrain them.
4- While the training did include the role of the committee members and their responsibilities, this needed further clarification and focus according to the committee members who were trained.
5- The training did not sufficiently cover the role of other national partners and the referral mechanisms between organizations.
6- There is a need to focus more on the communication channels both within the MOH and with other national partners.
7- Not all family protection members acknowledge that there is a role for the health worker in addressing domestic violence against women due to their own cultural beliefs.
8- The guideline and protocols needed clarification and were found to be too long and not practical.

It is also important to note that follow up support from the MOH following the training should also be strengthened; a number of issues were raised related to this:

1- The committee members do not receive an official letter of designation from the MOH to inform them of their roles and responsibilities.
2- The limited availability of social workers in the MOH is a constraint as they were felt more capable of communicating with the victims; one suggestion is to consider strengthened linkages between the MOH and NGOS in this area.
3- A number of health professional expressed concerns about the adequacy of available regulations to protect them in case they report cases of abuse.

It is worth noting here that UNFPA later supported a tracking system of GBV cases with NCFA as part of a joint UN program although it was not part of the original design of the program. UNFPA took the opportunity as it rose based on a request from the UN group and thus a joint work with UNICEF and other UN agencies commenced in this regard. Also it is important to mention that such a system would strategically fit into the output concerned with disaggregated data and supporting decision makers to use such data in addition to the output related to the GBV program.

Regarding the work that was done with ZENID, an explicit assumption made was that the interventions would take place in communities in which UNICEF has already worked and empowered as part of their program. Unfortunately, due to the fact that UNICEF had closed down its community empowerment program from as early as 2008, this did not take place. The original design intended that when UNFPA commences its engagement, they would build on the work of UNICEF in the areas where UNICEF was present, especially since UNICEF had a strong expertise in forming community structures on which UNFPA can build. Also after it had been found that UNICEF will not have a community empowerment component, UNFPA and ZENID attempted to cover this gap by using the UNICEF community empowerment tools (UNICEF manuals) but this was not fully achieved and led to delays in the implementation. Therefore, more attention must be given to risks and assumption in the design of the next CPD. However, the fact that UNFPA and ZENID continued and succeeded in this program gives an indication of the strong management that the program possesses.
An implicit assumption made is that there would be functioning CBOs in each community for UNFPA and ZENID to build its capacity. However, in two of the five selected communities, there was either no established and functioning CBO, or work could not have been done through or with a CBO due to its level of development. Moreover, ZENID assumed that the CBOs will have their capacities built and therefore, ZENID’s role would be confined to the actual implementation by focusing their efforts on spreading awareness and training for trainers in the field of RH. There was no tailored action towards comprehensively building the capacity of the CBO which has negatively affected the overall achievement of results and the issue of sustainability.

Another implicit assumption was that the program would be coordinated with the Higher Council for Youth (HCY) in providing healthy lifestyle information for the youth in the communities. However, this was not done systematically and although special efforts were made to include youth from the five selected communities in HCY youth camps, as with other partners, many administrative and logistical details often hindered close collaboration between implementing partners.

The initial main criteria for selection of the five communities are related to the assumptions made above; namely, the presence of UNICEF or another UN agency and the presence of a functioning CBO which are in fact valid criteria but both these criteria were not adhered to in the selection process. Moreover, another selection criterion was that the community had to be a poverty pocket which does not necessarily entail a need for RH awareness. It should be noted that one of the communities, Um El-Rassas, later went out of the poverty pockets list due to the rise in real estate prices in the area.

In terms of the work done with HCY, there was an implicit assumption that ZENID will support HCY in all the activities relating to the program as mentioned in the CPAP; “The Higher Council for Youth (HCY) will lead and coordinate the program in this area in coordination with ZENID”. However, the interviews revealed that ZENID played a very minimal role in the activities, as interviewees stated that ZENID’s role was only confined to nominating trainers for the sessions.

As mentioned above, the program with ZENID in the five communities was designed with the objective of building the capacities of local CBOs and thus during implementation, the modality of work was shifted in two of the communities towards raising awareness of community members in the form of working teams on RH issues. In the other three communities, local capacities of CBOs in RH were indeed built. This demonstrates a great degree of flexibility by UNFPA and its partners. However, this also demonstrates that the design of this program did not follow the original design holistically in its approach and strategies due to the assumptions stated earlier.

Another issue to note is that although a baseline survey was conducted in the five communities in the start of the cycle, is findings did not inform the design of tailored interventions to each area based on the results of the survey, for example, the area of Um Rassas was in dire need of awareness raising of drug abuse but this was not addressed in the design of the program which continued along the same lines in the five communities.

The design of the program relating to the provision of youth friendly health services faced a number of challenges. First of all, MoH did not have a strategic position regarding the provision of youth friendly health services, and there was a need for technical expertise in this area which was not adequately addressed. Also, such a topic (not already present at MoH) needs some sort of
Institutionalization to be part of the program design as was the case with the GBV program. In contrast to the GBV program where a unit for family protection was established in MOH, the MOH dismantled another unit (for the youth and elderly) to which this program was anchored in the design.

The program design of HCY also faced some challenges, where HCY expressed concern about the flexibility of the program design to respond to time constraints they faced in conducting their normal and arising activities. Another concern was raised about the sustainability of the program given that external trainers rather than internal HCY trainers were employed and they who were considered as of transient nature.

Regarding the M&E framework and indicators used, MoH stated that indicators did reflect on progress made and were simple and easy to use. However, on closer inspection by the evaluation team, it was found that only three indicators were related to the work on GBV, which are

- Ministry of Health endorses national protocols for the detection, counseling, and referral of cases of gender-based violence.
- Percentage of targeted maternal and child health centers meet the minimum criteria to provide gender-based violence services from the targeted 11 health centers/hospitals
- Number of reported cases of gender based violence from the 11 targeted centers/hospitals.

The above indicators do not provide a reflection on the training conducted and its quality. Also, there needs to be more of qualitative indicators to reflect on the training, the activeness and meetings of the committees, and the existence of and quality of communication channels. Moreover, there is no indicator to examine the change of knowledge, attitudes and perceptions of health providers regarding the issue of GBV.

Under the work with ZENID, the M&E framework along with the associated indicators was very useful according to interviewees. However, the interviewees mentioned how the indicators changed to reflect the change in the modality of work following the Mid Term Review (MTR). In other words, indicators changed from measuring the capacity building done to the CBOs to measuring the actual implementation. The following are the indicators related to the work done in the communities:

- Percentage of married women receiving post natal care in 5 communities
- Number of CBOs empowered to provide RH awareness in the five selected communities
- Percentage of youth aged 15-24 in selected communities aware of at least five healthy lifestyle issues is increased by 50%
- Number of youth initiatives (Y-PEERS) implemented in each selected community

These indicators do reflect the stated output of raising demand for RH as a right. However, the first of these indicators measures the supply of RH service rather than demand and awareness of the matter. The second indicator reflects well what has been originally planned but does not accommodate the change of the modality of work. In other words, this indicator measures the tool which was supposed to be used in reaching the goal of raising awareness as a right. The third and fourth do provide a good reflection of the progress made. Moreover, there are no qualitative indicators to measure the methodology and quality of work done.
The M&E framework for the work planned for the provision of YFHS is also requires improvement and contains only one indicator. This is expected due to the disruptive flow of the program and its halt. The indicator is related to MoH endorsing a policy paper related to the provision of YFHS.

In terms of the M&E framework and indicators adopted for the work with HCY, the interviewees stated how the indicators under the framework is of a quantitative nature and that more qualitative indicators are needed especially in light of the fact that what is being measured by the indicators is the change in attitudes of young people and their shift towards a more healthy lifestyles. Moreover, it has been suggested the recording of indicators should be made in a more scientific way and that a pre-post assessment would be greatly beneficial in terms of measuring the impact in terms of added value to both youth participants and trainees at the end of the program. It should be noted that UNFPA did include a pre and post assessment tool following the MTR of the program, but there is a need to improve the use of this tool and it should be within the initial design of the program. On closer inspection of the M&E framework, it was found that three indicators are related to the work of HCY, namely;

- Healthy lifestyles camps methodology integrated within Al-Hussein camps at HCY
- Percentage of youth aged 15-24 in the HLS camps aware of at least five healthy lifestyles issues is increased to 80%, broken down to two indicators:
  - % of young people who know at least three ways to protect from HIV/AIDS
  - % of young people who know at least three ways of staying healthy
- Existence of a functioning youth peer education network in Jordan.

As can be noted, these indicators do not fully reflect the output or activities involved. In principle, the first two indicators reflect what has been done on the ground and are limited only to the results related to the healthy lifestyles concept. The third indicator does well in measuring the contributions of the Y-Peer network as a whole which was considered to be a very effective tool. However, there are no indicators pertaining to the capacity building that was done in the form of training of workers and staff including ToT training.

3) **Assess the program management and implementation arrangements**

Management issue observed during the interviews included that service providers involved were not responsive at many times since they do not consider the issue as important as other cases that they deal with. Also, the setting up of the GBV program in the MoH proved to be a success, but the actual implementation of the GBV system faced many challenges. Many doctors faced the problem of not having enough privacy to communicate properly with the victim and refer her. One of the interviewees stated, that if he wanted to refer someone, more than ten people would know about the matter which would discourage both the doctor and victim. Moreover, a high degree of employee turnover greatly hindered the flow of activities and success of the overall program since all the efforts which have been put in the sensitization of the matter to the service provider, in addition to the training received, would be lost as soon as that person is relocated. Another challenge faced was the lack of conviction among a number of the health professional of the importance of their role in addressing GBV.

In terms of coordination efforts with other UN agencies and donors, UNFPA coordinated the GBV program well with UNICEF and both collaborated on achieving their respective goals. However, little
or no coordination took place with USAID even though the CPAP had clearly mentioned that “This will be coordinated ... with the USAID-funded project on Gender based violence prevention with the private sector in 9 hospitals”. Moreover, there was limited involvement from WHO despite their mention in the CPAP as an institution which would provide support.

Regarding the capacity of the implementing partner (MoH), it was not developed to the extent of integrating and institutionalizing such a program. First of all, many delays occurred which were due to the financial bureaucracy of MoH. Secondly, the hospitals and centers involved are not equipped for such a program as stated above. Moreover, the personnel involved are yet to be fully convinced of the seriousness of the issue and have not yet prioritized it. The staff turnover also indicated an obstacle in the partner’s capacity to implement this program. And finally, there is a high degree of disparity between the hospital and centers in Amman and outside of Amman which has led to different levels of progress between them. Moreover, some of the capacities of the management team and core trainers needed strengthening. Nevertheless, there have been several successes in regards to MoH’s work, such as the training that MoH provided for other centers based on the perceived demand for such training. Also, MoH is praised by the evaluation team for having taken in such a system and acknowledging its importance as part of their work.

With regards to the work done in the communities in partnership with ZENID, the program management by UNFPA was referred to as flexible. Although UNFPA did not change the choice of communities once they learned of the invalidity of assumptions in the selected communities, they were flexible enough to change the modality of work once they found out about the weak level of development of CBOs or their inexistence in some areas. Moreover, management proved to be successful in linking ZENID’s activities with local organization such as health centers in some of the communities, although their involvement was minimal.

The program management regarding the program of the provision of YFHS under UNFPA’s partnership with MoH required further work from either side. On UNFPA’s side, interviewees revealed that more should have been done regarding coordination between MoH and the different institutions involved (e.g. HCY). In other words, there were no defined roles for the program partners from the side of UNFPA. MoH was alone in this program and this contributed to the challenges it faced. In terms of capacity of MoH and its management of the program, it was also limited since health providers and managers did not consider this to be a priority (even more than GBV). Moreover, MoH does not support social workers and counselors among other supportive personnel.

UNFPA’s management and follow up of the program with HCY along with the associated activities were appreciated by HCY. According to interviewees, UNFPA would always step in when needed to provide support and try to solve issues even outside of its scope in order for the activities to flow. However, there have been constraints in the program management on the side of HCY. During the evaluation team’s desk review and interviews with HCY, it was found that the Council had difficulties in following up and coordinating activities.

Moreover, the senior management of HCY is not sufficiently knowledgeable about the program and its activities. For example, when asked about the involvement of ZENID in their activities, one of the top people at HCY did not know of any cooperation with ZENID. When asked about the relationship
with the Y-Peer network and to what extent he thought they were of added value, the interviewee responded stating that there is no relation between the two.

Furthermore, it was found that a considerable number of supervisors and camp workers involved in the program were in need of more capacity building and training on these new modalities of work. Also, at many times differences in working modalities were apparent between Y-Peer trainers and trainers from HCY resulting in delays in the implementation of activities. This could have been avoided if the trainers had a session together before the commencement of activities to discuss the training to be given and its methodology.

In addition to what has been said, many of the activities were delayed since the council has a strict work plan of its own that is not flexible and that sometimes includes arising national needs that cannot be postponed; the difficulties occur when these conflict with the activities under the partnership with UNFPA. Another issue regarding this matter is the high employee turnover rate that exists in the Council; almost all interviewees who were met came into the Council at the middle of the UNFPA cycle. This hinders the flow of activities especially given the fact that activities of HCY build on one another, year after year.

In regards to UNFPA’s management role, it proved very flexible in accommodating the shift in the modality of work that took place in this program. However, more should have been done in integrating ZENID into the activities of HCY; the UN agency should act as the middle person between HCY and other institutions. In other words, if HCY needs the cooperation of ZENID or any other institutions under a partnership with a certain UN agency, it would contact the UN agency involved to arrange for it.

Moreover, UNFPA’s management was very successful in integrating the Y-Peer network into the activities of the program. Y-Peers were active in both centers and camps and were used as a tool for training and raising awareness, in addition to recruiting additional young people (regionally) into the network. Although HCY complained about difficulties that have occurred with the Y-Peers, it would be hard to imagine the program being successful without having integrated the network in the programs implementation and operations.

4) **Assess the extent to which the interventions were effective in achieving the program results to its reproduction health outputs**

- “Increased awareness and demand for and access to quality health services with a focus on post-natal care and family planning services and with special attention to vulnerable groups”
- “Greater access to integrated health services and gender sensitive information and skills with a focus on maternal and reproductive health, promoting healthy lifestyles and preventing HIV/AIDS and substance abuse

Regarding the first output, the activities conducted under UNFPA’s partnership with MoH and ZENID clearly reflect the output in that the work with ZENID was concerned with increasing awareness and demand for quality health services and was done in the community (vulnerable groups). However, the program only focuses on RH services and not the issue of healthy lifestyles, which is in need even
more in some of the communities. The work with MoH also included increased access to quality health services (GBV detection and counseling) to vulnerable groups (Female victims). However, in both these programs there was no specific focus on post-natal care or family planning services as these issues were tackled under the umbrella of RH. Therefore, it can be said that the programs of both MoH and ZENID contribute to the RH1 Output.

In providing support to women victims of violence, the program has succeeded in the sensitization of the issue and paving the way for institutionalization in the near term. Detection, counseling and services are still behind the expected level due to obstacles mentioned earlier and unfortunately the targeted centers and hospitals are still facing challenges of managing cases detected in the health system according to the agreed upon protocols and guidelines. However, the program succeeded so far in breaking in the system and establishing and securing a foothold for further advancement in the next cycle.

In relation to the work done with ZENID, the program was not able to build the capacity of CBOs in two of the five local communities which was the stated objective of the program (the CBOs were targeted in only three of the five communities). This was due to the invalidity of assumptions that were mentioned earlier; even though the designed selection criteria were valid, they were not abided by. However, the program succeeded in raising the awareness and demand for RH services for selected groups of individuals in the form of local teams inside the two communities who are now providing this awareness to other people in their community. In other words, the capacity building in the two communities was conducted to teams rather than CBO’s who are now acting the role of the latter to promote awareness and raise demand for RH services. And in turn this contributed to the increase in awareness and demand of RH as a right as stated in the output concerned but not the outcome concerned, which would have been achieved by building the capacity of CBOs and linking them with health centers in the communities.

Regarding the provision of YFHS with MoH, the program did not succeed in achieving the output of greater access to quality youth friendly health services. Activities conducted were in the preparatory phase and little was done regarding actual implementation.

UNFPA’s partnership with HCY falls under the second output stated above. The activities conducted under this partnership do contribute to that output in terms of promoting healthy lifestyles and providing RH training to HCY centers. However, it is worth mentioning here that there are two sides of working under this output; on the one hand, work with HCY was supposed to raise demand for reproductive health services through promoting healthy lifestyles and work with MoH on the other hand to raise the supply of such services. What happened on the ground is that HCY was successful to a certain extent (since the activities did not cover all centers/camps planned) in raising the demand of young people but there was no supply to meet this demand due to incompleteness of the work of MoH regarding this matter. Therefore, an excess demand has been created. In terms of the stated output, only “greater access to gender sensitive information and skills” was attained through the work of HCY, along with raising awareness in general on issues of RH. Moreover, it was found that the issue of HIV/AIDS and substance abuse were in fact tackled as part of the program.

Finally, it should be stated that Y-Peer was successfully integrated to the RH component under two programs, those of ZENID and HCY. The integration of this network greatly contributed to the success of both these programs by using the network as a tool for training and awareness raising. It
was especially beneficial in the work done with HCY, because youth are usually accepting of other young people raising their awareness and teaching them. People of the same generation usually communicate better and are more responsive to one another.

The following chart shows MoH’s clustered activities related to GBV along the years with the different budgets allocated:

As can be noted from the above chart, the budget is proportionally allocated according to the importance of activities which indicates an efficient program. For example, the activity with the highest budget is the service provider training which is considered a central pillar in the program and achievement of objectives. Moreover, the provision of equipment in 2009 and 2010 indicated how UNFPA efficiently responded to demands of service providers.

The following chart shows ZENID’s clustered activities related to their work in the five communities along the years with the different budgets allocated:
Based on the above chart, it can be noted that the activity with the highest budget is allocated to the activity of CBO selection and capacity building. This represents some inefficiency since the selection process proved to be unsuccessful due to either the absence of CBOs in some communities or the weak level of their development. Also, the budget allocated for capacity building was indeed needed, but a larger share of the budget should have been allocated to overall capacity building of CBOs rather than focusing only on RH capacity building, which proved to be not enough for a comprehensive strategy. Moreover, the budget allocated for baseline study in the communities was inefficient due the fact that the study was not used or integrated in the program design. The other aspects of the budget seem to be relatively efficient since a considerable budget was allocated where needed, such as in activities of developing the RH tool kit and those supporting community initiatives in the last two years.

The following chart shows HCY’s clustered activities along the years with the different budgets allocated:
As can be noted from the above chart, the budget was mostly allocated efficiently among the various activities of the program. For example, the activities with the highest budgets include those relating to the work done in the camps relating to healthy lifestyles which is a priority in this program. Moreover, a good amount of budget was spent on building the capacity of service providers which was well needed in HCY, and raising awareness in regards to RH and healthy lifestyles.

The following chart shows MoH’s clustered activities regarding the provision of YFHS along the years with the different budgets allocated:
As the above chart shows, not much has been done regarding this program which was halted and not completed. This by itself is inefficient since the budget allocated did not contribute to any result. Although, the inefficiency can be reduced if there is build up on these activities in the next cycle.

Finally, concerning the concept of sustainability, the work conducted regarding institutionalizing GBV into the primary health care system in partnering with the MoH was relatively not yet sustainable. Based on interviews conducted with those relating to the program, there is no sustainability yet in the program due to the fact that many health service providers are not fully convinced on prioritizing such an issue, and also to the fact that committees are yet to be fully active and functional. As many interviewees stated, if UNFPA were to pull out now, all efforts will be wasted and things will be as though nothing was done regarding the matter. However, it is worth noting that the potential of instituting sustainability in this project is very high if efforts continue to be put on this program since the end point would be a fully functioning GBV detection and counseling system within the main governmental agency related to health.

Regarding the work done in the communities with ZENID, again, it was relatively not sustainable even though sustainability was in mind when designing this program. This is inferred from the methodology of building the capacity of CBOs in order for them to continue the efforts related to raising awareness on RH issues. However, during implementation in two of the communities, minimum work was done related to building the capacity of CBOs but rather the capacity of working teams was built which is not very sustainable since no institution is involved in continuing efforts. However, a sustainable feature of this program was the integration of the Y-Peer network in activities and the inclusion of community youth members in this network so that they continue raising awareness on the matter through this network.

In regards to the work done with HCY on the promotion of healthy lifestyles, it was in fact sustainable. Throughout the program, HCY financially contributed to service providers training and the conduction of the youth camps and through integrating healthy camps within Al Hussein youth camps indicating a high degree of sustainability. Also, the capacity building of HCY service providers in the form of ToT training has raised the capacity of staff. It is worth noting here that the integration of the Y-Peer network greatly contributed to the sustainability of the program through
the integration of many youth members into the network, further extending awareness on RH issues through network members and their peers.

**Population and Development**

The Population and Development component represents a major pillar in the work of UNFPA in Jordan, since it is the main UN agency dealing with population issues. The program under this component along with the activities conducted aimed to achieve the two PD outputs mentioned in the analysis below, which represent the main underlying objectives of this component. The Department of Statistics (DOS) and the Higher Population Council (HPC) are the main partners of UNFPA under this component, responsible for conducting the stated activities while the Civil Status and Passport Department (CSPD) and other institutions were also involved as sub partners. It is worth noting that both DOS and HPC have a long history of collaboration and have worked together on several projects relating to population and development. The following analysis represents the evaluation team’s findings based on the desk review and interviews conducted.

1) **Assess the extent to which the program was relevant to the national priorities and aligned with UNFPA comparative advantage as well as UNDAF priorities.**

This question addresses the issue of the relevance of UNFPA’s program according to three dimensions; national priorities, comparative advantage, and UNDAF priorities. All in all, it was found that activities under this component along with the associated outputs are in line with these three priorities but to varying extents.

**National Priorities:**

The program, activities, and the outputs they aimed to achieve, were all found to be very relevant to the national priorities of Jordan as attested by the National Agenda and the different programs and strategies of the two main national partners. The below analysis demonstrates this.

It was found that the UNFPA PD output, “**Disaggregated and gender-sensitive data and information on women, youth, vulnerable groups and the environment are collected, analyzed and disseminated**” goes in line with DOS’ mission which is to work on improving Jordan’s statistical system in order to produce databases that respond to different and arising needs according to best conduct and providing the information to decision makers in the right time and place and with transparency.

The activities planned under UNFPA’s partnership with DOS are relevant to national priorities in terms of their responsiveness to the National Agenda and the National Strategy for Statistics. The National Agenda stressed the importance of setting up monitoring and evaluation units within ministries who will have to design and track performance indicators. Moreover, under all themes that exist in the National agenda, there are certain performance indicators to track since the agenda spans a period of 10 years and will thus require periodic updating and revision in light of the results of indicators which are grounded in well-generated data. Therefore, the activities which included DOS receiving training on DevInfo and giving that same training to other partners and stakeholders, are in fact in line with the national agenda in that DevInfo is a database of development indicators used for monitoring human development overall.
With regards to the National Strategy for Statistics, the partnership between DOS and UNFPA does in fact reflect the needs and challenges that were identified in the strategy. For example, one of the challenges identified in the work of DOS is in the use of statistics/data on the part of decision makers and policy designers in addition to a lack of awareness of some of the statistics on the sub-national level. In response to this challenge, UNFPA assisted DOS in conducting seminars and workshops on the sub-national to present the findings of the DHS 2007 & 2009. Also, several researches and studies were conducted on the results of these surveys in an effort to inform decision makers of the analysis. Another identified challenge in the strategy was the fact that there was a weakness in efficiently utilizing existing administrative data available at other institutions due to limited coordination and cooperation. The program addressed this issue by trying to pair up DOS and the CSPD in an effort for DOS to utilize existing data from CSPD rather than collecting that same data using surveys, which is more expensive and time consuming. These two challenges are among many others that were tackled in the program. It is also worthy to note that each of the four goals of DOS that were mentioned in the strategy were addressed in the program’s activities; the following diagram illustrates this:

**Goals of the National Strategy for Statistics**

- Modernize and sustain the statistical system
- Improve the quality and quantity of statistics
- Increase statistical awareness across the country
- The use of technology in statistical work

**Examples of activities responding to the goals**

- Training workshop on DevInfo
- Improve civil registration records related to birth and death and migration in DOS
- Regional workshop to present findings of DHS (2007 & 2009)
- Regional workshop on REDATAM
It is also important to note, that the interviewees response regarding the activities’ relevance to national priorities and to DOS’ scope of work was very positive where the interviewee explained that all activities are very relevant to DOS’ work and the overall priorities of the country.

With regards to the other main partner in this component, HPC, the other UNFPA PD output, “strengthened national capacity to formulate, coordinate, and monitor gender-sensitive strategies and plans on population, poverty and food security”, is in line with HPC’s mission and vision which are for HPC to have a notable presence in supporting decisions and formulating policies in line with HPC’s capabilities and to become a reference to various population issues related to development, in coordination with partners and decision makers. It is worth noting here, that a significant number of activities conducted under the partnership between UNFPA and HPC included capacity building of the latter which greatly supports HPC’s vision and mission stated above.

The program was also relevant to national priorities reflected in the national agenda and the different programs of HPC. The first phase of the national agenda greatly focuses on the issue of employment creation. In response to this, a major activity conducted by HPC under its partnership with UNFPA was conducting and launching an action plan for the demographic opportunity in which employment creation (especially for youth) is a main pillar. Moreover, in regards to the focus of the National Agenda on the issue of M&E, UNFPA supported HPC in developing an M&E system to follow up on population and reproductive health national plans. UNFPA has also supported HPC in developing a population indicators database (DevInfo).

One of the main programs of HPC is the development and monitoring of Reproductive Health Action Plan; UNFPA supported HPC in this issue by assisting HPC in endorsing the maternal morbidity study and in developing and endorsing a road map on Maternal Mortality / Bio Data Registry. In addition to these two activities, UNFPA also supported the preparation of a study entitled “Assessment of the Impact of the Global Financial and Economic Crisis on RH of Women in Jordan”. In regards to HPC’s Population and Development program, UNFPA’s support was in the form of building the capacity of HPC to enable it to better implement activities under this program. UNFPA also supported HPC in preparing a report on Jordan’s achievements and challenges related to ICPD, developing policy briefs on population and development issues, and the formation and activation of the population projections and migration committees among other activities. In addition to all this, UNFPA supported HPC with regards to the latter’s Project to establish a mechanism for Managing Population Research, by assisting in the preparation of several researches and studies regarding PD and RH. The following diagram illustrates how the activities were very relevant to HPC scope of work by giving examples of activities and linking them to HPC’s main areas of operation:
Main components of HPC’s Work

Population & Development Program

Capacity Building

Reproductive Health Program

Managing Population Researches Project

Supporting the development and launch of PDS action plan on demographic opportunity

Developing the annual Jordan National Population Report

Preparing a report on Jordan’s achievements and challenges for ICPD

UNFPA Comparative advantage:

According to the CPAP, UNFPA’s comparative advantages are in supporting the following areas:

- The production and utilization of vital statistics and data at the sub national level for policy-related decision making
- Supporting policy-oriented research
- Awareness raising and advocacy efforts, especially on emerging population concerns such as migration and women’s rights

Here it is also important to note that interviews conducted with HPC confirmed the relevance of the activities to HPC as the main organization concerned with population issues and to Jordan as a country dealing with serious population issues.
The activities conducted under UNFPA’s partnership with both DOS and HPC do fall in line with these advantages.

With regards to UNFPA’s work with DOS, the activities undertaken were greatly in line with all three of these comparative advantages. Regarding the first, UNFPA’s work with DOS greatly centered around the production and utilization of data, especially at the sub national level. With respect to the second, a considerable number of policy-oriented research reports and studies were conducted based on the findings of DHS 2007 and 2009. Relating to the third, the dissemination of the findings of DHS 2007 and 2009 on the sub-national level (or governorate level) contributed to raising the awareness of those outside the center, Amman. In addition, there were efforts at developing a road map on the migration data situation in Jordan.

Moving on to the second partner under this component, HPC’s activities under its partnership with UNFPA also fall in line with these comparative advantages. Concerning the first, HPC was assisted to develop a population indicator database and to develop and endorse a road map on maternal mortality / bio data registry. With respect to the second, HPC produced several reports and studies that were policy oriented, such as developing the Jordan National Population Report, two policy briefs on population and development issues, and a report on Jordan’s achievements and challenges for ICPD. In regards to the third, the interviewees from HPC confirmed that UNFPA acts as vehicle for HPC to express their thoughts and reach relevant decision makers.

**UNDAF priorities:**

The UNDAF priorities stress on the adherence to the Millennium Development Goals and can be represented by its UNDAF’s three outcomes:

- Quality of and equitable access to social services and income generating opportunities are enhanced with focus on poor and vulnerable groups
- Good governance mechanisms and practices established towards poverty reduction, protection of human rights and gender equality
- Sustainable management of natural resources and the environment

Given that these outcomes are very wide in scope, it can be confidently stated that UNFPA’s program (PD component) goes in line with the second of these outcomes and contributes to its achievements (it is worth noting that the other two components contribute to the first of these outcomes). The contributions to this outcome are obvious when observing the PD outputs mentioned above. In other words, strengthening national capacities to formulate, coordinate and monitor strategies and plans in addition to the collection, analysis and dissemination of disaggregated data both serve to improve the governance mechanisms and practices; however, there is no specificity relating to poverty reduction, the protection of human rights, and gender equality under this component. And since the activities conducted under this component contribute directly to these outputs then it can be said with confidence that the program, including its activities contribute, either directly or indirectly, to the achievement of the second outcome of the UNDAF.
2) **Assess to what extent the program was designed well, based on evidence, with specific results chain, and implementation arrangements, and a robust monitoring and evaluation plans.**

The first step in figuring out whether the program was designed well is to check the validity of the assumptions made. Under this component (PD), no explicit assumptions were made, but rather there were implicit ones. In UNFPA’s work with DOS which was supposed to occur through partnering with the Civil Status and Passport Department (CSPD), it was implicitly assumed that both DOS and CSPD would collaborate, cooperate and coordinate between themselves in the achievement of these activities. In other words, UNFPA would depend on DOS for arranging and coordinating activities with CSPD. This assumption was made even though it is clearly stated in the National Strategy for Statistic that a major challenge governing the work of DOS is the limited cooperation and coordination with other institutions, and especially with data-generating institutions. Of course this assumption led to many obstacles relating to activities conducted in partnership with CSPD. However, once this has been learned by UNFPA, an agreement with DOS was established to partner with HPC instead, indicating a high level of flexibility in the UNFPA programme.

In UNFPA’s work with HPC, it was implicitly assumed that the Council was aware, willing, and capable to coordinate the program between the different partners and act as “the national mirror image” of UNFPA as one the UNFPA staff stated. In addition, it is mentioned in the CPAP that “the Higher Population Council will have a strong role in the follow up and monitoring of all three components of the program...”. The interviews of the evaluation team with HPC revealed that the Council did not play a big coordinative role and perceived itself as being in parallel to other partners. Moreover, HPC did not play a role in monitoring progress and following up. When asked why they had not played such a role, they stated that HPC does not have the capacity to do so where one of the interviewees stated that “expectation overarch [our] capabilities”. In addition, and referring to the first year or so, it would be hard to imagine an institution undergoing a fundamental structural and organizational change to be capable of coordinating and following up a program of such size. Therefore, this implicit assumption fell out of place.

Regarding the M&E framework, DOS applauded the indicators used and stated that they are closely linked to the stated output, and thought that the framework was implementable. However, on closer inspection of the framework by the evaluation team, it was found that only two indicators were present under the output relating to DOS. Below are the indicators:

- Jordan’s second MDG report prepared in a participatory way and disseminated.
- Population, reproductive health, and gender indicators and variables integrated into national sectoral and selected local plans and their monitoring system.

These two indicators fall short of fully reflecting the stated output; there are no indicators related to the collection, analysis and dissemination of data. Moreover, the scope of DOS’ work dwarfs the number of indicators present and thus many activities performed or which were supposed to be performed by DOS are not reflected in the M&E framework. In other words, the M&E framework does not provide a tool for defining the accountability of the investments made.
HPC, on the other hand, found that the indicators used were not closely linked to UNFPA goals even though they were linked well with the outputs. Moreover, they thought of the M&E framework as being unclear and not being utilized properly in terms of monitoring progress and conducting analysis since these indicators along with their values are not always mentioned in the progress reports. Upon closer inspection of the indicators related to HPC, it was found that there are the following six indicators:

- Poverty, population dynamics, reproductive health, HIV/AIDS and gender equity linkages explicit in national development policies, plans and strategies
- Poverty alleviation policies, budgets and plans endorsed
- Amount of resources allocated in ICPD activities
- A system to monitor the national population strategy is established in HPC
- Annual sectoral plans of the HPC subcommittees are developed in a participatory manner
- Number of sectoral plans incorporating reproductive health, population and development and gender concerns

The first three indicators clearly reflect the broad CP outcome / UNDAF 2nd outcome. Moreover, the second set of indicators does reflect the output stated but not fully. For example, there is no indication as to whether the large-scale capacity building of HPC resulted in strengthening its capacity as an organization in coordination, which is a fundamental dimension in its partnership with UNFPA. However, indicators well reflect activities conducted although some qualitative indicators may be needed as the above indicators do not investigate the quality of the system, reports, plans.. etc.

Regarding the approaches and mechanisms used to achieve the two PD outputs, there were some challenges. For example, in the progress reports of DOS, there was a considerable amount of information that was not covered; moreover, there is no mention of the obstacles faced during the implementation of activities. There is no mechanism in place to deal with these issues. Moreover, there were many instances, where both HPC and DOS, rejected the work of consultants contracted to perform certain activities under UNFPA’s program as it was of very poor quality. This often resulted in the abandonment of the activity and thus indicates an unnecessary waste of resources. With regards to this, HPC stated how they needed more technical support from UNFPA.

Also, the management structure, along with HPC’s role, was not comprehended properly to HPC as can be noted from the interviews conducted, although it was found that there is a job description to the coordination committee. HPC also stressed on the fact that communication channels between partners of the different components needed strengthening. However, there were significant results achieved under this component mainly based on the successful strategies employed by UNFPA and its partners. An example of a successful strategy used, was the employment of DOS in other components to perform surveys (e.g., the baseline survey in the 5 communities). This efficiently utilizes partners and creates synergy.

In terms of the number and profile of staff, DOS stated that the number of UNFPA staff working with DOS was sufficient and competent and were more than helpful and supportive in jointly implementing the activities. HPC, on the other hand, stressed the fact that the large size of the...
program along with its many partners does not fit with the little number of UNFPA staff, who even though were very efficient and supportive. HPC stated that UNFPA’s managerial and administrative role was successful to a large extent; however, they were in need for technical expertise to be present at UNFPA and provided to them.

3) Assess the program management and implementation arrangements

UNFPA’s support, leadership and oversight were applauded by both DOS and HPC. They mentioned how the UNFPA staff was very efficient in terms of managing, monitoring and following up on activities. DOS especially praised the way UNFPA works and stated that they were always available when obstacles arose and even put efforts above and over their responsibilities to try to fix things. However, HPC mentioned that UNFPA should also provide the technical expertise which is needed in their program.

In terms of their coordination efforts, UNFPA faced some constraints in coordinating activities between partners under the PD component. For example, UNFPA could not coordinate between DOS and CSPD. This led to several activities being dropped and indicated a significant waste of resources. On the side of HPC, two of its three subcommittees were supported by UNFPA. In addition, national sub committees for the National Demographic Dividend plan were also formed to coordinate and follow up on population projection and migration. The third, which is the media committee was not formed and is still in the making.

The arrangements of the Country Program Technical Coordination Committee were considered to be ideally very well designed but implemented poorly since there was no intervention mechanism if an activity was noticed to be delayed or halted. At many times, HPC noted that those present from partners were usually implementers and not decision makers which are not suitable for a committee concerned with coordination.

In terms of capacities of partners under this component, both DOS and HPC did in fact implement a large part of the activities stated in their respective work plans. However, in the case of DOS, there were many activities which were postponed or cancelled due to “managerial and financial issues” as the interviewee from DOS stated. It was noticed that DOS experienced administrative difficulties in the decision making process.

In addition, there was a weak resource mobilization plan when it came to activities that were supposed to be conducted between DOS and CSPD. According to DOS, activities were coordinated by DOS to CSPD, as this was part of the program design. However, it should be noted that these two entities exist on parallel terms and one does not have a higher mandate than the other. Moreover, it should be also noted that in previous cycles, CSPD was one of the main partners of UNFPA, receiving direct support. Therefore, given this information, it should have been expected that giving DOS the main responsibility and budget to coordinate with CSPD will not work; especially when DOS did not provide CSPD with the sufficient financial resources to conduct the work (according to CSPD).

Moreover, the activity of developing a road map on migration came to a halt after having rejected a report conducted by a regional expert on the issue of migration data due to its weak findings and
poor quality. When DOS was asked about this activity, the interviewee stated that there happens to be too many institutions that deal with migration data and each has a very different set of data. Unfortunately, the effort and time spent on this activity were not utilized in an efficient manner; however, UNFPA was flexible enough to shift this activity to its partnership with HPC. Moreover, the national need for developing such a roadmap needs to be identified firstly, and secondly, the feasibility of such an activity has to be assessed given current capabilities of partners and local consultants before its commencement.

HPC, on the other hand, accomplished most of the tasks assigned to it under its partnership with UNFPA. However, there were challenges in their coordination efforts as mentioned above. In the interviews, HPC stated that they do not have the capacity to perform a coordinative role in such a large program.

Assess the extent to which the interventions were effective in achieving the program results to its population and development outputs

a. “Disaggregated and gender sensitive data and information and women, youth, vulnerable groups and the environment are collected, analyzed and disseminated”
b. “Strengthened national capacity to formulate, coordinate, and monitor gender sensitive strategies on population, poverty alleviation and food security”

Regarding the first output, the activities conducted clearly reflect and contribute to achieving the stated output. Activities involved disaggregated and gender sensitive data on the groups mentioned; however, there was no work done on data relating to the environment while little work was done concerning vulnerable work again since the output was copied exactly from the UNDAF which reflected the work of many UN agencies. Moreover, data collection techniques were included in the activities as indicated by the training that DOS received. Analysis was also present in the program which is obvious from the amount of researches that were conducted based on DHS findings. Finally, dissemination was also an integral part of the program where regional workshops across the country were conducted to present and disseminate the findings of DHS.

The program succeeded to a great extent in supporting the generation and use of data to review national policies and strategies. This is noted from the DevInfo training workshop that DOS conducted to several national counterparts including CSPD, the Ministry of Labor, the Ministry of Health, the Higher Population Council, and the Higher Council for Youth. The training succeeded in introducing participants to the importance of development indicators and explaining to them how to use DevInfo in dealing with their databases and the methods that relate to disseminating these indicators. However, the program did not achieve its objective of promoting and improving mechanisms to generate and use data from administrative records for decision making.

The following chart shows DOS’ clustered activities along the years with the different budgets allocated:
As can be noted from the above chart, the activities with the considerable budget include conducting seminars and workshops to present DHS findings, conducting a baseline survey in five local communities, developing a road map on migration and improving records related to births and deaths, and finally a study tour to Tunis. The majority of the money spent was not directly related to the output stated. For example, conducting a baseline survey in five local communities’ serves the purpose of an activity conducted in another component and accordingly should not consist of such a major part of the budget. Also, the activity related to developing a road map on migration and improving records did not have any results because activities were cancelled for the above mentioned reason.

Regarding the HPC output, the capacity building of HPC which included restructuring, developing internal systems, and establishing a new institutional identity among others, contributed to the
stated output in that HPC is now better positioned in coordinating and monitoring relevant national policies and strategies.

The following chart shows HPC’s clustered activities along the years with the different budgets allocated.

As can be noticed from the above figure, the activities with the highest budgets include developing a strategic plan for the council, supporting the PDS action plan on the demographic opportunity, World Population Day celebration, developing the population annual report and technical and program support. All these activities relate to the achievement of the stated outputs and the resources used can be said to have been used efficiently. Developing a strategic plan for the council falls under the output in the sense that the capacity of HPC has been strengthened and enhanced. Regarding the support of developing the PDS action on the demographic opportunity and the preparation of the population annual report, these relate to the formulation of strategies and plans on population and strengthen the research and report development skills of the Council. And regarding the World Population Day celebration, this activity is related to enhance the view of the Council and its mandate by national partners and stakeholders while the last activity of providing technical and program support related to enhancing the Council’s coordinative role, which requires added attention.
Finally, regarding the concept of sustainability, the work done under this component is considered to be sustainable. The capacity building of DOS, in addition to the training received on DevInfo and the participation in the REDETAM workshop all contribute to the sustainability of the work done with DOS, especially in relation to the collection and dissemination of data. An indication of sustainability is that DOS personnel gave DevInfo training to different national institutions. However, one of the most sustainable planned activities which related to data generation from routine records in coordination with CSPD did not materialize due to the aforementioned reasons. The work done with HPC is in fact sustainable since efforts at the beginning of the program concentrated on restructuring the Council so as to better serve its purpose. Moreover, efforts in later stages were concentrated in supporting the development of the PDS action plan on the demographic opportunity which will guide and direct the Council in its activities and plans in the coming years. However, there seems to be no sustainable work done with the Council in building its coordinative role between different institutions, a matter in which the Council needs strengthening.

Gender Component

The gender component is the smallest out of the three components of UNFPA operations, due to the small scale of the program and the fact that there is only two partners under Gender, namely the Jordanian National Commission for Women (JNCW) and the Ministry of Planning and International Cooperation (MOPIC) and only one output. This component focuses on building the capacity of JNCW, advocacy and policy dialogue and building the capacity of MOPIC in monitoring the MDGs and integrating population and gender issues into national plans. UNFPA support to MOPIC was through a joint project with UNDP where UNDP took the lead in the management of the programme with UNFPA support and contribution.

Regarding the work with JNCW, The following diagram illustrates the focus of activities, the UNFPA output to which they contribute and finally the UNFPA outcome;
As can be noted from the above diagram, the focus of activities stated contributes to the stated output which in turn contributes to the stated outcome. This flow diagram represents the objective of UNFPA’s partnership with JNCW and the intended results to be achieved.

Similarly for MOPIC, building the capacity of MOPIC in monitoring the MDGs and integrating population and gender issues into national plans, contributes to the same stated output which in turn contributes to the stated outcome.

1) Assess the extent to which the program was relevant to the national priorities and aligned with UNFPA comparative advantage as well as UNDAF priorities.
National Priorities:

The program, activities and the outputs they aimed to achieve were found to be relevant to national priorities in their respective rights. In the national agenda, “eliminating all forms of discrimination against women” is a prerequisite for the first phase of the agenda and women empowerment is a major cornerstone of the first theme of the Agenda which is the political development and inclusion theme; therefore gender issues are thus considered to be a major priority for the country. Also, relating to the stated output, the millennium development goals (MDGs) were closely adhered to when formulating the National Agenda and other national strategies and so the output, which tackles MDGs and CEDAW by MOPIC and JNCW respectively, does fall in line with national priorities. Moreover, activities planned under this program are very relevant to the organization’s scope of work and operations. Also, the evaluation team’s review of the National Strategy for Jordanian Women revealed that the program goes in line and supports the strategy in most of its aspects. It should be noted however, that a number of activities were not considered to be in line with the stated output.

The National Agenda stressed the importance of setting up monitoring and evaluation units within ministries who will have to design and track performance indicators. Moreover, under all themes that exist in the National agenda, there are certain performance indicators to track since the agenda spans a period of 10 years and will thus require periodic updating and revision in light of the results of indicators which are grounded in well-generated data. Therefore, the MOPIC activities which included building capacities in monitoring MDGs and National Executive Plan indicators are in fact in line with the national agenda.

Comparative advantage

According to the CPAP, UNFPA’s comparative advantages are in supporting the following areas:

- The production and utilization of vital statistics and data at the sub national level for policy-related decision making.
- Supporting policy-oriented research.
- Awareness raising and advocacy efforts, especially on emerging population concerns such as migration and women’s rights.

The work done with JNCW greatly goes in line with UNFPA’s comparative advantage. All three of them were covered in the activities, though with different extents. For example, regarding the first advantage, JNCW worked on creating a database of references related to CEDAW. Regarding the second, much policy-oriented research has been conducted such as developing a report on CEDAW implementation, the development of the National Strategy for Jordanian Women and preparing a study on the legislative context of GBV. With respect to the third, there have been some activities related to advocacy such as supporting the Network to End Violence against Women and the general support given to JNCW. While the design of the program did focus on monitoring MDGs indicators, the National Executive Plan and its indicators and CEDAW and its implementation, there was a need for further support to JNCW in advocacy which was not fully addressed by the program.

UNDAF Priorities
The UNDAF priorities can be represented by the following three outcomes:

→ Quality of and equitable access to social services and income generating opportunities are enhanced with focus on poor and vulnerable groups
→ Good governance mechanisms and practices established towards poverty reduction, protection of human rights and gender equality
→ Sustainable management of natural resources and the environment

The work on gender does go in line with the second of these outcomes due to the fact that the capacity building of JNCW was a major part of this program and also due to the focus on human rights (women’s rights) and gender equality. Therefore, both the activities of the program along with the stated output fall in line with the second UNDAF outcome.

2) Assess to what extent the program was designed well, based on evidence, with specific results chain, and implementation arrangements, and a robust monitoring and evaluation plans.

There was an implicit assumption in the design of this program under this component which is that JNCW will coordinate closely with MOPIC especially with its gender unit and M&E Directorate. In reality, there was no coordination between the JNCW and the gender unit in MOPIC since the work with MOPIC was implemented with the directorate for monitoring and evaluation at MOPIC.

A number of concerns were expressed about the design of the program with JNCW, where flexibility in the design would have been further strengthened, another issue raised was the value added of using external experts to provide technical support (vs relying on JNCW staff) which was difficult to fund. Moreover, the work with JNCW should have been strengthened at the strategic level rather than being activity based.

Another concern expressed by JNCW was the lengthy administrative and financial requirements of UNFPA.

The M&E framework and indicators were not found to be very useful, relevant or easy to implement. The following are the indicators concerning the work done on gender:

- Number of laws and legislations amended in line with the CEDAW and CRC
- Number of laws that incorporate reproductive rights of women and adolescent girls, including in emergency and post emergency context
- Periodic reports on human rights conventions submitted
- Reproductive rights are incorporated in CEDAW and related protocol reporting
- Prevalence of gender based violence
- Civil society involvement in preventing gender-based violence
- System established to monitor CEDAW and related human rights instruments in the JNCW
- Plan of action prepared to implement recommendations of the CEDAW is operational

It is worth noting that only the last two indicators are related to the output, while the others are related to the CP outcome. The last two indicators do not reflect the success or achievement of the output since they are difficult to measure and based on Yes/No answers. The other indicators do reflect the outcome properly, although not fully. Moreover, all these indicators concentrate on
quantitative aspects and do not tackle qualitative issues such as the quality of capacity building involved or quality of reports written among other qualitative features. It was noted that UNFPA staff were always available and the size of the office was considered suitable to the size of the program, however the need for technical expertise was expressed.

Assess the program management and implementation arrangements

The UNFPA team was perceived as supportive and receptive to any concerns raised, UNFPA was also involved in every step of the implementation of activities which facilitated the implementation of these activities, but which was at times perceived to be too close.

JNCW stressed on the fact that UNFPA’s leadership and management was excellent and that their complaints were all due to the design of the program and not the actual management and implementation arrangement. The interviewees also stressed on the fact that the UNFPA gender component officer was very supportive and helpful and that UNFPA officers worked as a team. Moreover, they stated how UNFPA was very involved in the management of events and provided guidance at every step of the way which encouraged speedy delivery of work although at times some of the interviewees felt that the style of management put too much pressure on the organization and was too hierarchical. Nevertheless, based on the analysis done by the evaluation team on the capacity of JNCW, this was very much needed for the timely implementation of activities

Assess the extent to which the interventions were effective in achieving the program results to its Gender output

- “Strengthened capacity to monitor progress towards the national development agenda and the Millennium Development Goals, aligned with the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and other human rights conventions”

Regarding the output mentioned above, the activities conducted did not comprehensively contribute to it. As mentioned earlier, there were no activities planned or done regarding the rights of children and other human rights conventions (with exception of the rights of women), again because the output was copied exactly from the UNDAF. A number of the activities conducted fall outside the scope of this output but as mentioned earlier, this was due to the fact that UNFPA filled in the gaps of activities that were supposed to be done by other concerned UN institutions. Overall, however, the program did in fact succeed in instituting a system for monitoring CEDAW and the implementation of the recommendations of the CEDAW committee which resulted in the establishment of a CEDAW unit inside JNCW. The program also succeeded in instituting a system for monitoring the MDGs and the National Executive Plan indicators in MOPIC

The following chart shows JNCW’s clustered activities related to GBV along the years with the different budgets allocated:
The first thing that comes to mind when observing the above chart is the lack of buildup of activities and the scattering of efforts. In the first year, a disproportionate amount of budget was allocated to supporting the network against violence against women. The following year witnessed a concentrated budget on developing the 5th CEDAW report, and rightly so since this was also a cornerstone of UNFPA’s partnership with JNCW. Moreover, the large budget allocated to establishing an M&E system which is an integral part of the program, has resulted in JNCW accepting the idea of integrating an M&E system into their organization. However, in both 2010 and 2011, a considerable amount of budget was allocated to reviewing and evaluating the 2006-2010 national strategy and developing the new strategy 2011-2015. Given that the work with MOPIC was part of a joint UNDP/UNFPA project, it is difficult to conduct such an analysis for the MOPIC component.

V. Conclusion

This section will provide an overview of the major findings of the evaluation derived from the detailed findings and analysis presented in the previous section. Moreover, a concluding note will be presented on the evaluation based on each criterion of evaluation including relevance, efficiency, sustainability, and management systems.

General Program Findings and Analysis

The whole of the UNFPA seventh cycle country program, through its three main components, was very relevant to national priorities as demonstrated by the close links existing between the program and the National Agenda and partners’ strategies and plans. Also, the program goes in line with UNFPA’s comparative advantage as they were identified in the CPAP; many of the activities under the three components were concerned with the production and utilization of vital statistics and data especially at the sub-national level and policy oriented research. And some of the activities were engaged in awareness raising and advocacy efforts although not much has been done concerning the latter. Moreover, it has been found that many of the activities were related to the capacity
building of the different partners involved although this has not been defined as an area in which the UNFPA has a comparative advantage in the initial design of the program.

Furthermore, the program has been found to also be in line with UNDAF priorities as represented by UNDAF’s three main outcomes. This can be inferred from the linkages that exist between the UNFPA outputs, outcomes and UNDAF outcomes. Nevertheless, these linkages are slightly vague due to the generality and broadness of the UNDAF document which does not provide and illustrate clearly defined roles among UN sister agencies. But due to the generality of UNDAF’s outcomes, it can be confidently stated that the UNFPA program goes in line with and contributes to two of the three outcomes.

UNFPA has played a dual role at both advocacy and implementation levels which has resulted in the dilution of their efforts. It was inferred that UNFPA is perceived to be strong and robust in operating at the policy advocacy level. Moreover, it was noticed that many delays and cancellations, with partners were the result of operating on the implementation level.

The CPAP stated clearly the design of the overall program and its three components (Population Development, Reproductive Health and Gender) detailing expected activities from each one and linking their outputs clearly to the overall program outputs and the UNDAF outcomes. However, there was a need to strengthen the coordination and linkages among all partners’ work as they were developed on a bi-lateral basis for easy implementation and follow ups. Also, although the activities of the CPAP are very relevant to national priorities UNFPA should further integrate their activities within the strategic plans of their respective partners as starting points for support.

The program was ideally designed well but implementation revealed some gaps and inconsistencies in the actual design. Not all the assumptions integrated into the design of the program were found to be valid. An example of such assumptions is that UNICEF would be present in the communities where the interventions took place as part of the program with ZENID. Another example was the assumption that UNFPA would be able to work with a sub-partner through a major partner was not correct, and hence this model did not work. The design has also induced a sense of confusion regarding the allocation of activities within components such as the presence of the GBV program under the RH component (even thought protection from violence is considered an integral part of RH services); it was found that it would have been more strategically fit to operate this program under the Gender component, which by itself was thought to be illogical to be present as a stand-alone component.

Although UNFPA mostly used the right approaches and strategies to achieve the five outputs, there were times when strategies and approaches used were not appropriate given the context and previous studies of the program. An example of this is the five communities’ baseline studies which were not utilized properly in the design of the program, resulting in arising obstacles.

The M&E framework along with its indicators needed strengthening. Although, there are indicators related to both outputs and outcomes, there are no indicators related to the actual activities (a limitation of the Result Based Management programming tool) which would prove very helpful in the annual monitoring and following up; incorporating such indicators would result in an M&E system that is based on a full chain of results from inputs to outcomes. Moreover, the indicators were limited in scope and did not reflect the entirety of activities and outputs. This is expected since
the UNDAF indicators are general and do not provide guidance to UN agencies on how to determine their specific roles, responsibilities and hence accountabilities towards their expected achievements from their respective interventions. Another finding related to the indicators is that most of them are quantitative with minimal qualitative indicators to measure the quality of work done, progress made, and impact achieved.

In terms of the number and profile of staff, it was observed that they were suitable for the program given its managerial and administrative scope as indicated by the staff’s effectiveness and efficiency in dealing with arising obstacles and other various issues. In terms of the staff’s profile, they were very suited in their administrative, management, and follow up roles as attested by most partners. However, there was an obvious need for quality technical expertise to be provided by UNFPA where at many times, external technical experts provided by UNFPA were either unavailable or did not provide the expected quality work. If this need is responded to in the next cycle, then UNFPA should have a clear strategy to improve the quality of the technical expertise provided to its partners to satisfy the demand.

The management of the program on the side of UNFPA was very well conducted. This has been confirmed from the various partners who acknowledged UNFPA’s competence in managing the programs and their step by step support and follow up. UNFPA staff swiftly dealt with arising issues and obstacles and were very responsive to partners’ needs. UNFPA also proved to be flexible in their management of programs. Moreover, management on the side of partners was also conducted well where several obstacles have been overcome and milestones have been achieved. However, there is still room for the improvement of the partners’ management; in other words, partners still need their capacities to be built in terms of project management. It is worth noting here that UNFPA can invest more in the fact that the UN Resident Coordinator also acts as the UNFPA Representative and this can be further used to push the UNFPA agenda forward at the ministerial level with the respective partners.

In terms of managing coordination with sister UN agencies and donors, there were some commendable successes that were noticed such as work with the UNDP on MDG and monitoring other national plans and with UNICEF on combating violence against children and women. However there was still limited coordination in other areas, among which was the work conducted in the communities where there was no coordination with other UN agencies which could have led to a better impact on the lives of the communities. However, it should be acknowledged that coordination of UN sister agencies in Jordan has substantially improved from previous cycles. Another issue is that coordination between partners which was envisaged in the CPAP under the management structure and its associated steering committee did not live up to its potential.

The overall UNFPA program in Jordan was fairly effective in achieving the CPD outputs albeit with different levels and although several features of these outputs were not tackled including issues related to the environment, food security, child’s law, and poverty alleviation among others, this is because UNFPA decided to copy the UNDAF outcomes exactly as stated in the UNDAF document which were naturally wider than the scope of the UNFPA mandate and later explained that UNFPA was not planning to work on them anyway.

Regarding the RH component, UNFPA effectively succeeded in breaking into the primary health care system in terms of the sensitization provided on violence against women which has paved the way
for actual institutionalization to take place, an objective which needs to be worked on in the next cycle before it can be stated as achieved. The work with ZENID in the communities succeeded in raising the awareness of and demands for RH services as a right through targeting CBOs in some of the communities and targeting local working teams in others. However, there was a major constraint in this program which was the absence of UNICEF from the communities as part of their community empowerment program. Concerning the work done on promoting the healthy lifestyles of youth in partnership with HCY was relatively successful despite the several challenges that arose to the shift of the modality of work that the UNFPA had to adopt to meet challenges as the implementation started. And finally in RH, the provision of youth healthy lifestyle services in partnership with MoH did not achieve the intended objectives mainly due to the absence of a strategic vision at MoH regarding this matter.

Regarding the PD component, the program conducted with DOS was largely successful in its work with the generation and dissemination of data, especially on the sub-national level. However, an important component of the program (supporting the generation of data from routine records) faced administrative constraints between DOS and CSPD as UNFPA tried to work with CSPD through DOS. In the work done with HPC, the program succeeded in raising the capacity of the Council through the restructuring and capacity building support that were given to it. Successes were also achieved with HPC regarding the support extended to it to formulate the PDS action plan on the demographic opportunity which will guide the Council in its activities in the coming years. What remains as a challenge is to support the HPC to better play their assumed role as the overall policy coordinator between different stakeholders.

Regarding the Gender output, the program was successful in raising MOPIC capacities in monitoring the MDGs and the national plan indicators and the capacity of JNCW as an organization in policy advocacy and monitoring, in introducing an M&E system into JNCW and establishment of a CEDAW monitoring unit. However, UNFPA support needed a strengthened strategic focus in the areas of its expertise and mandate.

Finally, the Y-Peer network proved to be one of the most successful tools used in the program overall as observed from its strong communication links with the youth population and its use of unconventional methods to communicate information and ideas related to RH and healthy lifestyles. Moreover, this network contributed to the success of the work done with ZENID in the communities and the work done with youth under the partnership with HCY. The Y-Peer network has also contributed to the sustainability of some aspects of the program by integrating into the network youth members from the youth centers and from the communities who will continue to spread the information and ideas received in the training among their peers and in their respective communities.

**Concluding Notes on Criteria**

This sub section will provide a concluding note on each evaluation criterion based on the analysis and findings in the previous section.

**Relevance**

The overall program was very relevant to national priorities as demonstrated through its convergence with the themes of the national agenda and its integration within national plans and
strategies. Therefore, the program along with its three components does well in responding to national needs. In terms of being in line with UNFPA’s comparative advantage, most activities of the programs were found to be in line with the three comparative advantages, although the issue of advocacy has not been tackled sufficiently or as much as the other areas relating to UNFPA’s comparative advantage. In relation to the UNDAF priorities, the program performs well in terms of contributing to the UNDAF outcomes, although specific contributions are hard to measure due to the broad scope of the outcomes with no clearly allocated roles. Although most of the program fares well in the relevance of their activities to the stated output, under some of the programs, many of the activities are not very relevant. For example, this was apparent in some of the work done under the gender component.

Effectiveness

The program as a whole was fairly effective. Many of the programs along with their activities succeeded in many of their stated objectives efficiently and effectively. Examples of such effectiveness include the work done with DOS in relation to the production of disaggregated data and its dissemination on a regional level in addition to the work done concerning DevInfo. Another example is the successful work done towards achieving the objectives relating to CEDAW. On the other hand, there were several programs, especially under the RH component, which were not effective in achieving the stated objective. Examples include the provision of youth friendly health services by MoH, the capacity building of CBOs in some selected communities, and the work between DOS and CSPD relating to the generation of data from routine records. However, there were some advances and lessons learned from these endeavors which cannot be considered to be totally ineffective since they will surely contribute to the success of the program in the next cycle.

Efficiency

The UNFPA program can be said to be efficient. This is inferred from the sheer size of the program and number of partners in relation to the number of staff present at UNFPA and the available budget. With three million on hand for a five year program and partnering with seven local institutions, the fact that progress has been made with major achievements indicated that resources, both human and financial, were efficiently used and allocated. However, there have been instances where resources were wasted due to the completion of certain programs or activities; but this is primarily due to the weak capacities of certain partners. Overall, the budget was in most times allocated properly between the activities, according to their respective priorities.

Sustainability

The UNFPA program is considered to be fairly sustainable on the ground and efforts to incorporate sustainability have been largely integrated into the program design. However, sustainability was lacking in certain parts of the program. For example, the GBV program with the MoH did not achieve sustainability of GBV detection and counseling into the primary health system even though the issue was greatly sensitized among service providers and efforts paved the way for future institutionalization. Moreover, the work with ZENID was supposed to build the capacities of the CBOs in the selected communities to sustain their work regarding RH awareness for the future. However, this did not happen and rather local team capacities were built in two of the communities. However, it is important to note here that a large reason for the activities being relatively
unsustainable is due to the capacities of the partners involved and especially due to the high employee turnover that occurred in most partner institutions. It is worth noting that the capacity building given to almost all partner organizations do contribute to the sustainability of the project and pave the way for further work to be built on what has been done.

**Management System**

The project management overall was very good. For such a small number of staff with limited budget to be able to effectively and efficiently manage such a large program with seven partners is an accomplishment by itself and is an indication of the proper management on the part of UNFPA. At most times, UNFPA management was applauded by being very supportive and helpful and always following up and giving its assistance within its capacity. Moreover, management at the partners’ level was also conducted well at most time, where several obstacles have been overcome and milestones have been achieved. However, there is still room for improvement of the partners’ management; in other words, partners still need their capacities to be built in terms of project management.

**VI. Recommendations**

This section will provide recommendations which logically flow from the previous section, to inform the way forward. In other words, the evaluation team has formulated the following recommendations as they see them strategically fitting the next UNFPA cycle. It is important to note here that some of these recommendations incorporate stakeholders’ views but have not affected their impartiality, while others were formulated by the evaluation team based on the findings and analysis of the whole of the evaluation. The following list of coherent, clustered, and prioritized recommendations serves to inform the way forward.

- **Focus of UNFPA Operations and Technical Expertise**

  The UNFPA should concentrate its efforts by playing their role on the advocacy-policy level since trying to play a dual role on both the advocacy and implementation levels has resulted in the dilution of their efforts. Interviewees confirmed that UNFPA is perceived to be strong and robust in operating on the policy advocacy level. By concentrating on that level, UNFPA can strongly incorporate sustainability in their program. Moreover, in UNFPA’s current cycle, there was a clear gap in its technical assistance on both the policy-advocacy and implementation levels.

  Therefore, in the next cycle UNFPA is advised to operate its program on the policy-advocacy level and utilize what has been already been implemented on the ground as case studies for successful implementation. Moreover, if UNFPA still needs to engage in implementation, it should be done in the form of piloting. Regarding technical expertise, UNFPA should be able to provide strong technical expertise in its areas of operation.

  This recommendation goes in line with UNFPA’s role in MICs which consists of knowledge transfer, policy advice, and technical assistance, strengthening national capacity, and consensus building, brokerage and advocacy by bringing together civil society & government. Moreover, it is worth noting that according to the classification of modalities of UNFPA engagement with MICs, Jordan has been found to be still present at the second level, namely, ‘average MICs’ where focus of UNFPA
assistance is targeted, centered on a few vulnerable groups or geographical area. By following this recommendation, UNFPA can ensure that it positions itself on the path of advancing and reaching to the third modality of engagement which is ultimately sought after and includes south-south and triangular cooperation while encouraging the country’s transition to become a donor itself.

Another point to consider here is that following such a recommendation will result in UNFPA’s program being more aligned with the principles of the Paris Declaration which focus on ownership, alignment with national strategies, harmonization of efforts, results-based management, and mutual accountability. Although these principles have been touched upon during the current UNFPA cycle, there was no close adherence to all five and hence, operating on the policy-advocacy level will much better integrate these principles into the next cycle.

However, in order to operate on such a level, UNFPA requires the assistance of technical expertise that is well experienced, technically strong and robust, and internationally exposed to other experiences. Therefore, UNFPA is encouraged to consider a mechanism to recruit regional experts to support decision makers while focusing on a local recruitment method when engaged in implementation in the form of pilot cases, since local expertise are considered to be stronger in implementation due to their knowledge of the context of implementation. Specifically we encourage UNFPA to consider the following:

- Recruitment of contract-based technical experts.
- Consider experts to be staffed within the major counterpart institutions; these experts should support the decision maker, facilitate implementation (if applicable), and ensure proper coordination with other programs. These experts need to be jointly selected and be shadowed by qualified internal staff. Other than their technical expertise, the selected experts should possess good management and communication skills.
- In order for UNFPA to overcome bureaucracy and long term procedures for tendering and since the scope of work and areas of intervention are clearly defined in the three components, the evaluation team encourages UNFPA to consider a pool of experts at the beginning of each cycle to be revised on a yearly basis; UNFPA can tap into this pool of experts ‘roster’ when needed.
- Establishment of linkages with universities especially the University of Jordan and within relevant areas of UNFPA focus. Such a relationship can be utilized for research purposes, providing practical experience to students through internships with UNFPA for partners and stakeholders institutions. Regional/ international cooperation in this regard is also encouraged.
- UNFPA needs to further utilize the capacity of the UN Resident Coordinator of Jordan in pushing the program agenda forward especially when communicating with top decision makers at the ministerial level.

Robustness and implementability of the design of the program

The UNFPA is recommended to better design the next program cycle in terms of robustness and implementability. The UNFPA is encouraged to assess assumptions made at the outset of the cycle to avoid any disruptions in implementation or a deviation from the actual program design. For example, what happened in the communities (absence of UNICEF) hindered the flow of activities and
deviated the actual program away from the original design. Therefore, assumptions should be checked for validity and then made; this can be done through pre-program studies or field visits.

Concerning the overall design of the program, the UNFPA should balance more among its different components so that efforts are strategically spread among the different areas. It was found that the whole program was disproportionately tilted towards the RH component even though some activities in that component are better suited in other components. For example, the work on GBV strategically fits better under the gender component and is related more to both the output and outcome related to gender.

Moreover, UNFPA is encouraged to utilize the pre-program baseline studies and surveys and integrate their findings into an amended program design. Also, UNFPA is advised to design such studies and surveys to meet the needs of the objectives to be met. For example, the survey conducted in the communities by DOS to serve the program in partnership with ZENID was not designed according to the objectives of the program. In other words, the baseline study should have focused on assessing the level of development of CBOs rather than local teams in the community since building the capacity of the CBOs was a major pillar under this program. Moreover, the results of this study were not taken into account when implementing the program. Another example is the KAP study done for the MoH in relation to the GBV program; the results of this study were not fully taken into account in implementation arrangements. Therefore, UNFPA is advised to better design such baseline studies and ensure the incorporation of their findings in slightly amending the design of the program. This can be done by pre-planning a “program reform” meeting with implementing partners prior to the commencement of the actual program to take into account the findings of baseline studies.

In order for UNFPA to ensure better coordination mechanisms between the different partners, it is recommended that work plans be component-based and not partner-based. In other words, the work plans should be per component where each partner is allocated to each activity; this will prove especially useful in dealing with sub partners. The reason for this recommendation is that working plans in each component were designed and implemented on a bilateral basis in isolation of expected roles from other implementing partners within the same component with the exception of annual review and planning meetings in addition to steering committee meetings. This has played a role in creating some fragmented efforts especially that the Technical Coordination Committee and its sub-committees did not play their role effectively to ensure proper, integrated, smooth and comprehensive implementation. The evaluation team understands the difficulty of financially and managerially administering such work plans; this is why it is recommended to prepare two sets of work plans, one per component to be followed up on and another one per partner for administrative purposes. These two sets of plans must be matched in financial terms and at the end of each year, reconciliation of the work plans must take place. This way of designing work plans will ensure that better coordination will take place as a result of better and more clearly defined roles and responsibilities per partner; this methodology will also minimize disagreements and confusion among partners. Moreover, a system of financial accountability could be easily integrated within this structure if needed.

The structure of the program management present in the CPAP relating to the Country Program Technical Coordination Committee was found to be very useful and robust. Although this type of
management structure was not implemented properly, the evaluation team encourages UNFPA to readopt this structure and enforce it in the next cycle by stressing on concerned partners the importance of such a system and providing technical support to it if needed. In relation to coordination among UN agencies themselves, a better structured UNDAF document is needed with clearly defined roles and responsibilities for each UN agencies so that accountabilities can be traced and identified.

Finally, it has been observed by the evaluation team the large scope of activities that are related to capacity building and the success of most of them. Therefore, it is recommended that UNFPA incorporate this area in their comparative advantage and properly integrate it as a main theme of their next cycle. This will also serve the purpose of being more in line with the principles of the Paris Declaration and for paving the way for UNFPA in Jordan to move to the third modality of engagement. A note worth mentioning about the capacity building is that UNFPA should partner with UNDP when supporting capacity building, and UNICEF and MOPIC when building M&E systems for partners since these two institutions have a comparative advantage in the field.

- **M&E Framework and Indicators:**

  UNFPA is advised to develop a broader and more robust M&E framework. Such a framework should be developed with the participation of the programme partners to ensure ownership and encompass a set of indicators that address the full spectrum of chain of result, from inputs to outcomes. Therefore, UNFPA is advised to produce indicators on all three levels; inputs, outputs, and outcomes. This will serve to better understand and comprehend why some results were achieved while others did not, by tracing the logical flow of results from activities to the major outcome.

  Moreover, more indicators should be included as the current indicators were found to be too little in number and thus do not fully reflect the intended output/outcome to be measured. Such a set of indicators might not be able to identify gaps and obstacles in the flow of activities to results. Therefore, UNFPA is encouraged to adopt more indicators to tackle every dimension of an input/output/outcome, in order for progress to be comprehensively monitored and for any failure in achieving a result to be identified and pinpointed.

  Furthermore, more qualitative indicators should be incorporated in the M&E system to better reflect the quality of work conducted and results achieved. In other words, indicators are supposed to cover not only if a certain activity was done or result achieved, but rather the quality of activities and achievements. However, due to the nature of qualitative indicators, it is important to note that such indicators should be assessed in terms of the partners’ feasibility of measuring them and their relative ease of use. An example of such indicators would be to continue on measuring the degree of satisfaction of the training received.

- **Partners**

  Many of the partners involved in this cycle were successful in implementing and following up on their respective work plans on different levels, with some challenges along the way. Therefore, UNFPA is encouraged to categorize partners according to their level of development to determine UNFPA’s working strategies to be adopted with each partner. The evaluation team suggests the following categorization:
Where partners have well-developed strategies and plans with an effective organizational structure, UNFPA’s working method would be in slotting itself in that partner’s strategies and plans, complementing the activities involved, and supporting the overall achievement of strategy and planning objectives with a focus on policy-advocacy support.

Where partners have weak strategies and plans and which are not well developed organizationally and managerially, UNFPA’s working method should be in building the capacity of the partner institution by organisational restructuring and building the capacities of the staff involved (such as what has been done with HPC in the current cycle) so that it becomes competent to develop its own robust plans and strategies and for it to move up to the above category.

Where partners have a strong outreach in their related fields, UNFPA’s working method should be program-based and using such partners as tools for their overall objectives and work with other partners.

When working with partners, their conviction of the program proposed along with their capacity for implementing a suggested program should be assessed before setting out the objectives and activities for each partner. This will greatly minimize the incompletions and delays of certain activities. Moreover, if UNFPA were to choose a new partner, the capacity and level of cooperation should also be assessed beforehand. This applies to the below recommendations.

The evaluation team recommends that UNFPA partners with the National Council for Family Affairs (NCFA) in its work on GBV. This is because NCFA is considered to be the main entity responsible for the issue of family protection and has, since its inception, worked on the National Framework for Family Protection and has formulated strategies related to this framework in addition to working on a tracking system in this regards. UNFPA has already worked (with MoH) on the sensitization of the issue with service providers and has established family protection committees in three areas, as pilot cases. The next logical step would be to work on the policy-advocacy level with NCFA to properly and sustainably integrate and institutionalize GBV detection and counseling into the primary health care system.

Also, the evaluation team recommends that UNFPA works with the Ministry of Social Development (MoSD) relating to its work with Youth. The MoSD is already engaged in youth issues as attested by its partnership with the International Youth Foundation (IYF) and UNICEF. Partnering with MoSD can also be the key to engaging with the poor which was part of the current cycle program design but was not tackled fully. Work conducted in partnership with HCY can be used in the next cycle as piloting cases to be referred to as continuing the activities with HCY on specific camps and centers would not be considered sustainable and would be tedious due to the large number of such camps and centers dispersed around the kingdom. Therefore, working with MoSD would move up UNFPA’s engagement from the implementation level to the policy-advocacy level where it is needed.

Another institution worth considering partnering with is the Ministry of Education due to its strong outreach to the youth population and due to the critical role that it has the potential to play in terms of enhancing the awareness of youth on RH issues and healthy lifestyles.

- **Recommendations per Component:**
Under the RH component, the UNFPA is encouraged to take the aforementioned recommendations of transferring the GBV program to the gender component, partnering with NCFA and MoSD (if feasible), and relieving the overall burden present on this component. In addition to these, work on GBV should integrate more with available policies and procedures and be included in training programs and staff orientation plans. UNFPA is also encouraged to seek the inclusion of social workers in their GBV program so as to increase and open communication channels with victims; these social workers can be obtained from NGOs and MoSD among other institutions. Also, incorporating the development of the tracking tool is also strongly recommended as this will not only benefit the GBV program but also contribute to the output of “disaggregated and gender-sensitive data... etc” and support joint programs between UN agencies.

Moreover, UNFPA is encouraged to continue work on the provision of healthy lifestyle services so that efforts and resources are not wasted but rather built upon. UNFPA’s new focus on the policy-advocacy level should complement and support the achievement of this program. The work done with ZENID in the five communities should be continued and built upon with the consideration of changing a few locations in light of the findings of this evaluation. Moreover, the program should not be uniform across all five communities as this will not take into account the context of intervention. Each community should have its own intervention design as part of the program design. As an example, the evaluation team has suggested an intervention design for the Um El-Rassas area, which is found in Annex IV. In the next cycle, work should be expanded outside the scope of RH in order to provide a comprehensive assistance package for the communities. The work at the community level will be stronger if UNFPA partners with other UN agencies to define roles for each according to their respective specializations.

Under the PD component, the UNFPA is encouraged to advocate the utilization of data by decision makers as part of its new direction. Due to the success of the work done with DOS, efforts should continue in the same direction and new areas can be entered. For example, UNFPA could support the Y-Peer Network in the development of a Y-Peers database to be accessible to all UNFPA partners and other national institutions so that, if needed, Y-Peers can be easily reached and communicated with UNFPA. Regarding HPC, UNFPA is encouraged to support the council in its PDS demographic opportunity action plan which will guide the council’s work in the years to come.

Under the gender component, UNFPA is advised to reconsider the output under this component due to the fact that it encompasses issues outside the scope of Gender. Moreover, the empowerment of women in the workplace and household should be an area for investigation under this component. Also, UNFPA should consider partnering with UNWomen to perform joint activities under this output.
Evaluation of the UNFPA Country Programme for Jordan 2008-2012

Terms of Reference for the Evaluation Team

1. Background and context

UNFPA Country Program (CP) in Jordan is the 7th program for the years 2008-2012 which is aligned with the second United Nations Assistance Framework (UNDAF) [annex 1] and with the Country Programs of UNDP, UNICEF and WFP. The first Country program started in 1976, and subsequent programs were developed based on the lessons learned from the previous cycle and the emerging priorities in the country. The fundamental objective of the program is to advance human development; fight poverty and inequality including gender inequalities, balancing the country’s human resources with other available resources in the country.

According to an analysis of human and state capabilities, the UNDAF framework identified three outcomes the UN collectively committed to achieve by the year 2012, related to: a) social development; b) governance; and c) sustainable environment. The 7th UNFPA CP contributes to the first two of the UNDAF outcomes.

Based on the UNDAF for Jordan, the CP was adopted by the Executive Board in 2007, and based on the approved CPD [annex 2] a Country Programme Action Plan (CPAP) [annex 3], provided further clarifications of the partners and mode of operation envisaged for the country program was developed.

The CPAP was developed in close collaboration with national partners and the UN System, it was signed by the Jordanian Government and UNFPA Country Office. Through the CPD and CPAP, UNFPA committed to the achievement of 5 outputs under the three main themes: Population and development (PD), Reproductive health (RH), and Gender (G). It is nationally executed under the overall coordination of the Ministry of Planning and International Cooperation. A table [annex 4] summarizes the 5 outputs UNFPA is committed to, and a tracking tool was developed to monitor progress. Following a Mid Term Review (MTR) conducted in 2010, the tracking tool was updated and slightly modified to include other indicators more relevant to the UNFPA supported outputs. [annex 5]

The design of the CPD was based on a number of assumptions: they include:

- There are a number of strong active partners who are also supporting the government in the area of RH, most importantly USAID, and their programs will cover family planning, quality of care elements and reproductive health commodity security; therefore UNFPA can afford not to focus on these areas that are “traditional UNFPA support areas”
- Based on the situation analysis conducted by UNFPA in 2006, UNFPA’s comparative advantage is in:
  - Monitoring key national plans and strategies (e.g., Jordan’s national report to the CEDAW committee, the Second Reproductive Health Action Plan (RHAP II), the National Population Strategy and subsequent action plans etc…
  - Strengthening the use of data from surveys and routine records
  - Covering the gap in the provision of counseling and services for women victims of violence through the government health system
  - Provision of youth friendly health services
  - Promotion of a healthy life style among young people
  - Increasing demand for reproductive health as a right at the community level
- Specifically at the community level, UNFPA can build on the partnership UNICEF has established through its community development programme, thus the community based work should follow communities where UNICEF is already present and based on their criteria for
selection. UNFPA can also encourage other UN agencies to join in the community based work each according to their comparative advantage.

Based on the above assumptions and priorities, the UNFPA supported program started implementation in 2008, and worked at the national and at the community level.

In brief, the programme focused on the following areas:

In Population and Development (2 outputs):
- Strengthening capacities to coordinate and monitor gender sensitive population policies
- Improving the use of data for decision making from routine records and surveys

In Reproductive health (2 outputs)
- Introduction on GBV detection, treatment and counseling services in the MOH health system
- Raising demand for RH as a right in selected communities
- Provision of youth friendly health services
- Promotion of healthy life styles among youth aged 15-24

In gender (1 output)
- Supporting establishment of national mechanisms to follow up on the recommendations of CEDAW and monitoring the MDGs

2. Evaluation purpose

The purpose is to conduct an end-of-country program cycle evaluation to ensure substantive accountability of the investments made, and as a basis for learning, in order to improve the relevance and quality of the next CP for UNFPA for the years (2013-2017). According to UNFPA policies, the end of program evaluation is undertaken as a mandatory requirement, in the penultimate year of the on-going cycle to build the evidence-base of results achieved, to inform the design of the next cycle (2013-2017).

3. Evaluation scope and objectives

The scope of the evaluation covers the on-going country program cycle that began in 2008. As per annex 4, the total number of outputs that UNFPA has committed to is 5, in achieving these five outputs, UNFPA has worked and signed annual workplans with 8 partners, all of the workplans are managed centrally in Amman, however, as mentioned above, some partners operated in selected governorates or communities; the table attached in [annex 6] clarifies the original geographic presence planned at the beginning of the program cycle.

The outputs evaluation criteria proposed broadly follows OECD/DAC guidance, namely, relevance, effectiveness, efficiency, impact, sustainability, and management systems. It is recognized the impact will be the most difficult criteria to evaluate given the available data and baselines, and therefore impact evaluation will be outside the scope of this evaluation. In order to extract lessons learned and best practices, the evaluation scope should cover as well the overall program design, delivery, performance, alternative strategies & the application of the rights-based approach and mainstreaming gender in development efforts.

The evaluation is expected to clearly document success stories and best practices that become apparent as part of the evaluation exercise.

In recommending the way forward, the evaluation is expected to keep in mind that Jordan is considered a Middle Income Country (MIC), in a region experiencing a massive political volatility. MICs constitute two thirds of the world’s population and have a major impact on the world’s global development. While it is clear that the UN have an essential role to play in MIC, there is an ongoing debate and discussion on what is the UN’s comparative advantage and best mode of engagement and
support in a MIC, therefore the evaluation should contribute to this debate with informed analysis of UNFPA’s current role in Jordan and the implications for the future role of UNFPA as part of the UN system in a MIC like Jordan.

4. Evaluation Questions and Methodology

The CP evaluation should address a list of specific questions as well as a list of general questions. It is proposed that the evaluation use a mixed methods approach to include some or all of the following:

- desk reviews
- group and individual interviews including with main stakeholder and implementers in the field, UN partners, final rights holders, youth and others (a minimum number of individual interviews is encouraged to ensure confidentiality and objective unbiased feedback)
- collection and analysis of quantitative primary and secondary data where appropriate. Although certain primary data is suggested, the evaluation is not expected to have primary data collection as its main tool
- use of field visits to validate preliminary findings
- triangulation of different data sources to add rigor to the validity of findings

Note: Triangulation refers to the use of more than one approach to the investigation of a research question in order to enhance confidence in the ensuing findings.

It is envisaged that this evaluation activity will be divided in three distinct phases:

- Phase 1. Preparation: desk review/stakeholder mapping/inception meetings and an inception report
- Phase 2. Implementation: data collection and validation/analysis/draft report/stakeholder meeting/final report
- Phase 3. Communication: Management response/disseminate the report/follow-up implementation

Based on Part VII of the CPAP, the M&E planning and tracking tool, and the available data, and the key questions mentioned above, the CO has compiled the following Evaluation Methodology Framework for the evaluators to review and use as appropriate. This framework should be used as a guiding framework for the evaluators. The evaluators are encouraged to propose additions/modifications to this framework as part of their bid for this evaluation. The evaluators will be required to specify the precise methods of data collection and validation in the inception report.

a. Evaluation Questions¹

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Evaluation Criteria</th>
<th>Methodology/tools to be used</th>
<th>Proposed Stakeholders to be interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess the extent to which the program was relevant to the national priorities and aligned with UNFPA comparative advantage as well as UNDAF priorities</td>
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</table>

¹ IMPORTANT: The evaluation tools proposed in this table are indicative only, the potential evaluators are strongly encouraged to review the questions and the methodologies/tools proposed very critically, other tools can be proposed by the evaluators as part of their bids to this consultancy
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| 1.1 Were the mix of UNFPA supporting programs in harmony with its comparative advantage in the country? | Relevance           | - Desk review  
- Interviews with key stakeholders                                                        | - UNICEF  
- UNDP  
- MOPIC  
- HPC |
| 1.2 Were UNFPA’s areas of cooperation based on the comparative advantage of UNFPA in the area of gender especially taking into consideration the mandate of UNIFEM (and later UN Women)? | Relevance           | - Desk review  
- Interview with key stakeholders in JNCW and government and NGO sector, UN Women       | - JNCW  
- JNCW gender focal points from government and NGO  
- UN Women |
| 1.3 To what extent was the UNFPA program in line with the UNDAF priorities and contributed to the achievement of these priorities | Relevance           | - Desk review  
- Interviews with key stakeholders                                                        | - UNRC and other staff from UN agencies  
- MOPIC  
- UN Women  
- HPC  
- Chairs of UN working groups. |
| 2. Assess to what extent the program was designed well, based on evidence, with specific results chain, and implementation arrangements, and a robust monitoring and evaluation plan |                     |                                                                                              |                                                      |
| 2.1 Were the original assumptions made by UNFPA valid and was the choice of areas of intervention correct? | Relevance           | - Desk review  
- Interviews with key stakeholders                                                        | - USAID (HSS, PSP projects)  
- JICA  
- MOPIC  
- HPC |
| 2.2 To what extent was the original program design robust, smart with clear indicators and an implementable M&E framework and plan? | Relevance           | - Desk review  
- Interview with key stakeholders                                                        | - UNFPA staff  
- HPC |
| 2.3 Did UNFPA use the right program approaches and mechanisms to achieve the 5 CPD outputs? | Efficiency and management systems | - Desk review  
- Interviews with key stakeholders (UN, MOPIC,..)  
- Focus group discussion with our steering committee. | - Main UNFPA partners  
- UNFPA staff  
- UN  
- MOPIC |
| 2.4 Was the program size consistent with the number of implementing partners and the number of staff in the office? | Efficiency           | - Desk review  
- Interview with key stakeholders.                                                         | - HPC  
- Heads of partners  
- Project managers |
| 2.5 Was the profile of the staff in UNFPA in harmony with the design of the country program and its outputs? | Efficiency and management systems | - Desk review  
- Interviews with key stakeholders                                                        | - UNFPA staff  
- HPC |
### Evaluation Question

3. Assess the extent to which the interventions were effective in achieving the program results related to its population and development outputs:

- PDS1 “Strengthened national capacity to formulate, coordinate, and monitor gender sensitive strategies and plans on population, poverty alleviation and food security” and
- PDS2 “Disaggregated and gender sensitive data and information on women, youth, vulnerable groups and the environment are collected, analyzed and disseminated”

<table>
<thead>
<tr>
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<th>Proposed Stakeholders to be interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 How far did the program succeed in supporting the generation and use of data to review national policies and strategies?</td>
<td>Effectiveness</td>
<td>- Desk review&lt;br&gt;- Interviews with key stakeholders</td>
<td>- HPC&lt;br&gt;- DOS</td>
</tr>
<tr>
<td>3.2 To what extent did the program succeed in promoting and improving mechanisms to generate and use data from administrative records for decision making?</td>
<td>Effectiveness</td>
<td>- Desk review&lt;br&gt;- Interviews with key stakeholders</td>
<td>- HPC&lt;br&gt;- DOS&lt;br&gt;- Civil Status and Passports Department&lt;br&gt;- Migration related authorities</td>
</tr>
<tr>
<td>3.3 How far did the program succeed in strengthening the role of the Higher Population Council in coordinating and monitoring relevant national policies and strategies?</td>
<td>Effectiveness</td>
<td>- Desk review&lt;br&gt;- Interview with key stakeholders</td>
<td>- HPC&lt;br&gt;- MOH staff&lt;br&gt;- USAID</td>
</tr>
</tbody>
</table>

4. Assess the extent to which the interventions were effective in achieving the program results related to its reproductive health outputs:

- RH1: increased awareness and demand for and access to quality health services with a focus on post-natal care and family planning services and with special attention to vulnerable groups
- RH2: Greater access to integrated health services and gender sensitive information and skills with a focus of maternal and reproductive health, promoting healthy lifestyles and preventing HIV/AIDS and substance abuse

4.1 To what extent did the program succeed in integrating GBV detection, counseling and services within the primary health care system in MOH?

<p>| Effectiveness | - Desk review&lt;br&gt;- Interviews with key stakeholders (UN, MOPIC, MOH,...)&lt;br&gt;- Focus groups (trainers team, family protection committees, heads of selected health facilities) | - MOH&lt;br&gt;- UNICEF |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>4.2 To what extent are the targeted health centers/ hospitals managing cases detected in the health system according to the agreed protocols?</td>
<td>Effectiveness</td>
<td>- Desk review</td>
<td>- MOH</td>
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<td></td>
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<td>- Interviews with key stakeholders</td>
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<td>Review of records and case management procedures in targeted centers</td>
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<td>- Interviews with health workers in targeted centers</td>
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<td>- Observation</td>
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<tr>
<td>4.3 What are the barriers and hindering factors that have affected the integration of youth friendly health services in the primary health care?</td>
<td>Effectiveness</td>
<td>- Desk review</td>
<td>- MOH</td>
</tr>
<tr>
<td>4.4 What could be alternative strategies to be pursued in the future programs?</td>
<td></td>
<td>- Interviews with key stakeholders</td>
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<tr>
<td></td>
<td></td>
<td>(MOH, HCY)</td>
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<td>- Focus groups and in-depth interviews with CBOs members, and</td>
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<td></td>
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<td>Committees' members.</td>
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<td></td>
<td>Focus groups with selected community members</td>
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<tr>
<td>4.5 Did the program succeed in building the capacity of CBOs in the local communities to raise demand for RH in their communities?</td>
<td>Effectiveness</td>
<td>- Desk review</td>
<td>- ZENID project staff</td>
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<td></td>
<td></td>
<td>- Interviews with decision makers in ZENID and MOPIC</td>
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<td></td>
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<td>Field visits to communities</td>
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<tr>
<td>4.6 In its work with ZENID at the community level, did the program choose the right selection criteria for the communities?</td>
<td>Relevance and effectiveness</td>
<td>- Desk review</td>
<td>- ZENID project staff</td>
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<tr>
<td></td>
<td></td>
<td>- Interviews with decision makers in ZENID and MOPIC</td>
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<td></td>
<td></td>
<td>Field visits to communities</td>
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<tr>
<td>4.7 To what extent was the youth camp approach adopted with the Higher Council for Youth an appropriate tool to promote the healthy life styles among young people?</td>
<td>Effectiveness</td>
<td>- Desk review</td>
<td>- HCY</td>
</tr>
<tr>
<td>4.8 Will this continue following the completion of the UNFPA supported program?</td>
<td></td>
<td>- Interviews with key stakeholders</td>
<td>- Youth who Participated in the HLS camps(names from HCY)</td>
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<td></td>
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<td>- Y-peer Focal points in charge in</td>
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<tr>
<td>Evaluation Question</td>
<td>Evaluation Criteria</td>
<td>Methodology/tools to be used</td>
<td>Proposed Stakeholders to be interviewed</td>
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<tr>
<td>4.9 To what extent was the program successful in integrating the YPEER initiative and network into the program outputs and its design?</td>
<td>Effectiveness</td>
<td>Desk review, Interviews or focus group discussions with key stakeholders (HCY staff, consultants, youth peers at central and community level)</td>
<td>2010 and 2011 - Active youth peers from the core team</td>
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<tr>
<td>4.10 What were the barriers?</td>
<td></td>
<td></td>
<td>Active youth from the centers who took peer education training</td>
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<tr>
<td>4.11 How can UNFPA ensure a stronger connection with the network in the next program?</td>
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<td></td>
<td>Y Peer Network</td>
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<tr>
<td>4.12 Did the participation of young people in the HCY youth camps increase their knowledge of healthy life styles including HIV/AIDS prevention?</td>
<td>Effectiveness</td>
<td>Desk review, Review of pre and post tests in camps, Focus groups with youth participating in camps at different times, Observation during camps</td>
<td>Focus groups and camps visits could be arranged by HCY</td>
</tr>
<tr>
<td>4.13 What are the pros and cons from the change in approach that UNFPA adopted between CP6 and CP7; from building capacities of ZENID to using ZENID to build the capacities of CBOs in local communities?</td>
<td>Effectiveness and sustainability</td>
<td>Focus groups and in-depth interviews with CBOs members, Interviews with ZENID team</td>
<td>ZENID project staff, Head of the local CBOs, Rafah2 teams’ focal points</td>
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<tr>
<td>4.14 Did this change in approach contribute to increasing the sustainability of the program?</td>
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<tr>
<td>5. Assess the extent to which the interventions were effective in achieving the program results related to its gender outputs:</td>
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<tr>
<td>- Strengthened capacity to monitor progress towards the national development agenda and the Millennium Development Goals, aligned with the Convention on the Rights of the Child, and other human rights conventions</td>
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<tr>
<td>5.1 Did the program succeed in instituting a system for monitoring CEDAW and the implementation of the recommendations of the CEDAW committee?</td>
<td>Effectiveness</td>
<td>Desk review, Interview with key stakeholders in JNCW and</td>
<td>JNCW, JNCW focal points for CEDAW unit</td>
</tr>
<tr>
<td>Evaluation Question</td>
<td>Evaluation Criteria</td>
<td>Methodology/ tools to be used</td>
<td>Proposed Stakeholders to be interviewed</td>
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<tr>
<td>5.2 How successful was UNFPA’s joint project with UNDP in building national capacities to monitor progress in achieving the MDGS and other HR conventions?</td>
<td>Effectiveness</td>
<td>Desk review - Interview with key stakeholders in MOPIC and government and NGO sector</td>
<td>MOPIC - UNDP - Experts and consultants</td>
</tr>
<tr>
<td>6. Assess the program management and implementation arrangements</td>
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<tr>
<td>6.1 To what extent did UNFPA program coordinate with other UN agencies and promote joint programming?</td>
<td>Effectiveness and efficiency</td>
<td>Review UN working groups’ plans. - interviews</td>
<td>Chairs of UN working groups. - UN program specialists; - National partners that UNFPA works with in coordination with other UN agencies.</td>
</tr>
<tr>
<td>6.2 To what extent did the country office leadership, financial management, technical support and oversight provide a conducive environment to achievement of the program results</td>
<td>Effectiveness</td>
<td>Interviews with key stakeholders</td>
<td>UN Agencies - MOPIC - HPC</td>
</tr>
<tr>
<td>6.3 To what extent did the different categories (government and NGOs) of implementing partners have the necessary capacity and effectively implement their respective annual workplans</td>
<td>Effectiveness</td>
<td>Interviews with key stakeholders</td>
<td>UN Agencies - Key partners</td>
</tr>
<tr>
<td>7. Lessons learned and way forward</td>
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<tr>
<td>7.1 Based on the lessons learned, what is the comparative advantage for UNFPA in Jordan as a middle income country in the next five years?</td>
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</tbody>
</table>

5. Evaluation products (deliverables)

The required key evaluation products are:

- **Evaluation inception report** (a maximum of 10 pages) — an inception report should be prepared by the evaluators before going into the full fledged evaluation exercise. A two week period is estimated for completion of the inception report after contract award. It should detail the evaluators’ understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods; proposed sources of data; and data collection procedures. The report should include a proposed schedule of tasks, activities and deliverables, designating a team member (if applicable) with the lead
responsibility for each task and/or product. The report provides the evaluation managers and the evaluators with an opportunity to verify that they have reached a common understanding about the evaluation methodology and scheduling. UNFPA will approve the inception report officially and this will be considered as a go-ahead for the evaluation team.

- **Draft evaluation report** — the draft report is required by stakeholders within six weeks after submission of the inception report. The evaluators should self-assess their report against the UNFPA evaluation guidelines prior to submission of the draft evaluation report [Annex 7]. The Evaluation Management Committee (EMC) will review the draft report to ensure that the evaluation meets the required quality standards as per UNFPA evaluation guidelines. The EMC will provide the evaluators with comments on the draft report, within 10 working days of officially receiving the report.

- **Final evaluation report** (max 50 pages excluding annexes) — the required layout is attached [Annex 8]. The final evaluation report is required two weeks following approval of the draft report by the EMC.

In assessing the quality of the final evaluation, the EM and the EMC will assess the following: i) structure and clarity of the report; ii) executive summary robustness and completeness, can be a stand-alone document; iii) evaluation design and methodology; iv) reliability of data; v) specificity of findings and Analysis; vi) conclusions; vii) precise recommendation that are strategic and not only process oriented; viii) adopting a gender and human rights approach and ix) meets the needs of UNFPA. **Presentations to be made at different stages of the evaluation** the evaluation team will meet regularly and as needed in the EMC, the evaluators are expected to give the following PowerPoint presentations to a larger groups:

- PowerPoint presentation of the initial findings as per the draft evaluation report following the submission of the draft evaluation report. This will be presented to the UNFPA main implementing 8 partners in a meeting arranged by UNFPA for this purpose (this will include program and management issues).
- PowerPoint presentation of the initial program findings as per the draft evaluation report following the submission of the draft evaluation report. This will be presented to the key partners active in the area of population and development, gender and RH other than the 8 UNFPA partners, the discussing will focus more on where UNFPA focused in the previous cycle and whether there should be a change in directions in the following cycle.
- PowerPoint presentation of the final approved findings following the submission of the final approved evaluation report. A one day event will be arranged by the UNFPA office to disseminate the results of the evaluation; this will involve a larger group of stakeholders and UN agencies (approximately 50-60 participants). The evaluators are expected to give a presentation during the event and attend the whole day providing further input into the discussions.

### 6. Evaluation team composition and required competencies

The required competencies for the evaluator/evaluation team will be as follow:

- Consultant team leader, with overall responsibility for providing guidance and leadership, and in coordinating the draft and final report
- Expertise in the core subject areas of the evaluation: a) population and development (including data collection), b) reproductive health (including youth RH and healthy lifestyles, c) gender, d) results based management and monitoring and evaluation. It is possible that one individual evaluator may possess more than one of these core subject areas, hence above qualifications are expected from the team in totality.
The team leader must have a demonstrated capacity in the evaluation of country-wide programmes, as evidenced by previous work and demonstrable deliverables. All team members must have an in-depth knowledge of development issues in Jordan preferably in the three main themes: Population and development (PD), Reproductive health (RH) including youth RH, and Gender (G). While the team leader has the overall responsibility for compiling the report, each team member is responsible for providing detailed inputs for the topics and thematic areas within their specialist expertise. The division of labour should be spelled out in the inception report. UNFPA has the right to express concern about any of the consultants proposed and request their change if the quality of their work is not acceptable.

UNFPA will assign an Evaluation Management Committee (EMC) for this exercise, The EMC will support the team in the final design of the evaluation, participate in the scoping mission, and provide ongoing feedback for quality assurance during the preparation of the inception report and the final reports.

As part of the process, resumés and references are required to be submitted to the UNFPA office, together with a clear statement from the prospective evaluators stating their independence from any organizations that have been involved in designing, executing or advising on any aspect of the intervention that is the subject of the evaluation and clear stating they do not perceive any conflict of interest in conducting this evaluation. Previous experience with United Nations and field experience in the Middle East are a great asset. UNFPA will also take into consideration the gender balance among the team.

7. Evaluation ethics

The evaluation team will follow the United Nations Evaluation Group (UNEG) norms and standards for evaluation and will adhere to the ethical Code of Conduct in all phases of the evaluation. To ensure impartiality and confidentiality, UNFPA will not request the evaluators to provide them with transcripts of interviews or any other data collection tools used by the evaluators.

8. Implementation arrangements

The management structure for the evaluation is composed of the following:

- The Evaluation Management Committee (EMC) – will be co-chaired by UNFPA Assistant Representative and a representative from the Higher Population Council (HPC). The committee will also have three additional UNFPA Jordan staff and one staff from a sister UN agency (M&E Specialist in UNICEF). The EMC will also update all UNFPA partners on the progress and key milestones of the evaluation through the UNFPA Programme Coordination Committee which usually meets on a quarterly basis to coordinate among different UNFPA partners.
- The EMC will also receive support in ensuring the quality assurance of the final evaluation report and the process from a Quality Assurance Group (QAG) which will include three members providing comments on the evaluation deliverables remotely from the Arab States Regional Office (ASRO) in Cairo and UNFPA Office in Palestine, they are: The M&E Advisor in ASRO, the Population and Development Advisor in ASRO, and the M&E Officer in UNFPA Palestine.
- The UNFPA chair of the EMC will also serve as the Evaluation Manager (EM) and will request input support from other UNFPA staff as needed.
- Evaluation Team (ET) – will be identified based on competitive selection and will constitute the evaluation team.

UNFPA Country Office will provide logistical support and arrange meetings and field visits as and when required by the team. UNFPA will also make available office space if the evaluators undertake a desk review of UNFPA files and documents; the evaluators are however expected to bring their own laptops.
9. Time-frame for the evaluation process

40 working days over a period of four and a half months. (From 15 July to 30 October)

The final report has to be ready by end October (first draft by 15 September). This clause is non negotiable, the evaluation must be completed by this date since its results have to feed into the new Country Programme Document (CPD) that UNFPA will present in draft to its headquarters in January 2012.

10. Cost

The final cost for the evaluation will be determined by the review of the financial bids provided by the evaluators, once accepted and cleared, the cost will be added here as part of the chosen bidder’s TOR/ contract. For international consultants, travel costs that may be incurred by the CO will be calculated as per UNFPA regulations, the number of visits and their costs will be added here for information, however the evaluator’s bid should exclude travel costs.

The payment schedule will be as follows:
- 30% of the payment will be made upon delivery of the approved inception report
- 30% of the payment will be made upon delivery of the draft evaluation report and PowerPoint presentation on the draft report
- 40% of the payment will be made upon delivery of approved final evaluation report in 4 hardcopies, and a USB which includes the soft copy of the report and its annexes, and soft copy of the PowerPoint presentations. The soft copy of the report should have the following name: Jordan Seventh Country Programme 2008 2012 End Programme Evaluation (month evaluation submitted) 2011.

11. Evaluation Limitations

According to UNFPA guidelines, and in order to inform the CPD for the years (2013-2017), the evaluation has to be conducted and completed in year 4 of the programme, without the opportunity to include the achievements and constraints of year 5 in the evaluation. This is recognized as a limitation of the evaluation and should be mentioned in the final evaluation report, the final evaluation report should also mention other limitations faced during the evaluation.

Also, it is important to point out that UNFPA received supplementary funding to address specifically the reproductive rights of Iraqi women who came to Jordan in 2007 and 2008. Although this constituted an important addition to the CP and took considerable time and effort from a number of UNFPA staff, however, given the already broad scope of the evaluation and the short time period available, this component of the CP will not be included in the evaluation.

Annexes are available upon request.

For additional information regarding this consultancy, please contact: Ibtisam Dababneh dababneh@unfpa.org

12. ToR annexes

Annex 1 – UNDAF for 2008-2012
Annex 2 – Approved CPD 2008-2012

Annex 3 - Country Programme Action Plan (CPAP)

Annex 4 – Table summarizing 5 UNFPA outputs and implementing partners

Annex 5 – Tracking tool – indicators used to monitor CPD progress

Annex 6 – Geographic coverage planned for the CPD at the beginning of the program cycle.

Annex 7 – Minimum structure expected in the final report

Annex 8 – UNFPA Evaluation Guidelines and Quality Assessment Form

Additional Important Reference Documents

1- Annual reports 2008, 2009, and 2010
2- AWP and progress reports from partners
3- UNFPA Mid Term Review 2010
4- UNDAF Mid Term Review 2010
5- KAP survey about GBV among MOH health professionals
6- Assessment of youth friendly Health Services