



Evaluating the Effectiveness of Shelter, Health, and Education Programs for Iraqi and Syrian Refugees in Jordan

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EVALUATING THE EFFECTIVENESS OF SHELTER, HEALTH, AND EDUCATION PROGRAMS FOR IRAQI AND SYRIAN REFUGEES IN JORDAN

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ACRONYMS

CBO	Community-Based Organization
DoS	U.S. Department of State
GoJ	Government of Jordan
JD	Jordanian Dinar
JHAS	Jordan Health Aid Society
JRP	Jordan Response Plan
ICMC	International Catholic Migration Commission
IFE	Informal Education
IMC	International Medical Corps
INGO	International Non-Governmental Organization
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MHPSS	Mental Health and Psychosocial Support
MoE	Ministry of Education
MoH	Ministry of Health
MoPIC	Ministry of Planning and International Cooperation
MoSD	Ministry of Social Development
MOU	Memorandum of Understanding
NGO	Non-governmental Organization
NP	Implementing Non-Governmental Organization Partner
NRC	Norwegian Refugee Council
PRM	Bureau of Population, Refugees, and Migration
PRS	Palestinian Refugees from Syria
RAIS	Refugee Assistant Information System
SHE	Shelter, Health, and Education
SI	Social Impact, Inc.
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
VAF	Vulnerability Assessment Framework
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

Evaluation Purpose

This evaluation is part of a 16-month effort to examine the effectiveness of shelter, health, and education (SHE) programs funded by the U.S. Department of State's (DoS) Bureau of Population, Refugees, and Migration (PRM) for Syrian and Iraqi refugees in Lebanon, Jordan, and Turkey, during fiscal years 2012-2015. This report focuses specifically on PRM-supported SHE programming in Jordan. The evaluation findings and recommendations will guide PRM's funding decisions and diplomatic engagements, inform PRM Refugee Coordinators' monitoring efforts, and enable partners to increase their impact.

Background

This evaluation looks at SHE programming by four NGOs and two UN agencies for non-camp refugees. ICMC and NRC engage in shelter programs. ICMC supports Syrian refugees and vulnerable Jordanians with short-term rental assistance, while NRC supports Jordanian landlords in renovating or finishing units in exchange for hosting Syrian refugees for approximately 1.5 years. Caritas and IMC support different aspects of the health sector. Caritas provides primary health care and support for chronic diseases and maternal healthcare to refugees and vulnerable Jordanians. IMC provides comprehensive mental health and psychosocial support to refugees and Jordanians. UNHCR supports a cash for health program focused specifically on maternal health care. UNICEF and Caritas are engaged in the education sector. Caritas provides Syrian refugee children with informal education services including kindergarten and remedial support, as well as a "catch-up" program for students who have missed multiple years of school. UNICEF runs informal schools and also supports families through unconditional cash assistance.

Evaluation Design, Methods, and Limitations

The evaluation team visited the Irbid, Amman, and Karak governorates during a four-week visit in April 2016. The mixed-method approach included: a review of program documents; semi-structured interviews with various key informant types; and semi-structured interviews with former and current beneficiaries of SHE programs. Interviewed beneficiaries also completed a short structured questionnaire. Limitations of the evaluation include limited resources, as well as the potential for response bias.

FINDINGS

Please see Pages 5-25 of this report for detailed findings by evaluation question.

CONCLUSIONS

I. How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?

The rationale for using cash or in-kind assistance should be clear. Technical expertise, good targeting, information provision, and capacity to deliver are necessary for effective cash assistance. Proper mechanisms—including consistent communication with tenants and reduced burdens to receive funds—enable strong cooperation with landlords. The evaluation team concluded that PRM's flexibility allows partners to consider a wide range of modalities, and individual organizations/agencies can use their own expertise to match a modality with the specific context, sector, beneficiary needs, and systemic capabilities. The team cannot conclusively state whether beneficiaries used cash for non-SHE needs.

2. How and to what extent was programming coordinated with local governments, local organizations, and civil society?

NGO partner (NP) coordination with local governments, local organizations, and civil society is limited. On the one hand, opportunities for coordination are limited because local organizations in Jordan are not typically engaged in SHE programming. On the other hand, there are missed opportunities to collaborate with community-based organizations, which often have excellent contextual information and positive relationships with communities. Local organizations have generally been “used” as a tool for outreach and gaining access to communities, but relationships have not been mutually beneficial. This conclusion runs counter to the desk review conducted by SI, in which good/emergent practices for SHE programming emphasize a need for extensive coordination and communication between these stakeholders.

3. Where applicable, to what extent were these services available and utilized by host community members?

NPs made their services available to Jordanians. However, the utilization of services by host community members varied by sector and was a function of the NP’s program design and outreach strategy, as well as overall demand for services. The evaluation team concluded that some programs did not specifically target vulnerable Jordanians, and others did not reach the 30 percent quota put forth by the Government of Jordan (GoJ).

4. To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures)?

Overall, PRM-funded SHE programs are not creating parallel structures but are rather complementing existing programs or filling gaps. Depending on the sector, the team observed a wide range of levels to which programs build on and enhance existing capabilities. Shelter programs do not create parallel structures because there are no comparable structures in place. Education programs necessarily create parallel structures due to the limited capacity of existing schools to absorb additional refugee students. Regarding health programs assessed by this evaluation, the team concluded that there is both creation of parallel structures and efforts to streamline with existing efforts.

5. To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?

To a large degree, the sustainability of programs will be dictated by the available resources, capacity and will of the GoJ. The evaluation team concluded that plans for maintaining the programs beyond the availability of donor assistance are scarce. This is in part due to the protracted nature of the Syria crisis, as well as the fact that the potential for sustainability and long-term integration are greatly affected by national policies outside each program’s scope of influence.

6. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance?

PRM-supported shelter programs in Jordan have achieved varying degrees of success. Shelter is the primary need identified by refugees, and all beneficiaries interviewed by the team do not know how they will meet their shelter costs after the programs end. Shelter is a major expense for which many refugees need continued support, whether through shelter programming, access to affordable housing, or the ability to work to support their livelihoods.

7. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

The following measures would improve humanitarian programming and diplomacy:

- Continue to advocate for work permits for refugees and support livelihoods programming;
- Support research efforts to determine the most effective modalities for shelter assistance in the Jordan context;
- Increase opportunities for communication and facilitation between ministries and donors;
- Advocate for the rights of Palestinian and Iraqi refugees, and consider greater inclusion and provision of SHE services to these groups;
- Consider expanding opportunities for multi-year funding for implementing partners.

8. Were refugees satisfied with the quality of services received? What was the impact of these services on refugees' quality of life?

Overall, PRM-funded programs positively impacted refugees' quality of life by responding to their immediate needs. Without SHE interventions, the situation of refugees would likely be more compromised, especially for vulnerable populations—given that demand for humanitarian assistance is higher than supply. However, the extent of positive change is difficult to assess due to the short-term nature of funding, varied modalities used by different NPs, and the limited scope of this evaluation.

9. To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female-headed-households, Iraqis and Palestinian Refugees from Syria (PRS)?

Overall, PRM-supported SHE interventions targeted and reached the most vulnerable refugees and Jordanians. Vulnerable Iraqis, Palestinians, and Syrians have limited access to basic services outside of Amman and northern Jordan—creating both push and pull factors toward Amman.

10. To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?

The evaluation team concluded that, with few exceptions, the SHE assistance provided by PRM-supported programs is in line with refugee preferences.

RECOMMENDATIONS

1. The existence of robust monitoring and evaluation (M&E) systems is essential for funding decisions and for program design and implementation. UN agencies and NPs should complete the following activities to implement effective SHE programs: a) conduct assessments that collect a broad range of contextually relevant data, with particular attention to beneficiary needs and preferences; b) use assessment findings to inform program design; and c) develop robust M&E systems.
2. NPs should be actively engaged in collaboration and partnership building with the GoJ, CBOs, and other NGOs and INGOs. This should be supported and encouraged by PRM. This closely aligns with emergent practices that suggest that effective SHE programs design activities in coordination with local and national governmental authorities, as well as local NGOs.
3. NPs should be actively engaged in information sharing and outreach, both across other organizations and the GoJ, as well as with beneficiaries and vulnerable groups.
4. NPs should ensure that host communities are included in programming, when appropriate—especially in assessments and program design phases. This should be encouraged by PRM through funding decisions and calls for proposals.
5. PRM should consider expanding multi-year funding for NPs to improve planning, delivery, and continuity of services for refugees.
6. PRM should consider funding interventions to address the needs of Iraqis and Palestinians, and other vulnerable refugee groups in the south.
7. PRM should consider funding research to fill information gaps and to inform funding decisions. NPs should then use research findings to inform programming decisions.

BACKGROUND

Country Context

Approximately 10 percent of Jordan's population is composed of refugees. The largest refugee group by far is Syrian, with over 646,000 registered.ⁱ Eighty percent live in non-camp settings, while the remaining 20 percent reside in Azraq and Za'atri refugee camps.ⁱⁱ The highest concentrations of Syrian refugees are in Amman governorate (26.8 percent), and the northern governorates of Mafrq (24.4 percent) and Irbid (21.1 percent).ⁱⁱⁱ Jordan has received multiple waves of Iraqi refugees over the past 25 years, with 50,000 currently registered in the country. An additional 10,000 refugees from other nations reside in Jordan, the majority of which are from Yemen, Sudan, and Somalia.^{iv} The Government of Jordan (GoJ) estimates refugee figures at double that of UNHCR, a disparity that creates tension between some donors, UN agencies, and government authorities.^v However, all parties agree that the refugee presence places a significant burden on the country's financial, infrastructural, and natural resources, as well as on public services such as health and education.

At both informal and formal border crossings from Syria into Jordan, restrictions have severely limited the number of Syrians that can enter.^{vi} At the time of fieldwork, an estimated 30,000 to 50,000 Syrians had accumulated in harsh desert conditions on the "berm" or no-man's land between Syria and Jordan.^{vii} Human rights organizations have deplored the restrictions and living situation at the berm,^{viii} and diplomatic engagement has helped to facilitate the transfer of 250,000 Syrian refugees from the berm to Azraq.

The GoJ has worked closely with the donor community and international non-governmental organizations (INGOs) to oversee, coordinate, and solicit support for the country's refugee response. The Jordan Response Plan (JRP), which represents a "resilience-based comprehensive framework that bridges the divide between short-term refugee and longer term-developmental responses," outlines programming priorities and funding needs for refugee and development-based interventions for each sector.^{ix} The JRP was agreed upon by the GoJ, donors, UN agencies, and INGOs, and is meant to harmonize and integrate responses from various actors. The JRP serves as a roadmap for interventions in all sectors, including shelter, health, and education (SHE). In addition, the Ministry of Planning and International Cooperation (MoPIC) together with relevant line ministries, approves all programs and projects related to the refugee response. Furthermore, the GoJ requires that 30 percent of all refugee-related programs also benefit vulnerable Jordanians.

Official policies toward refugees in Jordan vary by group, with Syrians enjoying more rights and access to services than other nationalities. However, Syrian refugees have been negatively affected by substantial cuts in World Food Program (WFP) food rations in 2015 and a GoJ change in health policy, which ended free health care for Syrians. It should be noted that other refugee groups have not had access to WFP vouchers, and have always had to pay for health care. While Syrian children are in theory able to attend public schools, access is constrained by a lack of space and the GoJ's regulation that children who have missed more than three years of education are ineligible to attend school. An estimated 90,000 Syrian school age children are currently out of school. Until recently, it has been difficult if not nearly impossible for refugees to obtain legal work permits in Jordan. However, following the London Conference of February 2016, ("Supporting Syria and the Region") the GoJ announced its intention to allow Syrians to obtain work permits and to extend formal education opportunities to all Syrian refugee children. These commitments are dependent on donor contributions and increased access to European markets.

PURPOSE AND SCOPE OF THE EVALUATION

Evaluation Purpose

The purpose of this evaluation is to examine the effectiveness of SHE programs funded by the U.S. Department of State's (DoS) Bureau of Population, Refugees, and Migration (PRM) for Syrian and Iraqi refugees in Lebanon, Jordan, and Turkey, during fiscal years 2012-2015. The overall objective of the SHE program evaluation is to assess the extent to which PRM grantees followed good and best practices for the various sectors and how programming can be improved in the future.

The following PRM non-governmental organization (NGO) and multilateral partners were evaluated in Jordan:

- International Medical Corps (IMC): Health
- International Catholic Migration Commission (ICMC): Shelter
- Caritas Jordan: Health and Education
- Norwegian Refugee Council (NRC): Shelter
- United Nations High Commissioner for Refugees (UNHCR): Health
- United Nations International Children's Emergency Fund (UNICEF): Education

The evaluation findings and recommendations are intended to guide PRM's funding decisions and diplomatic engagements, inform PRM Refugee Coordinators' monitoring efforts, and enable implementing partners to increase their impact. PRM plans to use the Jordan evaluation findings and recommendations to call for proposals, review proposals, and influence future PRM SHE program decision making and planning in the region and globally.

Evaluation Questions

PRM prioritized its evaluation questions for each of the targeted countries. In Jordan, the evaluation team sought to answer the following questions for SHE program evaluation:

1. How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?
2. How and to what extent was programming coordinated with local governments, local organizations, and civil society?
3. Where applicable, to what extent were these services available and utilized by host community members?
4. To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures?)
5. To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?
6. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance?
7. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?
8. Were refugees satisfied with the quality of services received? What was the impact of these services on refugees' quality of life?

9. To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female-headed-households, Iraqis and Palestinian Refugees from Syria (PRS)?
10. To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?

Evaluation Design, Methods, and Limitations

Social Impact, Inc. (SI) deployed a two-member team to carry out the Jordan field evaluation during four weeks in April 2016. The evaluation team visited the following SHE program locations in Jordan:

- Irbid governorate (north)
- Amman city (center)
- Karak governorate (south)

The team utilized a mixed-methods approach including: 1) a review of Jordan NGO partners' (NP) program documents; 2) semi-structured interviews with key informants; and 3) semi-structured group and individual interviews with former and current beneficiaries. Interviewed beneficiaries also completed a short structured questionnaire on demographics, identity, and other background information.

The following six categories of target groups were identified as data sources:

- Donor: DoS/PRM
- Multilateral implementers: UNHCR and UNICEF
- NGO implementers: IMC, ICMC, Caritas Jordan, and NRC
- Current and former beneficiaries of PRM-funded SHE programs
- Programs stakeholders: landlords, community-based organizations (CBO), local government, volunteers, health workers, teachers, school principals, and counselors
- Central Government Ministries: MoPIC, Ministry of Education (MoE), and Ministry of Health (MoH)

Document Review

Prior to the fieldwork, the SI team conducted a desk review of PRM-supported program documents and literature on good/emerging practices in SHE programs in the humanitarian context. The Jordan field evaluation complements findings from the Desk Review Report submitted to PRM in February 2016.

Key Informant Interviews (KIIs)

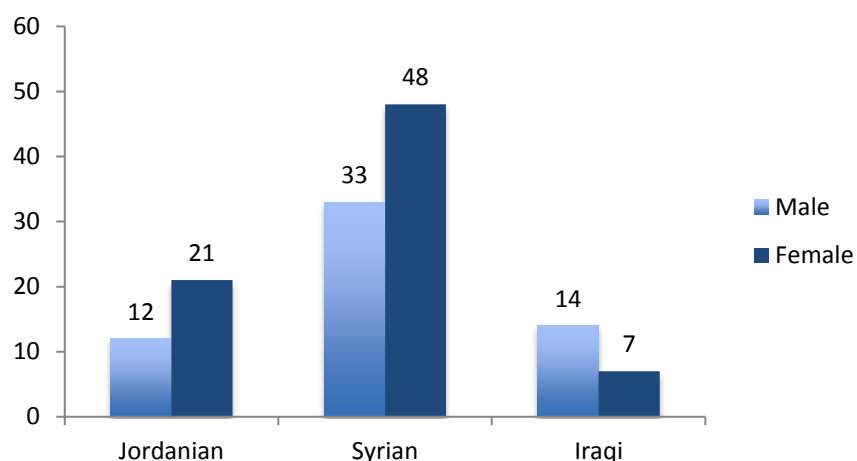
During the field evaluation in Jordan, the evaluation team conducted 68 in-person KIIs, during which 119 key informants were consulted.^x The team developed four types of semi-structured interview schedules for key informants.^{xi} These schedules included: a) management and field staff of PRM-funded SHE programs implementers; b) PRM staff; c) central and local government officials; and d) SHE providers such as medical and psychiatric staff, teachers, volunteers, landlords, and CBOs. As appropriate, several people from the same organization or constituency participated together in an interview. The qualitative data collected from these methods were then analyzed through coding of descriptive and inferential information collected during the field evaluation.

Group and Individual Interviews with Beneficiaries

The team conducted semi-structured group and individual interviews with former and current beneficiaries. The sample included both male and female Jordanian nationals, as well as male and female Iraqi and Syrian refugees. In total, 135 beneficiaries were interviewed during the four-week field evaluation, of which 76 were female and 59 were male. The evaluation team randomly selected study participants from lists provided by the NPs, after the list had been disaggregated by gender, nationality, age, and

beneficiary status. The team conducted 23 group and 16 individual interviews. To ensure the comfortable and active engagement of beneficiaries in the group discussions, the team conducted separate group discussions based on gender and nationality. Out of 23 group interviews, 10 groups were female, 10 groups were male, and 3 were mixed. Individual interviews were conducted with mental health program beneficiaries and some home-visit shelter beneficiaries. Out of 16 individual interviews, 7 females and 9 males were interviewed. The chart below shows the gender and nationality breakdown of the total number of interviewed beneficiaries.

Chart 1: Gender and nationality breakdown of interviewed SHE beneficiaries (number)



The evaluation team developed one semi-structured interview schedule to interview SHE program beneficiaries individually and in groups.^{xii} Discussions were focused on Syrian, Iraqi, and Jordanian beneficiaries' experiences with programs in the areas of availability, accessibility, and use; the impact of SHE services on quality of life; quality of provided services; relevance of program modalities in meeting SHE needs; and use of cash for other immediate needs. Data from the structured questionnaire was entered into an Excel matrix that allowed the team to compare demographics, gender, nationality, and other background information of current and former beneficiaries.

Limitations

The main limitation of this evaluation relates to the scope: 10 evaluation questions to be answered for six organizations across three sectors. Some of the individual evaluation questions could easily constitute a unique and comprehensive research project. The small size of the team (two researchers) and time limitations (four weeks of fieldwork) means that the team's results cover much breadth, but not much depth. For example, findings are based on respondents representing nearly all groups of key SHE programing stakeholders: donors, NPs both at the management and field levels, former and current beneficiaries, government officials, CBOs, and key stakeholders exposed to specific program interventions and activities.

Due to the tight timeframe for organizing interviews in compliance with the Child Safeguarding Principles and Standards, the evaluation team did not conduct interviews with minor-age beneficiaries. As a result, children's perspectives and experiences of educational programs are not included. However, the SI team did conduct interviews with parents of refugee children involved in educational programs to understand accessibility, relevance, and program impacts on the child and household. Finally, there was also a likelihood of some response bias due to the NP involvement in identifying the interview samples.

FINDINGS

Evaluation Question 1: How could cash assistance programming be more effective, in the context of education, shelter, and health? Were there instances where this cash was used for other immediate needs?

General Findings on Cash as a Modality

Most partners agree that Jordan is a favorable setting for cash assistance, primarily because monetization systems are in place, there are healthy banking systems, and strong and functioning markets. For this case study, none of the NPs provided refugees with cash, which limits the evaluation team's ability to provide a comprehensive answer to this question. Instead, we have focused on UNHCR and UNICEF cash for health and education, as well as NRC and ICMC's cash support to landlords to explore the effectiveness of cash programming in Jordan.

Partner Perspectives

Some representatives of the UNHCR general cash support system, UNICEF cash for education, and UNHCR cash for maternal health programs were confident that these programs were well-targeted, well-monitored, and had the intended impacts of improving livelihoods security, as well as increasing school enrollment and access to maternal health care. Both UN agencies described how unconditional cash transfers reduce poverty, help smooth economic shocks, and decrease vulnerability. It also respects and empowers the beneficiary, as described by the Deputy Representative of UNHCR: *"Cash restores dignity to refugees. We are basically saying: 'we are giving you the wherewithal to manage your own lives.'"*^{xiii}

However, other representatives cautioned against cash programming. For example, a UNICEF health representative concerned with micro-deficiencies, malnutrition, and immunization described that increasing cash assistance will not necessarily improve immunization rates, or steer beneficiaries toward purchasing vitamins or foods that improve nutrition. An alternative note of caution came from the director of ICMC that described the benefits of in-kind over cash modalities. In the case of shelter support related distributions (heaters, baby diapers, etc.), prices are higher and quality of product is much lower for refugees purchasing these goods on the market than when organizations are the buyer. The interviewed male and female beneficiaries in Irbid and Karak also confirmed disparity in prices on markets. For example, a Syrian female beneficiary said: *"In the market, they [traders] increase prices only because we are Syrians."*^{xiv} In addition, this director also reported that within Syrian and Iraqi households, men have greater decision making power over cash resources than women. Based on his organization's research, women prefer in-kind assistance over cash assistance.

NGO and UN partners vocalized how appreciative they are that PRM does not require programming with specific modalities, including cash. Interviewees described that some European donors insist on cash-based programming, even in situations where cash would not have been appropriate.

Refugee Perspectives

In order to understand how refugees use cash, we asked a series of questions to current and former program beneficiaries. These interviews shed light on how Syrian and Iraqi refugees prioritize their needs. Through individual and group interviews, refugees described that their main concern is covering the cost of rent. Participants in the study described that when in possession of cash, this resource is prioritized in the following order: 1) rent 2) food and basic necessities 3) health care (transport and cost of treatment) 4) repaying personal loans or debts and 5) education.

The majority of refugees interviewed for this study have very limited access to cash. Within a household, refugees described that only one or two adults or adolescent boys worked informally to support the

family unit (e.g. selling goods, construction, cleaning, cooking). The majority of those interviewed did not receive UNHCR unconditional cash benefits, although a good proportion did receive WFP food vouchers. Interestingly, most were engaged in liquidating these vouchers into cash to pay for rent, as described by this female Syrian refugee in a focus group discussion in Irbid: *“Our livelihood is my main worry. All my children are little. My God reveal his mercy. We receive a coupon of 10 [dinars]/per person for food items. This is what makes us able to sustain ourselves, otherwise we would have gone back a long time ago. But our biggest concern is how we will be able to pay for the house at the end of the month. To pay the rent, I use these vouchers to buy milk and then resell them for cash.”*^{xv}

WFP vouchers are restricted for use in specific stores, and often restricted to dry food items. In other words, refugees cannot use vouchers to buy produce, fresh food, cleaning materials, or diapers. Refugees described that this type of conditional voucher was problematic because first, they were not able to buy what their households and families needed. Second, the prices in WFP-approved stores are higher than in other locations. Third, refugees prefer access to cash over vouchers to allow for increased decision making power and better prioritization of needs. The process of reselling food items bought with vouchers, most often involved the purchasing of dry milk from the WFP supermarket. Dry milk would then be resold to the owner of a smaller neighborhood store at a 20-30% loss (e.g. the refugee would purchase 10 Jordanian Dinars (JD) worth of dry milk with a WFP voucher and then resell the milk and recuperate 7-8 JDs worth of cash).

Conditional Cash for Shelter

Shelter was named as the primary concern for refugees interviewed. As such, tenants receiving support from both ICMC and NRC felt that shelter support helped to meet their most pressing needs.

ICMC provides checks to landlords for the equivalent of four months' rent. Beneficiaries include Syrian refugees and vulnerable Jordanians. ICMC has a robust targeting and verification process for identifying the most vulnerable refugees and Jordanians. However, it is the beneficiary's responsibility to convince the landlord to participate in the program, and the landlord must present in person to ICMC offices to recuperate the rental checks. Several beneficiaries described that this placed a significant burden on them. Periodically, landlords required beneficiaries to pay for their transportation to the offices, or for time away from work to pick up the checks. Landlords expressed that they had little to no interaction with ICMC, and did not know how to get their questions answered. The length of the rental support was unclear at times. Several landlords interviewed expressed appreciation for this support, particularly as tenants were often delayed or behind on rental payments. All beneficiaries interviewed described that this program was extremely beneficial to them, and that it had given them a break from the continuous worry of acquiring rental money.

NRC supports landlords by covering a percentage of construction or renovation costs for rental units in exchange for hosting a Syrian family for an average of 18 months. Landlords expressed appreciation for the capital to finish their units. However, landlords periodically had difficulty with their Syrian tenants in relation to noise, cleanliness, damage, and utility payments. Shelter beneficiaries all expressed relief that their primary concern (rental cost) had been taken care of for a year. However, some current shelter beneficiaries felt that the matching process had been poor, and most felt that they would need to move at the end of their lease and were concerned about their future. Some landlords described that NRC support provided them with rental prices higher than market value. This concern was echoed by representatives of MoPIC, which described gross market distortions and discrimination against Jordanians in the shelter sector as a result of cash for rent programs. Landlords that had participated in the ICMC programs also described a large inflation of rental prices at the start of the conflict. They reported that prices have since dropped but remain around pre-conflict levels. More research is needed and is essential to determine the real market effects of cash on the shelter sector.

See Q6 for an analysis of program design, sustainability, and impact of shelter programs.

Unconditional Cash for Education and Maternal Health^{xvi}

UN agencies rely on a sophisticated system—IrisGuard in conjunction with Cairo-Amman bank—for unconditional cash transfers to extremely vulnerable refugees). Rather than utilize debit cards or another system, UN agencies have partnered with a specific bank to utilize iris readers for monthly cash distributions. UNICEF provides supplemental cash support to UNHCR-supported vulnerable households with school age children (as determined by Vulnerability Assessment Framework [VAF] scoring) to help ensure children stay in school.^{xvii} UNHCR provides supplemental cash support to VAF-identified vulnerable pregnant women to cover maternal health costs. Representatives of both agencies describe that unconditional cash transfers are the most cost-effective form of assistance and respects the dignity of beneficiaries by allowing them to make their own decisions. As described by UNICEF’s Jordan country representative: *“We have decided it is not worth the extra burden to make cash conditional. The extra monitoring burden is difficult. It also becomes a powerful social engineering tool when you move into conditional cash. You are saying that I have a better idea than the parents themselves.”*^{xviii} This program runs alongside other UNHCR programs such as general cash for specific groups and winter assistance.

At the same time, cash transfers for education and maternal health are accompanied by intensive awareness-raising, and “heavy communication” related on the importance of schooling and pre-and post-natal health care. Additionally, representatives of both agencies report that through post-distribution monitoring, they are able to ascertain that cash did facilitate children’s school attendance and access to health care. However, both agencies acknowledged the need to improve monitoring systems to measure cash assistance impact. Reportedly, it is difficult to measure medium and long-term impact due to the existence of many possible explanatory variables, including the ongoing movement of Syrian families within Jordan. Both UNHCR and UNICEF noted that their monitoring and evaluation (M&E) systems are moving toward cash assistance impact analysis. UNHCR and UNICEF plan to conduct a joint study on the medium-and-long-term cash assistance impact at the second half of 2016.

Evaluation Question 2: How and to what extent was programming coordinated with local governments, local organizations, and civil society?

Humanitarian oversight in Jordan is highly centralized. The GoJ is very involved in the oversight of international humanitarian activities. All organizations operating within Jordan must submit individual project proposals to MoPIC for approval. From there, MoPIC forwards the proposal to the relevant line ministry. The central government is active in selecting locations for projects, and has even refused or suspended activities in certain sectors, such as shelter in 2015. Until recently, the central government refused legal services for refugees as well as livelihoods programming. Interviews with government officials revealed that they would like increased oversight over activities sponsored and implemented by the international community, as they believe that there is both duplication and that some services are no longer relevant.^{xix} The local government receives direction from the central government related to such programs. The local government’s role is primarily to collect data on INGO activities and report this information back to MoPIC. For cases of public in-kind distributions, local governments’ representatives are present and serve a security function. The local branch of the Ministry of Social Development (MoSD) also provides INGOs with lists of impoverished Jordanians and their contact information. The highly centralized setting limits opportunities to coordinate with local government.

Civil society, including CBOs, are not comprehensively engaged in SHE programs, which limits the need for NPs to coordinate with local structures. In Jordan, civil society organizations have been strong in Jordan since the 1990s.^{xx} These organizations are usually headed by influential local leaders or power holders, are comprised of volunteer staff, and are engaged in charitable activities. CBOs in Jordan tend to know community members well, including the needs and vulnerabilities of Jordanians and refugees. This study shows that CBOs may be an untapped resource that could assist NPs with program design; targeting and provision of services; and encouraging shared learning.

Shelter, Health, & Education

Given the heavy involvement of the central government in local humanitarian projects and CBOs' limited role in SHE programs, NPs were generally not heavily engaged with local governments, civil society, or CBOs. The one exception is in the shelter sector where both NRC and ICMC have forged relationships with CBOs in order to gain access to communities, help identify potential tenants (ICMC and NRC) and landlords (NRC) for participation in shelter programs. ICMC also uses CBO facilities during non-food item distributions and outreach activities. CBOs also provide information about context and dynamics in NPs' operation areas.

One of ICMC's partner CBOs disclosed that they have a database for all Syrian refugees in their area, and are well aware of the locations of refugees, as well as vulnerable Jordanian households. The director of the CBO described that they had been involved previously with another NGO's shelter program and when ICMC started its activities in the area, they helped to coordinate between them. The CBO expressed frustration with an unrealized promise made by the NGO to expand the size of the community kindergarten in return for CBO time and assistance. The CBO found the relationship exploitative, and in the absence of a memorandum of understanding or contract, had no recourse.^{xxi}

In terms of health, IMC's mental health and psycho-social support programs are coordinated with MoH services. IMC's programs are specialized, and are not duplicative of MoH medical services. IMC is housed within MoH clinics, which helps to increase the opportunity for referrals, and strengthen referral pathways between medical and mental health services. The IMC-MoH relationship indicates strong coordination between NGO and governmental services.

Caritas Jordan mainly coordinates with local, private charitable organizations in implementing health and education programs. Caritas Health refers its beneficiaries to local hospitals, namely Italian and Rosemary, to increase access to basic healthcare, specialists, and lab testing. Caritas Health also coordinates its activities with MoH and receives lists of vulnerable Jordanians from the MoSD. Caritas Education engages with local, private Catholic schools for program implementation.

As reported, UNICEF has built a partnership with the MoE at the central government level. UNICEF's "Makani – My Space" flagship alternative education program is run by UNICEF's local NGO partners. The Makani Centers provide vulnerable children and youth with learning opportunities, psychosocial support, and life skills training.

Evaluation Question 3: Where applicable, to what extent were these services available and utilized by host community members?

As described above, the GoJ requires that at least 30% of all beneficiaries of refugee programs are vulnerable Jordanians. The GoJ refers to vulnerable Jordanians as impoverished individuals that receive livelihoods subsidies from the MoSD.

While GoJ regulations focus on "vulnerable hosts," it is also clear that NP programs also benefit non-vulnerable Jordanians. This includes landlords that receive cash for rent or construction subsidies, as well as professionals that receive specialized trainings such as in psychiatry/mental health. Expanded health and education services also increase the labor demand for skilled Jordanian professionals. IMC's mental health program is helping to strengthen the MoH and their national health strategy. NRC's shelter program is designed to increase the overall housing stock in the country, which supports both Syrian and Jordanian tenants. Cash programming is also likely to support the Jordanian economy more broadly, although more research should be needed to understand the detailed effects on markets.^{xxii}

Shelter

ICMC targets only vulnerable individuals and households for their cash for rent program, which includes both Jordanians and refugees. They invest in outreach mechanisms (together with CBOs) to locate

vulnerable host and refugee households. ICMC reports that 30% of their cash for rent beneficiaries are Jordanian. Jordanian landlords also benefit from the cash for rent program, as the program guarantees rental income for a period of four months. However, property owners are generally not vulnerable.^{xxiii}

NRC's shelter program, which provides monetary support for landlords to complete or renovate housing units in exchange for hosting Syrian refugee households for an average of 1.5 years, does not seek to include vulnerable Jordanians in their programs. Tenants are currently only Syrian. Landlords are exclusively Jordanian, but as mentioned above, are not economically vulnerable. It is unclear what the GoJ's position is on NRC's exclusion of vulnerable Jordanians as tenants in their shelter program.

Health

Caritas Jordan has been providing health services to vulnerable Jordanians and refugees since 1967. The health service reports that at least 30% of their beneficiary list is comprised of vulnerable Jordanians. Deficiencies and problems related to access and utilization of services for all groups (refugees and Jordanians) will be discussed in later questions.

IMC's mental health and psychosocial services are available to Jordanians and refugees, but only 3% of beneficiaries are currently Jordanian. Interviews with beneficiaries (refugees and hosts), IMC staff and MoH representatives revealed that mental health problems and services are stigmatized in Jordan, and this stigma prevent Jordanians from seeking services. Interviews with Iraqi and Syrian refugees yielded similar negative perceptions about mental health issues. IMC's direct outreach to possible mental health beneficiaries (refugees and hosts) is limited, and beneficiaries are generally referred through MoH medical services or other NGOs. IMC's mental health services were recently integrated into MoH clinics and part of IMC's work is to sensitize medical staff to both mental health issues and IMC services. This type of outreach through the medical system will help to strengthen referral pathways, and may help to increase the number of Jordanian beneficiaries. Through site visits, the team experienced that some MoH clinic staff did not know that IMC services were available to Jordanians. As well, IMC's banner, which promotes mental health services, explicitly states that the services are for Iraqi and Syrian refugees, which may further discourage Jordanian's from utilizing the service. One of the main complaints that arose in interviews with IMC staff, as well as Jordanian, Iraqi, and Syrian beneficiaries was that waiting rooms and meeting spaces were not adequate or appropriately confidential for those seeking mental health services. Beneficiaries often felt that they did not have the privacy they needed, and were concerned about the stigma associated with attending mental health services. This may be one further factor that limits accessibility and utilization of services by Jordanians and refugees.

UNHCR reports that 20% of their health beneficiaries are vulnerable Jordanians. For the rest of the UN system however, the team learned that Jordanians generally do not self-present for services. Jordanians are generally not aware that UN services are available to non-refugees and little outreach is done to increase their awareness about access to services.

Education

Caritas Education does not conduct outreach to host community children. According to the MoE and Caritas Education staff, nearly all Jordanians are attending school, and thus their demand for informal education (IFE) programs is low. Under the current funding, Caritas Education mainly focuses on Syrian refugee children and less on vulnerable Jordanians. Although reportedly there are 31,000 Jordanian children out of school, previous Caritas Education efforts yielded low results in leading Jordanian students to utilize education opportunities.^{xxiv} The main cause of this is the resistance and unwillingness of Jordanian parents and children to participate in remedial classes, according to Caritas Education Staff.

Evaluation Question 4: To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures?)

Shelter

The GoJ is not involved in the shelter sector for refugees. Despite the enormous need for shelter support, as observed by donors, UN agencies, INGOs, and beneficiaries interviewed in this study, there are also very few INGOs involved in this sector. Exceptions are the two NP programs evaluated for this project—ICMC’s cash for rent program and NRC’s support to landlords to increase the housing stock in Jordan. Neither program run the risk of creating parallel structures, as no other structures exist in Jordan. In terms of enhancing existing capability, ICMC’s project supports vulnerable refugees and Jordanians in the units where they already live. NRC’s support to landlords is slated to refurbish or complete existing, unfinished structures.

Health

IMC is making significant efforts to integrate mental health priorities and services into the national health system. In cooperation with the World Health Organization (WHO) and PRM, IMC has developed a mental health strategy for the MoH. At present, most mental health services in Jordan are provided through private psychiatric services, and are mostly utilized by middle and upper class Jordanians. The MoH clinics have very limited (if any) mental health or psychiatric services and staff. Interviews with representatives of the MoH described their wish to engage with PRM/WHO/IMC initiatives to strengthen mental health throughout the national health system. However, they were clear that this is only a priority as long as funding streams are robust. If donors were to cut mental health funding, the MoH would not be able to sustain this momentum. In addition to working with the central government, IMC is also trying to increase the number of qualified mental health staff in the country, and provide specialized training and awareness raising to primary care providers to improve their recognition, treatment of mental health services as well as strengthen referral pathways to IMC services. IMC’s physical location in existing MoH clinics indicates that their services are complementary and are in cooperation and coordination with existing governmental structures.

In addition to providing health care at a series of clinics, Caritas Health refers patients to private medical professionals and hospitals within their network. Their focus is on providing healthcare to uninsured or vulnerable Jordanians as well as refugees. Since the GoJ cut health benefits for refugees during the last half of 2015, Caritas services have been in increased demand for these populations, as many have no other option. Caritas Health staff described that they are often seen “as the last resort...the last door that vulnerable people can knock on.” At the same time, however, Caritas Health services and their private networks do provide many of the same types of care as MoH services (although many beneficiaries interviewed indicated that the quality of Caritas services when available, was higher than MoH services). When medical errors occur, or when potential patients are refused, it is unclear what the accountability mechanisms are, as Caritas is outside of the National Health Service.

UNHCR’s cash for health program is to support refugees with their health needs. UNHCR reports that their tracking system shows that the majority of refugees used cash at MoH clinics (70%), while the remaining 30% utilized private services. One of the main roles they report playing is providing refugees with accurate information about the health services available to them either through the MoH or through Jordan Health Aid Society (JHAS) clinics—a Jordanian NGO involved in the health sector. UNHCR’s main partner for the maternal health program is JHAS. UNHCR reported that they felt the brunt of the MoH cutting health benefits for refugees in 2015. “*All of a sudden we had a half a million people who couldn’t pay for health services.*” They are advocating for donors to earmark funds directly to the MoH to subsidize and improve healthcare for refugees.

Education

Informal schooling is not part of the MoE agenda, despite the 90,000 refugee children currently out of school. Their main priority, instead, is to secure donor funding to build additional formal schools and secondly, to increase their “second-shift” programs to accommodate Syrian children in existing schools. In the meantime, however, UNICEF Makani Centers and Caritas Education programs fulfill an important gap by providing school age children with educational activities. UNICEF reports that they “are at the head of the response for expanding the formal school system.” In addition, UNICEF’s 225 Makani Centers (child friendly spaces that include IFE) are recognized by the MoE, and are actively used as a bridge to transfer children to MoE schools when space becomes available. UNICEF has also been actively advocating for Syrian teaching assistants in camp-based schools (and unsuccessfully to date in MoE schools) and letters of equivalency which both documents a child’s participation in informal school programs and provides a document of their grade level. They are also advocating that the MOE offer admissions exams, and catch up classes for 6-11 year-olds that have missed more than three years of school. UNICEF commends the government’s recent announcement that they will create a “catch up program” for Syrian refugees that have missed multiple years of school; however, this is still in discussions with donors, and depends on availability of funds.

Caritas Education offers kindergarten, “catch-up,” and remedial classes to refugees. These are important, complementary services for children who are below grade level or do not have access to formal educational systems. However, interviews with teachers, parents, and school administrators indicate that Caritas Education does not have a structured educational program or standardized materials that teachers can follow. Teachers requested this to help them with lesson planning and to increase the consistency and quality of the program. Several teachers and school directors interviewed did not view their program as a bridge from informal school to MoE school systems (although Caritas central offices did).

Evaluation Question 5: To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?

Sustainability of SHE programs is heavily dependent on contextual issues, such as the GoJ’s policies toward refugees, and their capacity and volition to support these sectors when donors eventually withdraw. This is particularly the case with refugees’ access to livelihoods and the availability of legal work permits. While the GoJ, as part of the London Compact, has agreed to issue work permits, it is unclear how accessible these permits will be in practice.^{xxv} For instance, there are limitations on the sectors in which refugees can work—the majority of permits are available in the construction and agricultural sectors, as Jordanians are not competing for such positions. Work permits are also limited to Syrians, and do not include other groups such as Iraqis, Yemenis, and Africans. The cost of obtaining a permit—and whether or not that burden falls on the employee or employer—is still unclear.^{xxvi} An interview with MoPIC revealed their perspectives on the work permit and livelihoods issues: *“Syrians don’t want to have work permits, they want the benefits and to work on the side. They want the aid, they don’t want to pay taxes and have the material aid stop. This has been approved since London and very, very few have applied. Only 600 people.”^{xxvii} We knew it would be like this, because it was like this for the Iraqi crisis.^{xxviii} And people don’t fear deportation because we guaranteed this wouldn’t happen.”*

To date, international organizations have not been able to program in livelihoods for Syrians with MoPIC approval. Lack of access to livelihoods is considered one of the main barriers to securing stable housing, paying for healthcare, and accessing schools. Interviews with beneficiaries revealed that many adolescent boys are kept out of school so they can work and help support their families. In terms of protection (and relatedly, education) NP staff observe that adolescent girls are regularly married to both decrease the burden on their household (“one less mouth to feed,”) and because of the dowry that the marriage brings their parents.

Health and education sectors in the long term are heavily dependent on funding from the central government, and by extension donors. The MoH and the MoE were clear that their ability to sustain support to refugees is entirely dependent on donor funding, and that their services—heavily utilized by refugees—would collapse in their absence. For the shelter sector, the GoJ is generally concerned about market inflation, propagation of “shanty towns,” and landlord discrimination against Jordanians, which they see as a direct result of INGO shelter interventions. In the absence of donor funds, refugees would only be able to meet their shelter needs if they have access to livelihoods.

Sustainability of programs is also related to the skills of the national population, and the ability and interest of local organizations to continue similar programs once donors and international NGOs leave the area. In the context of SHE programs evaluated for this project, very few NPs have become involved in partnerships with local NGOs. Only IMC’s project has focused on improving the knowledge and technical capacities of health staff to manage mental health issues. The absence of international-local partnerships seems indicative of a larger trend in Jordan, as MoPIC representatives described that only three projects out of 244 submitted to the ministry in 2015 had a capacity building element to it.

Shelter

Shelter support, such as cash for rent projects, are generally not considered sustainable. In proposal documents, NPs recognized that such support is meant as emergency short-term humanitarian assistance—a stop-gap measure to help families on the verge of eviction, or to give refugees a break from the pressures of paying rent, to allow them to meet other primary needs or reduce the risk of engaging in negative coping strategies. NRC’s program is also meant to increase the housing stock of Jordan, which is a longer-term goal. However, there remains some question as to whether or not these finished units are going on the market after the 18-month hosting period is over, or if units are being used for landlord use only. As well, many refugee beneficiaries interviewed for this evaluation described that they did not expect to stay in the NRC unit after the lease period because the cost would be insurmountable. Given that rent is the primary concern of nearly all beneficiaries and vulnerable Jordanians (of all programs), a sustainable shelter program needs livelihoods options to be available to refugees. As described above, this is both contingent on reasonable accessibility to work permits for all refugees, and MoPIC approval of livelihoods-focused programs.

Health

As described above, IMC is the only NP in this evaluation that has sought to strengthen the capacity of mental health services from the central government down to the clinic/community level service providers. This includes the support of a national mental health strategy and increasing the capacity of MoH doctors and nurses in psychiatry. Their efforts lay the groundwork for longer-term sustainability. However, as mentioned previously, once donors withdraw their support, it is unclear if the GoJ will prioritize and allocate appropriate funding to mental health.

Caritas Jordan has a several decade history of providing stand-alone health services in Jordan, and is a service well-known by Jordanians outside of the Syrian refugee crisis. Caritas Jordan has several public and private funding streams, and is woven into the fabric of Jordanian society. Caritas’ intention is to service refugees as long as they need assistance, and to be a continuous health care center to the most vulnerable members of society. If Western traditional donors were to pull out, they may be able to continue their services by relying on their religious and other private networks, but would need to scale down their activities significantly.

Education

IFE programs—supported by both UNICEF and Caritas—are not meant to be long-term a solution for the education sector. Instead, these programs are designed to support refugee children who otherwise do not currently have access to the formal education system. Both programs are meant to bridge children

from informal to formal MoE schools. At this time, interviews with Caritas Education staff (in the schools) and parents of beneficiary children indicate that the Caritas program has not focused on this transfer aspect.

UNICEF leadership has worked extensively with donors and the MoE to help increase the capacity of MoE schools to accept more refugee children and to provide additional cash support to vulnerable families to support enrollment. UNICEF is thus engaged in longer term planning and sustainability of the education center. As far as transferring students from Makani Centers to MoE schools, interviews with Makani Center staff in Irbid revealed that 60 kindergarten students (out of 105) would be transferred to public schools. Makani Center staff explained that some children have difficulty with this transition because the quality of MoE schools is often lower than that of Makani Centers. By quality, they referred specifically to lower class size and a more supportive environment, in addition to paid transportation. However, the sustainability of Makani Centers in the absence of donor support—as with Caritas Education—is uncertain. According to interviews with Makani Center staff, their largest expense is renting space for the schools. Without donor support, they would be unable to cover these costs. One suggestion made during an interview was for the MoE to make available, at low cost, educational space at a subsidized price to support the longevity of Makani Centers.

Evaluation Question 6: How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance?

Shelter

Part I: How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs?

Interviews with former and current refugee beneficiaries indicate that shelter-related needs can be defined as affordable housing in areas convenient to live, the absence of eviction threats, proximity familiar and established neighborhoods, and access to public transportation and basic services.

ICMC and NRC employ different approaches in assisting refugees with rental agreements. ICMC signs “rental declarations” with landlords for a four-month rental payment on behalf of Syrian refugees or vulnerable Jordanian families. ICMC’s beneficiaries enter the program to receive rental support for their current location. In contrast, NRC signs rental agreements directly with landlords and matches properties with their beneficiaries. NRC’s program supports landlords by rehabilitating or completing construction on an existing unit. Refugee families are then matched to this unit and are able to stay rent free for a period of 12-24 months (18 months on average). NRC transfers cash in tranches to landlords during the construction phase, and landlords are responsible for construction. NRC integrated the Information, Counseling and Legal Assistance component into the shelter program to prevent evictions and better assist both landlords and beneficiaries during disputes.

ICMC appears to be successful in signing “Rental Declarations” with landlords. ICMC signs “Rental Declarations” with landlords only after receiving a signed lease/rental agreement between tenant and landlord. The rental declaration is a legally binding document that forbids landlords from evicting tenants and increasing rental price for the duration of the assistance. The rental price reflects that established in the rental agreement, which is signed by the tenant and landlord. Landlords sign a statement agreeing to be fully responsible for all financial charges if they violate the signed declaration. ICMC management and field staff considers this approach effective because it provides shelter security for their beneficiaries. ICMC staff report that since the start of the program, there have been no violations of the declaration. ICMC staff reports playing a mediation role when disputes arise between landlords and tenants.

Interviews with ICMC Jordanian and Syrian beneficiaries yielded overall satisfaction with the ICMC’s shelter program. All interviewed former and current beneficiaries mentioned that they have not

experienced eviction threats or increased rental price during the course of the assistance. ICMC beneficiaries described relief from concerns about rent.

Beneficiaries' opinions are divided regarding the modality of cash assistance employed by ICMC to landlords. The majority of male and those female beneficiaries who rent from a disabled or working landlords expressed preference for receiving cash assistance directly and paying landlords themselves. This preference based on ICMC's policy that landlords must present in person to retrieve the bi-monthly checks. This policy is made to prevent fraud and ensure that tenants are still residing at the property. Beneficiaries described that this places a significant burden on them, as landlords at times refuse to pick up checks because of mobility issues, or their inability to take off from work. Some units are located at an extreme distance from ICMC offices and landlords incur an additional cost for transport. Other landlords insist that tenants cover their transportation costs, or missed wages from taking time off work to retrieve the checks. Another potential burden for tenants is the fee imposed by local municipalities for supplying the stamp on the required rental declaration. One of the Syrian female respondent stated: *"It is very difficult to ask my landlady to pick up her check at the ICMC office. She is disabled and ICMC does not give check to anyone but her. I do not have money to pay for her round trip taxi. I prefer to receive cash and pay myself for the rent."*^{xxxix} A Syrian man beneficiary said: *"I kiss hands of my landlord and beg him to come here [to the ICMC office], he refuses if I do not pay for his transport and time."*^{xxx}

Beneficiaries propose that ICMC distribute checks in the field, rather than require landlords to retrieve payments from the ICMC office. This was echoed by an ICMC program officer, who observed that beneficiaries were burdened by paying transport and time expenses of their landlords.^{xxxi} At the same time, several Syrian female beneficiaries are in favor of the current modality, as exemplified in the following interview excerpt: *"I am happy that ICMC pays my rent to landlord directly. He does not bother me as he used to. Thank God I do not get to see his face for two months!"*^{xxxii}

Group interviews with female and male ICMC beneficiaries also revealed a weak understanding of the length and process of shelter assistance, and a lack of awareness about whom to contact to provide feedback, ask questions, or express concerns. The majority erroneously assumed that rental assistance was for two months, rather than four. Beneficiaries described a lack of follow up during the rental agreement period.^{xxxiii} Landlords reported that their relationship with ICMC was limited to picking up checks. They were also confused about program parameters and who to contact with questions.

Syrian refugees stated that NRC's assistance provided much-needed free rent and allowed to them save for basic needs. However, there is an apparent lack of consultation with beneficiaries during the matching process. Some beneficiaries stated that they were not matched with units that were convenient or appropriate for their situation, and they felt they could not refuse because they would have another long wait period (one year) or would be rejected from the program. For example, a family who has a paralyzed man in a wheelchair was housed on the fourth floor of a walk-up unit. Another example was a single woman with seven daughters accommodated in an urban setting near a university campus, which made her worry about the safety of her daughters.

Additionally, beneficiaries feel it is inconvenient to move away from their social networks and basic services such as school, transportation, and health facilities. Reportedly, many Syrian refugees support each other through informal loans, child care exchanges, or other forms of informal support. Some properties are located in either high rent neighborhoods or far from basic services and public transportation, decreasing the likelihood that refugees will extend their lease periods. Several beneficiaries explained that they would need to move at the end of the NRC agreement for these reasons, or because the unit was to be used by the landlords' adult sons. Other tensions from the landlords' perspective include damages from refugee tenants, or noisy and unattended children who do not have access to schools. Beneficiaries that reported difficulty with landlords believed that NRC would help them to manage these problems. Some landlords and beneficiaries reported a lack of systematic follow-up from NRC and overall poor communication. Other landlords expressed extreme satisfaction at the rehabilitation support,

although more than one described that the support was above market value for the area. This model may affect rental market prices.

Part II: What happened when rental agreements ended and what are the implications for refugee assistance?

Both ICMC and NRC beneficiaries stated that after the termination of shelter assistance they will return to “worrying about how to pay for rent.” The majority of NRC beneficiaries reported that they were at least able to save some money to pay for rent, health needs, or food during the lease period. As described above, the majority of tenants interviewed did not expect to extend their rental arrangements and anticipated needing to move either because they could not afford the market price for rent in that area, preferred to be closer to basic services and social networks, or because the landlords planned to use the units for adult sons.

In contrast, ICMC beneficiaries suggested extending shelter support for at least a year, since four-month coverage is not enough to save for basic needs and to find affordable permanent solutions. As one of the ICMC male beneficiaries stated: “A lot can change in a year, maybe we get work permits or the war in Syria will stop and we return home.”^{xxxiv} A female refugee respondent said: “This is my last month [of assistance], after ICMC stops paying for rent, I do not know what to do, I leave this to God.”^{xxxv} During the group discussions, some younger male and female refugees revealed a strong desire to move to third countries. The majority of interviewed Syrian beneficiaries rely on the help of neighbors. Some of the interviewed female beneficiaries stated that they have registered their children with Islamic charity organizations, receive cash assistance from UNHCR, or food vouchers from WFP. Most of those who receive food vouchers stressed that 10 JD is not enough to meet their families’ food needs.

Evaluation Question 7: How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

Multilateral and NGO partners highlighted that PRM’s contribution to and support for the humanitarian response to the Syrian refugee crisis has been very effective. Several partners referred to PRM’s critical role in significantly reducing fees for Syrian refugees to register at the Jordan Ministry of Interior.

Available evidence suggests that the following factors limit the effectiveness of PRM’s programming: a) lack of legal work permission for Syrian and other refugees, b) concerns about the possible market effects of shelter assistance, and its efficiency in terms of timeliness and protection of beneficiaries’ interest, c) government ministries’ confusion over donor priorities and lack of communication and facilitation between ministries and donors, d) gap in provision of basic services for Iraqi, Palestinian, and other refugees, and e) short-term funding hampers planning, implementation, and continuity of services to refugees, especially receiving health services. Based on the findings, the SI team suggests that PRM improve effectiveness and advance humanitarian programming and diplomacy in the following five areas:

Continue to advocate for accessible work permits for refugees and support livelihoods programming: Interviews with current and former beneficiaries illustrate that rent payment is the greatest need for Syrian and Iraqi refugees, followed by cash, access to health, food, and education needs. The largest barrier to meet basic needs is lack of access to legal employment. This impediment pushes many refugee families to use negative coping strategies: for example, withdrawing teenage sons from schools to work illegally, so that the family can pay for rent and other necessities. As one respondent noted: “We are facing serious financial difficulties. I was considering pulling my son out of school and sending him to work.”^{xxxvi}

Access to legal employment for Syrian refugees is changing with the government of Jordan’s recent announcement that it will issue 200,000 work permits for Syrian refugees in the coming years at the “Supporting Syria and the Region” Conference in London. One of the anticipated outcomes of this meeting is the creation of jobs and economic opportunities for Jordanian and Syrian refugees.^{xxxvii}

However, interviewed representatives from MoPIC pointed out that since the government's announcement, only 600 Syrian refugees have obtained work permits.^{xxxviii} The interviewed officials opined that Syrian refugees have become aid dependent and do not wish to apply for work permits.^{xxxix} At the same time, Syrian refugees expressed a lack of knowledge and clarity about the requirements and process to obtain work permits. Some of the interviewed Syrian refugees understood that GoJ requires paying a 400 JD fee in order to obtain work permit, while others were not aware of the government announcement at all. This may reflect a general lack of awareness and information dissemination about the availability of work permits.

NPs also reiterated the lack of clarity related to the sectors in which Syrian refugees will have permission to work, as well as the application process. However, there is a sense of hope that after the London conference, the government will provide more economic opportunities and access to jobs in order to improve the lives of Syrian refugees. Some of the interviewed partners are planning to conduct market analyses and target livelihoods sectors with less competition between Syrian and Jordanians.

Support research efforts to determine the most effective modalities for shelter assistance in the Jordan context: It remains unclear which type of shelter assistance is the most effective in supporting the shelter needs of refugees in Jordan. Despite some successes, both the NRC and ICMC programs exhibit considerable weaknesses. As discussed in Q6, the findings indicate the following weaknesses in ICMC's shelter program: a) lack of communication with beneficiaries and landlords, and provision of clear information to beneficiaries about the length of assistance, b) deficiency in rationale for the rental assistance timeframe, and c) weak complaint and feedback mechanisms. NRC's shelter model, on the other hand, seems to be more beneficial to landlords than refugees. According to the interviewed landlords, NRC landlords receive construction and rehabilitation support above the market value for their properties. Also, interviews with NRC beneficiaries illustrate a deficiency in follow-up and communication with beneficiaries and a lack of sensitivity to the special needs of female-headed households and families with disabled members. In this regard, in-depth research on the effectiveness of shelter modalities in terms of their influence on the market, economic efficiency, cost effectiveness, timeliness, protectiveness of the interests, and needs of beneficiaries could be beneficial to inform future funding and programming decisions.^{xl}

Increase opportunities for improved communication and facilitation between ministries and donors: Analysis of interviews with government ministries, specifically with MoPIC, MoH, and MoE, suggests that despite an established international coordination system to respond to the Syrian refugee crisis in Jordan (the JRP), government interests and donors' priorities are divergent. Overall, the evaluation team has the impression that the interviewed government officials would like to have more control over the activities of NGOs.

Shelter: A KII with MoPIC representatives revealed their unease toward shelter programs, despite the fact that shelter programs are in line with JRP priorities and approved at the level of the established central government structure. MoPIC considers shelter programs problematic for three main reasons. First, there is concern about a market destabilization from increased rental prices as resulting from internationally sponsored shelter sector activities. Next, they report negative social effects between Jordanians. Apparently, Jordanian landlords prefer to rent to Syrian refugees over Jordanians because of economic incentives offered by NGOs, including guaranteed payments. MoPIC also reports spontaneously organized informal settlements on agricultural lands by Jordanians without government permission. It is possible that the government does not see the value of shelter activities, because it prefers to encamp refugees due to security and political reasons. While MoPIC did not provide evidence to support these claims, research on shelter modalities (as described above) may help shed light on the veracity of these perceptions.

Health: As for health assistance, MoPIC as well as MoH expressed a lack of understanding (and enthusiasm for) donor emphasis on psychosocial support for refugees (MoH), and specifically Iraqi (MoPIC). According to the respondents, given that many Iraqis have been in the country for several years, there is no need for

continued psychosocial support for this group of refugees. Other representatives perceive the Iraqi refugees as “rich” and not in need “transportation and awareness raising” support from donors.^{xli} The representatives of MoH also echoed skepticism on NGOs assisting the required 30% of Jordanians and achievement of stated objectives in NGO’s health program work plans. MoH believes that vulnerable Jordanians lack awareness about opportunities to receive health assistance at NGO clinics. According to the MoH respondents, there are some gaps in the design of health assistance programs. It is believed that NGOs tend to focus on logistics, such as outreach and transportation support, instead of supporting medical treatment for patients and preparing skilled medical staff (neurosurgeons, cardio surgeons, etc.) or medical equipment. The interviewed MoH officials proposed conducting consultations with them during the health programs design in order to reduce gaps in the health response programs. MoH interviewees also expressed a sense of frustration on the lack of donor collaboration with MoH, except of the U.S. government, particularly the United States Agency for International Development (USAID).

Education: IFE or alternative education is not considered a priority by the government of Jordan. According to the MoE, IFE is considered a temporary solution to the educational needs of Syrian refugees.^{xlii} Consequently, the certification of IFE programs is not mandated mainly due to two reasons: 1) IFE is not structured and 2) MoE has no control over IFE-run organizations. MoE intends to support education programs that will increase access to formal education, such as building additional schools and increasing the number of double-shifted schools.

According to the interviewed MoE representative, the coordination mechanism between donors has improved thanks to USAID leadership; however, facilitation in the education sector assessments process, as well as streamlining proposal requirements from different donors, is needed. Reportedly, each donor has its own template and logic for proposals, which requires a lot of time to adjust and prepare proposals in different formats. Another issue that was noted by the MoE representative is divergent views on donor assistance. Hence donors, unlike the GoJ, view the funding contributed to the implementation of the JRP to the Syrian refugee crisis is overlapping with the Executive Development Plan (resilience). For example, the government’s understanding is that the construction of new schools under the JRP aimed to accommodate Syrian refugee children, whereas funding under the Executive Development Plan for school construction is directed to improving learning environments.

Advocate for the rights of Palestinian and Iraqi refugees, and consider greater inclusion and provision of SHE services to Iraqi and Palestinian refugees: Services to Iraqi refugees have been severely curtailed despite ongoing need. Both interviewed beneficiaries and service providers mentioned lack of shelter, health, and education support to this group. Particularly, those Iraqi and Palestinian refugees living outside Amman are more vulnerable and seem to be severely lacking access to basic services.^{xliii} The lack of donor support is also reflected by GoJ requirements to pay certain fees in order to attend public school or receive health assistance. For example, Iraqi, Yemeni, and Somali refugees are required to pay school fees, unlike Syrian refugees who were released from the fees due to European support.^{xliv} Also, as mentioned above, these groups are not allowed to work in Jordan, restricting opportunities to meet their basic needs.

Consider multi-year funding for implementing partners: Short-term funding cycle (one year) hampers planning and negatively impacts programs for refugees especially receiving health services. Shorter-term funding cycles inhibit organizations from building robust monitoring and evaluation mechanisms that can measure impact. It also limits NP staff to short-term contracts, which is not beneficial for the continuity and sustainability of programs. For example, the team noticed that the IMC staff at a clinic in Amman was predominantly female. IMC explained that it was difficult to recruit men for positions based only on temporary contracts. Staff described it was a source of stress for them to work without a longer-term organizational commitment. In addition, IMC female staff noted that they feel unsafe conducting home-visits, especially with male clients. Lastly, shorter-term funding cycles may negatively impact the continuity of services to beneficiaries. For example, Caritas Health staff described juggling

multiple short-term contracts with various donor that all have different start and end dates. As a result, the amount of health support they can provide a single beneficiary fluctuates from month to month. This places strain on both the organization's capacity and a beneficiary's access to services.

Evaluation Question 8: What was the impact of these services on refugees' quality of life? Were refugees satisfied with the quality of services received?

For this study, impact is described as the positive and negative changes produced by the PRM-supported interventions—whether directly or indirectly, intended or unintended—from the perspective of beneficiaries and providers of SHE services.

Refugee satisfaction with the quality of received services varied greatly between programs. The concerns most frequently voiced by refugees and Jordanians related to a) information provision about eligibility criteria, length, and assistance process, b) referrals to other organizations for assistance, and c) communication and response to complaints and feedback. Concerns regarding referrals were related to a) a lack of awareness of access for specialized/needed assistance from other organizations, b) a lack of follow up and timely response to the status of the referral, and c) a lack of information about and awareness of whom to call in order to check the status of the referral. Refugees in the south described less access to basic services than those in Amman and the north, which may create both push and pull factors to relocate to these areas. Interviews with NPs and review of program documents demonstrate that the majority conduct satisfaction surveys and focus group discussions with beneficiaries to assess current needs and measure satisfaction with services. However, it seems the collected information is mainly used for reporting and proposal-writing purposes, and less for adjusting and improving services.

Shelter

As mentioned previously, the ability to pay rent payment is the highest priority for refugee families and thus, beneficiaries consider rental assistance a significant help. Analysis of interview data with beneficiaries and service providers indicates that Syrian refugees who receive shelter assistance decrease their reliance on negative coping strategies. Both ICMC and NRC beneficiaries revealed that before the shelter assistance, they reallocated money intended for food and other basic needs to pay for rent. Several ICMC beneficiaries reported that before receiving the rental assistance, they borrowed on credit and had higher debt, and sent children to work instead of school. Reportedly, women and children often are underpaid by their employers and experience workplace harassment.^{xlv}

According to NRC senior management, refugees who received rent assistance demonstrated decreased use of negative coping strategies in comparison with those refugees who did not receive assistance.^{xlvi} The interviewed beneficiaries of the ICMC's four-month rent support program also reported short-term positive impacts. Female beneficiaries stated that the assistance provided them a "peace of mind" and "break from their largest concern—rent payment." Similarly, men stated that with ICMC assistance the "financial burden has lessened" and "feel relaxed even if it is only for four months." Another, less tangible impact of shelter assistance reported was a sense of dignity, safety, and privacy. The NRC shelter beneficiaries reported they were able to increase their savings over 18 months, and were able to cover their immediate needs such as food, medicine, clothes for children, and other household items.

Overall, ICMC and NRC beneficiaries are satisfied and grateful for services they received. As mentioned in Q6, there are some drawbacks to the current programs. For ICMC, this includes the burden placed on beneficiaries related to municipality fees; coordination of payment for landlords; misinformation about the process; and a lack of response mechanisms. However, it should be noted that ICMC is improving their referral system through online system to improve the response time and referral process.^{xlvii} NRC beneficiaries expressed dissatisfaction with the long-wait period for receiving shelter services after approval. Another concern is neighborhood or housing match that is inappropriate for refugee needs. Others report that NRC follow-up is inconsistent, or they do not find the organization approachable. Lastly, almost all beneficiaries report the need to move at the end of the lease agreement.

Health

IMC

Regardless of nationality (Iraqi, Syrian, Jordanian) and region (Irbid, Amman, Karak), beneficiaries reported that the IMC's free medication provision for mental health had a large positive impact on their lives. This service improved their ability to function, engage in social activities, and decreased psychiatric symptoms. One Iraqi female stated: *"IMC assistance helped me a lot, medication is free and it is right here. I am able to look after my children again, and I improved relationship with my husband."*^{xlviii} Men and women highlighted the benefits of having sessions with psychologists. Tools for dealing with negative emotions, and stimulating positive thinking greatly impacts patients' mental balance and well-being. As one Iraqi male stated: *"The IMC staff are the best people I've ever seen. They saved my marriage, it was reaching the end. I was cruel with my kids, my wife. They cured me here. This is the first time in my life I feel safe."*

At the same time, the majority of beneficiaries expressed concerns over lack of regular access to psychotherapy and private space for therapy (particularly in Amman and Karak). Further, limited interaction with psychiatrists was reported. In Karak, Amman, and Irbid, both women and men mentioned they have five or less minutes of interaction with psychiatrists. However, beneficiaries—regardless of gender and nationality—are very satisfied with IMC staff, particularly the case managers and psychologists. A Syrian man said: *"I feel like a human being here, staff is amazing. I am thankful to people who support this clinic."*^{xlix} Jordanian beneficiaries prefer the IMC facility to the government hospital for three main reasons: it has 1) better quality of medication, 2) good and knowledgeable medical personnel and staff, 3) less appointment wait time.

As mentioned earlier, IMC's visual materials do not indicate that their services extend to Jordanians. Some MoH staff were not aware that IMC services were for host communities as well. There were also concerns with accessibility to some of the IMC clinics. For example, the key concern for some Amman clinic beneficiaries was the high transportation cost. Without extensive public transportation networks, beneficiaries are obliged to take taxis, a cost which is prohibitive to many. As one beneficiary stated: *"I have monthly appointments with a psychiatrist, sometimes I miss them because I cannot afford taxi. There is no public transportation that comes to this clinic."*ⁱ Another concern that nearly all interviewed Syrian and Iraqi refugees noted lack of referral to other assistance pathways. This contrasts with staff interviews, where they asserted they regularly refer beneficiaries to other organizations such as UNHCR, Caritas, Save the Children, JHAS, and other organizations. The most common referral needs are cash, protection, education, and documentation. According to the interviewed case managers, the follow-up with the organizations to which clients were referred is conducted via email within two to three weeks.ⁱⁱ

Caritas Health

Jordanian men and women in particular reported the positive impact of Caritas Health service on their lives. Jordanian beneficiaries in Irbid, Amman, and Karak noted the positive effects of access to medication for chronic diseases and medical check-ups. A male Jordanian interviewee pointed out: *"If I did not have Caritas support for my chronic disease it would be disaster. I do not have insurance."*ⁱⁱⁱ In Amman, a female Jordanian described: *"Caritas at least helps to cover part of my health expenses. It reduces the burden of buying medication. At least someone is helping me."*ⁱⁱⁱⁱ Some of the interviewed refugees, particularly Iraqis consider Caritas Health "the only and last resort to get help with medication and primary care."

In general, Syrian refugees and Jordanians in the Irbid Caritas Health Clinic were more satisfied with the quality of medical services than in Amman and Karak. This includes access to registration and help desks, shorter appointment waiting times, and the care and kindness of Irbid Caritas Health clinic staff. Patients enrolled in chronic disease treatment expressed concerns about long waits, inconsistent access to medication, and doctor and appointment unavailability.

All types of beneficiaries—regardless of nationality and gender—articulated a high level of dissatisfaction with Caritas Health clinic services, especially in Amman and Karak. Specifically, beneficiaries were confused

about medical coverage, length of support, and the health service process. Respondents reported disappointment about how they have been treated and complained about lack of response to their complaints and questions. Some Syrian and Iraqi refugees criticized the complicated referral mechanism between Caritas Health clinic and its partner hospitals (Italian and Rosemary). For example, one of the respondents lost a grandchild while her daughter was trying to receive 280 JD approval from Caritas for a specialized urgent medical care for her baby. As respondent said: *“At Italian hospital, the doctor said that the child needs urgent care. The doctor sent us to Caritas to bring an approval letter from Caritas in the morning. Caritas looked at our case and did not approve further assistance because it turned out my daughter reached her assistance coverage limit. We did not know where to find money. In the afternoon my grandbaby passed away.”*^{liv} Several respondents also suggested Caritas find solutions to approve emergency hospital care during weekends and holidays. Some beneficiaries complained that referrals outside of the Caritas network were not made and urgent care patients were not assisted in a timely manner—many were asked to come back in a month. One respondent stated: *“Caritas referred me for a surgery to Rosemary hospital. The hospital told me that they do not perform this kind of surgery. I returned to Caritas for help, but was told ‘sorry we cannot help you’.”*^{lv}

At the Amman clinic, chronic disease patients complained about inconsistent access to information about the service, interruptions in medication, and significant gaps in coverage. In Amman and Karak, both male and female refugees described that maternity services were unreliable, including prenatal care, emergency-related support, referrals and deliveries. As one of the respondents said: *“My wife needed a C-section, I came to Caritas to get approval and they refused to refer us to Italian hospital. Caritas said that we reached our limit in spite of earlier confirmation of the coverage. I know another 20 families who were in the same situation.”*^{vi} A pregnant woman complained: *“I came to Caritas to do an ultrasound when I was 3 months pregnant; they postponed and told me to come back when I was 7 months pregnant. The other day I came back as I am at 7 months’ pregnancy to see whether baby is doing OK, and they scheduled my ultrasound for the next month! I might deliver by that time.”*^{vii} Several male and female refugees described similar cases.

As noted previously, the team employed a random sampling of beneficiaries to interview. This approach revealed that individuals registered with Caritas are not necessarily their beneficiaries. In group interviews, in all locations, there were one or two respondents who did not receive any services or information about when/if services would become available to them. This might indicate that the number of registered might be mistakenly reported as the number of beneficiaries who received services.

Caritas Health staff described a huge demand and limited supply to cover patients’ full health needs due to “caps” on the amount that can be spend on a single patient. This information is not conveyed to the patients per Caritas policy. Lack of information about the provided amount and the lengths of coverage leads to confusion about why medication allowances suddenly stop and re-start. Staff named multiple donors with varying time frames of funding as a reason why information and access to health services are continuously changing. A lack of transparency related to coverage and intermittent access to health lead many beneficiaries to feel disrespected and accuse the organization of corruption, such as this 75-year-old Syrian male refugee: *“At the end in Syria, I was eating grass. We were besieged. At least I wasn’t humiliated, here I am being humiliated.”*

Education

The evaluation findings demonstrate that the Caritas Education program provides a positive impact in the lives of Syrian refugee children. Nearly all interviewed parent-beneficiaries expressed deep appreciation to Caritas and PRM for providing access to education, enhancing a sense of ‘normalcy,’ and establishing structure in the lives of their children. Reportedly children love to attend school and eagerly wait to go back. Parents emphasized that they are satisfied with real improvements on writing and reading skills, pleased with free meals, and feel safe with transportation provided. Without transportation assistance, the majority of parents noted that their children would not be able to attend school. Notably, Syrian refugees without identification highlighted the importance of the Caritas Education, as their children would not have access to other forms of education.

However, the evaluation findings reveal that one of the key weaknesses of the Caritas Education program is lack of a standardized syllabus or curriculum and teaching materials (workbooks or manuals). This is especially relevant for the catch-up program. Even though MoE does not recognize IFE, as discussed in the previous section, a lack of a structured education program, including the provision of workbooks/textbooks affects the quality of education, student progress, and consistency across all Caritas schools. Teachers in all locations reported that they do not receive institutional support with this problem: *“I tried to adopt government curriculum, but that was complicated. We need a special curriculum for slow learners.”*^{ix}

The lack of syllabus and curriculum also resonated with both female and male parents’ wishes for improvements in quality. Parents whose children attended the Caritas program for more than a year reported that “teachers repeat the same basic writing and reading” and “no homework was assigned.” Interviews suggest that the teacher is free to decide whether homework is provided or not. Parents suggested that Caritas separate children by level, and develop syllabi accordingly, and that homework be assigned. Parents described that homework provides students with a sense of responsibility for their education and strengthens what students have learned at school, which is important given the fact that children attend school only three days a week.

Another pressing issue for parents in Amman and Irbid was the lack of certificates of attendance. Giving the resistance of MoE to IFE, it is difficult to provide official certificates recognized by the government and public schools in Jordan. However, in Karak, lack of certificates was not an issue, because students receive unofficial certificates of attendance signed by Caritas Jordan. Parents likely feel the need for documents to demonstrate that their children attended school, and have sense of accomplishment for their children. UNICEF is currently working with the MoE to provide admissions exams for children in IFE.

Parents in Amman and Irbid also noted Caritas’ lack of referral to public schools. The majority of interviewed parents would like to see their children enrolled in formal education. Despite the expressed goal of serving as a bridge from informal to formal education, teachers in both Amman and Irbid had not referred any students to formal MoE schools. Syrian mothers in nearly all group interviews inquired about the possibility of introducing summer programs for children to study English, math, and computer subjects. There is a strong belief that English and computer skills will make their children successful and provide more opportunities to find a job. In addition, both mothers and fathers asked Caritas to increase the number of days and hours of study for remedial and catch-up programs. However, based on interviews with principals, teachers and staff it seems difficult to realize this wish due to lack of financial resources. One teacher said: *“It would be very hard to work every day from 8 in the morning to 8 in the evening.”*^{ix} Unlike fathers, mothers in Amman and Irbid expressed the desire to attend literacy, English, and computer classes. Mothers strongly believe that education would provide greater opportunity for them to support their children.

Evaluation Question 9: To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female-headed households, Iraqis and Palestinian Refugees from Syria (PRS)?

NPs have developed sector-specific criteria and an approach to determine vulnerabilities. These include access to stable and safe housing, healthcare, education, and protection, with an emphasis on women and children. The UNHCR-led VAF and its scoring system are used by NPs as the basis for prioritizing refugees most in need of help. By and large, the VAF is considered a valid and reliable system for identifying vulnerability. However, a UNHCR-led review of VAF revealed two main weaknesses, namely that the VAF’s scoring system is not always applicable to sector-specific needs, and the instrument is complex to use.^x These difficulties were reiterated by NPs, particularly in the shelter sector. Staff rotation is an additional barrier for even application of VAF, because of its steep learning curve and complexity. UNHCR is in the process of developing a leaner and lighter VAF to address these concerns.

One recurring theme expressed by the majority of beneficiaries (across all sectors, including UNHCR's cash assistance) is lack of understanding about criteria, household selection, and assistance procedures. NPs and representatives of UN agencies explained this confusion as a function of the complexity of the VAF, and related difficulty in communicating this to beneficiaries. A second reason is the NPs' wish to prevent fraud or other abuses. As such, they are purposely opaque about the exact criteria for inclusion.

Shelter

ICMC has had considerable success in targeting and reaching the most vulnerable. According to its senior management, the most vulnerable people generally do not visit organizations because they lack awareness of existing services, or the means to visit offices. In order to identify and reach the most vulnerable refugees and host communities, ICMC developed a rigorous multistep process that involves 1) door-to-door comprehensive humanitarian outreach and questionnaire completion, 2) vulnerability scoring in line with VAF, 3) second visits to verify vulnerability and ensure that information received is factual, 4) random verification of 25% of potential beneficiary list through phone calls or home visits, and 5) crosschecking with UNHCR to avoid duplication through the Refugee Assistant Information System (RAIS). The selection of neighborhoods to visit is based on the UNHCR map of populations not covered by other humanitarian organizations. Areas are also selected based on the number of shelter referrals from other organizations and office walk-in registration statistics (ten or more walk-in registrations is an indication of shelter need). ICMC has a rigorous "ten eye" principle in implementing its cash for rent program in order to prevent fraud.

ICMC's shelter program is accessible and used by particularly vulnerable groups. Disabled, economically disadvantaged, female-headed households, or households with multiple children are prioritized and score the highest with their assessment tools. Outreach to vulnerable populations is also done through CBOs. For Jordanians, the MoSD keeps lists of poor households, which is used by ICMC to target households. ICMC seems to be visible and recognizable in target areas. The outreach team members and volunteers said that vulnerable Syrian refugees and Jordanians often approach them on the street and invite them to their homes to be assessed.

NRC's shelter intervention targets and reaches vulnerable Syrian refugees, but not vulnerable Jordanians. Prospective beneficiaries register at the NRC's 'drop in' centers. There, applicants receive packages of information about the program including related conditions, and referral information about other available services. NRC's social teams conduct home visits and assess the households' social, economic, protection, and living conditions. Until last year, NRC used its own vulnerability criteria before moving to the UNHCR-driven VAF and its scoring system to identify vulnerability. Prioritization is based on the vulnerability score.

However, in practice, prioritization is not easy, as noted by NRC staff. Reportedly, matching families with available properties is a challenge, particularly for matching family size with properties in desired locations. As opposed to earlier program years, NRC is currently trying to keep families in their current municipalities; otherwise, families are at risk of losing access to services, and are obliged to re-register at the Ministry of Internal Affairs to get new identification cards. The team was informed that NRC currently has more than 900 families on the waiting list.^{lxi} The program is accessible to and used by disabled and female-headed households; however, as described in question 8, the conditions and locations of matched properties are not always appropriate to the needs of vulnerable groups.

Health

IMC defines vulnerability more broadly to mean persons in need of mental health and psychosocial support (MHPSS). Risk factors such as suicidal thoughts/attempts, use of drugs, inability to function, isolation, depression, and violent behavior puts beneficiaries into priority treatment. Potential beneficiaries are targeted and reached through a) referrals from other organizations, UNHCR, other humanitarian agencies, MoH clinics, MoSD, and CBOs, b) outreach activities such as mental health awareness campaigns, and c)

walk-ins. IMC provides MHPSS to women, men, and child refugees (Syrian and Iraqi) and Jordanians. IMC staff report challenges in reaching the government required percentage of Jordanians because of the stigma attached to MHPSS and a lack of referrals from other humanitarian organizations, as their services are focused on Syrian refugees. To lessen stigma, IMC developed a brochure describing mental health disorders and the importance of receiving assistance, with contact information and a list of all available mental health clinics in Jordan. Given the financial insecurity of most beneficiaries, transportation cost was noted as one of the key challenges accessing IMC facilities. Recently, IMC transferred its facilities from JHAS clinics to MoH clinics, and focused on areas with the higher concentrations of refugees to ensure easier access to mental health services.

Caritas Jordan applies VAF and its own vulnerability criteria to determine refugees' vulnerability. Refugees without identification are considered a priority for service provision. For the health program, vulnerable Jordanians are identified through a list provided by MoSD. Jordanians without health insurance are also considered a priority. Caritas clinics do not conduct outreach activities. Many beneficiaries learn about services through word of mouth. The majority of beneficiaries interviewed consider Caritas 'a last resort' for accessing healthcare. The team interviewed several dozen beneficiaries, and most belong to "vulnerable groups" including impoverished men and women, elderly, sick, single women, female heads of households with multiple children, uninsured and unemployed Jordanians, pregnant women with small children, Iraqi refugees, and Jordanian women married to Palestinians or other nationalities whose children are not recognized as citizens of Jordan and thus do not enjoy government benefits. Based on interviews with Caritas Health staff, funding for services to Iraqis in Amman seems to be limited. While Caritas Health does provide healthcare to vulnerable people, its efforts to provide timely, accessible, and quality health service is lacking. As described earlier in this evaluation, Caritas Health lacks prioritization of the most vulnerable cases regarding lifesaving clinical healthcare services (as stated in objective one of the program proposal), and its capacities to serve the most vulnerable are overstretched.

Education

UNICEF considers any refugee child out of school vulnerable. Factors that affect children's access to education include legal status and socio-economic issues and restrictive enrollment policies, based on years of education and the family's arrival dates. Low family incomes force boys to drop out of school to work, and girls to marry early. Bullying and violence at schools, and transportation costs create additional barriers for children to attend schools. UNICEF and its partners target and reach the most vulnerable families to encourage them to attend Makani Centers through awareness-raising and outreach campaigns, radio spots, mass texts, and help desks. Outreach teams identify families and conduct assessments. UNICEF also provides additional cash support to vulnerable families with school age children to support school attendance.

The majority of 225 Makani Centers are established outside of refugee camps in areas with high concentrations of Syrian refugees, and where education centers are not available, to ensure that the program is accessible and used by vulnerable refugees.^{lxii} Reportedly, Makani Centers are accessible and used by vulnerable Syrian and Iraqi refugees, and Jordanian children. However, UNICEF noted a challenge in attracting Iraqi refugees, as they are not interested in education and most of them are awaiting transfers to a third country. A Save the Children-run Makani Center program manager stressed that there is still a need for greater outreach efforts targeting out-of-school Jordanian children. He described that it is important to understand the challenges that out-of-school Jordanian children face, and to ensure access to alternative education. These efforts may contribute to lessening tensions between Syrians and Jordanians.^{lxiii}

Caritas Education, like UNICEF, considers any child out of school vulnerable. The program focuses mainly on Syrian refugee children, and to a lesser extent, vulnerable Jordanians. Caritas staff explained that initial efforts to reach out and attract vulnerable Jordanian students were largely unsuccessful.^{lxiv} Jordanian parents and children resisted and expressed unwillingness to participate in the remedial classes. Instead, Caritas Jordan shifted its approach by conducting minor infrastructure repairs of schools and providing

equipment such as computers for classes and labs. According to the program objectives and indicators, Caritas Education is focused on providing access to education for Syrian refugee children and vulnerable Jordanians. The program is not targeting and reaching out-of-school Iraqi and Palestinian refugee children.

Caritas Education identifies out-of-school Syrian children through its standard registration database and coordinates with the RAIS database to avoid duplication. Newly arrived beneficiaries undergo a needs assessment based on VAF criteria. Through home visits and outreach activities, Caritas teams also target and inform Syrian refugee communities about the importance of education and opportunities provided by the program. Transport and meal provision is one of the key factors ensuring accessibility of schools to vulnerable children. However, in Karak, interviews with both Caritas Health and Education program beneficiaries indicate a lack of access to basic services due to the limited humanitarian interventions in southern regions. Despite the lower housing costs, beneficiaries intend to move to the Amman area.

Evaluation Question 10: To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?

Shelter

Beneficiaries of ICMC's cash for rent modality expressed the following preferences to the team: a) to have a longer period of rental coverage, b) to distribute rent payments to landlords where landlords reside, c) to provide clear information about the length of the rent coverage and process, as well as timely response to complaints, and d) to improve follow-up regarding their referral status. Overall, ICMC beneficiaries were positive about landlords receiving rental support directly; however, there were some differences by gender. Male beneficiaries preferred to receive cash themselves, while women prefer have landlords paid directly, with few exceptions. As described previously in this evaluation, direct support to landlords places a burden on beneficiaries. NRC beneficiaries are pleased with receiving free rent. As with ICMC beneficiaries, they prefer longer lease agreement, as most have not found a sustainable livelihood to pay for rent at the close of the program. However, the main concern is the matching process representing their families' needs and preferences. Some beneficiaries prefer rental support in areas where they already reside rather than relocating to an NRC-supported structure.

Health

Nearly all interviewed refugees that receive IMC's provision of psychiatric medication and psychosocial support sessions with psychologists and case-workers conveyed a need to increase face-to-face time with the psychiatrist or increase their access to psychotherapy. One of the expressed preferences was to support transportation costs, as this is one of the key obstacles to regular visits at an IMC facility. The majority of IMC beneficiaries in nearly all locations frequently mentioned the lack of referrals to other pathways.

Interviews with Caritas Health beneficiaries create a mixed picture. On the one hand, refugees are grateful to have access to health assistance, especially as they have few alternative options. On the other, there is a strong dissatisfaction with the delivery of chronic, lifesaving, mother and child clinical healthcare services. Interviewed beneficiaries prefer to have access to comprehensive healthcare services, including consistent and timely medications, check-ups, and clear information about access, process, coverage, and referrals to other pathways outside of the Caritas network.

Education

The Caritas Education approach in providing education opportunities and service to refugee children is largely in line with refugee preferences. Transportation and meal support for students were highlighted by parents as essential for sending their children to school. In Amman and Irbid, parents stressed their wish for certificates of attendance to facilitate the child's eventual transfer to public schools. In Karak, parents described that they preferred school bus pick up to be in the actual neighborhood where refugee

families live, rather on a busy main road. For example, single mothers expressed concerns about not being able to consistently meet their older children at the school bus stop on the main road because of the difficulty of leaving younger children alone at home. They described it is more problematic when the days shorten during the wintertime; parents consider not sending their children to school during the winter because of this safety issue.

Another preference expressed by mothers and fathers in all locations is have a more structured educational program and assign homework to increase the overall quality. Further, mothers requested summer programs for children such as English, computer and math classes to keep their children learning year-round. At the same time, mothers inquired about the opportunity to attend literacy, English, and computer classes for themselves. Parents of remedial students asked for support in preparing their children for the national Tawjihi exam to ensure their graduation from public school.

CONCLUSIONS

The role of PRM in the response to the Syrian refugee crisis in Jordan has been significant. Overall, the evaluation finds that PRM's contribution and support of Syrian and Iraqi refugees and vulnerable Jordanians to meet their immediate SHE needs has been relevant and effective. However, the extent to which Syrian and Iraqi refugees and host communities accessed PRM-supported SHE services varied.

I 1. How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?

The rationale for using cash or in-kind assistance should be clear. Technical expertise, good targeting, information provision, and capacity to deliver are necessary for effective cash assistance. Proper mechanisms—including consistent communication with tenants and reduced burdens to receive funds—enable strong cooperation with landlords. The evaluation team concluded that PRM's flexibility allows partners to consider a wide range of modalities, and individual organizations/agencies can use their own expertise to match a modality with the specific context, sector, beneficiary needs, and systemic capabilities. The team cannot conclusively state whether beneficiaries used cash for non-SHE needs.

I 2. How and to what extent was programming coordinated with local governments, local organizations, and civil society?

NP coordination with local governments, local organizations, and civil society is limited. On the one hand, opportunities for coordination are limited because local organizations in Jordan are not typically engaged in SHE programming. On the other hand, there are missed opportunities to collaborate with CBOs, which often have excellent contextual information and positive relationships with communities. Local organizations have generally been “used” as a tool for outreach and gaining access to communities, but relationships have not been mutually beneficial. The team's conclusion runs counter to the February 2016 desk review conducted by SI, in which good/emergent practices for SHE programming emphasize a need for extensive coordination and communication between these stakeholders.

I 3. Where applicable, to what extent were these services available and utilized by host community members?

NPs made their services available to Jordanians. However, the utilization of services by host community members varied by sector and was a function of the NP's program design and outreach strategy, as well as overall demand for services. The evaluation team concluded that some programs did not specifically target vulnerable Jordanians, and others did not reach the 30 percent quota put forth by the GoJ.

I 4. To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures)?

Overall, PRM-funded SHE programs are not creating parallel structures but are rather complementing existing programs or filling gaps. Depending on the sector, the team observed a wide range of levels to which programs build on and enhance existing capabilities. Shelter programs do not create parallel structures because there are no comparable structures in place. Education programs necessarily create parallel structures due to the limited capacity of existing schools to absorb additional refugee students. Regarding health programs assessed by this evaluation, the team concluded that there is both creation of parallel structures and efforts to streamline with existing efforts.

15. To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?

To a large degree, the sustainability of programs will be dictated by the available resources, capacity and will of the GoJ. The evaluation team concluded that plans for maintaining the programs beyond the availability of donor assistance are scarce. This is in part due to the protracted nature of the Syria crisis, as well as the fact that the potential for sustainability and long-term integration are greatly affected by national policies outside each program's scope of influence.

16. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance?

PRM-supported shelter programs in Jordan have achieved varying degrees of success. Shelter is the primary need identified by refugees, and all beneficiaries interviewed by the team do not know how they will meet their shelter costs after the programs end. Shelter is a major expense for which many refugees need continued support, whether through shelter programming, access to affordable housing, or the ability to work to support their livelihoods.

17. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

The following measures would improve humanitarian programming and diplomacy:

- Continue to advocate for work permits for refugees and support livelihoods programming;
- Support research efforts to determine the most effective modalities for shelter assistance in the Jordan context;
- Increase opportunities for communication and facilitation between ministries and donors;
- Advocate for the rights of Palestinian and Iraqi refugees, and consider greater inclusion and provision of SHE services to these groups;
- Consider expanding opportunities for multi-year funding for implementing partners.

18. Were refugees satisfied with the quality of services received? What was the impact of these services on refugees' quality of life?

Overall, PRM-funded programs positively impacted refugees' quality of life by responding to their immediate needs. Without SHE interventions, the situation of refugees would likely be more compromised, especially for vulnerable populations—given that demand for humanitarian assistance is higher than supply. However, the extent of positive change is difficult to assess due to the short-term nature of funding, varied modalities used by different NPs, and the limited scope of this evaluation.

19. To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female-headed-households, Iraqis and Palestinian Refugees from Syria (PRS)?

Overall, PRM-supported SHE interventions targeted and reached the most vulnerable refugees and Jordanians. Vulnerable Iraqis, Palestinians, and Syrians have limited access to basic services outside of Amman and northern Jordan—creating both push and pull factors toward Amman.

20. To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?

The evaluation team concluded that, with few exceptions, the SHE assistance provided by PRM-supported programs is in line with refugee preferences.

RECOMMENDATIONS

The following recommendations arise directly from the field evaluation and are also informed by the emergent practices outlined in the SI Desk Review on SHE programming (2016).

Recommendation 1: The existence of robust M&E systems is essential for funding decisions and for program design and implementation. Emergent practices, as identified in SI's Desk Review, suggest that UN agencies and NPs should complete the following activities to implement effective SHE programs:

1. Conduct assessments that collect a broad range of contextually relevant data, with particular attention to beneficiary needs and preferences. The assessments should be conducted by NPs using participatory, as well as qualitative and quantitative methods. PRM could also consider supporting research, for example on the relationship between cash modalities, gender, and market effects in Jordan.
2. Use assessment findings to inform program design.
3. Develop robust M&E systems. Robust M&E systems involve pragmatic frameworks to measure the outputs, intermediate outcomes, and impacts—using quantitative and qualitative indicators. It seems that NPs generally do not include qualitative indicators in their M&E systems to measure program impact. An important role played by robust M&E systems is learning and accountability, enabling programs to systematically collect feedback from beneficiaries and stakeholders. This in turn enables them to respond to concerns in a timely way, leverage lessons learned, and maximize efficiency and effectiveness of programs in a dynamic environment.

Specific Recommendations for NPs and UN agencies:

- All organizations engaged in cash assistance should develop robust monitoring systems and measure impact of cash programming by comparing control and treatment groups, using qualitative and quantities methods (survey, focus group discussion, and case study).
- Rationale for decision making, investments, and program design should be evidence-driven. More longitudinal data should be collected for future decision making.

Recommendation 2: NPs should be actively engaged in collaboration and partnership building with the GoJ, CBOs, and other NGOs and INGOs. This should be supported and encouraged by PRM. This closely aligns with emergent practices that suggest that effective SHE programs design activities in coordination with local and national governmental authorities, as well as local NGOs.

Specific Recommendations for NPs and UN agencies:

- NPs should consider consulting with CBOs during the program design phase to capitalize on local knowledge.
- NPs and CBOs should jointly develop memorandums of understanding for the terms of engagement to clarify roles and responsibilities and avoid misunderstandings.
- NPs should increasingly integrate programming with the relevant GoJ ministries, such as the MoE and MoH, in order to increase consistency and quality of services.
- More effort should be made to engage in partnerships with local organizations or national staff capacity building.
- NPs should improve referrals to and follow up with other organizations. One possibility would be to establish a secure and safe online referral system. (Currently, the interagency referral group is using a paper-based questionnaire for referrals.)

Specific Recommendations for PRM:

- PRM should prioritize programs that consider meaningful partnerships with local organizations, and a focus that includes local capacity building.
- PRM should increase opportunities for improved communication and facilitation between ministries and donors to strengthen collaboration on SHE programs and support refugee integration.
- PRM should continue to support the development of a nationwide mental health strategy by continuing to support IMC.
- PRM should consider whether it is wiser to support MoH in providing/expanding health services for refugees (through multi-lateral partners), or to support complementary/parallel services such as Caritas Health.
- PRM should continue to collaborate with the MoE on increasing access for refugee children to the formal education system, and to encourage the MoE to work more closely with informal schools to ensure a smoother transition for children.
- PRM should advocate for improved accessibility to GoJ services, such as work permits for all refugee groups and authorization of livelihoods programming. One possibility would be to increase opportunities for improved communication and facilitation between ministries and donors. This may help to strengthen collaboration on SHE programs and support refugee integration.

Recommendation 3: NPs should be actively engaged in information sharing and outreach, both across other organizations and the GoJ, as well as with beneficiaries and vulnerable groups. This aligns with the emergent practices identified in the SI Desk Review, one of which states that effective SHE programs encourage coordination/information sharing across other international organizations involved in the humanitarian response in a given sector.

Specific Recommendations for NPs and UN agencies:

- NPs and UN agencies could collaborate with local government entities to disseminate information to vulnerable people and potential beneficiaries.
- NPs and UN agencies could engage the GoJ in existing working groups.
- NPs engaged in housing programming should improve communication and information provision related to the program for beneficiaries and landlords by informing stakeholders about the length and process of the shelter assistance as well as the program parameters, and by improving mechanisms for registering complaints and feedback.
- NPs should not only provide information to beneficiaries, but also include beneficiaries in decision making and program design by consulting with beneficiaries so that needs and preferences are taken into account, particularly for disabled beneficiaries and female-headed households.
- NPs should improve feedback loops, follow-up, and responses with beneficiaries by establishing and/or improving a systematic feedback and response mechanism.
- NPs should improve engagement with vulnerable beneficiaries, as well as transparency of information about eligibility and vulnerability criteria, length and assistance process, and raise awareness about existing feedback and complaint mechanisms.
- GoJ should improve accessibility by strengthening public transportation systems with the help of the donor community. Additionally, NPs should provide targeted transportation assistance to vulnerable refugee and Jordanians, particularly disabled, elderly, and single mothers.
- NPs should consider increased programming in the south.

Recommendation 4: NPs should ensure that host communities are included in programming, when appropriate—especially in assessments and program design phases. This should be encouraged by PRM through funding decisions and calls for proposals. Identified emergent practices suggest that effective SHE programs assess the experience and needs of host communities and consider including them in program design.

Specific Recommendations for PRM:

- PRM should encourage NPs to follow GoJ regulations on host community inclusion. When such regulations are not appropriate, PRM should advocate for exemption of NP programs/projects.

Specific Recommendations for NPs and UN agencies:

- NPs should consider the possible repercussions of having large-scale projects that violate GoJ regulations for inclusion of vulnerable Jordanians.
- Specifically, in regards to mental health programming, NPs should sensitize MoH staff at all levels about the availability of mental health services for Jordanians. Banners should be redesigned with inclusive language that targets Jordanians, and brochures and other informational materials should be made available in MoH waiting rooms.
- UNICEF and NPs should engage in outreach to Jordanians and increase their awareness about availability of and access to services.

Recommendation 5: PRM should consider expanding multi-year funding for NPs to improve planning, delivery, and continuity of services for refugees. Expanded funding could support more robust M&E systems, including the ability to measure impact.

Recommendation 6: PRM should consider funding interventions to address the needs of Iraqis and Palestinians, and other vulnerable refugee groups in the south. Limited access to basic services for refugees in the south creates a push and pull factor toward Amman.

Recommendation 7: PRM should consider funding research to fill information gaps and to inform funding decisions. NPs should then use research findings to inform programming decisions.

Specific Recommendations for PRM:

- PRM should consider supporting research that sheds light on the relationship between cash modalities, gender, and market effects in Jordan.
- PRM should support in-depth research on the efficacy of shelter modalities employed by NPs in terms of influence on markets and meeting short- and long-term shelter needs for vulnerable refugees and Jordanians. This research could also increase buy-in by the GoJ.

ANNEXES

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Annex I: Evaluation Statement of Work

STATEMENT OF WORK

-V. 7/9/2015-

U.S. Department of State Bureau of Population, Refugees, and Migration

Evaluating the Effectiveness of Shelter, Health, and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

Purpose

The purpose of this solicitation is to obtain the services of a contractor to carry out an evaluation, lasting up to 16 months, of shelter, health, and education programs for non-camp based Syrian refugees implemented by selected PRM multilateral and NGO partners in Lebanon, Jordan and Turkey from FY 2012 – FY 2015 (note: Turkey will be considered a Near East country for this evaluation.) The evaluation will consist of: (1) a comprehensive desk review and analysis of best practices/recurring mistakes regarding the implementation of shelter, health, and education programming for Syrian refugees in the Near East; and (2) fieldwork in Lebanon, Turkey, and Jordan where PRM has made significant investments in these sectors; and (3) guidance as to how PRM can optimize its programming and humanitarian diplomacy for the benefit of refugees and their host communities. PRM intends to use findings and recommendations to shape NGO funding decisions and diplomatic engagement with multilateral and host government partners. PRM partners will also make use of the findings and recommendations. The contractor will begin work within a month after the contract award.

Bureau of Population, Refugees and Migration

PRM's mission is to provide protection, ease suffering, and resolve the plight of persecuted and uprooted people around the world on behalf of the American people by providing life-sustaining assistance, working through multilateral systems to build global partnerships, promoting best practices in humanitarian response, and ensuring that humanitarian principles are thoroughly integrated into U.S. foreign and national security policy. The United States Government (USG), through PRM, is the largest bilateral donor to UNHCR as well as the International Committee of the Red Cross (ICRC), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and among the largest bilateral donors for the International Organization for Migration (IOM). On a case-by-case basis, PRM may fund other multilateral organizations such as the UN Children's Fund (UNICEF), the World Health Organization (WHO), and/or the United Nations Development Program (UNDP). PRM funds NGOs to fill critical gaps in programming by multilateral organizations and host governments. PRM generally funds activities in 12 month increments although in recent years it has allowed NGO partners to apply for multi-year funding. It is important to note that the Bureau considers its humanitarian diplomacy to be as important as its programming.

PRM's programming and humanitarian diplomacy regarding Syrian refugees in Jordan is managed by the Asia and Near East (ANE) Office in Washington, DC. PRM has Regional Refugee Coordinators (Refcoords) who are based at embassies throughout the world. Relevant Refcoords are based in Ankara, Amman, and Beirut. It is important to note that the Bureau considers its humanitarian diplomacy to be as important as its programming.

The Bureau works closely with the Near East Affairs (NEA) Bureau and the European Affairs (EUR) Bureau, given its oversight of embassies throughout the region. Monitoring the performance of PRM partners is a responsibility shared by PRM Regional Officers, Refcoords, and local staff, with M&E training and support

provided by the Office of Policy and Resource Planning (PRP). PRP and ANE will work closely with the contractor for the duration of the evaluation. In accordance with the standards of good management and performance-based results, the contractor will be held accountable for cost, schedule, and performance results.

Evaluation Questions

The evaluations should answer the following questions with an emphasis on developing best practices, lessons learned, and actionable recommendations to inform the programming and diplomacy of PRM and its partners.

1. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices? Effectiveness is defined by the following:
 - Were refugees satisfied with the quality of services received? What was the impact of these services on refugees' quality of life?
 - To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female-headed-households, Iraqis and Palestinian Refugees from Syria (PRS)?^{lxv}
 - To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?
 - Where applicable, to what extent were these services available and utilized by host community members?
 - To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures?)
 - To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?
2. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance?
3. How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?
4. How and to what extent was programming coordinated with local governments, local organizations, and civil society?
5. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

Methodology

Desk Review: The desk review should determine: (1) the characteristics of successful shelter, health, and education programs for Syrian refugees throughout the Near East including Turkey (2) the extent to which reporting provided to PRM is sufficient for demonstrating performance; and (3) whether PRM and its partners are incorporating best practices into programming and avoiding recurring mistakes. It will draw from already completed evaluations, such as an [evaluation of UNHCR's response in Jordan and Lebanon](#) covering the period between January 2013 – March 2014. The desk review is expected to inform the fieldwork.

Fieldwork

It is anticipated that fieldwork in Lebanon, Turkey, and Jordan will take up to six weeks in each country, not including travel days, to complete. This will allow time for consultation with UNHCR, other multilateral partners, international and local NGOs, host government officials, refugees, and other stakeholders. UNHCR will advise on issues relating to security and logistics. When in the field, a six-day work week with no premium pay is authorized. Upon award of contract, the evaluators will confer with PRM on a monthly basis, and particularly before each of the field assessments in Lebanon, Turkey, and Jordan. With PRM assistance, the contractor will consult with relevant U.S. Embassies prior to in-country data collection activities. The evaluators will need to coordinate closely with PRM and its Regional Refugee Coordinators in Adana (covering Turkey and, to a limited extent, Syria) and Amman (covering Jordan, Lebanon and Syria), and, when present, Beirut (covering Lebanon) when making travel arrangements and scheduling meetings with PRM's IO and NGO partners. The evaluation team will also need to consult and coordinate with UNHCR, as it has the international mandate for coordinating protection of and assistance to refugees, including health, shelter, and education. The contractors will provide oral out-briefs to U.S. Embassies, UNHCR, and PRM-funded NGO partners upon completion of field research in each country.

Recommendations should be concrete, actionable, and directed to specific stakeholders. Recognizing the increasingly protracted nature of this emergency, the evaluation should provide guidance on how PRM can programmatically improve shelter, health, and education programs for non-camp based Iraqi and Syrian refugees. This guidance should include checklists and indicators for PRM to consider when: (1) writing requests for proposals that include health, shelter, and education programs; (2) reviewing proposals with health, shelter, and education components; and (3) monitoring health, shelter, and education programs. Findings and recommendations may be used by PRM's implementing partners as well.

After completion and approval of the final report, a one-month window of availability shall be planned for presenting the final report to stakeholders, including PRM, other relevant State Department Bureaus, USAID, representatives of IOs and NGOs, and others as appropriate. It is anticipated that approximately four two-hour presentations will be conducted.

Deliverables (Based on 16 Months)

The contractor shall maintain open, timely, and effective communications with PRM, resulting in a relationship that proactively addresses potential problems with flexible, workable solutions. The below timeframe for each of these activities is projected and PRM requests the contractor provide a schedule of deliverables, including anticipated delivery dates, in the proposal.

- A detailed work plan with time lines (Week Two)
 - a. **Teleconferences:** Monthly teleconferences as to performance against the detailed work plan, challenges, and future plans. (Ongoing)
 - b. **Monthly Updates/Quarterly Reports:** The contractor shall submit five quarterly reports in English to PRM. These reports shall summarize progress and status of the major activities being undertaken in relation to the requirements of this program; comparison of actual accomplishments with the goals and objectives established for the period of the report; deviations from the work plan and explanations of such; indications of any problems encountered and proposals for remedial actions as appropriate; and projected activities for the next reporting period. Data measuring progress on each of the indicators selected as part of a monitoring plan shall be included in each report. Reports are due 30 days after Month Three, Six, Nine, Twelve, and Fifteen. These

reports would be shared only with PRM. However, PRM may decide to share these reports with select partners.

- c. **Desk Review and Country Summary Reports:** The desk review report will detail findings from a global desk review of shelter, education, and health programs for Iraqi and Syrian refugees in the Near East and Turkey. The desk review and each country summary report should not exceed 30 pages (although exceptions may be granted). PRM will provide feedback on the draft reports within 14 business days. The contractor shall submit the final version of the desk review and country reports 10 business days following the receipt of PRM feedback. If there is any cause for delay, the contractor should notify PRM immediately. (Desk Review: Week Six/Seven)
- d. **Summary Reports:** From each of the three field based evaluations (Months 4, 8, and 12)
- e. **Draft Report:** A draft evaluation report will be prepared for PRM review and comment (Month 14)
- f. **Final Report:** The contractor should deliver a draft final report to PRM at least 75 days before the completion date of this contract. PRM will provide feedback on the draft report within 14 business days. The final report shall summarize the major results achieved, any problems encountered, and notable successes realized in performing this program. The contractor shall also make recommendations of appropriate follow-up actions primarily for PRM, but also UNHCR and NGO partners where relevant. The final report shall include a section on how well programs support PRM's Functional Bureau Strategy. The contractor has 21 days to complete the final report after the draft report is returned by PRM. Evaluation reports should be no more than 30 pages in length (although an exception may be granted), not including any annexes and three to four pages for the Executive Summary. The SOW, data collection tools (i.e., interview protocols, checklists, etc.), properly documented sources of information and signed conflict of interest statements should be included in the annex. The evaluation methodology should be described in the report in detail. The final report shall include conclusions as to what types of health, shelter, and education interventions have been most (and least) successful, reasons why, and recommendations on best practices based on findings. Recommendations should be concrete, actionable, and tailored to specific stakeholders (Month 15)
- g. An executive summary of the final report findings and recommendations, no more than three pages long, should be prepared in English, Arabic, and Turkish. The summary should be brief, not more than two pages and should not include confidential issues. It should include the title of the evaluation, date of the submission of the report, evaluation questions, data collection methods, key findings and recommendations. PRM will provide a template for the summary. The evaluation summary for dissemination shall be submitted before the completion date of this contract. (Month 15)
- h. Oral presentations provided for PRM and other relevant stakeholders in Lebanon, Turkey, and Jordan (Month 4, 18, 12, 15/16)

Annex II: List of People Consulted

UN Agencies

Title/position	Association	Location
Deputy Representative	UNHCR	Amman
Senior Public Health Officer	UNHCR	Amman
Senior Technical Officer	UNHCR	Amman
Senior Field Coordinator	UNHCR	Amman
Associate Field Officer	UNHCR	Irbid
Protection Officer/field officer in charge	UNHCR	Irbid
Associate Health Field Officer	UNHCR	Irbid
Registration/Help Desk Officer	UNHCR	Irbid
Country Representative	UNICEF	Amman
Chief of Education	UNICEF	Amman
Partnership Specialist	UNICEF	Amman
Chief of Health and Nutrition	UNICEF	Amman
Social Policy Specialist	UNICEF	Amman
Chief of PM&E	UNICEF	Amman
M&E Specialist for Education	UNICEF	Amman
M&E Officer	UNICEF	Amman

Government Representatives

Title/position	Association	Location
Director, Humanitarian Relief Coordination Unit	Ministry of Planning and International Cooperation	Amman
Coordinator, Humanitarian Relief Coordination Unit	Ministry of Planning and International Cooperation	Amman
Head of the Development Cooperation Department	Ministry of Education	Amman
Director of Planning Administration, Senior Consultant	Ministry of Health	Amman
Chief Doctor, Planning Administration	Ministry of Health	Amman
Head of Medical Center	Ministry of Health	Amman

Governor Assistant for Development Affairs	Irbid Governorate	Irbid
Governor Assistant for Planning and Development	Irbid Governorate	Irbid
Head of Local Development Unit	Irbid Governorate	Irbid

Donor

Title/position	Association	Location
Senior Regional Refugee Coordinator	PRM Jordan	Amman
Regional Refugee Coordinator	PRM Jordan	Amman
Regional Refugee Coordinator	PRM Jordan	Amman

PRM Implementing Partners

Title/position	Association	Location
Program manager	Caritas Jordan	Amman
Health Program Coordinator	Caritas Jordan	Amman
Education Program Coordinator	Caritas Jordan	Amman
Grant and M&E Officer	Caritas Jordan	Amman
Education Focal Point	Caritas Amman Center	Amman, Ashrafiya
Center Supervisor	Caritas Amman Center	Amman, Ashrafiya
Health Staff Project Officer	Caritas Amman Health Clinic	Amman, Ashrafiya
Senior Case Worker	Caritas Amman Health Clinic	Amman, Ashrafiya
Education Focal Point	Caritas Irbid Center	Irbid
Health Case Worker	Caritas Irbid Health Clinic	Irbid
Center Supervisor	Caritas Irbid Center	Irbid
Center Supervisor	Caritas Karak Center	Karak
Education Focal Point	Caritas Karak Center	Karak
Health Focal Point	Caritas Karak Health Clinic	Karak
Director for Jordan and Syria	ICMC	Amman
Senior Shelter Program Officer	ICMC	Irbid
Shelter Program Officer	ICMC	Irbid
Referral Coordinator	ICMC	Irbid
Case Worker	ICMC	Irbid

Case Worker	ICMC	Irbid
Database and information systems coordinator	ICMC	Irbid
Jordanian Volunteers	ICMC	Irbid
Syrian Volunteers	ICMC	Irbid
Director of Programs	IMC	Amman
Community Project Coordinator	IMC	Amman
Grants and M&E Coordinator	IMC	Amman
Clinical Psychologist	IMC Mental Health Clinic	Amman
Nurse	IMC Mental Health Clinic	Amman
Case Worker	IMC Mental Health Clinic	Amman
Case Worker	IMC Mental Health Clinic	Amman
Case Worker	IMC Mental Health Clinic	Amman
Case Worker	IMC Mental Health Clinic	Amman
Mental Health Technical Team Leader	IMC Mental Health Clinic	Irbid
Program Manager	IMC Mental Health Clinic	Irbid
Caseworker and Referral Focal Point	IMC Mental Health Clinic	Irbid
Caseworker	IMC Mental Health Clinic	Irbid
Clinical Psychologist	IMC mental health Clinic	Irbid
Interim Program Officer/Outreach and Mobilization Officer	IMC Mental Health Clinic	Karak
Case Manager	IMC Mental Health Clinic	Karak
Clinical Psychologist/Case manager	IMC Mental Health Clinic	Karak
Country Director	NRC	Amman
Shelter Specialist	NRC	Amman
Head of Programs	NRC	Amman
Head of Implementation	NRC	Amman
Shelter Project Manager/Head of Office	NRC	Irbid
ICLA Project Coordinator	NRC	Irbid
ICLA Coordinator	NRC	Irbid
ICLA Team Leader	NRC	Irbid
ICLA Team Members	NRC	Irbid

Shelter Technical Assistant	NRC	Irbid
Shelter Social Team Members	NRC	Irbid
Education Program Manager	Save the Children, UNICEF's Makani Center	Irbid
Makani Center Principal	Save the Children, UNICEF's Makani Center	Irbid
Counsellor	Save the Children, UNICEF's Makani Center	Irbid
Program Assistant	Save the Children, UNICEF's Makani Center	Irbid
Field Coordinator	Save the Children, UNICEF's Makani Center	Irbid
Help Desk Officer	Save the Children, UNICEF's Makani Center	Irbid

Service Providers and CBOs

Title/position	Association	Location
School Principal	Latin School, Caritas Education	Amman, Ashrafiya
School Teacher	Latin School, Caritas Education	Amman, Ashrafiya
School Teacher	Latin School, Caritas Education	Amman, Ashrafiya
School Principal	Latin School, Caritas Education	Irbid
Counsellor	Latin School, Caritas Education	Irbid
School Teacher	Latin School, Caritas Education	Irbid
School Teacher	Latin School, Caritas Education	Irbid
Medical Doctor	Caritas Irbid Health Clinic	Irbid
Nurse	Caritas Irbid Health Clinic	Irbid
Medical Doctor	Caritas Karak Health Clinic	Karak
Nurse	Caritas Karak Health Clinic	Karak
School Principal	Catholic School, Caritas Education	Karak
School Teacher	Catholic School, Caritas Education	Karak
School Teacher	Catholic School, Caritas Education	Karak
Director, Health Clinic	MoH Clinic (IMC partner)	Irbid
Head of Habaka Charity	CBO partner (ICMC)	Irbid
JHOD Center Manager	CBO partner (IMC)	Irbid

Annex III: Interview Schedules

Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

Semi-Structured Interview Schedule NGOs and UN Agencies

Date of interview: _____

Location: 1. Amman 2. Irbid 3. Ramtha 4. Karak

Gender of interviewee: 1. Female 2. Male

Organization: 1. ICMC; 2. Caritas; 3. IMC; 4. NRC; 5. UNHCR; 6. UNICEF

General

1. Please describe to us your current programs in the SHE sectors for Iraqi and Syrian refugees. Are there differences in your programs this FY, versus last year and the year before?
2. What % of these programs are funded by PRM?
3. What aspects of these programs are successful in your opinion? How has this changed over time?
4. What are the main challenges you face with these programs? How has this changed over time? What could be done to overcome these challenges?

Design

1. How did you decide to design the program the way you did?
 - a. What existing information did you use?
 - b. Did you collect any data yourselves?
 - c. How did you consider beneficiary needs/preferences?
 - d. How did you build on existing resources/capacities?
2. Does “vulnerability” figure into your program design? If so, how does your organization define this concept? How do you identify? Are there targets for inclusion?
3. Do host communities figure into your program design? How do you target them?
4. What would you change about the program’s design/activity in future programming?

Relationships with Other Structures

1. Related to SHE programming, please describe the quality of your relationship with:
 - the central government/related ministries
 - local government
 - Jordanian CSOs
 - UN agencies/INGOs

2. (For each category), how did you work with them (or not) during the design phase of your program? Startup phase? On-going?
3. What strategies help to promote positive interaction and coordination for each category of structures mentioned in Q1?
4. Are you involved in any coordination structures? Please describe how this works and the benefits/challenges to current structures.

M & E, Donor Requirements & Feedback

1. How are you aware of beneficiary satisfaction over the course of the program?
2. What opportunities do beneficiaries have to provide you with feedback? What kind of feedback are you receiving? How is this addressed?
3. What have been impacts of the program activities on beneficiaries? How have these been measured?
4. What is your reflection on usefulness of the established internal M&E mechanism in providing timely data to inform programming decisions?
5. Are there restrictions on donor funding that influences your ability to program the way you want?
6. What would you change about the reporting procedures to PRM? Are there any aspects currently missing?
7. What additional support from PRM is needed to implement program?

Bigger Picture & Future

1. Have you thought about/made efforts to streamline your programs across- sectors? What is your thinking on the benefits and drawbacks of doing so?
2. Have you considered cash programming? What are the benefits and drawbacks of doing so?
3. Have you thought about what will happen to programs and beneficiaries after donor withdrawal?
4. In your opinion, how could PRM improve their support for you & SHE programming for the Syria/Iraq response?
5. Are there any lessons you learned during the implementation of the program?

**Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees
in Lebanon, Turkey and Jordan**

#: _____

**Semi Structured Interview Schedule for Service Providers
(CBOs, Volunteers, Health Workers, Members of Parent Teacher Orgs and Landlords)**

Coversheet

Date of interview: _____

Location: 1. Amman 2. Irbid 3. Ramtha 4. Karak

Organization: 1. ICMC 2. Caritas 3. IMC 4. NRC

Nationality: 1. Syrian 2. Jordanian 3. Iraqi 4. Other

Respondent type:

1. CBO; 2. Volunteer; 3. Health Worker; 4. PTA 5. Landlord

No. of interviewees _____ Gender: M _____ F _____

1. Please tell us a bit about your familiarity with XX activity?

- a. How did you become involved in XX activity?
- b. Since when you have been involved?
- c. What is your role/involvement in activities?
- d. Terms of engagement

2. Where you involved in the design of XX activity?

3. What are the main challenges with XX activity/support?

4. What are the main successes with XX activity/support?

5. Please describe the quality of your relationship with NGO/UN organization.

6. How often do you communicate with them, and what is the nature of your communication?

7. If you have concerns or feedback (positive or negative), can you express them? How do you do so?
How are these concerns addressed? Can you provide examples of this?

8. How are XX activities engaged or coordinated with

- a. local authorities
- b. CBOs
- c. other local actors?

9. For each reported on above, please rate the quality of this engagement/coordination.

1. Excellent; 2. Good; 3. Adequate; 4. Needs Improvement; 5. Don't know

If needs improvement, please specify in what way? _____

10. Have XX's provided services been available to and used by host community members?

1. Yes 2. No 3. Don't know

If no, please elaborate, why do you think so? _____

11. In your opinion, how have the following groups of beneficiaries benefited from XX activities/services? (ask all that apply)

1. Host community members; 2. Syrian refugees;
3. Iraqi refugees; 4. Refugee female-headed households;
5. Disabled; 6. Other _____

Please elaborate. Why do you think so? _____

12. From your experience, what are the main challenges faced by beneficiaries that are engaged in XX activity?

13. How do you think XX activity/services could be improved?

Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

#: _____

Semi Structured Interview Schedule for Local and Central Government Officials

Coversheet

Date of interview: _____

Location: 1. Amman 2. Irbid 3. Karak

Organization: 1. ICMC 2. Caritas 3. IMC 4. NRC

Nationality: 1. Syrian 2. Jordanian 3. Iraqi 4. Other

Respondent type: 1. Local Government; 2. Central Government

No. of interviewees _____ Gender: M _____ F _____

1. Please describe your role/interface with XX organization and XX activity.
2. How did this relationship begin?
3. What involvement did you/your office have at the design phase of this program, beginning implementation phase, now?
4. How influential have you/your office been in this program? Please describe the frequency, type and quality of communication, including exchange and feedback loops.
5. How does this program support or complement government initiatives?
6. Does this program have any negative consequences for government initiatives or residents?
7. What do you think will happen if/when this program is terminated?
8. What are your main concerns for the residents of this location?
9. What are your main concerns for the refugees in this location?
10. What do you think are the best ways to address these concerns?

Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

Key Informant Interview Guide DoS/PRM

Date of interview: _____

Location: 1. Amman 2. Irbid 3. Ramtha 4. Karak

Gender of interviewee: 1. Female 2. Male

1. Before we begin, could you please tell us a bit about your involvement with each of the following NPs—NRC, IMC, ICMC, Caritas—and UNICEF and UNHCR in SHE programs? (Probe: role, duration, intensity, level of involvement)

2. Were you involved in the design of the program? If so, does the program as implemented today differ in any significant way?

3. What would you change about the program's design/activity in future programming?

4. Are you aware of any stated objectives for SHE programs? In your opinion, have SHE been equally successful in achieving these stated objectives or has one sector been stronger compared to other? (Probe: why?)

5. In your opinion, what are some of the specificities of the Jordan context that impact SHE programming? (Probe for positive and negative aspects)?

6. What is your reflection on cash assistance programming? What are the benefits and drawbacks of cash programming?

7. In your opinion, what have been PRM-funded programming successes so far? What have been its biggest challenges? (Probe: why? what factors contributed to it?)

8. How would you assess NPs' engagement with local/central government, local civil society organizations, UN agencies/INGOs?

a. Have they been more successful in engaging one certain structure/stakeholder compared to others?

9. We have learned that PRM conducts meetings with all PRM-funded partners. Could you please share how often do you conduct these meetings and what are the objectives?

a. Do you follow up with partners as to whether the meetings increased information and knowledge about programming activities and applied?

10. What is your reflection on partners' monitoring and evaluation plans and reporting capacity? What aspects of reporting should be improved? What would you change about the reporting procedures?

11. What are your thoughts about partners' plans for sustaining programs after PRM withdrawal?

12. Are there restrictions/conditionalities from the USG that make your in-country work challenging or impact SHE programs in general?

a. How do these restrictions/requirements differ between NGOs and UN agencies?

13. Are there any areas of the program that you feel are in need of improvement?

14. Is PRM engaging in/prioritizing/strategizing for inter-sectoral programs? Could you share with us your thinking on this?

15. You are one of our primary intended users for this evaluation. As such, our aim is to provide you with relevant and useful information to help you better manage/oversee this program. Is there anything in particular that you feel is important for us to explore during our fieldwork? (Emphasize limited time in-country)

**Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees
in Lebanon, Turkey and Jordan**

#: _____

**Semi-Structured Interview Schedule for Beneficiaries
(Individual & Group; Refugees & Host Communities)**

Date of interview: _____

Location: 1. Amman 2. Irbid 3. Ramtha 4. Karak

Organization: 1. ICMC 2. Caritas 3. IMC 4. NRC

Type of household: 1. Refugee 2. Host

No. of interviewees: _____ Gender: M _____ F _____

1. Since when you have been receiving service/assistance from XX organization? _____

2. Could you please tell us about the support that you receive/received from XX organization? (Prompt for time period, exact support, locations, etc.)

3. If a cash assistance beneficiary, what do you spend the cash on?

4. How did you become aware of this support, and how did you access it?

5. Before you started receiving this support, what were your primary concerns (Generate list and rank top 3)?

6. How did this support address your concerns or not?

7. What are your primary concerns at present? (Generate list and rank top 3)

8. What do you think are the best ways to address these concerns?

9. Who can you go to for help with these concerns?

10. During the course of your relationship with XX organization, did you have contact with representatives of that organization?

7a. Other representatives involved in that support (local admin, CBOs, partners, etc.)?

7b. How often did you communicate with them? (ask for each)

7a. What was the quality of your communication? (ask for each)

7b. Did you wish to provide them with feedback/complaints or ask questions? If so, what were your concerns? how did you do communicate these?

7c. How were these concerns addressed?

11. Did you face difficulty in accessing this support? Or did this support create difficulty for you in other areas of your life?

12. How could this support be/have been improved?
(Prompt for type of service, mode of administration, etc.)

13. What is your understanding of how long this support will be provided to you? (*If support has terminated ask: Why did you receive support for X period of time?*)

14. How will you manage/how did you manage after the support stops?

^x See Annex II: List of people interviewed.

^{xi} See Annex III for all interview schedules.

^{xii} See Annex III for interview schedules.

^{xiii} Key Informant Interview, Deputy Representative UNHCR March, 2016.

^{xiv} Group interview, Syrian refugee, female, 42 years old, ICMC, Irbid, April 4, 2016.

^{xv} Group Interview, Syrian refugee, female, 33 years old, Caritas Irbid April 6, 2016.

^{xvi} The SI team did not specifically evaluate UNHCR's large cash based livelihood programs, but did interview the UNHCR Senior Field Coordinator

^{xvii} The VAF scoring approach is used to analyze and distinguish dimensions of vulnerability from specific categories of needs. UNICEF uses VAF to identify vulnerability based on three layers of analysis: a) geographical location and proximity of services, b) community level factors such as access to education, safety and security, c) individual/household vulnerability based on UNHCR specific needs codes. This analysis enables a better understanding of the overall context and improves the targeting of assistance for individuals/households. UNICEF developed 60 variables based one child sensitive criteria, which is shared with UNHCR to identify UNHCR supported families with children at risk of dropping of or not attending schools. Key Informant interview, UNICEF, Amman, March 29, 2016.

^{xviii} Key informant interview, Country Representative of UNICEF, Amman, April 10, 2016

^{xix} Interviews with MoPIC and MoH April 2016

^{xx}(Jarrah 2009)

http://www.brookings.edu/~media/research/files/papers/2009/7/07%20jordan%20jarrah/07_jordan_jarrah.pdf

^{xxi} Key Informant Interview, Director of CBO, Irbid, April 3, 2016

^{xxii} Studies in Lebanon have showed a positive multiplier effect between cash to refugees and the economy. See: UNHCR & UNDP 2015 "Impact of Humanitarian Aid on the Lebanese Economy.

^{xxiii} One notable exception came from an interview with an ICMC landlord beneficiary in Irbid City. He had moved his family from his property because the neighborhood had become "ghettoized" due to the rapid influx of refugees and a corresponding decrease in public service provision including water and waste management, security and road repairs. This landlord was then obliged to rent a new property for himself and his family, and used the rental income to pay directly for his own rent. This landlord reported that this process was common in some neighborhoods in Irbid City.

^{xxiv} Shelly Culbertson et al, "Evaluation of Emergency Education Response for Syrian Refugee Children and Host Communities in Jordan," p. 25, the RAND Corporation, 2016:

http://www.unicef.org/jordan/UNICEF_Jordan_Refugee_Evaluation_Report_webversion.pdf

^{xxv} In February 2016, the UK, Germany, Kuwait, Norway and the United Nations co-hosted "Supporting Syria and the Region" conference in London to raise new funding to meet the immediate and longer-term needs of Syrian refugees and to support the countries hosting them. The conference raised over US\$ 11 billion in pledges for 2016-2020 to enable partners to plan ahead. At the conference "the Jordan Compact: A New Holistic Approach between the Hashemite Kingdom of Jordan and the International Community to deal with the Syrian Refugee Crisis" declaration was adopted: <https://www.supportingsyria2016.com/>

^{xxvi} Key informant interview, ICMC, Amman, March 29, 201. Key informant Interview, IMC, Irbid, April 5, 2016. At the time of the field evaluation (April 5) the Government of Jordan has offered no cost work permits to Syrians who possess a Ministry of Interior registration card.

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- ^{xxvii} During the field evaluation, which was conducted from March 27 to April 24, the number of applied Syrian refugees who applied for work permits was 600 as reported by MOPIC. Between then and the publication of this report, more than 11,000 Syrians have applied for work permits, according to a PRM comment.
- ^{xxviii} As the PRM Program Officer commented, the GOJ documentary requirements made it virtually impossible for Iraqi refugees to seek work permits. The requirements for Syrians have been lowered.
- ^{xxix} Group Interview, Syrian refugee, female, 42 years old, ICMC, Irbid, April 4, 2016
- ^{xxx} Group interview, Syrian refugee, male, 50 years old, ICMC, Irbid, April 4, 2016
- ^{xxxi} Key informant interview, Shelter Program Officer, ICMC, Irbid, April 3, 2016
- ^{xxxii} Group Interview, Syrian refugee, female, 30 years old, ICMC, Irbid, April 4, 2016
- ^{xxxiii} Group interview, Syrian refugees, male, ICMC, Irbid, April 4, 2016
- ^{xxxiv} Group interview, Syrian refugee, male, 48 years old, ICMC, Irbid, April 4, 2016
- ^{xxxv} Group Interview, Syrian refugee, female, 43 years old, ICMC, Irbid, April 4, 2016
- ^{xxxvi} Group Interview, Syrian refugee, male, 44 years old, Caritas Education parent beneficiary, Irbid, April 6, 2016
- ^{xxxvii} "The Jordan Compact: A New Holistic Approach between the Hashemite Kingdom of Jordan and the International Community to deal with the Syrian Refugee Crisis," Supporting Syria & the Region, London 2016, February 4: <https://2c8kkt1ykog81j8k9p47oglb-wpengine.netdna-ssl.com/wp-content/uploads/2016/02/Supporting-Syria-the-Region-London-2016-Jordan-Statement.pdf>
- ^{xxxviii} At the time of the evaluation, the number of Syrian refugees who applied for work permits was 600. Source: Key Informant interview, MOPIC representative, Amman, March 30, 2016. To date, more than 11,000 Syrians have applied for work permits, according to a PRM comment.
- ^{xxxix} Key Informant Interview, MoPIC, Amman, March 30, 2016
- ^{xl} For example, according to the interviewed UNHCR shelter expert, in Lebanon, employing light and medium shelter rehabilitation modalities is proven to be more effective than heavy constructions. Light and medium rehabilitation involves either direct shelter rehabilitation activities, or distribution of rehabilitation kits along with lump sum monthly unconditional cash assistance. For example, rehabilitation using these modalities involves basic fixing of doors, changing window glass, installing new toilets, and fixing sinks. Rehabilitation kits include insulation material that is stretched inside a room or façade. The purpose of the kits is to keep units warm during the winter and cool during the summer. Reportedly this method demonstrated effectiveness: refugees reported savings on fuel, less sick family members, and no insects after living 6 months in units rehabilitated by the above-mentioned modalities. In addition, in Lebanon, minor shelter rehabilitation beneficiary received unconditional monthly cash assistance ensuring that landlords received monthly rent payments directly from tenants. This eliminated landlords' incentives to vacate the unit as soon as possible, and helped both tenant and landlords build good relations. However, from a shelter-sector point of view, unconditional cash assistance in Jordan has one weakness, in that it difficult to monitor whether this cash support will cover shelter needs. As the interviewed UNHCR expert pointed out, in Jordan, the monitoring of the shelter assistance's impact is missing, and there is lack of understanding as to where and under which conditions UNHCR unconditional cash assistance beneficiaries are living.
- ^{xli} According to PRM, UNHCR reports that at least half of the Iraqis in Jordan are new arrivals, which indicates a discrepancy between MOH perceptions and reality.
- ^{xlii} Key informant interview, central government representative, MoE, Amman, March 31, 2016
- ^{xliii} Group interview, Caritas Health female beneficiary, Karak, April 14, 2016
- ^{xliv} Key informant interview, central government representative, MoE, Amman, March 31, 2016
- ^{xliv} Key informant interview, Syrian volunteer, male, ICMC, Irbid, April 3, 2016
- Group interview, Syrian female beneficiaries, ICMC, Irbid, April 4, 2016
- ^{xlvi} Key informant interview, senior management, NRC, Amman, March 31, 2016
- ^{xlvi} Key Informant Interview, referral coordinator, ICMC, Irbid, April 3, 2016
- Key Informant Interview, senior management team member, ICMC, Amman, March 29, 2016
- ^{xlvi} Individual interview, Iraqi woman, 31, IMC, Amman, April 11, 2016
- ^{xlvi} Individual interview, Syrian man, 35, Amman, April 11, 2016
- ⁱ Individual interview, Syrian woman, 29, IMC, Amman, April 11, 2016
- ^{li} Key informant interview, case managers, IMC, Amman, April 11, 2016
- Key informant interview, case managers, IMC, Karak, April 12, 2016
- ^{lii} Group interview, Jordanian man, 72, Al-Huson, Irbid, April 6, 2016

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- liii Group interview, Jordanian woman, 60, Amman, April 9, 2016
- liv Group interview, Caritas Health, Syrian woman, 42 Amman, April 9, 2016
- lv Group interview, Caritas health, Syrian man, 44, Al-Huson, Irbid, April 6, 2106
- lvi Group interview, Caritas Health, Syrian man, 41, April 14, 2016
- lvii Group interview, Caritas Health, Syrian woman, 20, Amman, April 9, 2016
- lviii Key informant interview, Jordanian teacher, female, Al-Huson, Irbid, April 6, 2016
- lix Key informant interview, female teacher, Karak, April 13, 2016
- Key informant interview, Jordanian teacher, male, Al-Huson, Irbid, April 6, 2016
- lx Key Informant Interview, senior field coordinator, UNHCR, May 5, 2016, via Skype
- lxi Key Informant Interview, technical team, NRC, Irbid, April 7, 2016
- lxii Key Informant Interview, UNICEF M&E staff, Amman, March 29, 2016
- lxiii Key informant interview, program manager, Save the Children, Irbid, April 19, 2016
- lxiv Key informant interview, education coordinator, Caritas, Amman, March 30, 2016
- lxv To the extent that PRS are served under Syrian programs as other vulnerable populations, as UNRWA is not included in this evaluation.