

FINAL EVALUATION REPORT

Project Title	“Life-saving essential health care and specialised protection services for vulnerable individuals from host and refugee communities in camps and urban areas in Jordan.”
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ABSTRACT

This evaluation assessed the project "*Life-saving essential health care and specialised protection services for vulnerable individuals from host and refugee communities in camps and urban areas in Jordan*". Funded by the DG ECHO, the project aimed to reduce protection and health risks for vulnerable people in camps and urban areas. The evaluation covered all six Jordanian Governorates where the project operated, as well as the two camps of Azraq and Emirati Jordanian Camp.

As the project was implemented by a consortium of four partners operating in different areas and in different sectors, and because of the unequal representativeness of stakeholders and beneficiaries invited to take part in this exercise, the evaluation focused on cross-cutting themes that interested the action as a whole. More specifically, the evaluation aimed at providing a qualitative analysis of the project's design and implementation, with a focus on *how* results were achieved, *how* the quality of implementation was monitored, and to what extent the efforts for its sustainability were made. To achieve this, four OECD-DAC criteria were used to guide the analysis: relevance, effectiveness, sustainability, and likelihood of impact. The evaluation primarily relied on qualitative data collected through interviews with key stakeholders, and focus group discussions with the project beneficiaries. Additionally, a desk review compared the findings from these interviews and discussions with the project monitoring documents, to ensure triangulation of information and a well-rounded assessment.

Based on the study carried out, the intervention was found to be relevant to the needs of refugees and host communities alike, and such relevance was maintained over time with evidence-based adjustments applied to the project's activities in the second year of implementation. Most of the established targets were achieved, meeting expectations of service recipients who might not have received assistance otherwise. While reaching out to the most vulnerable and marginalised ones was recognised as a key objective of the action, recommendations were made to ensure wider inclusion of all gender and age groups, particularly in the protection services. Individual impact was reported by many beneficiaries, whose stories demonstrated positive changes. The sustainability of the action was a key aspect in all phases of the project life cycle: if its design included important components promoting sustainability, findings suggest it is a long-term process, where efforts on the localisation approach, strengthening local organisations' capacities, need to continue, in a culture of shared ownership.

Looking at the ways the intervention was managed and monitored by the partners, one common area of improvement was identified in relation to the capacity of measuring quality and accountability: going beyond the indicators, and enhancing capacities to deliver more solid feedback analysis.

Acronyms

AAP	Accountability to Affected Populations
CBCA	Community-Based Protection Approach
CBO	Community-Based Organisation
CFRM	Complaint and Feedback Response Mechanism
CM	Case Management
DAC	Development Assistance Committee
DG ECHO	Directorate General – European Civil Protection and Humanitarian Aid Operations
EJC	Emirati Jordanian Camp
ESG	Emotional Support Group
FGD	Focus Group Discussion
FSW	Female Sex Worker
FOCCEC	Forearms of Change Center to Empower Community
FPJD	Family Protection and Juvenile Department
GBV	Gender-Based Violence
GSPD	Gender, Sexuality, and Power Discussion
IMC	International Medical Corps
JRP	Jordan Response Plan
KAP	Knowledge, Attitude and Practice
KI	Key Informant
KII	Key Informant Interview
KOI	Key Outcome Indicator
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/questioning, Asexual, etc.
MEAL	Monitoring, Evaluation, Accountability & Learning
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organisation
PDM	Post-Distribution Monitoring
PSS	Psychosocial Support
SRH	Sexual and Reproductive Health
TdH	Terre des Hommes
UNHCR	United Nations High Commissioner for Refugees

BACKGROUND INFORMATION



Map of the project's targeted areas (six Governorates, Azraq camp and EJC)

Jordan is one of the countries most affected by the Syrian crisis, hosting 1.36 million Syrians including 628,135 Syrian registered refugees (UNHCR June 2024). 80% of these individuals live in host communities and 20% in the three formal refugee camps of Zaatari, Azraq and Emirati Jordanian Camp (EJC). Over the years, this influx has exacerbated existing challenges the host community was already facing, linked primarily to the complex economic and social situation, and created new ones, increasing pressure on strained national services and preventing social protection systems from being able to meet the needs of all those concerned.

The project evaluated in this exercise, funded by the DG ECHO, aimed at filling key protection and health gaps of underserved communities across six governorates (Madaba, Karak, Tafileh, Ma'an, Amman, Irbid), and of Syrian refugees living in the official camps of Azraq and EJC. The Action has been implemented by a Consortium led by INTERSONS in partnership with the Jordanian NGO Forearms of Change Center to Empower Community (FOCCEC), International Medical Corps (IMC), and Terre des Hommes Lausanne (TdH).

Specifically, the partners had the following objectives, each related to the Results defined in the project:

1. INTERSONS and FOCCEC focused on increasing access to quality information and dignified protection services for survivors and individuals at risk of Gender-Based Violence (GBV) in urban areas, with specific attention to the inclusion of LGBTQI+ and Females Sex Workers

- (FSWs), through a community-based protection approach (CBPA) and a comprehensive package of prevention and response measures (Result 1);
2. IMC focused on improving access to quality Sexual and Reproductive Health (SRH) services in Azraq camp, including deliveries and outpatient services such as antenatal/postnatal care, neonatal care and surgeries and referrals to tertiary health care (Result 2);
 3. TdH focused on the provision of a complete package of child protection and GBV prevention and response services, enhancing on community-based approaches in EJC (Result 3).

The intervention started in May 2022 and lasted until April 2024.

EVALUATION METHODS AND LIMITATIONS

Evaluation Design

The Evaluation exercise was organised around three main phases:

1. The inception phase, consisting in preliminary work based on a desk review of the project's main documents, as well as of the most relevant reports produced by other agencies on the humanitarian situation in Jordan (see [Annex1 List of Key Documents Reviewed](#)). The outcome of this phase was the Evaluation Matrix, including the identified OECD-DAC criteria, the key questions and the related sub-questions (see [Annex4 Evaluation Matrix](#)).
2. The fact-finding phase, consisting in the direct collection and analysis of data.
3. The completion phase, consisting in the drafting and sharing of the Final Evaluation Report, completed with findings and recommendations.

While the fact-finding phase was conducted in Jordan by the Evaluator, and specifically in Amman, Irbid, Karak Governorates, as well as Azraq and EJC, both inception and completion phases occurred out of the Country.

Different aspects of the project were assessed, according to the following OECD-DAC criteria: Relevance; Effectiveness; Likelihood of Impact; and Sustainability. The evaluation maintained a qualitative approach, aiming at focusing on cross-cutting themes that affected the success of the project. More specifically, protection mainstreaming and the qualitative aspect of the three Results were at the centre of the analysis, which aimed at understanding from both implementers and services recipients how quality of the action and accountability of the organisations were measured and ensured.

Data collection methods

As per INTERSOS standard practice, the Evaluation was primarily qualitative in nature, consisting of Key Informant Interviews (KIs) and Focus Group Discussions (FGDs). In order to guarantee completeness of data, a mixed methodological approach was used: quantitative data from the project's monitoring documents were also used to triangulate and complement information deriving from the identified stakeholders.

- **Kills**

All Kills were conducted by the Evaluator during her field visit in Jordan, between the 4th and 18th of April, 2024, and were all conducted in presence. The Kills' schedule entailed semi-structured interviews developed around the Evaluation questions. A sample of 17 key informants was interviewed: they included numerous INTERSOS staff (both programmes and technical staff, at project and mission level), as well as IMC and TdH staff. Representatives of some of the CBOs were also invited to participate: with them, the interview was in Arabic, facilitated and translated for the Evaluator by the INTERSOS Mission's MEAL Manager.

The list of key informants interviewed during the fact-finding phase is attached to this report for reference, as well as the related list of questions (see [Annex2 Guiding Questions for Key Informant Interviews](#)).

- **FGDs**

In total, 18 FGDs were facilitated in the six Governorates targeted by this action and in the two camps, along the months of April and May, 2024. The composition of each FGD varied, ranging from 5 to 18 participants, and resulted in the involvement of 194 beneficiaries of the project here evaluated, randomly selected by the partners' MEAL Units that supported the Evaluation exercise, which ensured all status were represented.

At the beginning of each FGD, verbal consent was asked to the beneficiaries, to use the information collected for the Evaluation purposes and to record the discussions and help the note-takers collect all relevant information. Lastly, but most importantly, beneficiaries were guaranteed the confidentiality of the information collected during each FGD.

Due to language constraints, all FGDs were conducted by the partners' national staff in Arabic. The composition of the selected team supporting the Evaluator considered both roles and gender, so as to ensure competences and appropriateness for the implementation of the FGDs. More specifically, the following staff supported the data collection phase:

- INTERSOS MEAL team, who conducted 13 FGDs. FOCCEC team supported in the implementation of one of these FGDs with representatives of the LGBTQI+ community in Amman;
- IMC MEAL team, who conducted 2 FGDs;
- TdH MEAL team, who conducted 5 FGDs.

This multi-organisational team was led by the INTERSOS Mission's MEAL Manager and the Accountability Officer, after an in-country briefing with the Evaluator before the beginning of the Evaluation exercise, during which all questions prepared were analysed and rephrased, when needed, to guarantee the highest possible level of understanding by the affected population. The team was then given guidelines to help them throughout the data collection phase, attached to the report for reference (see [Annex3 Guidelines for Focus Group Discussions](#)).

As FGDs were conducted in Arabic, the team collected the responses through hard or soft copies. All data was then digitised and translated into English, then sent to the Evaluator for analysis.

Data processing

The data collected was analysed and the draft of the Final Evaluation Report was shared for review with INTERSOS Middle East Regional Office. All information and data collected during the fact-finding phase have been treated as confidential and used solely for the Evaluation scope. Comments received from INTERSOS management staff have been integrated into the Report.

Limitations

The Evaluation was conducted within the context of the following limitations:

- The evaluation was primarily qualitative, relying on interviews and FGDs with project stakeholders and beneficiaries. No primary quantitative data was collected, therefore findings were triangulated with the project monitoring documents.
- The evaluation focused on the project's overall effectiveness and the consortium's performance in measuring quality and achieving results, rather than assessing the technicalities of individual activities or the specific performance of each partner organisation.
- Participation in the evaluation was not evenly distributed across all partners and beneficiaries. More INTERSOS representatives and beneficiaries were involved compared to IMC and TdH, and likewise more internal documents from INTERSOS were used to complement the analysis. This resulted in some findings more relevant to INTERSOS than the other partners.
- Language constraints prevented the Evaluator from directly conducting the FGDs. While the partners' MEAL teams, external to the ECHO-funded intervention, were briefed extensively to minimise bias, they still consisted of staff from the implementing organisations.
- To mitigate translation bias, the Evaluator and the MEAL teams supporting the exercise carefully analysed all questions beforehand, to ensure clarity and appropriateness for the target audience. This process, however, allowed for some freedom of translation during data collection from Arabic to English. Some beneficiary responses were aggregated, and certain questions were not asked to all groups. These limitations highlight the importance of standardised data collection methods in future evaluations, such as providing templates for recording beneficiary responses verbatim instead of summaries, and ensuring all key questions are addressed consistently.

FINDINGS

RELEVANCE

1. To what extent are the objectives of the project valid and relevant to the local needs?

The context in which this project was implemented is characterised by a crisis having a multifaceted impact on various aspects of life for both Jordanians and the high number of refugees residing in the country. Looking at Syrians only, and as underlined by the data collected by UNHCR, around 80% of the Syrian refugees outside the camps live below the poverty line. Most Syrian families are relying on humanitarian assistance to meet their basic needs. According to the **Vulnerability Assessment Framework 2022**, the proportion of Syrians undertaking negative coping strategies is increasing as employment opportunities decrease. And yet, in this scenario, key actors have downsized or closed their operations.

This trend is confirmed by various **needs assessments** conducted by INTERSOS and its partners, according to which women and girls face multiple forms of gender-based violence, violence levels have increased, and marginalised groups like the LGBTQI+ community and the Female Sex Workers (FSWs) are increasingly at risk of Gender-Based Violence (GBV). Furthermore, marginalised groups like these ones are also facing barriers in seeking help from service providers, do not have access to safe spaces and have to deal with significant social stigmatisation and discrimination.

The need to focus on Protection services is confirmed by the **Jordan Response Plan (JRP)**, the main framework for the Country's response to the Syrian Crisis, led by the Government of Jordan. The 2020-2022 JRP emphasises two key areas within its Protection response plan: firstly, delivering high-quality protective services to the most vulnerable populations. This includes both Syrian refugees and Jordanian communities impacted by the crisis, with a specific focus on child protection and GBV prevention and response activities. Secondly, the plan underscores the need to bolster Jordan's national protection system and capabilities, to ensure that the needs of the affected populations are met effectively and that the Jordanian government has long-lasting, robust systems in place to support the most vulnerable. A key aspect of this strategy is strengthening Jordanian civil society, crucial for an effective response to the crisis, to provide support to both Jordanians and Syrians.

Lastly, **INTERSOS Jordan Country Strategy** for 2023 and 2024 puts the focus on a similar two-pronged approach: ensuring continued provision of a comprehensive and integrated package of specialised protection services to the most marginalised communities, focusing on GBV prevention and response as well as legal services; and enhancing its localisation agenda, by continuing and reinforcing the collaboration with national NGOs and community-based organisations (CBOs) across the country with which to organise capacity strengthening programmes, with the aim of empowering local communities to become self-sustained responders, able to provide a level of sustainability to the key results achieved, and advocate for their funds. This strategy is meant to target Syrian refugees living out of camp and Jordanian host communities in the targeted geographic areas, with a focus on the inclusion of marginalised groups, as well as refugees of other nationalities and migrant workers.

In this scenario, the current Evaluation exercise assessed that the intervention was relevant and in line with the needs of the population.

Indeed, the **Proposal** submitted in April 2022 defines an intervention tailored to support communities in marginalised areas in the Governorates of Madaba, Karak, Tafilah, Ma'an, Amman, Irbid, in addition to Zaatari, Azraq and EJC camps, with preventive and mitigation measures, while addressing the most urgent GBV, Child Protection (CP) and Sexual and Reproductive Health (SRH) needs and gaps. Specifically, the Proposal emphasised the objective to improve the access to health care, as well as to quality and dignified protection services for persons at risk and survivors of GBV, while strengthening CP awareness raising, Mental Health Psychosocial Support (MHPSS) and parenting skills. The **Modification Request** (MR) of April 2023 aimed at extending the action by another year, in light of the deteriorating situation observed on the ground, in both urban and rural areas as well as in the camps. Furthermore, this MR put the focus on two crucial aspects: on the localisation approach, with activities handed over to the CBOs and the provision of capacity strengthening to the local organisations; and on livelihood and legal components, to further increase both impact and sustainability of the action.

The relevance of the intervention, as analysed through the above desk review, was confirmed by both interviews with key informants (KIs) and discussions with the affected communities.

The most frequent comment provided by the **KIs** interviewed during this exercise associates the relevance of the action to the fact that targeted communities would not otherwise have had access to the services provided by the four partner organisations. This is even truer for those marginalised the most, like the LGBTQI+ community, in this project targeted by FOCCEC: stakeholders agreed on the exclusive nature of this assistance, directed to *"groups that are not served by other organisations due to the sensitivity in this culture. Any intervention we do, it's solely provided based on the needs detected."* - as confirmed by a senior manager.

Particularly emphasised was the relevance of the comprehensive package provided under the GBV umbrella, as clearly explained by one technical staff: *"The programme is 100% relevant: it is not easy to do a referral for GBV here, it was needed to have everything under one project. When it comes to do referrals to other NGOs, we face challenges: some of them do not accept other beneficiaries, others do not have the capacities or the service. The infrastructure is still very weak."*

It is worth noting that, when it comes to the implementation in the camps, both IMC and TdH are the only international organisations providing SRH and protection services, respectively. These are isolated camps, where freedom of movement in and out of the camp is very limited. In the case of EJC, managed by the Emirates Red Crescent, there is little to no experience nor interest in protection activities. *"We are the only INGO providing protection. We estimated half of the residents never left the camp. In this scenario, the psychological impact is massive. We offer a space, a child friendly environment, run by volunteers. We have structured activities as well as recreational activities."* Similar argument was provided in relation to the Azraq camp, where in the absence of IMC women would mostly deliver on the way while going to the hospital outside the camp, located around 80 km away.

The information collected by the **community members** who took part in the activities and received the services confirmed the relevance of the action: *“The activities were useful; the topics we discussed met our needs, and it was not just about awareness, it was also an entertainment for us, we got to know each other, this changed the routine at home that was driven by psychological pressure. It also enhanced integration between Jordanians and Syrians”*¹. Indeed, talking about protection topics, learning about them and discussing personal experiences was appreciated, to the extent that it was requested to extend this to the broader community: *“The whole community needs awareness on protection, and not just one lecture, but several sessions, for the different nationalities and cultures”*².

An interesting feedback came out from a group of men living in Irbid, who stressed the importance of making the services more inclusive, by extending information and awareness sessions to the male population, also to avoid misunderstandings and unclarity over the services themselves:

*“We also need protection and services. The sessions and activities focus more on women as they are the most vulnerable, but violence against men also exists. We can also be marginalised. The general focus on women and children portrays the man as the one who is violent and dominating, so then there is a general feeling among males that there is something not good, malicious behind these lectures and ideas.”*³

Representatives of the camps community reported that the project was very relevant to their needs: while women of the Azraq camp admitted that without the services provided by IMC, they would be forced to deliver at home or to travel long ways to go to the nearer hospital, adults of EJC confirmed how useful and relevant the sessions are for them: *“We, as parents, need to know matters related to raising children and the relationship between the family and the wife. We acquired new information that we did not know (...) Positive masculinity’s activity provided us with what we needed about correct parenting methods, and how to deal with them.”*⁴.

2. Was the design of the project the most appropriate to achieve the set results and objectives?

A comprehensive desk review was undertaken to evaluate the alignment of the project design with its stated goals. This review revealed the significant effort invested in defining activities and implementation modalities, taking into consideration the different groups targeted by the intervention.

¹ FGD with women, Ma’an Governorate, April 2024.

² FGD with women, Amman Governorate, April 2024.

³ FGD with men, Irbid Governorate, April 2024.

⁴ FGD with men, EJC, April 2024.

According to the proposal, the project was designed building on the needs identified on the ground through different exercises, conducted internally by the partners. Various **needs assessments** were carried out to monitor the evolution of the situation. INTERSOS needs assessment, which looked particularly at the GBV-related trends and main causes, was complemented by the specific Case Management Data Analyses, as well as the Community Mapping exercise, which highlighted the main vulnerabilities of different groups of the population, refugees and host communities alike. As for the situation in the camps, the Rapid SRH assessment and the EJC Rapid Needs Assessment conducted by IMC and TdH respectively were also important documents used to define and design the project activities. This preparatory analysis was then complemented by regular exchanges with CBOs, to collect their thoughts and ideas on how best to set up the work, as well as by the feedback from communities that was regularly collected, in different ways by all partners - though this was not always formalised (*see below under Evaluation question n.5*).

The result was a comprehensive package of protection and SRH services, with activities tailored to the specific context where they were implemented. This was particularly true for two widely recognised sensitive areas:

- The **GBV-related services**, for which even the way of referring to the problem changed from area to area, according to the different degree of sensitivity. KIs from INTERSOS, for example, reported that throughout the implementation period changes had been made in the way GBV was presented, discussed, and addressed, based on the specific socio-cultural context of each Governorate and area;
- The services provided to the **LGBTQI+ community**, for which being sensitive to the context was extremely important. As one implementer summarised it, *“We need to respect the culture, our sustainability is based on this respect. We should avoid conflict with the community and respect the social norms.”*

For the Protection sector, the action resulted in a comprehensive set of prevention and response services, which included individual case management as well as group sessions, cash for protection and legal support. While the importance of providing the full package was appreciated by many informants, some pointed to the fact that more inclusivity is still needed especially for the **awareness sessions**, which ended up mostly focusing on women. Specifically, they underlined the need to include a higher proportion of men as recipients of the action, both as survivors and as perpetrators, as a key enabling factor to bring about the change: this was noticed starting from the early stages of the intervention, and an effort was made to foster male participation: *“We tried to schedule some sessions, to be at the end of the working hours based on the male’s request and schedule. We tried to provide cash for transportation. There was some enhancement, some male started to come - though not a big difference.”*

The strengthening of the **livelihood component**, in the second year of implementation was recognised as an evidence-based improvement to benefit CM whenever a correlation between lack of livelihood and protection risk/incident was identified, however stakeholders admitted having encountered some challenges in making it a reality, due to remaining gaps in the national referral system to external organisations, which often did not have the capacity to include more people. One

field staff summarised what others also stated: *“Most of the NGOs are relying on their database, they do not want to accept other beneficiaries. It is very important to have livelihood activities inside the project, rather than referring outside.”*

For INTERSOS, the way the **localisation approach** was designed in this project was generally considered a good strategy, based on a solid reality check of the country’s needs and gaps: *“Jordan is not a country with a humanitarian crisis, there is a refugee crisis. The government is there, it’s doing its best. There are local NGOs even bigger than us. We needed to give space for the national system to respond to the needs, otherwise we continue making them dependent on us. I like our approach, we take it differently - we don’t only train them in protection, we take a more holistic approach, looking also at the operational level.”* The approach was part of a broader effort initiated across various INTERSOS Missions, in order to develop light and focused tools that emphasise governance and operational aspects during the collaboration, based on more bottom-up approaches, which resulted in a Bilateral Strengthening Plan for mutual capacity strengthening. Yet, and as it will be presented later on, some differences emerged between the expected implementation and actual delivery: some unclarity behind the rationale of this approach and the way it was presented to the local staff caused an initial sense of confusion and poor understanding. Additionally, a perceived lack of strategic vision resulted in the identification of CBOs not necessarily aligned with the partners’ mandate. To address this, in the final phase of project implementation, an exercise was conducted in order to evaluate the collaboration with CBOs to streamline their involvement and improve collaboration for the next DG ECHO funded action (ongoing at the time of writing). As a result some of the CBOs were confirmed, while for some others the collaboration was suspended.

An important factor that drove the design of the project was the **community-led approach**, which went beyond the engagement of the targeted groups during the assessment phase. Indeed, all partners’ representatives referred to multiple ways of engaging communities before and during the intervention. While for many, this happened through unstructured collection of feedback, as further elaborated in the following section, here it is important to mention that such an approach allowed the partners to keep activities tailored to an evolving context, based on exchanges with the beneficiaries. For example, when discussing the Family Methodology curriculum, a representative from TdH emphasised how they were able to adapt activities to what service recipients needed: *“Initially, with the Family Methodology we would bring the father and the mother, together with their children, in front of other families. But it is very sensitive, they would not accept to speak about their issues in front of the other fathers. So we adapted the curriculum, to leave the choice to the family, whether to do individual or group sessions.”*

Discussions with the **targeted communities** resulted in different opinions about the modalities selected to deliver the project’s objectives. To start with, the presence of both individual and group sessions was highly appreciated, as they ensured confidentiality and privacy, but also allowed for safe spaces where to exchange experiences while confronting one’s problems with other people’s situations. The modality chosen to deliver the services was also widely appreciated, as reported by persons of concern coming from the different targeted groups:

- *Activities were very appropriate to our context, there was always room for suggestion, opinions and comments. Through this programme, I had the opportunity to learn from others and know that they all have problems, not just me.*⁵
- *We appreciate the presence of a gynaecologist and midwives, and good treatment we received during childbirth and caesarean sections. These maternity services fit our culture, as privacy and confidentiality are considered during the provision of the service, in addition to not allowing men to enter the maternity department.*⁶
- *"I liked the role-exchange session in the activity and the delivery of information in ways that cannot be easily forgotten. We need topics to raise awareness about relationships between spouses and children."*⁷

On the other hand, some pointed at specific aspects of the activities that did not meet the participants' needs: specifically, people referred to the timing chosen as sometimes inappropriate as it was conflicting with working hours; others reflected on the need to further adapt the content and the messages to the different age groups targeted by the action; lastly, men and women alike echoed what some key informants also stressed, that is, the need to include men, as well as children *"to deliver a comprehensive awareness and to educate the men about how to deal with their wife and children and reduce nervousness in dealing with them."*⁸

EFFECTIVENESS

3. To what extent have the project results been achieved?

As already presented, the objective of this evaluation is to assess to what extent the implementing partners were able to measure and monitor the quality of their activities, as well as on *how* their results were achieved, with an additional focus on what use was made of data collected for the DG-ECHO Key Outcome Indicator (KOI).

For easier reference, it is worth reporting below the three Results foreseen by the action, as per the proposal:

- Result 1 (Protection). Persons at risk and survivors of GBV, including extremely marginalised groups, have increased access to quality information and dignified protection services through a community-based protection approach.
- Result 2 (Health). Improved access to quality health and reproductive health services in the Azraq Camp.
- Result 3 (Protection). Vulnerable refugee populations (women, men, girls and boys) are provided with quality specialised CP and GBV services in EJC.

⁵ FGD with women, Irbid Governorate, April 2024.

⁶ FGD with women, Azraq camp, April 2024.

⁷ FGD with adults, EJC, April 2024.

⁸ FGD with women, Madaba Governorate, April 2024.

Looking at the final figures reported in the project documents, overall targets were largely achieved, with no significant underachievement. With the aim not to duplicate the information on activities and on progress of project indicators reported in the Final Report, key informants were asked to describe to what extent activities and services delivered succeeded in increasing **access** to quality health and protection services. Representatives of all partners confirmed that the project effectively enhanced people's access to services. Supporting evidence to this is given by the continuous commitment to ensure that information shared during awareness sessions and outreach activities could reach the most vulnerable and marginalised individuals. Many highlighted how the increase over time of the number of referrals received, was the result of an increased sense of trust among other organisations, and with communities, which allowed more people to access existing services. More straightforward was the discussion in relation to the camps, closed spaces with very limited freedom of movement outside, and limited offer of protection and SRH services inside. As one medical staff put it, *"Azraq camp is an isolated area. The nearest hospital is 60-70 km away, no public transportation is available and in any case people need permission. For a woman to deliver, it would be extremely difficult. Thanks to our services, women can come and deliver safely within 3-5 minutes. This is how we improved access for women in need."*

Quality, on the other hand, was recognised as more difficult to monitor in a systematic and structured way. What emerged from the discussions with many informants was that the regular collection of feedback was used to assess and adjust the activities, and thus to understand their perceived quality. What also emerged though, was that a systematic approach to monitor progress in this domain is still to be fully developed, starting from the basic concept: *"when we speak about quality, we need first of all to define quality."* It is fair to say that all partners conducted several internal meetings, as well as dedicated MEAL exercises, aiming at understanding their beneficiaries' satisfaction with the services provided. Yet, while reviewing some of these documents and reports, an in depth analysis of the reasons behind the numbers and percentages reported seems still lacking. This feeling was confirmed by some among the senior management teams, which reckoned to need to focus more on this aspect, while recognising the importance that the process itself of a KAP, PDM or satisfaction survey can still have to feed the response.

A set of different findings emerged during the analysis of health services, for which a clearer understanding and practice was in place. Indeed, technical referents mentioned two ways to monitor quality of their services, one connected to international standards and the other resulting directly from patients. *"Sometimes we refer people to deliver outside for caesarean sections. They start to compare services provided here to services provided in other hospitals. So then they come and say they prefer to be treated here. They have a 1-2-1 relationship with patient-doctors, they are close to their family, they have excellence in the service. Outside, they have one midwife who arranges 6-7 deliveries, here is 1 midwife for 1-2 deliveries. Furthermore, from a health perspective we have indicators that we follow, we have a whole training programme for our staff, which also includes refresh sessions, to be regularly provided. This ensures we have a functional capacity building plan over the years."*

Beyond access and quality, a third element analysed with the project's key stakeholders was the use, and proper understanding of, the **DG ECHO KOI**. Interesting findings came out on this topic, which could feed into both the partners learning agenda, while also being considered at a more institutional level for revision and improvement.

At the organisational level, some issues were reported at calculation stage, either with the methodology itself or with the answers available in the form provided by ECHO. For example, the question "Do you know of people needing assistance/services who were excluded from the assistance/service provided?" foresees the following answers: *Yes, a lot / Yes, a few / Not really / Not at all / Do not know / Any answer*. The "Do not know" was sometimes understood as an affirmative "No, I do not know anybody who was left out" rather than the more literal "I don't know". Furthermore, the overall understanding of the indicator and its methodology did not always appear to be clear enough among all partners, as demonstrated by several requests for clarification and dedicated training sessions.

At consortium level, some concerns were raised on the way the results of this indicator are reported. While the questions and the domains analysed to assess protection mainstreaming and quality of the intervention were mostly appreciated, conversely there was dissatisfaction of having one single value that would summarise and reflect all partners' taking into specific account each one's expertise, area of implementation and needs assessed across different target groups. As expressed by one senior manager, *"You end up having an average of averages, looking at one number does not really show what is happening. And this is reflected also in some of the reports that were produced, there is little analysis. The focus is always on the calculated %, there is little space for the actual qualitative aspect of this indicator."* To be able to do this, many acknowledged, dedicated resources are needed, together with a higher understanding of the indicators itself - in all its components, including those follow up questions that are the ones providing the qualitative information behind the multiple choice questions.

It is in this sense that what was reported could be regarded as a wider feedback to the DG ECHO, highlighting the need to delving more in the practical use of this indicator that, it is worth recalling, is considered very important, covering crucial aspects of any intervention and allowing - if calculated correctly, at regular stages throughout the project life cycle - for timely identification of issues, and thus for their immediate correction. When it was used appropriately, the usefulness was clear to all implementers, as one technical manager recalls: *"Once, the KOI survey showed we had an issue with access in one location, as some beneficiaries had issues reaching the third floor - we immediately addressed this and changed the building. You see, you can immediately detect issues, understand the corrective measure and apply it - the guidelines are clear. It's a progressive indicator."*

During the **FGDs**, conducted for this exercise, positive feedback was reported in relation to satisfaction with the services received.

Activities were widely appreciated, and this can be seen by the fact that many recommended them to family and friends, with success: *"After benefitting from the services and knowing our rights, we*

recommended them to our family, neighbours, and friends”⁹; this happened also among the younger ones, as reported by one girl: “I told my sister and her friend to come to the site and participate in unstructured PSS. I also told my cousins about the systematic psychological support activity, and they all registered for it.”¹⁰

Many examples were given of the effectiveness of the services provided, some pointing also at the quality:

- *“We all benefited from delivery services provided by the Hospital. These maternity services are better compared to hospitals abroad. We are satisfied with reproductive health services and we recommend them because they are the best.”¹¹*
- *“I used to beat my son, but through the lectures I received here, I began to change the way I treat my children. These sessions helped me a lot with anger management.”¹²*
- *“We are protected here, this is even more important than psychological support or any other service. We come here because this is a safe shelter, where there is no discrimination.”¹³*

4. What were the major factors, internal and external, influencing the achievement or non-achievement of the results of the project?

The evaluation exercise identified several factors that influenced the implementation of the project activities and thus the achievement of the foreseen results. Some of them will be presented as enabling factors, having facilitated the partners’ teams in carrying out a smoother implementation. Others will be analysed as challenges, either internal or external, together with any related mitigation measures put in place by the implementers to confront them. At the end, the overall perceptions reported by beneficiaries participating to the FGDs will be presented.

Enabling factors.

Long-standing presence and strong relationships with communities emerged as key factors contributing to the project's success. All Key Informants (KIs) emphasised the value added by the partners' experience and expertise in Jordan. For example, INTERSONS' reputation as a protection actor and FOCCEC's work with marginalised groups facilitated achieving project objectives in those areas. Similarly, IMC's established presence in Azraq camp and TDH's unique role as the sole international protection provider in EJC were crucial for successful implementation.

The **relationship with communities** was another factor considered as crucial in enabling a successful implementation, not only to enhance acceptance and trust, but also to increase the outreach component: *“We have been doing many FGDs with beneficiaries since the beginning, and*

⁹ FGD with women, Ma'an Governorate, April 2024.

¹⁰ FGD with girls, EJC, April 2024.

¹¹ FGD with women, Azraq Camp, April 2024.

¹² FGD with men, Irbid Governorate, April 2024.

¹³ FGD with representatives of the LGBTQI+ Community, Amman Governorate, 2024.

we have outreach workers who come from the same groups we target. This way we build trust with the community, and we know what is happening. We implement our projects through this approach. Somehow, we reach out to them through themselves.”

Furthermore, representatives of all organisations emphasised the importance of regular training sessions provided to their staff, as well as good internal coordination.

Internal Challenges.

Limited human resources emerged as a common internal challenge across several organisations. This manifested in staff covering multiple roles (e.g., INTERSOS) or a lack of dedicated staff for MEAL functions (e.g., FOCCEC), hindering the establishment of efficient monitoring systems.

Another frequently mentioned challenge was the implementation of the **localisation approach**. While specific to INTERSOS, it highlights potential challenges when implementing such a complex, multi-faceted, and long-term strategy, particularly when the concept itself may not have a direct translation in the local language. Field staff expressed an initial lack of clarity on the rationale behind localisation and how it aligned with the broader organisational strategy. Additionally, limited financial and human resources for supporting capacity strengthening in CBOs created a burden for both parties, also in the development of new policies and procedures.

Limited collaboration within the consortium emerged as a lost opportunity. While some stakeholders expressed satisfaction with the consortium approach, others felt it could have been more effective. Quotes from key informants revealed a sense that the consortium functioned more as a collection of individual organisations than a truly collaborative unit, to the extent that a senior manager depicted it as a “*marriage of convenience at first*”. There were missed opportunities for knowledge sharing, joint activities, and mutual capacity strengthening. The infrequent coordination meetings primarily focused on individual updates rather than fostering a collaborative environment to address common challenges or explore synergies. Indeed, many voiced their ideas to significantly improve the effectiveness of future consortium endeavours: for example, by strengthening communication and collaboration through regular meetings, organising joint training sessions, and developing clearer and more effective referral pathways.

Furthermore, the **short-term project cycle** posed challenges in retaining qualified staff and managing beneficiary expectations. Some beneficiaries, who may have come to rely on the project's services to meet their basic needs, could be particularly vulnerable to disruption if the project ended without a sustainable solution in place.

External Challenges.

External factors presented significant challenges throughout the project lifecycle. **Bureaucratic hurdles**, including lengthy approval processes from government entities, created delays and

hampered the project implementation. Limited access to non-Syrian refugees, due to the lack of a legal framework and the risk of deportation, further restricted the target population.

The protracted refugee crisis also meant that beneficiary needs evolved over time. Initially, beneficiaries received emergency support to address immediate needs. However, as the crisis continued, their needs became more complex, and they began to have **higher expectations** for longer-term solutions. In recognition of this evolving need, and to provide more sustainable solutions, the project envisaged the addition of **livelihood referrals**. However, the limited presence of qualified actors with the capacity to address these livelihood needs in a comprehensive way soon emerged, bringing with it the necessity to create new referral pathways and collaboration with additional partners.

FGDs

Accessibility of project locations emerged as a minor challenge for some beneficiary groups. No incidents of harassment or other security risks were reported, considering also many women adopted the option of going together to the project location, so that in group they could feel safer and less exposed to external threats. On the other hand, concerns were raised regarding the presence of wild dogs on the way to project locations.

Distance to project sites, particularly INTERSONS/CBO facilities and the TDH centre in EJC, was a concern for a limited number of beneficiaries residing farther from city centres, or in caravans at the opposite corners of the camp. Linked to this was the adequacy of **transportation allowances**. Some beneficiaries, particularly those in Tafileh Governorate with limited public transportation options, felt the allowances were insufficient to cover travel costs, potentially hindering participation: *“One of the main issues is that there is no transportation allowance to cover for the transportation fees to join the awareness sessions, as here in Tafileh there are no buses.”*¹⁴

Scheduling of project activities also presented challenges for some beneficiaries. Conflicts with school hours, working hours, school exams, or extreme weather conditions (e.g., excessive heat) were reported to affect participation of EJC. Additionally, waiting times during project activities were noted as a negative factor. As recalled by a girl who benefitted from unstructured PSS, *“My sister Ghina, who is 6 years old, registered and attended for only 5 days because she spends a long time in the sun waiting for the gate to open and enter the site.”*¹⁵

Finally, a lack of **childcare options** for mothers attending protection services emerged as a barrier for some. The absence of safe spaces for children limited participation for some women and potentially affected the quality of participation for others who brought their children along. In Ma’an, this was referred to as the “Children issue”¹⁶, but women from other Governorates also subscribed:

¹⁴ FGD with women, Tafilah Governorate, April 2024.

¹⁵ FGD with girls, EJC, April 2024.

¹⁶ FGD with women, Ma’an Governorate, April 2024.

“We cannot attend all sessions regularly, because there is no safe and suitable place to put our children.”¹⁷

5. What has been done to ensure a solid Accountability to Affected Populations?

This section briefly examines the project's efforts to ensure Accountability to Affected Populations (AAP) across its three core pillars: community engagement, information sharing, and Complaint Feedback and Response Mechanism (CFRM).

1. Community Engagement

While a structured and systematised community engagement framework could not be analysed, every partner confirmed they had put in place a variety of ways to engage communities, showing interest and commitment to regularly exchange with the populations they were targeting.

In addition, the increase that was registered in the numbers of self-referrals was another indicator of such effort: by looking at the final figures and as reported by some key stakeholders working in INTERSOS, *“the fact that at least 70%-80% of people reach us via the self-referral (hotline) makes me understand that the effort in the community to understand what the access methods are is well functioning”*.

Yet, beneficiaries had contrasting opinions when asked whether they had felt engaged throughout the activities: while some appreciated the regular involvement by the activities' implementers, others felt they weren't extensively involved in project design, and that their input on service delivery methods and timing could have been valuable.

- *“The facilitator takes our opinions on the activities, and has created an environment with complete confidentiality and trust among all of us, so we feel at ease when giving our opinions.”¹⁸*
- *“If we had been given the opportunity to design the project, we would have presented more ideas, activities, and programmes. And we would have presented more methods of implementation that are more suitable for refugees, and how to implement them, and the appropriate timing for implementation according to the lives of refugees.”¹⁹*
- *“In general, we did not have the opportunity to have an opinion about the services we wanted. The best way to involve us in implementing activities is through creating a committee*

¹⁷ FGD with women, Amman Governorate, April 2024.

¹⁸ FGD with women, Madaba Governorate, April 2024.

¹⁹ FGD with women, Ma'an Governorate, April 2024.

for the people who have the most influence and access to this group, so that their voice can be heard, and our needs and the services we want can be communicated.”²⁰

A key informant analysed this aspect and concluded that, while external efforts were made to ensure community involvement, sometimes the internal reflection on the results did not occur, becoming more a “tick the box” exercise than part of the overall approach.

2. Information Sharing

In general, beneficiaries reported receiving clear information about services: *“The information was clear, we were contacted from time to time over the phone to receive information about the activities.”²¹ “The information was shared regarding attendance or non-attendance at lectures, and we even have a WhatsApp group for communication regarding lectures.”²²; “We receive sufficient information during our visit to the facility and through the awareness sessions that are conducted regularly.”²³* Only very few instances of gaps in the communication channels were reported, which were related to high turnover in the teams of both the partner and the local CBO.

Some suggestions were made to further strengthen this communication, like this one coming from a woman in Madaba Governorate: *“I wish there were messages sent by phone about how to deal with children and solve family problems on a regular basis, even once a month”.*

3. Complaint Feedback and Resolution Mechanism (CFRM)

CFRM systems were established by the partners in all project locations, with different channels available to the communities. Yet, beneficiaries, and particularly those outside the camps, turned out to be mostly fully aware of the hotline for protection services, but very much unaware of CFRM channels they could use to report feedback and other types of complaints: *“We know the “Hotline for reporting violence”, and we were reminded during the awareness sessions by the team of the existence of the hotline for violence issues. As for the suggestions or feedback, and complaints, no, we had no knowledge about that.”²⁴* It was clearer for the children of EJC: *“If someone harasses me, I write a piece of paper and put it in the box. If I have something in mind and it is not available in the camp, write a suggestion and put it in the box.”²⁵*

²⁰ FGD with representative of LGBTQI+ community, Amman, April 2024.

²¹ FGD with women, Madaba Governorate, April 2024.

²² FGD with men, Irbid Governorate, April 2024.

²³ FGD with women, Azraq Camp, April 2024.

²⁴ FGD with women, Tafilah Governorate, April 2024.

²⁵ FGD with boys, EJC, April 2024.

Indeed, it appeared as if complaints were mostly associated with reporting on violence; as one of the women said, *"We have benefited from INTERSOS's services, so there is no need to contact them unless we have a new problem or we are exposed to violence."*²⁶

At the same time, internal knowledge and overview on the complaints received and on how to best "use" them to adapt the intervention was reportedly low, though this was acknowledged as an area to be developed at structural/organisational level, strengthening both capacities of the MEAL teams and a more cultural approach to ensure continuous learning from the accountability exercises. Some KIs lamented a scarce internal sharing of the feedback and complaints collected during the intervention, while pointing at the need to have more refresh sessions on the subject so as to ensure clarity of roles and procedure and more effective explanations to the communities. Indeed, the relatively low number of complaints registered across all partners (considering this was a two-year project) could be due to limited awareness of the system or perceived limitations in its effectiveness.

LIKELIHOOD OF IMPACT

6. Has the intervention caused a significant change in the lives of the beneficiaries?

While it is always difficult to measure the impact of a project while it's still running, especially during a relatively short lifespan, interviews with key stakeholders and beneficiary responses can demonstrate some degree of immediate impact.

In this sense, the effectiveness of different project activities varied. The immediate impact of response services was readily recognized by most stakeholders. However, opinions differed on the impact of **prevention services**, particularly awareness sessions. Many stakeholders acknowledged the potential value of these sessions but expressed concerns about their short duration and long-term effectiveness. As one interviewee stated, *"It is much more difficult to evaluate impact with the prevention component. We did the KAP surveys, yes, but we don't really know if people actually change their behaviour."* In contrast, the GSPD sessions were seen as having a higher impact due to their longer duration and more interactive format. A stakeholder explained, *"they are two sessions, and they are discussions - we don't tell you what is right to think. It's a lot of them talking, doing exercises in groups, and then you can challenge their perspective."*

Case management, with its emphasis on long-term support and individualised planning, was perceived as a more sustainable approach with a demonstrable impact on individual beneficiaries. A manager stated, *"impact is there at the individual level, we support the person."* Similarly, legal assistance provided crucial support to beneficiaries who *"wouldn't have the courage or the financial capacity to go to a lawyer."*

²⁶ FGD with women, Madaba Governorate, April 2024.

While measuring impact remained a challenge, sometimes due to limitations within existing MEAL systems, field teams relied on **observation** to assess progress. Senior managers frequently referenced feedback from staff who monitored changes and observed the positive effects of project activities. In the refugee camps, where the relevance and effectiveness of interventions are even more critical due to the exceptional circumstances, positive changes were reported. For example, in Azraq, access to quality health services provided a lifeline for mothers and children. In EJC, higher participation rates were observed not only among children but also among caregivers and family members. A field staff member comprehensively explained, *"Through observation from the team, the level of impact can be seen in the higher rates of children being interested in the activities. Also, the level of improvement of the kids benefiting from the case management. Or when we work with the caregivers, we see the impact on the child. Success stories with caregivers demonstrating better behaviour, now they have become volunteers with us. You can monitor them before and after having received the service - from being bullies, to having better communication with their peers."*

The above analysis was confirmed by representatives of the targeted communities, who shared their story and provided insight on the type of impact they could feel after having benefited from the services.

- *"Obtaining good services had a positive psychological impact. Awareness sessions contributed to providing psychological support, especially postpartum depression."*²⁷
- *"The study hall helped me a lot. At home, there is no one to help me study except YouTube. As for the study hall, I used to ask the teachers directly when I needed help, and this affected my academic achievement, so it rose from what it was before. I was failing at some subjects, but now I got a full mark."*²⁸

Some also said that change was not only limited to the personal level, as consequences could be seen in the family:

- *"The project changes were positive: I was able, with the help and encouragement of my son, to stop the decision to marry my daughter at a young age. At first, I couldn't talk to my husband about it because he was nervous; then, my son and I convinced him, and he agreed not to have her married."*²⁹
- *"The positive impact is transmitted from us, beneficiaries of the services, to our family, and then to the community. There is a strengthening of protection concepts, but we need to consolidate them further by holding more sessions and more activities."*³⁰

Indeed, the need to have more regular follow up and longer sessions was repeatedly mentioned: *"The service contributed greatly to changing our behaviour for the better in terms of dealing with children and husbands and alleviating nervousness. But we should have follow up sessions, on a monthly or bimonthly basis, with the women who finished the group sessions, so that we would not forget what we had learned."*³¹

²⁷ FGD with women, Azraq Camp, 2024.

²⁸ FGD with boys, EJC, April 2024.

²⁹ FGD with women, Amman Governorate, April 2024.

³⁰ FGD with women, Irbid Governorate, April 2024.

³¹ FGD with women, Madaba Governorate, April 2024.

It is worth mentioning that in some of the most conservative communities, women who participated in the FGDs admitted the cultural barrier that is still there: *“We have a fear of implementing what we have learned, this rights demanding, what you have taught us.”*³²

7. Did all the intended targeted groups, including the most disadvantaged and vulnerable, benefit equally from the intervention?

While the project aimed to serve a **diverse range of marginalised individuals**, including men, women, children, and the elderly, from both refugee and host communities, challenges emerged in reaching all groups equally. Data suggests a skew towards women and children participating in project activities compared to men and young adults. For example, men were less likely to attend awareness sessions, possibly due to social norms around GBV but also because of the timing of the sessions, often coinciding with working hours; some difficulties were reported in tailoring specific activities to young adults, and LGBTQI+ outreach was limited to Amman - these examples highlighted geographical and social barriers for some groups.

Partners acknowledged these disparities and made efforts to adapt activities and **increase outreach** to underserved populations. However, these efforts were hampered by social norms and contexts where men are less likely to seek help for GBV-related issues. Some KIs also highlighted that there was a limited number of male staff members, which could have made some men feel less comfortable participating in activities.

Despite these challenges, **positive outcomes** were achieved, as evidenced by beneficiaries who transitioned from recipients of services to leaders within the project. One such example is a GBV survivor who came to the project for support and eventually became an outreach worker herself, demonstrating the project's potential to empower beneficiaries.

8. To what extent is the intervention likely to be transformative, i.e. likely to create enduring changes in norms and systems, whether intended or not?

The commitment to try and influence the national system was clearly stated in the project proposal of April 2022, in different modalities under all results. While indeed multiple efforts have been carried out on all fronts, a detailed assessment of their impact on national systems is limited within the scope of this evaluation, considering also advocacy works were carried out primarily by IMC and TDH. Nevertheless, it is worth understanding what the project entailed in its design, and how actions and results have been perceived by key stakeholders when interviewed at the final stage of the intervention.

³² FGD with women, Tafilah Governorate, April 2024.

To start with, the 2022 proposal outlined specific **advocacy indicators**, linked to the specific situation in the camps. Indeed :

- Result 2, indicator 8: Number of decision-makers engaged in discussions on the inclusion of refugees into the national healthcare system;
- Result 3, indicator 3: Number of advocacy products produced and disseminated and/or number of meetings/events held.

As for the Result 1, related to protection services delivered by INTERSONS and FOCCEC, though no specific indicator was defined, the ambition to influence the national system is still visible. Examples of this goal can be seen in **different activities and approaches**: the collaboration with Jordanian institutions, such as the Family Protection and Juvenile Department (FPJD); the presence, as lead actors, in global networks and task forces, like the PSEA and Cash for Protection ones; the continuous engagement with other service providers, from both the ministries and religious entities.

When asked to reflect about the **potential impact** of such actions, KIs revealed mixed feelings: surely, some degree of success was recognised, as explained by one senior manager: *“Through our projects, we work with the service providers from the ministries, to enhance the environment, their knowledge on sensitive topics, in order for them to provide the services free of stigma. We also built partnerships with religious leaders, now some of them implement awareness sessions on these same topics.”* Yet, the need for resources dedicated to advocacy efforts, as well as the importance of having longer projects, was frequently mentioned to be able to reach more solid results.

Stakeholders also viewed the **consortium's combined expertise** as a potential resource. They suggested leveraging the established reputations of individual organisations to elevate advocacy efforts on a national level, particularly for under-discussed issues like the future of camp residents. Advocacy for more advocacy was actually made, to amplify advocacy efforts and reach a wider audience: *“It would be great to broaden the assessment to understand the situation. We could look at it together, TdH, INTERSONS and IMC. There's such a limited discussion about the future of this, not even UNHCR is speaking about this. It's shocking. Within the consortium, I'd like to see more push - can we talk about the camps?”*.

SUSTAINABILITY

9. To what extent has the project supported and strengthened local capacities, at the individual, community or institutional level, in line with its broader localisation strategy?

The **project design** emphasised a significant component of support and capacity strengthening, especially at the community level. This focus was evident in Result 1, both in the provision of community-based protection initiatives through CBOs and community-based protection committees (Activity 3), and in Activity 8, which explicitly mentioned the goal to establish bilateral capacity-strengthening plans with identified CBOs and the local partner FOCCEC. The increased

focus on the **community-based approach** was fostered in the second year of implementation, when these plans were developed, facing some challenges along the process.

Gathering feedback from representatives of CBO partners allowed for a comprehensive understanding of the different layers of the localisation aspect. The evaluation process involved a retrospective analysis of results alongside an examination of the reasons behind encountered difficulties.

While results were achieved, progress was less visible than anticipated due to the slow start of the process. As one technical staff member acknowledged, *"Capacity strengthening is not an activity; it's more part of the partnership strategy."* Thus, the understanding (or misunderstanding) of such strategy in the first year impacted staff mentality, CBO selection, and the initial approach to collaboration.

However, **positive changes** emerged later in the project. Once assessments were conducted and plans defined, training sessions were effectively delivered thanks to the extra commitment of support staff and a growing sense of ownership within the partnership. This was confirmed by the generally positive feedback received from CBOs regarding their satisfaction with the collaboration with INTERSON. They particularly emphasised that this was the first time they had received institutional-level capacity strengthening, highlighting that no other international NGO had ever focused on their operational capabilities. In the words of two CBO Directors:

- *"Our knowledge increased, we became more professional. We progressed our ideas for the future, and we are now able to identify what we need as a Charity."*
- *"INTERSON built our technical capacity. That helped us to increase the package we provide to beneficiaries. Indirectly, it enhanced our ability to get donations and reach out to other donors because of our expanded services."*

The opportunity to develop their support departments was highly valued by CBOs. The initial impact was a heightened awareness of areas for improvement, often related to financial management and MEAL. Gaps in MEAL were also recognised as crucial for measuring the impact on the communities served by these CBOs. Consequently, focus was placed on various MEAL-related exercises, such as satisfaction surveys and accountability-specific tools. As an INTERSON staff member recalled, *"One CBO staff member told me, '[Before we didn't even have a complaint box, now we have it.] You see, this is something maybe obvious that was missing though.'" Other examples included organisations that developed their code of conduct after the assessment phase, demonstrating a deeper understanding of various organisational aspects.*

Therefore, positive outcomes were achieved, though stakeholder exchanges made it clear that such a **complex process** depends on resources – both for training delivery and for recipient participation – and requires a longer timeframe. As explained by two technical staff members: *"We need to work on this, we need to mentor them. We need to design projects based on that, and we consider the financial aspect as well, to be able to conduct the activities. From service provider to provider of capacities needs time. It's a process."*

A valuable suggestion was made to address the issue of staff turnover, which affects both international and local organisations: *"We should be able to do the training ourselves, on the different aspects, which means – INTERSOS should provide Training of Trainers. Looking only at the board, the senior staff is not the right strategy: more people from the CBO should be involved, not to centralise all the conversations with one person only - so that if that person leaves, the others can still benefit"*.

One last aspect worth mentioning is the role played by the community-based protection initiatives, where progress was visible between the first and second year of implementation. It was widely recognised that, while initially most of the work was carried out and led by INTERSOS, things changed as empowerment was being developed. This resulted in the community-based protection committees becoming the leading actor: drafting the concept note, providing budget estimates, writing the final report. This outcome was praised as demonstrating the effectiveness of a bilateral plan, showing also good potential to last even beyond the single project.

10. To what extent was the ownership of the resulting benefits built, so that the net benefits of the intervention are likely to continue?

This last section complements the above analysis by assessing the project's efforts to foster a sense of ownership among local stakeholders regarding the benefits it produced, with the assumption that such an ownership is essential for ensuring that the positive impacts of the intervention continue to be felt by target populations beyond the project's lifespan.

One challenge identified by a senior manager involved the **selection of partner organisations**. Ideally, the project aimed to collaborate with grassroots organisations that were deeply embedded within the communities they served. However, in practice, this criteria was often not considered or not properly assessed. While CBOs did offer valuable experience in their domain of intervention, the initial vision of empowering like-minded, community-driven groups was not fully realised. This highlights the importance of striking a balance between leveraging the experience of established CBOs and nurturing the growth of local realities that could potentially continue the activities introduced with this project. Careful selection criteria that prioritise both experience and deep community ties can contribute to a more sustainable approach to capacity strengthening.

Another key consideration highlighted by stakeholders was the importance of **long-term commitment**. Short-term interventions can struggle to build the trust and ownership necessary for sustainable impact. When projects end, the relationships established with beneficiaries can suffer. Investing in long-term partnerships allows for a deeper level of engagement with communities, fostering a stronger sense of ownership and shared responsibility for the project's goals. This extended timeframe also enables CBO partners to develop their capacity organically, as they gain experience through their ongoing involvement in the project's activities.

Despite these challenges, the project did achieve significant progress in building ownership. Representatives from CBO partner organisations reported substantial **improvements in their**

professional capacity. They highlighted gains in knowledge, project development skills, and practical expertise in areas like case management and service delivery. This increased capacity positions of organisations to continue providing vital support to beneficiaries even after the project concludes. The project's investment in strengthening the competencies of local organisations is a significant contribution to long-term sustainability.

The project also fostered knowledge transfer and the establishment of **best practices** within the consortium. For example, FOCCEC credited the project with helping them become recognised as a model for effective case management. This recognition from other organisations within the field suggests that the positive practices implemented by the project have the potential to be replicated and disseminated more broadly. The project's role in facilitating the spread of best practices can have a ripple effect, promoting positive change across a wider range of organisations and ultimately benefiting a larger population.

CONCLUSIONS

As detailed in each section pertaining to the criteria examined, **the project under evaluation was mostly successful** in addressing the needs of the targeted populations. It is worth noting that the project extended its reach to encompass refugee and host communities alike, with a particular focus on assisting the most vulnerable and marginalised within these groups.

The relevance of the project was confirmed throughout the evaluation exercise, looking at the main needs assessments delivered by both the partners and other international agencies, and listening to the voices of those who directly benefited from the services. Overall, the intervention achieved its main objectives and managed to bring positive changes in the lives of the individuals who benefitted from the services provided. The focus on a community-based approach, as well as clear efforts on the advocacy component, definitely represents the willingness to develop evidence-based actions while establishing the basis for their sustainability.

With project targets being mostly met, all key informants reporting satisfaction and beneficiaries being content about the services received, the project accomplished its goal - yet internal stakeholders provided valuable insights in analysing specific aspects that could have been better managed or implemented. This reflects the need for a more solid and structured analysis of the quality of the activities, as well as ensuring regular and consistent communication on the CFRM systems established.

The particular format of this project saw a consortium of partners working mostly separately, in different areas and sectors. While each Organisation could count on their expertise and experience in their respective domain of intervention, and on a long-standing presence in the targeted areas, many agreed that they could have benefited more from each other - a lesson learned that has already been considered for the development of the new proposal.

Indeed, with an upcoming new intervention funded by the DG-ECHO, which will continue most of the project aspects here evaluated, it is important to emphasise the areas where improvement is still necessary, as is presented in the dedicated section below.

RECOMMENDATIONS

Project Implementation and Project Management

- Create spaces for knowledge sharing and mutual training among partners throughout the project life cycle;
- Ensure focus is put on qualitative aspects and not only quantitative indicators;
- Strengthen the MEAL systems, especially for local partners and CBOs, to be able to establish sound monitoring processes useful to monitor and improve on a timely basis;
- Enhance the accountability system, to make sure feedback (and complaints) not only are addressed and followed up at the individual team level, but also are documented and used as part of a broader organisational learning process.