Evaluation of HelpAge International's Programme
'Assistance to specific vulnerable groups affected by the Syrian crisis'
(2013-2014)

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Executive Summary

The programme, '*Assistance to specific vulnerable groups affected by the Syrian crisis in Jordan,'* is being implemented by HelpAge International (HelpAge) in partnership with Handicap International (HI) from April 2013 to September 2014. It is funded by the Disasters Emergency Committee (DEC) (£318,735); Age International (AI) (£250,000); and the Elsie Pilkington Trust (£10,000). Its objective is to 'Contribute to improving the lives of older people and people with specific needs living in Jordan (…) affected by the Syria crisis by providing cash assistance and improving access to humanitarian and public services so that they can meet their immediate needs.'

This evaluation assesses the extent to which the programme has met its objectives, and proposes ways to improve HelpAge and HI's future emergency programming and rehabilitation activities. It was conducted over 25 working days from end-May to July 2014, including an inception phase, data collection (field trip to Lebanon and Jordan, a detailed review of 14 documents, and in-depth interviews with 40 key stakeholders), analysis, feedback and reporting.

1. The Programme
In general, the programme is relevant to the people with specific needs, older people, and people with disabilities excluded from the international refugee protection response in Jordan and Lebanon, and to the strategic objectives of the UNHCR-led international response. It is highly appropriate to HelpAge's capacities, to the global HelpAge-HI partnership, and to the funders DEC and AI.

The programme has certainly contributed to improving the lives of older people and people with specific needs, and stakeholders widely believe it is achieving outcomes. During implementation, it also expanded in scope considerably—extending inclusion advocacy to Lebanon and tripling the number of families targeted by the cash transfer. The programme is based on the complementarity of cash transfers and inclusion advocacy, and the partnership between HelpAge and HI.

In principle, the HelpAge-HI partnership makes perfect sense, and makes the programme cost-effective, saving some £70,000 in structural costs. However, in practice, the mutual benefits of partnership are much less clear. Both organizations struggled to harmonize their management styles, organizational cultures, approaches to advocacy, approaches to cash transfer, approaches to donors, and methods for identifying the most vulnerable in emergencies. In Lebanon, the HelpAge-seconded inclusion adviser works separately from HI work. In Jordan, the inclusion adviser is integrated into HI's management structure, and partnership synergies are sought.

The programme is informed by lessons from previous HelpAge interventions, and has offered good opportunities for HelpAge and HI's strategic learning. HelpAge and HI are both committed to quality standards and codes of conduct at the organizational level. HelpAge developed minimum accountability standards to guide the HI-led cash transfers, assessed implementation and made recommendations for improvements.

In addition, at the global level, the programme's inclusion advocacy and the publication of the Hidden Victims report in particular, has increased visibility for HelpAge and HI, leading to new strategic opportunities. But at the regional and national levels, it has resulted in increased visibility mainly for HI and not HelpAge.

2. Cash Transfers
The cash transfers in Jordan have been relevant to the vulnerable families identified by HelpAge's initial needs assessments, which found an income gap faced by Syrian refugee families outside camps and negative coping strategies, and remains relevant to the families today. HelpAge's initial identification of beneficiaries may have been more relevant to refugees who faced acute issues that

could be addressed by one-off cash contributions, whereas HI's disability vulnerability focal point (DVFP) approach may be more relevant to identifying the most vulnerable refugees and sustaining their livelihoods through regular cash. In general, stakeholders perceive unconditional cash to be highly relevant to assisting refugees in Jordan.

The HI-led cash transfers have been well implemented, through a formal process developed for selecting and verifying extremely vulnerable families, and delivery using ATM cards. Implementers say the cash is being delivered to the Syrians and will achieve all targets. All the cash recipients are identified as extremely vulnerable. The cash transfers have certainly increased the income of recipients, meeting their basic needs in a short term and temporary sense. Beneficiaries spend the vast majority of cash on rent, and the cash transfers helped to reduce their risk of eviction.

The cash transfers made minimal difference to debt repayment. They may have reduced negative coping strategies, but certainly did NOT stop them. They did not meet the immediate needs identified in HelpAge's initial assessment, following a three-month delay caused by the Jordanian government. When the cash transfers end, the Syrian refugee families face a potentially disastrous income gap with the removal of their primary income.

The cash transfers have been effective, despite the delay in implementation. Effectiveness has depended on targeting the most vulnerable, a good process and delivery mechanism, and accountability to beneficiaries through information provision and communication. The cash transfer learning has been very good, providing strategic learning and operational improvements for HI's larger cash programmes. All the HI cash transfers are subject to post-distribution monitoring and recommended improvements. A monitoring report in mid-2013 provided important recommendations to support the overall quality and accountability of the programme. The most important of these have been implemented.

The cash transfers are well-aligned with quality standards for cash transfers. Practical innovations developed here may represent good practice in providing cash for the most vulnerable. In Jordan's Cash Working Group, unconditional cash is generally seen to be meeting needs. In addition, the cash transfers are well aligned with accountability standards. HelpAge developed 'minimum accountability standards' for the cash transfers, and assessed the accountability of the cash transfers, leading to the introduction of accountability procedures.

The cost effectiveness of the DVFP-targeted cash transfers seems good, although it is hard to find comparators and they are more costly than other cash transfers. DVFP-targeted cash transfers are considered cost-effective from design to implementation, although they imply significant process costs. Rough calculations suggest just over a third of the estimated £272,000 spent on cash transfers reaches the pockets of beneficiaries.

The impact of cash transfers on communities raises a specific concern that landlords increase rents disproportionately *because* they perceived NGOs will pay—even though the cash transfers are made without their knowledge. More generally, cash contributions are believed to contribute positively to local economies and host communities, and more favourably than assistance in kind.

3. Inclusion Advocacy
The inclusion advocacy has been very relevant to the scale and complexity of the Syria crisis, and appropriate to a response that offers inadequate access to services for older people and people with disabilities. It is highly relevant to the large-scale exclusion of people with specific needs, to gaps in the response in both Jordan and Lebanon, and to key refugee protection challenges. It appears to fill

a gap in the international response, by advocating clearly and consistently for the inclusion of people with specific needs, older people and people with disabilities.

The inclusion advocacy appears to have been performed well, though it is difficult to measure. At the regional level, implementers highlight the programme's 'strong interactions' with key players. In Lebanon and Jordan, external stakeholders all appreciate it. Implementers have reported mainly on inclusion advocacy activities, without linking them to intended outcomes and impacts, but highlighted some important outcomes in interviews. Contributions made to working group guidelines, strategies, and operational documents are expected to make an impact in months and years ahead.

The inclusion advocacy's effectiveness has depended on a host of external factors, the recruitment and deployment to the region of dedicated inclusion advisers, and conducting activities that contribute to the goal of improving access for older people and people with specific needs. However, inclusion advocacy has been complicated by an unclear strategy and notional pathway about how change is to occur; management problems such as unclear lines of responsibility for inclusion advisers, delayed decision-making on inclusion activities, and slow systems for technical support; and a short timeframe and questions about sustainability. Ending the programme will leave significant gaps at regional and country levels, where full-time advocates for older people and people with disabilities are needed to continue influencing sector leads.

Learning from inclusion advocacy has been good, through the production of the Hidden Victims report, an inclusion workshop held in March 2014, and regular and frequent discussions with the HelpAge programme manager. Looking ahead, stakeholders offered advice about where to focus efforts, and UNHCR coordination managers made two specific suggestions: propose a formal review role in the development of the 2015 Syria Regional Response Plan (RRP7), and develop an Age and Disability Marker, based on and designed to work alongside the Gender Marker.

The inclusion advocacy follows no sector-wide quality standards or good practices for inclusion, so some inclusion advisers sought to define their own approaches. Inclusion advocacy is itself concerned with controlling the quality of the humanitarian and refugee protection response, and demanding accountability to international principles. In addition, the inclusion advocacy struggled to show direct accountability to people with specific needs.

The inclusion advocacy is very cost-effective. The main cost of employing three full time inclusion advisers is considered cost-effective, although costs were higher for highly experienced consultants needed to establish the programme. More broadly, the cost of advisers is small for activities that have collected missing data and raised awareness among key actors, promise to improve access for hundreds of thousands of refugees with specific needs, and fill a gap in holding the regional response accountable for age and disability—at a miniscule fraction of the response's overall cost.

The scale of the inclusion advocacy's impact is unknown, as changes made to frameworks and processes will take time to result in practical changes to people with specific needs. The inclusion advocacy has contributed to multiple smaller outcomes that support achievement of the goal, and which were unplanned and unforeseen in the programme design. A possible risk is that raising the profile of older people and people with disabilities could eclipse other vulnerable groups or reinforce misperceptions that all older people or people with disabilities are vulnerable.

4. Conclusions and Recommendations

Concerning the partnership, HelpAge and HI have implemented this programme together through a new programmatic partnership, formed in response to the Syria crisis. In principle, the partnership

makes perfect sense, but in practice, its mutual benefits are much less clear. Helpage and HI do not adhere to the same quality and accountability standards at the organizational level, and they use different policies, guidelines, tools. They have struggled to manage the inclusion advocacy effectively, perceived the programme differently, and benefitted unevenly from publicity.

- *R1. HelpAge and HI should review the partnership to determine whether it should be continued in the region and/or developed in other responses, informed by these findings.*
- *R2. HelpAge and HI should develop operational procedures to manage inclusion advocacy effectively across the partnership.*

Concerning the cash transfers in Jordan, these have been relevant to the vulnerable families identified by HelpAge's initial needs assessments, and remain relevant to the families today. They have been well implemented and effective, despite a delay in implementation. They certainly increased the income of the recipients, providing a main source of income. Their cost effectiveness seems good, although DVFP-targeted cash transfers are more costly than other cash transfers. They are well-aligned with international and national quality standards for cash transfers and with accountability standards. They have generated very good learning. However, outcomes from the cash transfers have been relatively modest; they did not meet the immediate needs identified in HelpAge's initial assessment, and made minimal difference to debt repayment. Beneficiaries also say their rents are being hiked by landlords who perceive that NGOs will pay. When the cash transfers end, the Syrian refugee families face a potentially disastrous income gap.

- *R3. HI and HelpAge should prioritize sustaining cash assistance to the extremely vulnerable Syrian refugee families, most of whom rely on it as their primary source of income.*
- *R4. HI and HelpAge should learn lessons from the programme in order to improve the process of cash assistance to the most vulnerable.*

Concerning DVFP-targeting, HelpAge and HI have sought to learn, through this evaluation, about the different approaches to targeting. Implementers and partners believe the DVFP approach applied to HI cash recipients offers an effective means of targeting the most vulnerable in an emergency, and is an essential feature of the cash transfers' effectiveness. Despite its higher cost, the DVFP approach appears cost-effective given the importance of targeting and reaching the most vulnerable. Through the programme, HI developed significant expertise in DVFP-targeted cash transfers. However, DVFP-targeting seems more relevant to identifying the most vulnerable refugees for regular cash, than to identifying people who faced acute issues. Recipients themselves found initial contact easy though they did not understand DVFP criteria. The DVFP approach to targeting the most vulnerable would benefit from further review and sharing of lessons.

- *R5: HI should define its DVFP approach to targeting cash assistance for the most vulnerable.*

Concerning the inclusion advocacy, it is very relevant to the scale and complexity of the Syrian refugee crisis. It appears to have been performed well, though it is difficult to measure. Its success has depended on multiple external factors, recruitment and deployment to the region of dedicated inclusion advisers, and conducting the right activities. It is very cost-effective to employ three full time inclusion advisers, and more economical than establishing a stand-alone programme for older people. However, it seems less relevant to the longer term response, to Syria's wider humanitarian crisis, and to people with specific needs (except people with disabilities and older people). Assessing its effectiveness is difficult, without reporting on progress in a way that links outputs and outcomes. Inclusion advocacy has been complicated by an unclear strategy and theory of change, management challenges, and a short timeframe and sustainability gaps. Quality standards or good practices for inclusion advocacy may not exist, and it struggles to show accountability to people with specific needs.

- *R6. In the final months of the programme, HelpAge and HI should focus efforts on defining and achieving the most important strategic outcomes in relation to key actors and implementing an exit strategy.*
- *R7. HelpAge should develop a complete quality process for inclusion advocacy, either independently or through the upcoming DFID/OFDA-funded project.*

Concerning monitoring, evaluation, reporting and learning (MERL), HelpAge has provided multiple reports to DEC and AI funders in compliance with requirements. However, implementers have struggled with monitoring and evaluation inclusion advocacy, and worry that this undermines the value proposition to donors. Inclusion advocacy lacks an optimized monitoring, evaluation, reporting, and learning (MERL) framework to guide progress and demonstrate effectiveness, and appropriate tools and practical guidance materials.

- *R8. HelpAge should design an optimized framework for monitoring, evaluating, reporting, and learning (MERL) in relation to inclusion advocacy.*
- *R9. HelpAge should engage donors on inclusion advocacy to raise awareness of its impact; share the quality process and MERL framework; and challenge the assumption that humanitarian assistance always requires delivery of materials.*

Contents

Introduction

HelpAge International (HelpAge)[1] is implementing the programme, *'Assistance to specific vulnerable groups affected by the Syrian crisis in Jordan,'* in partnership with Handicap International (HI).[2] The programme's first two phases are implemented over 18 months, from 1 April 2013 to 30 September 2014. It is funded by the Disasters Emergency Committee (DEC)[3] with £318,735; Age International (AI)[4] with £250,000; and the Elsie Pilkington Trust with £10,000. A third phase of inclusion advocacy is planned with funding from AI, along with a health programme in Lebanon funded by DEC.

As stated in the Terms of Reference (attached as annex), the programme's objective is to 'Contribute to improving the lives of older people and people with specific needs living in Jordan who have been affected by the Syria crisis by providing cash assistance and improving access to humanitarian and public services so that they can meet their immediate needs.'

The programme's expected results are: (i) Inclusion advocacy[5]: Older people and people with specific needs, who have been affected by the Syria crisis in Jordan and Lebanon, have improved access to humanitarian services; (ii) Cash transfers: 430 extremely vulnerable Syrian refugee families in Jordan (2150 individuals) have increased income to better meet their basic needs (including rent payment and debt repayment); (iii) Cash transfers: 172 extremely vulnerable Jordanian families (860 individuals) in Amman, Irbid and Mafraq have increased income to better meet their basic needs

The programme's activities are: (i) Inclusion advocacy: training, technical support and advocacy with humanitarian agencies and consultations with older people and people with disabilities; and (ii) Cash transfers: cash transfers in three locations—selection of extremely vulnerable families, verification through home visits, ATM card arrangement.

While the DEC-funded programme ends in September 2014, HelpAge and HI are committed to continuing the programme as follows: First, AI will provide additional funding for as third phase, until end December 2014, in order to develop an exit strategy and better understand the inclusion advocacy and its impact. Second, HelpAge and HI will assess the inclusion advocacy as part of a mid-term review of HI's larger DFID-funded programme that runs until Oct 2015. Third, HelpAge and HI have submitted a proposal for a new inclusion model to the United States Bureau of Population, Refugees, and Migration. Fourth, HelpAge has secured funding for 3 years from DFID and Office of

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[1] HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. Its 'work is strengthened through our global network of like-minded organisations – the only one of its kind in the world.'

[2] Handicap International is an independent and impartial aid organisation working in situations of poverty and exclusion, conflict and disaster. We work alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights.

[3] The DEC brings 14 leading UK aid charities together in times of crisis: Action Aid, Age International, British Red Cross, CAFOD, Care International, Christian Aid, Concern Worldwide, Islamic Relief, Merlin, Oxfam, Plan UK, Save the Children, Tearfund and World Vision; all collectively raising money to reach those in need quickly.

[4] Age International is a subsidiary of Age UK and a partner to HelpAge International. It supports programmes in over 40 developing countries to meet the needs of older people and to promote and protect their rights. Its influencing and campaigning work aims to change policies and approaches towards older people, all over the world.

[5] Inclusion advocacy refers to diverse communication activities, conducted by HelpAge and partner organizations, aimed at ensuring the humanitarian response meets the needs of the most vulnerable people affected by a disaster, in line with the fundamental principles of humanity and impartiality. Such activities may include training, technical advice, collecting data about gaps in provision, and consulting populations affected.

U.S. Foreign Disaster Assistance (OFDA) to develop common minimum standards on inclusion.[6] This programme is led by HelpAge through a consortium with HI, RedR UK, CBM International and Disaster Ready as members.

A. Evaluation

The evaluation's purpose is defined in ToR: 'The purpose of the evaluation is both to assess the extent to which the programme has met its objectives, including the impact that the programme has made in improving the lives of older people affected by the crisis in the programme areas; and to learn lessons from the experience in order to improve HelpAge's (and HI)'s future emergency programming and rehabilitation activities.'

The evaluation therefore has two functions: (i) Learning by HelpAge and HI: Implementers have expressed particular interest in learning about: (a) Partnership, the HelpAge-HI model; (b) Contribution, HelpAge's contribution to the larger HI cash programme; (c) Targeting, using the disability vulnerability focal point model (DVFP); and (d) Inclusion, learning to inform the upcoming DFID MTR. (ii) Accountability to DEC: DEC's evaluation policy[7] requires assessment of key aspects of a programme's, especially impact, cost-effectiveness, efficiency, quality, and accountability.

The main audiences are HelpAge and HI's strategic leaders, humanitarian directors, technical advisers, and relevant programme managers and frontline staff. It will be made accessible to participants and stakeholders via HelpAge, DEC, ALNAP, and the Syria Learning Portal websites.

B. Methodology

The evaluation assessed the programme using evaluation criteria defined by ALNAP,[8] OECD/DAC,[9] OECD/DAC (1999)[10] and DEC:[11] Relevance, Performance, Effectiveness, Learning, Quality, Accountability, Cost-Effectiveness, and Impacts. In this evaluation, 'performance' is used to refer to the extent to which the activity achieves objectives, while 'effectiveness' refers to the various factors of effectiveness.[12] In addition, 'impacts' refers to the unexpected effects of the programme,

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[6] According to a concept note, the project, 'Strengthening capacity of humanitarian actors to deliver age and disability inclusive response', aims to make humanitarian programming more inclusive of all vulnerable groups, in particular older people and persons with disability, by raising awareness and building skills and knowledge amongst humanitarian programme staff to allow them to address the needs and support the capacities, of older people and persons with disability, and ensure they are addressed in mainstream humanitarian response.

[7] DEC 2012, Evaluation & Collective Initiatives Policy, DEC Operations Manual, Appendix 5B

[8] Evaluating Humanitarian Action using the OECD-DAC Criteria: An ALNAP guide for humanitarian agencies, (Overseas Development Institute, London, March 2006) www.alnap.org/material/78.aspx

[9] OECD/DAC Criteria for Evaluating Development Assistance, http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm Guidance for Evaluating Humanitarian Assistance in Complex Emergencies, (OECD/DAC 1999) file:///C:/Users/User/Documents/Evaluation/oecd-dac-(1999)-guidance-for-evaluating-humanitarian-assistance-in-complex-emergencies.pdf OECD DAC Glossary of Key Terms in Evaluation and Results Based Management http://www.oecd.org/dac/evaluation/2754804.pdf

[10] OECD DAC, Guidance for Evaluating Humanitarian Assistance in Complex Emergencies, (OECD 1999) file:///C:/Users/User/Documents/Evaluation/oecd-dac-(1999)-guidance-for-evaluating-humanitarian-assistance-in-complex-emergencies.pdf

[11] DEC 2012, Evaluation & Collective Initiatives Policy, DEC Operations Manual, Appendix 5B

[12] DEC refers to effectiveness as the 'extent to which proposed objectives and outcomes had been achieved'; OECD/DAC refers to it as a measure of 'the extent to which an aid activity attains its objectives,' and ALNAP (2006) refers to 'the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs.' This includes assessment of why the intervention has or has not achieved its objectives.

however small, beyond the outcomes expected in the programme design. Although DEC requires assessment of impact, HI questions whether impact is a suitable criterion for evaluating short-term humanitarian action.[13]

C. Process

The evaluation was conducted over 25 working days from end May to July 2014, and included the following activities:

In an inception phase, the evaluator finalized the design in consultation with HelpAge and HI, including evaluation questions; sampling strategy; identification of key informants; assessment and review of documentation; programme-level interviews; planning of field visits; and agreement on a workplan and timetable.

In a data collection phase, the evaluator conducted a field trip to Lebanon and Jordan, a document review, and in-depth interviews with key stakeholders. This involved assessing 42 documents, and reviewing 14 of them (see Annex 1: documents reviewed); conducting 33 in depth interviews with 40 key stakeholders (see Annex 2: interviews with stakeholders), including 20 implementers (20), 9 partners, and 9 targets; consulting 35 beneficiaries, including two focus groups in Irbid (14 and 8 people); one focus group in Amman (11 people), as well as a home visit in Irbid (1 person), and one in Amman (1 person). In addition, it involved collecting disaggregated data from HI about the programme's cash recipients, including 63 who responded to a Post Distribution Monitoring Survey (April 2014) and 352/430 beneficiaries listed in its DVFP data (20 June 2014).

In the analysis phase, the evaluator conducted a detailed analysis of data collected to reach initial findings, and presented these findings to HelpAge. Analysis involved assessing all data collected in response to each question, making evaluative statements based on evidence, and supporting or qualifying these with detailed findings; and then reaching conclusions by synthesizing detailed findings, and crafting recommendations.

In the reporting phase, the evaluator drafted the evaluation report and initial recommendations, and then finalized the report to include executive summary and recommendations and address comments received. The report outlines detailed findings in relation to the programme (section 1), the cash transfers (section 2), inclusion advocacy (section 3), and conclusions and recommendations (section 4). It reports detailed findings in relation to each assessment criterion, including an overall evaluative statement, a summary of evidence collected, and some illustrative quotes (in boxes).

D. Limitations

This evaluation presents a relative truth, a set of interpretations based on the methodology used, data collected, and analysis undertaken. Here are some of its limitations:

Complexity: This evaluation is constrained by the complexity of the programme and limited resources for the evaluation. Assessing a complex multi-country, multi-donor, multi-implementer, multi-method undertaking like this programme in 25 days is inevitably challenging, especially in the absence of an authoritative and shared programme narrative. The evaluator has been required to reconstruct certain aspects of the programme based on data collected.

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[13] ALNAP (2006) points out, 'Impact looks at the wider effects of the programme – social, economic, technical, and environmental – on individuals, gender- and age-groups, communities and institutions. Impacts can be intended and unintended, positive and negative, macro (sector) and micro (household).'

Perspective: This evaluation prioritizes HelpAge's perspective. The evaluator consulted equally extensively with both HelpAge and HI at every phase; however, it is likely that HelpAge's perspective is better reflected than HI's, as the evaluation is commissioned by HelpAge.

Programme: This evaluation focuses on the programme's parts more than the whole. It was expected to assess the programme; however, perspectives (documents and interviews) were few on the programme as an integrated whole. So it focused on assessing separately the cash transfers and the inclusion advocacy, which in turn were respectively implemented by HI and HelpAge.

Cash monitoring: This evaluation relies on monitoring data disaggregated to show views of DEC recipients, but it is unknown how well these respondents represent all DEC cash recipients. The evaluation considered implementing a survey of DEC cash recipients. But after consulting with HI in Jordan, it was found that existing monitoring data could be disaggregated for DEC cash recipients and analyzed, as this would be less disruptive to both HI and beneficiaries (given reports of survey fatigue). The evaluator has not been able to compare the profiles of the 63 disaggregated DEC cash respondents with the entire population of DEC cash beneficiaries, so it remains unclear exactly how representative the respondents are by age, gender, and vulnerability. It is assumed that they are fairly representative.

Cash comparisons: This evaluation in unable to compare the cash transfers (i.e. targeted at the most vulnerable) with similar cash transfer programmes. DVFP cash programmes uniquely seek to target the most vulnerable, who are by definition difficult to reach.

Inclusion progress: This evaluation struggles to assess progress in inclusion advocacy due to monitoring and reporting challenges. The framework used for this programme has not explicitly linked inputs, activities, and outputs with outcomes and expected impact.

1. The Programme

This section reports findings at the overall programme level.

1.1 Relevance

In general, the programme is relevant to the people with specific needs,[14] older people,[15] and people with disabilities[16] excluded from the international refugee protection response in Jordan and Lebanon. The programme has remained relevant to initial assumptions; initial assessments and analysis; data gaps identified; and data collected in the Hidden Victims report.[17]

The Hidden Victims study showed that, of the Syrian refugees surveyed…

- *30 per cent of refugees have specific needs: one in five refugees is affected by physical, sensory or intellectual impairment; one in seven is affected by chronic disease; and one in 20 suffers from injury, with nearly 80 per cent of these injuries resulting directly from the conflict.*
- *The difficulties faced by those with specific needs in addressing basic concerns and accessing adequate levels of assistance have more severe consequences for their health and living conditions than the general refugee population.*

The programme is relevant to the strategic objectives of the UNHCR-led international response, which highlights 'equitable access' to protection for all Syrian refugees and improved access for the most vulnerable.[18] Yet in Jordan, questions are raised about the programme's relevance to the evolving needs of refugees, their changing settlement patterns (most are now required to live in camps, including the newly completed Azraq camp), and the need for more durable solutions as the refugee crisis becomes increasingly 'protracted'.

The programme is highly appropriate to HelpAge's capacities. With limited resources, HelpAge's approach in emergencies is to advocate for adapting existing services, instead of creating separate services targeted at older people. From the beginning, the programme recognized 'the scale of need is far beyond our capacity to respond, so we will work with/advocate to other humanitarian agencies, donors and the Government of Jordan to ensure urgent needs of the most vulnerable Syrian refugees are met.'[19]

The programme is appropriate to the global HelpAge-HI partnership, which seeks similar improvements in the way humanitarian actors plan and implement their operations for the benefit of older people and people with disabilities, and commits HelpAge and HI to work together in operational collaboration, operational learning, training, research, and donor engagement.[20]

The programme seems most relevant to the funders DEC and AI, which raise voluntary contributions through appeals to the British public. Such voluntary funding seems more suitable for such smaller

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[14] For the purpose of this programme, People with Specific Needs (PSN) are defined as 'people living with impairment, injury or chronic disease'

[15] Older people are defined as those aged 60 or above in accordance with the definition of older people used by the World Health Organization and the United Nations High Commissioner for Refugees.

[16] Disability is an evolving concept, resulting from the interaction between people with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. (Convention on the Rights of People with Disabilities).

[17] HelpAge and Handicap Internaitonal, Hidden Victims of the Syrian Crisis: disabled, injured and older refugees, 01/04/2014

[18] 2014 Syria Regional Response Plan Strategic Overview Mid-Year Update (p6), http://www.unhcr.org/syriarrp6/midyear/docs/syria-rrp6-myu-strategic-overview.pdf

[19] AI, Phase 1 Narrative Plan (DEC)

[20] Memorandum of Understanding, HelpAge International and Handicap International, December 2011

innovative programmes that serve as pilots for large-scale service delivery programmes funded by governments under their international refugee protection commitments. As the initial plan recognized, 'the programme is small in scope and duration, and we are developing a larger regional programme for submission to DFID, based on learning.' [21] Yet in practice, it has proved difficult to fund 'inclusion' work through DFID.

1.2 Performance
The programme has certainly *contributed* to improving the lives of older people and people with specific needs, and stakeholders widely believe it is achieving outcomes. But understanding *how much* it has contributed requires looking separately at cash transfers and inclusion advocacy (see sections 2 and 3).

During its implementation, the programme expanded its scope considerably. Inclusion advocacy was originally focused on Jordan, and expanded in phase 2 to include Lebanon. Cash transfer targets increased from an initial 131 extremely vulnerable Syrian refugee families in Jordan and 56 extremely vulnerable Jordanian families, to an ultimate 430 Syrian and 172 Jordanian families.

1.3 Effectiveness
The programme's effectiveness overall has rested on the complementarity of cash transfers and inclusion advocacy. In principle, the two aspects offer a coherent mix: cash transfers can meet immediate needs of the extremely vulnerable, and inclusion can improve access over time for a larger population of older people and people with specific needs. This balance of service delivery and mainstreaming also meets the DEC funding criterion that 50% of funding is to be spent on supplies.[22]

> *The key is to have capacities at both field level and the coordination level. One without the other would not work.* (Implementer, HQ)
>
> *It is difficult to do mainstreaming without some service delivery or community work. We tried it elsewhere. It is much more effective to have the two together*. (Implementer, HQ)
>
> *Advocacy is fed by HI's field level, while operations are fed by HelpAge advocacy work*. (Implementer, HQ)
>
> *The inclusion advocacy needs HI's services. You can't just have advocacy without services.* (Target, Jordan)

The programme's effectiveness overall has also depended on the partnership between HelpAge and HI. In principle, the partnership makes perfect sense. HelpAge sought to respond to the Syria crisis, though it had no existing presence in the region; while HI maintained sizeable operations in Lebanon and Jordan. HelpAge specializes in inclusion advocacy and cash transfer, and HI specializes in inclusion, identifying the most vulnerable and service delivery. Specifying roles and responsibilities for the programme, HelpAge would lead on writing the proposals and reports to DEC and second an inclusion adviser to Jordan, and HI would host the inclusion adviser, monitor implementation activities, and comply with accountability standards.[23] HelpAge and HI also agreed to implement an advocacy strategy, through HelpAge secondments to HI teams in Lebanon and Jordan.[24]

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[21] AI, Phase 1 Narrative Plan (DEC)
[22] DEC, Operations Manual, Supplies/Materials
[23] Handicap International (HI) and HelpAge International response to the Syria Crisis, Letter of Agreement for activities funded by the DEC appeal and Age International (n.d.)
[24] HI and HelpAge, Memorandum of Understanding for collaboration in Lebanon and Jordan, May 2013

In practice, the mutual benefits of partnership are much less clear, as both organizations struggled to harmonize their different management styles (HI's vertical, centralized vs HelpAge's horizontal, devolved), organizational cultures (HI's French vs HelpAge's British), approaches to advocacy (HI HQ validate messages, coherence, vs HelpAge field staff responsibility), approaches to cash transfer (HI implements vs HelpAge disconnected), approaches to donors (HI won funding for larger cash transfers without an inclusion element), and methods for identifying the most vulnerable in emergencies (HI's DVFP direct outreach and HelpAge's community-based partnerships). Both partners seem to have underestimated the time needed to manage the partnership, through internal communication, information provision, and technical advice.

> *The partnership with HelpAge and the inclusion advisers allow HI not to think about inclusion advocacy* (Implementer, HQ)
>
> *I have not seen a partnership in the cash transfers. We are implementing activities, have no contact with and do not expect anything from HelpAge. We are glad they finance it* (Implementer, HQ)

In Lebanon, the HelpAge-seconded inclusion adviser works separately from HI work, and cannot easily engage HI staff in the inclusion advocacy. This separation is related to the absence of inclusion advocacy from HI's strategic and operational frameworks, including logframes and operational plans. Ideally, inclusion would be integrated at the design stage, by HelpAge and HI writing the programme together and 'adapting it to the operational reality'.

In Jordan, the inclusion adviser is integrated into HI's management structure, and partnership synergies are sought. Implementers recognize that HI has benefited from strengthened advocacy capacity, including dedicated resources, tools, language, messages. They also point to inevitable 'teething problems'.

1.4 Learning
The programme is informed by lessons from previous HelpAge interventions, but it includes three innovations: a new HelpAge/HI programme, combining cash and inclusion/mainstreaming, and focusing primarily on inclusion/mainstreaming in an operational programme.[25] Elsewhere, HelpAge inclusion advocacy is either secondary or not part of the activity.

The programme has offered good opportunities for HelpAge and HI strategic learning. HelpAge conducted several monitoring visits to Lebanon and Jordan, a real time evaluation,[26] and prepared a monitoring report for DEC.[27] However, operational learning throughout the programme could have been stronger.

1.5 Quality
HelpAge and HI are both committed to quality standards and codes of conduct at the organizational level, and their implementation was initially assumed.[28] However, these may not be the same standards; for example, HI uses the Groupe URD quality standards, and internal commitments on protection of staff and beneficiaries; risk management; and anti-corruption. Further, many field staff are not trained in refugee protection and humanitarian principles, or quality standards. In mid-2013, HI staff consulted were found to be unaware of the HelpAge code of conduct, prompting

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[25] HelpAge Internal Real Time Evaluation- Syria Crisis Response, 17 June 2013
[26] HelpAge Internal Real Time Evaluation- Syria Crisis Response, 17 June 2013
[27] HelpAge International and Handicap International Disasters Emergency Committee (DEC) funded activity monitoring report, Marcus Skinner, August 2013
[28] HelpAge Internal Real Time Evaluation- Syria Crisis Response; 17 June 2013

recommendations for training and compliance.[29]

1.6 Accountability

The Humanitarian Accountability Partnership (HAP) Standard is designed 'to help organisations design, implement, assess, improve and recognise accountable programmes.' HelpAge, which conducts training on HAP, developed minimum accountability standards to guide the HI-led cash transfers, and the monitoring report assessed their implementation and made multiple recommendations for improvements.[30] Yet the HAP Standard and its implementation guide are designed for beneficiaries, and not for people with specific needs, who may require more inclusive mechanisms for accountability.[31]

1.7 Cost-Effectiveness

The programme's overall budget is calculated at £578,735. A review of budgets presented to DEC for phases 1 and 2 shows programme spending mainly on relief materials/supplies, i.e. cash (46-48%), and personnel, i.e. inclusion advisers (32-37%), and the rest spent on personnel support and logistics.

The HelpAge/HI partnership makes the programme cost-effective. Without a presence in the region, HelpAge could not have implemented the programme at the same cost; but working with HI allowed the programme to achieve the results without the costs of setting up a new office and employing dedicated field staff, although the capacity costs of managing the collaboration should not be overlooked. According to rough calculations by HelpAge, such structural costs for six months would amount to USD 38,125 (including office rent; related taxes, fees and expenses; car and driver; lawyer; and registration).

In Jordan, the implementing partnership and the programme's use of HI structures is assumed to make the programme more cost effective. The programme meets the salary costs of the inclusion adviser and external trainings, but other associated costs are met by HI, which hosts the adviser and offers integrated institutional support.[32]

In general, the DEC and funders need to recognize the relatively high cost of operations in Lebanon and Jordan, compared to many other fragile and conflict-affected states.

1.8 Impact

At the global level, the programme's inclusion advocacy and the publication of the Hidden Victims report in particular, has increased visibility for HelpAge and HI, leading to productive new connections at the global level, with donors (DFID awareness), partners (UNHCR training, MDM partnership), and researchers (University of Sydney).

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[29] HelpAge International and Handicap International Disasters Emergency Committee (DEC) funded activity monitoring report, Marcus Skinner, August 2013

[30] HelpAge International and Handicap International Disasters Emergency Committee (DEC) funded activity monitoring report, Marcus Skinner, August 2013

[31] As HAP recognizes in FAQs on its website, 'Particular groups (e.g., people with disabilities, elderly people, children, women, and members of political, ethnic or religious minorities) will often be visible in media images but paradoxically become politically invisible and without a voice in the processes that plan, allocate and coordinate humanitarian and development programmes, unless that is, the organisations themselves ensure that they are consulted.'

[32] A comment received specifies that HelpAge covers the inclusion advisers' salaries, transport, insurance, and one adviser's accommodation; whereas HI covers security, internet access, logistic support and accommodation for other advisers.

At the regional and national levels, the programme's inclusion advocacy has resulted in increased visibility mainly for HI and not HelpAge.[33] In Jordan, the programme has significantly increased HI's visibility (and advocacy capacity), while unintentionally leaving HelpAge invisible. Inclusion advisers are widely perceived to represent HI, which is present in the region and thereby qualified to advocate in coordination forums, whereas few have heard of HelpAge. Referring to both HelpAge and HI at once is a linguistic challenge, risks creating confusion, and may be unnecessary for anything but branding purposes.

One suggestion is for HelpAge and HI to name their inclusion advocacy something else (e.g. the Syrian Refugee Age and Disability Inclusion Programme, or the Vulnerable Syrian Refugee Inclusion Programme), so that it would benefit from association with both HI and HelpAge, but publicity would not accrue (unduly) to HI alone.

> *We interacted with the initial mission by HelpAge in April 2013. Since there was no follow up from HelpAge, we assumed other agencies were chosen by DEC, and that HI secured other support. This has been somewhat confusing, but not so significant, just cosmetic.* (Target, Jordan).
>
> *HI gets a better deal from the partnership because they get increased visibility. HelpAge is not visible, except when mentioned specifically.* (Implementer, Jordan)

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[33] Partly, this may be because HI has been present in the region since 1987, and implementing an emergency programme in Jordan since 2012

2. Cash Transfers

This section reports findings for the programme's cash transfer activity in Jordan.

2.1 Relevance

Overall, the cash transfers in Jordan have been relevant. They were relevant to the vulnerable families identified by HelpAge's initial needs assessments,[34] which found an income gap faced by Syrian refugee families outside camps, and negative coping strategies. Many refugees had arrived in Jordan with few/no resources, having depleted them during flight, and the most vulnerable had few prospects to make ends meet; 84% of refugees might be unemployed, 34% of refugee families depended wholly on the humanitarian system, and on average refugees could only meet half of their spending needs, particularly rent costs; and many were falling into debt (72% of families are in debt) and other negative coping strategies.

The cash transfers remain relevant to the families today, and are perhaps more relevant. As HI's Post-Distribution Monitoring[35] found, 'Refugees living outside of Za'atari refugee camp find themselves in an increasingly precarious situation, facing a high cost of living, depleted assets and limited and insecure income sources. Access to financial resources to cover basic household needs remains a major concern for Syrian refugees and vulnerable host communities alike since access to labor market and income generating activities are restricted.'[36] HelpAge also notes, 'Due to the protracted nature of the crisis and related displacement, refugee households are facing mounting challenges to cover their basic needs as their financial resources are becoming increasingly depleted.'[37]

In general, stakeholders perceive unconditional cash to be highly relevant to assisting refugees in Jordan,[38] and some 334,000 Syrian refugees outside of camps received cash assistance in February 2014 alone.[39] Beneficiaries typically ask for cash assistance, and mostly use it to pay rent. Most refugees have no other income, as they are not allowed to work. Cash also allows refugees to have greater choice over how to assist themselves. As the crisis becomes protracted, it seems clear that cash assistance will remain essential for very vulnerable families to meet basic shelter needs.

Cash is very much needed, especially for very vulnerable families
(Partner, Jordan)

The more they stay, the more their coping capacity is reduced. They sell what they have, mainly gold.
(Implementer, Jordan)

CARE's selection criterion was status (i.e. disability) without consideration of the beneficiary's environment or socio-economic factors (Implementer, global)

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[34] AI, Phase 1 Narrative Plan (DEC)

[35] Handicap International, Cash assistance - Post Distribution Monitoring Report: Irbid and Amman governorates Jordan, 01/04/2014

[36] HI, Cash assistance - Post Distribution Monitoring Report: Irbid and Amman governorates Jordan, 01/04/2014

[37] AI, Phase 2 Interim Narrative Report, 10/04/2014

[38] According to the UNHCR-led Cash Working Group in Jordan, 'The Cash Sector aims to provide cash assistance to the most vulnerable Syrians and Jordanians affected by the Syrian crisis in urban and rural areas. Cash is used as a flexible way to complement assistance provided by other sectors and cover not addressed needs of the most vulnerable.' (http://data.unhcr.org/syrianrefugees/working_group.php?Country=107&Id=8)

[39] Cash Working Group Jordan, RRP6 Monthly Update-February, file:///C:/Users/User/Downloads/RRP6-CASHDashboardFeb2014.pdf

Implementers disagree over the relevance of the initial targeting approach. HelpAge's initial identification of beneficiaries may have been most relevant for identifying refugees in need of urgent cash assistance to address urgent vulnerabilities. It relied on CARE's lists of particularly vulnerable refugees, which referred refugees who faced acute issues that could be addressed by one-off cash contributions, as opposed to those who are targeted for regular cash.

HI's disability vulnerability focal point (DVFP) approach, which seeks to identify and assess the most vulnerable beneficiaries, may be more relevant to identifying the most vulnerable refugees who would require regular cash assistance. In line with HI's global approach, DVFP identifies refugees that meet combined vulnerability criteria: older people, functional limitation, pregnant women (7 months+), injured, chronic disease, and exclusion from essential services.[40] In Jordan, meeting the needs of extremely vulnerable refugees is the Cash Working Group's strategic priority listed in RRP6,[41] but multiple approaches exist to assessing vulnerability, and harmonizing them remains an objective for the group.[42]

Yet the DVFP approach seems more relevant to sustaining livelihoods through regular cash, than providing one-off payments to help people out of debt and negative coping. Rather than those in need of temporary protection at the moment of flight, whose vulnerabilities could be substantially addressed by the injection of limited cash transfers, DVFP identifies the most 'structurally' vulnerable in relation to existing services. It is notable that RRP6 sets targets in Jordan for regular cash assistance, seasonal cash assistance, and 'urgent cash assistance to address urgent vulnerability'; by February 2014, targets were less than 10% achieved for the latter category, compared to 70% and 95% for the first two.[43]

The cash transfers raise some questions about relevance. First, the programme was required by the government to assist vulnerable Jordanians, as well as refugees, in the face of mounting tensions; but did the programme adequately recognize a need to assist refugees and the communities that receive them? Second, did the programme adequately recognize that cash is not always the most relevant form of assistance, especially for non-rent needs or when the provision of medical services are not available? Third, did the programme recognize the provision of cash may be required over the longer term for the most vulnerable in relation to durable solutions, even if it is not sustainable for most refugees?[44]

2.2 Performance
The cash transfers have been well implemented. They increased the income of selected extremely vulnerable Syrian refugee families and extremely vulnerable Jordanian families in Amman and Irbid. Recipients were better able to meet their basic needs for rent payment, but not much for debt repayment.

The cash transfers' coverage increased during the first two phases, tripling the number of extremely vulnerable families targeted. The target expanded from 131 Syrian refugee families (655 individuals)

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[40] According to HI, DVFP in most contexts targets groups based upon uncovered needs (i.e. exclusion from the urgent services). In Jordan, targeting has included some personal factors (functional limitation, etc...) and urgent uncovered needs.

[41] 2014 Syria Regional Response Plan Jordan Mid-Year Update, www.unhcr.org/syriarrp6/midyear/docs/syria-rrp6-myu-jordan.pdf

[42] Cash Working Group Jordan, Terms Of Reference (Revision July 2013 –Endorsement by CWG in August 2013) file:///C:/Users/User/Downloads/CWGTORRevised-July2013.pdf

[43] Cash Working Group Jordan, RRP6 Monthly Update-February, file:///C:/Users/User/Downloads/RRP6-CASHDashboardFeb2014.pdf

[44] In comments received, implementers suggest they have indeed addressed these questions.

and 56 Jordanian families (280 individuals); to 259 Syrians and 109 Jordanians; then to 288 Syrian and 127 Jordanian households (due to a favourable exchange rate); and then to 430 Syrian (2150 individuals) and 172 Jordanian (860 individuals) due to the contribution of an additional £10,000 from the Elsie Pilkington Trust.

The cash transfers developed and applied a formal process for selecting and verifying extremely vulnerable families, and delivering cash assistance to them using ATM cards. It planned to deliver three 'regular' monthly transfers of 130 JoD by end March to help the Syrian refugee families, who would also benefit from one winter emergency cash assistance of 280 JoD, funded by another donor, to better mitigate the costs linked to winter season in Jordan. It also planned to deliver one monthly regular transfer of 130 JOD to the Jordanian families to complement existing governmental support.[45]

Implementers say the cash is being delivered to the Syrians, and will achieve all outcomes. HI reports in April 2014, all 44 households in Amman received three transfers. All 244 households in Irbid received the 1st transfer, 214 received the 2nd.[46] More recent HI DVFP data (20 June 2014) shows 94% cash transfers to Syrians are complete; all received winter cash; 427/430 received first payment; 414/430 received second payment; 351/430 received third payment.

All the cash recipients are identified as extremely vulnerable. According to HI DVFP data (20 June 2014), most (352/430) show personal 'factors of potential vulnerability' (36%), PWD (22%), PWI (15%), people with chronic diseases of functional limitations (14%). In addition, around a third are over 60 years old; although only 9% show old age as a factor of vulnerability, suggesting most older recipients are vulnerable in other ways. More than half (58%) are male, which may correlate with the finding that 72% of injured people are men and 28% women. Only 4% are pregnant women.

Figure 2.1: Cash recipients by vulnerability
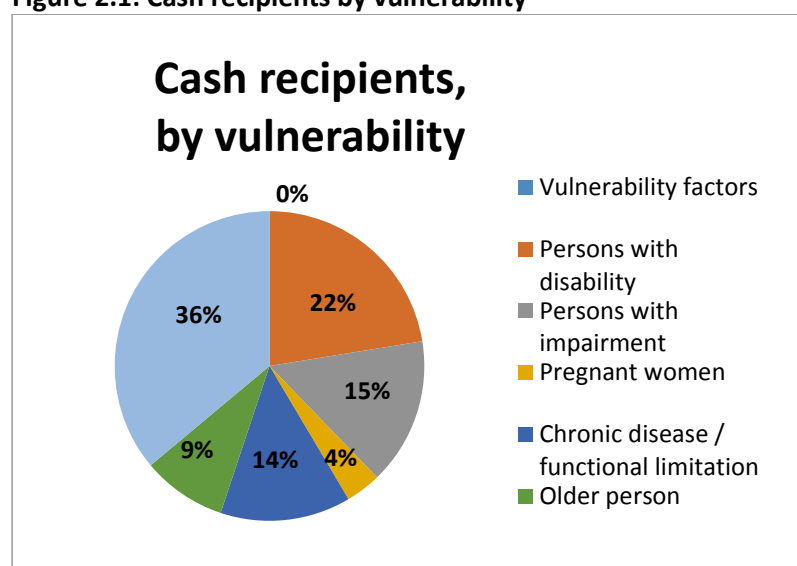
Source: HI DVFP data (20 June 2014), DEC/AI/EP cash recipients

The cash transfers certainly increased the income of recipients. According to PDM data (April 2014), 62/63 respondents relied on the cash transfer as their main source of income. None received income

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[45] AI, Phase 2 Interim Narrative Report, 10/04/2014
[46] AI, Phase 2 Interim Narrative Report, 10/04/2014

from daily work; none receive income from self-employment; and 5/63 received income from permanent work; 19/63 received income from debt; 10/63 received income from sale of assistance.

The cash transfers could meet basic needs in a short term and temporary sense. Beneficiaries spend the vast majority of cash on rent, followed distantly by medicine and diverse expenses; this correlates with wider findings that cash for rent is one the primary needs among Syrian refugee families in Jordan.[47] Focus groups said it contributed to their ongoing struggle to pay rent and endure hardships, without work. Interestingly, many participants in Irbid had sent (some of the) money to family in Syria.

We use the money only for house rent and utilities. If we stop paying the rent we will be evicted (Cash recipient, Irbid).

At the beginning our rent was 85 JoDs so it covered the rent and also the bills, but after the rent was raised and the amount doesn't cover everything anymore. (Cash recipient, Amman)

It covered a big part of the house rent until it was raised. Now it covers a small part of the rent. (Cash recipient, Amman)

I sent part of the money to Syria to help my brother for his son's illness. (Cash recipient, Amman)

...access to financial resources to cover basic household needs remains a major concern for Syrian refugees and the provision of unconditional cash assistance a critical activity in the absence of any alternative viable livelihood solutions. (HI PDM report)

The cash transfers helped to reduce the risk of eviction, according to PDM data (April 2014). Whereas 45/63 risked eviction before the cash assistance, only 20/63 risk eviction after the cash transfer. Still, focus groups spoke consistently of overcharging, exploitation, and mistreatment.

The landlord is good as long as he gets the rent but if it is late he turns bad (Cash recipient, Irbid)

Landlords treat us in bad way like we have nothing. They also forbid our children from playing outside. (Cash recipient, Irbid)

The landlord charges for some expenses, like extra fees for water. But we are not sure he really pays them. (Cash recipient, Irbid).

In winter the landlord didn't bring us any heater. (Cash recipient, Amman)

The rain flowed inside the house and the landlord didn't do anything. (Cash recipient, Amman)

The landlord didn't give me water for two weeks. (Cash recipient, Amman)

The cash transfers made minimal difference to debt repayment. According to PDM data (April 2014), 60/63 had debts before receiving the assistance; and 49/60 were unable to repay any of it after receiving the assistance. Only 12/60 were able to repay some of it. Still, HI's PDM report suggests

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[47] UNHCR home visits in 2013 found the vast majority of Syrian refugees live outside of camps in apartments, half of which are perceived to be substandard. The vast majority (91%) rent their homes, and rent consumes 58% of their expenditure. Syrian Refugees Living Outside Camps In Jordan, Home Visit Data Findings, 2013 (UNHCR Jordan Operation, file:///C:/Users/User/Downloads/HVreport_09MarCS6_smallsize.pdf)

debt repayment amounts are substantially underreported, since reimbursement of unpaid rents seemed reported under rent expenditures and not debt repayment.

The cash transfers may have reduced negative coping strategies, but certainly did NOT stop them. According to PDM data (April 2014), numerous respondents resorted to negative coping strategies in past 7 days. It is unclear from this data whether cash transfer had any effect on negative coping strategies; although, more broadly, negative coping mechanisms are thought to be decreasing as people are able to pay rent.

The cash transfers did not meet the immediate needs identified in HelpAge's initial assessment.[48] First, the cash transfers were significantly delayed by the Jordanian government, which took three months to authorize cash transfers by NGOs;[49] a risk that doesn't appear to have been foreseen or managed. Second, focus groups in Irbid reported further delays of up to a month affected some recipients, and negatively affected their rent payments and medication supplies. Such delays were not mentioned by focus groups in Amman. Third, some recipients said the cash would have been more useful to them upon arrival, when their needs were greatest. By way of solutions to delays, recipients suggested HI cash transfers should be linked to and 'triggered by' UNHCR registration, and that the whole amount should initially be transferred to the bank, which could then unblock each payment at a preset date.

> *Our rent was affected [by the delay] because the house owner insists on getting the rent on the 30th of the month.* (Cash recipient, Irbid).
>
> *The delay was once, and it affected the house rent and medications [a beneficiary couldn't buy her medications because not all of them are available in the public health centres, one of her medications is for three months she couldn't buy it]* (Cash recipient, Irbid).
>
> *For 20 days, I was without medications. So in that period I was tired and a nerve infection affected mostly my hands.* (Cash recipient, Irbid).
>
> *The delay issue affected our daily life because my family has eight members so our situation went badly.* (Cash recipient, Irbid).

When the cash transfers end, these extremely vulnerable Syrian refugee families face a potentially disastrous income gap, with the removal of their primary income. Implementers in Jordan had no plans yet for continued cash assistance,[50] and PDM does not ask about their plans to cope after the cash transfers. Negative coping will surely continue and increase. Focus groups participants all requested continued assistance from HI. While appreciating the cash transfers had been made with limited funds from voluntary donations by UK citizens, some wondered which government or international authority was responsible for assisting them—suggesting unease at relying on unpredictable charity to survive. At the same time, Jordan's Cash Working Group members recognizes this as a wider problem[51] and sees the need to move towards livelihoods support as the

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[48] AI, Phase 1 Narrative Plan (DEC)

[49] AI, Phase 2 Interim Narrative Report 10/04/2014

[50] An implementer states in comments a strategy will be developed 'during the summer'

[51] A recent evaluation by Oxfam recommended that all 'humanitarian actors should continue providing ongoing cash support to the most vulnerable Syrian refugee families in Jordan's host communities and informal settlements for as long as refugees lack access to a consistent and reliable means of financial support.' (The Impact of Oxfam's Cash Distributions on Syrian refugee households in Host Communities and Informal Settlements in Jordan (E. Sloane, Oxfam, January 2014, file:///C:/Users/User/Downloads/impact-assessment-of-oxfams-cash-distribution-programme-in-jordan--january-2014.pdf)

refugee situation becomes protracted and as funding diminishes; but the government maintains stiff resistance to this.

> *We hope for other assistance if it's possible. But there is nothing we can do.* (Cash recipient, Irbid).
>
> *If the assistance is stopped, I will stop some of my medication and I will be late to pay the rent.* (Cash recipient, Irbid).

2.3 Effectiveness

The cash transfers have been effective, despite the delay in implementation. First, effectiveness depended on targeting the most vulnerable. The DVFP approach applied to HI cash recipients (retroactively to those referred by CARE) is perceived by implementers and partners to offer an effective means of targeting the most vulnerable in an emergency, relying on outreach and referrals; partners are interested in learning more about it; but questions remain about its 'functionality-focused' and 'mechanistic' nature and involvement of partners and communities. Recipients in focus groups say initial contact was easy, through referrals (all recipients in Amman were referred by CARE) or HI outreach; and several in Amman compared it favourably with CARE. However, PDM data shows many beneficiaries did not understand the selection criteria; and in focus groups, some asked about unmet needs of specific older people, pregnant women, and larger families.

> *HI teams came to our house and registered us.* (Recipient, Jordan)
>
> *We were informed by others about HI, and an HI team visited us.* (Recipient, Jordan)
>
> *We can't do cash transfers on the same scale as bigger actors. But our cash is more carefully thought through in terms of vulnerability.* (Implementer, Jordan)
>
> *The DVFP offers a huge outreach capacity to find people with functional limitations, chronic diseases, impairments, and old age. It attracts them all, like an octopus, catching widely dispersed disabled and vulnerable people.* (Implementer, Jordan)
>
> *Vulnerability assessment is very tricky. HI/HelpAge seem closer to the right track than others* (Partner, Jordan)
>
> *HI may be able to better use our data in addition to their outreach. There is room for more synergies* (Partner, Jordan)

Second, effectiveness depended on a good process and delivery mechanism. Through the programme, HI developed tools and procedures, and trained staff on use of the tools, as well as basic concepts, such as the 'household'. From the recipients' perspective the process worked well enough; most of those surveyed (54/63) use the ATM card without problems now, after information sessions; although most beneficiaries (51/63) did not previously know how to use an ATM card and some found it troublesome (20/63) because the bank was too far away. Beneficiaries are split on the preferred modality: More than half (33/63) prefer ATM cards, which they consider easier, safer, or more dignified. Slightly fewer (26/63) prefer cash in an envelope, only because it is 'easier.'

> *Cash in an envelope is preferable because my son is sick and he can't go to withdraw it. (Recipient, Jordan)*
>
> *The ATM card is preferable for security issues.* (Recipient, Jordan)

> *It is better to ask to the beneficiary what is preferable according to their situation.* (Recipient, Jordan)

Third, effectiveness depended on accountability to beneficiaries, through information provision and communication. Beneficiaries are also divided about information and communication. Most (58/63) received information on the programme and ATM use, and focus groups in Irbid show good understanding of the amount and duration of cash transfers. However, many surveyed (34/63) were NOT clearly explained about amount and duration of assistance,[52] and focus group participants seemed less well informed in Amman.

2.4 Learning

The cash transfer learning has been good or excellent. The programme provided strategic learning and operational improvements for HI's larger cash programmes. Before the programme, HI had not implemented an unconditional cash transfer programme to support livelihoods; through the programme it has developed significant expertise, innovatively applied its targeting methodology (DVFP), improved tools and processes, and secured funding to assist a total of 2826 vulnerable households, with further funding from DFID and ECHO,[53] and a programme in Lebanon.

All the HI cash transfers are subject to the PDM[54] and its recommendations: to train the distribution teams on how to communicate better information related to the selection process, amounts provided and duration; to refine the targeting system to reinforce the presence of women headed households; and to monitor regularly security issues with the beneficiaries.

A monitoring report in mid-2013 provided important recommendations 'to support the overall quality and accountability of the programme'.[55] The most important of these have been implemented, including cross checking beneficiaries with the cash working group and strengthening refugee consultation through programme monitoring. Others may have received less attention: strengthening HI staff and refugee awareness of HelpAge's role in cash programming; self-selecting affected populations; and understanding and assessment of health criteria.

> *The DEC cash was 'pilot' in a way. Our structure worked well, but tools needed to be refined, procedures needed to be well defined and our teams needed technical training.* (Implementer, Jordan)
>
> *From a technical viewpoint, we learned how to look at vulnerabilities and their impact on the family, recognizing the complex socio-economic aspects of 'households'. If we can transmit our improved tools and analysis, we can make a big impact. For example, UNHCR's Vulnerability Assessment Framework is very superficial.* (Implementer, Jordan)

2.5 Quality

The cash transfers are well aligned with quality standards for cash transfers. The implementers rely on four layers of quality control: the UNHCR-led Cash Working Group's minimum standards; the global Cash Learning Partnership (CALP)'s good practices guidance; HI's dedicated cash adviser; and HI programme staff.

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[52] The PDMS questionnaire asks: 'Were you clearly explained how much money you were going to receive and for how many months? (Yes/No)'
[53] HI Strategy for cash assistance in Jordan 2013-2014
[54] HI, Cash assistance - Post Distribution Monitoring Report: Irbid and Amman governorates Jordan, 01/04/2014
[55] HelpAge International and Handicap International Disasters Emergency Committee (DEC) funded activity monitoring report, Marcus Skinner, August 2013

The cash transfers have also developed practical innovations which may represent good practice in providing cash for the most vulnerable. Its key quality innovation to cash transfers is the DVFP targeting approach which assesses vulnerability and considers access to services, instead of assuming that a person with a disability is vulnerable. Another innovation is the definition of households, and the need to know who is responsible for providing material and economic support for vulnerable person, i.e. the head of household.

In Jordan's Cash Working Group, unconditional cash is generally seen to be meeting needs. Its quality concerns include harmonization and coordination of cash transfers among providers, the appropriate sizing/duration of transfers, and its sustainability and link with livelihoods. Questions about fraud are less openly discussed.

> *'There are some issues with coordination and avoiding duplication, though we are doing a pretty good job. In the harmonization of assistance, there is still some way to go, given the variety in scale and duration. It is difficult to get everyone using same standards; but there is some agreement in general that three months is too short, and big efforts are underway to get all to use same vulnerability criteria'* (Partner, Jordan)

2.6 Accountability

The cash transfers are well aligned with accountability standards. First, HelpAge developed 'minimum accountability standards' for the cash transfers, based on the DEC accountability framework requirements and HAP standards. These cover participation; complaints and response; standards; monitoring, learning and evaluation; and coordination.[56]

Second, HelpAge assessed the accountability of the cash transfers structured around standard accountability questions developed by HelpAge drawing on HAP standards, offering recommendations to 'support the relationship between staff and those they are assisting' in the areas of information sharing; participation; programme assessment, design, delivery and evaluation; and complaints and response. [57]

Third, the cash transfers have since implemented these accountability procedures: information and communication (information pack, hotline, home visits, information pack review); staff competency (training, separate technical unit); consultation (assessments, home visits, PDM); and complaints handling (hotline, formal response). However, implementers recognize room for further improvement in accountability.

> *They [beneficiaries] have the telephone numbers of all distribution workers. The hotline is in the infopack. We call them when there is a recharge. Other teams may see them anyway.* (Implementer, Jordan)
>
> *Our key strength is we talk with people and go into houses.* (Implementer, Jordan)
>
> *Our complaints mechanism is crucial and core to accountability. We have a commitment to respond to all complaints, and include dedicated staff in each base. We improved it and dedicated resources.* (Implementer, Jordan)

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[56] HelpAge International and Handicap International Disasters Emergency Committee (DEC) funded activity monitoring report, Marcus Skinner, August 2013
[57] HelpAge International and Handicap International Disasters Emergency Committee (DEC) funded activity monitoring report, Marcus Skinner, August 2013

> *The hotline is established. They [beneficiaries] call it constantly. We update it daily. Sometimes the beneficiary is not able to explain the problem, or to read the numbers. It takes time as we need to send someone. Feedback led to us offer help with pincode and to offer number in Arabic. This changed the number of complaints.* (Implementer, Jordan)

2.7 Cost-effectiveness

The cost effectiveness of the DVFP-targeted cash transfers seems good, although it is hard to find comparators and it is recognized to be more costly than other cash transfers. The cash transfers account for the largest part of the programme's budget (46-48%), which would amount to some £272,000. This is the cost for assisting 430 of the most vulnerable Syrian families (2150 individuals), and 172 Jordanian families (860 individuals), over the last 3-5 months; for most of the Syrians, it provided their main source of income, helped them pay their rent, and prevented eviction. Cash is generally considered cost-effective in Jordan, compared to in-kind alternatives with larger associated transaction costs of transport and logistics.

The cash transfers are considered cost-effective from design to implementation. Initially, HelpAge used and reproduced CARE's MoU with the bank, saving costs on design and start-up. Then it established a partnership with HI, saving costs on establishing a structural presence in Jordan. Before the programme start in October, HI implementers incurred no costs, except in communicating with the bank and the cash working group. The banking costs are minimal, though dealing with them takes time. The cash transfers are integrated into HI's DVFP programme, providing synergies from the use of existing resources. The cash transfers used ATM cards, which only need to be distributed once, to a widely dispersed population, whereas direct cash would need to be distributed multiple times and incur security costs.

However, DVFP-targeted cash assistance implies significant process costs. Rough calculations suggest just over one third of the estimated £272,000 actually reaches the pockets of beneficiaries, as the total cash received by all 602 beneficiaries would be equivalent to £92,167 (i.e. [430 Syrians x JD390] + [172 Jordanians x JD130] = JD109,564 or £92,167). The programme's targeting and outreach work is recognized to be more costly than other cash programmes that do not target the most vulnerable.

> *A more in kind intervention would be much more costly* (Implementer, Jordan)
>
> *There is no way could you deliver aid more cost effectively* (Implementer, Jordan)
>
> *Costs often same as in kind and cash; but here it was more cost effective, because they were widely dispersed* (Implementer, Jordan)
>
> *We say cash is cost-effective, but don't substantiate. We show how much ends up with beneficiaries compared to other forms of assistance. Our cash overheads all included are still under 3%, and provide for economies of scale* (Partner, Jordan)
>
> *Our costs reflect our targeting of the most vulnerable. We distribute cards within households, not at fixed points. This is cost-effective but not cheaper* (Implementer, Jordan)
>
> *It may cost more to find people excluded from services than to provide services. It takes time to find them. It's a case by case approach. We need mobile teams to find people. This can be costly. But it is necessary to access these people* (Implementer, Jordan)

2.8 Impacts

The cash transfers' impact on communities raises a specific concern. In focus groups, many beneficiaries said their landlords raised rents disproportionately *because* they perceived NGOs were supporting their rents⎯even though the cash transfers are made without their landlord's knowledge.

The rent before was low but now landlords raised it a lot because [Syrian refugees] receive assistance from different INGOs. (Recipient, Jordan)

There is a common belief among landlords that there is an INGO who pays the rent (Recipient, Jordan)

All landlords have the common belief that there are INGOs' who pay the rent and give a lot of assistance (Recipient, Jordan)

More broadly, cash transfers could contribute to rent inflation,[58] unwarranted dependency by refugees, take up of services by less vulnerable refugees, and family power imbalances. However, none of these negative consequences are thought to be occurring to any significant extent because of cash transfers. Instead, the cash contributions are generally believed to contribute positively to the local economy and host communities, and more favourably than assistance in kind.

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[58] It is recognized that the arrival of Syrians in Jordan in 2012 had a considerable impact on the local economy and job market. NGO and Inter-agency assessments revealed a dramatic increase in rental prices. See 'Syrian refugees and food insecurity in Iraq, Jordan and Turkey: Secondary Literature and Data Desk Review,' (L.J. Stephen, WFP, January-February 2013file:///C:/Users/User/Downloads/wfp256922.pdf)

3. Inclusion Advocacy

This section reports findings for the programme's inclusion advocacy, conducted at the regional level, in Jordan and in Lebanon.

3.1 Relevance

The inclusion advocacy has been very relevant. Inclusion advocacy aimed at improving access for all refugees with specific needs in Jordan and Lebanon is relevant to the scale and complexity of the Syria crisis, and to a response that offers inadequate access to services for older people and people with disabilities. HelpAge noted the access gap in its plan.[59] The Hidden Victims report measured and confirmed it.[60]

> *Within this refugee population older, disabled and injured refugees face specific challenges that contribute to their vulnerability, yet, studies of humanitarian programming show that these same groups are often neglected in the assessment, data collection, design and delivery of responses.* (Hidden Victims)

The inclusion advocacy is highly relevant to the large-scale exclusion of people with specific needs and gaps in response in both Jordan and Lebanon. According to UNHCR in mid-2013, nearly 2 million Syrian refugees were registered or awaiting registration in Syria neighbouring countries, 520,000 in Jordan and nearly 700,000 in Lebanon.[61] In Jordan, implementers and targets agree on inclusion advocacy's high continued relevance, with implementers stressing the need to focus on identifying specific needs within vulnerable groups. In Lebanon, the scale of the refugee crisis continued to grow[62] and people with specific needs are generally difficult to reach, as they are spread out in communities not in camps. By June 2014, UNHCR figures report 2.8 million Syrian refugees in the region, 1 million in Lebanon and 599,000 in Jordan; 85% of them live outside camps.[63]

> *The main crisis is not so much a lack of resources, but a lack of access* (Partner, Regional)
>
> *The inclusion advocacy is very relevant. We are talking about people with many needs for whom humanitarian intervention has not been a special focus and are not included in the mainstream response. People with specific needs identified in the Hidden Victims report amount to 30% of refugees. Also their needs are still not completely covered; so having a programme dedicated to inclusion of these persons is completely necessary* (Implementer, Jordan)
>
> *The inclusion advocacy is critical. The population has a long life expectancy. They are in an epidemiological transition, with a high burden of NCDs (non-communicable diseases), and other impairments associated with aging. There is also a large number of people with injuries, more in Jordan than in Lebanon. 90% of injuries in Jordan are associated with the conflict.* (Target, Jordan)

The inclusion advocacy is relevant to key refugee protection challenges in Lebanon: coordination, data collection, and prioritization. First, UNHCR is responsible for coordinating the refugee

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[59] HelpAge International, Phase 2 Narrative Plan [Syria Crisis], to Age International, 23.9.13
[60] HelpAge/HI, Hidden victims of the Syrian crisis: disabled, injured and older refugees, 01/04/2014
[61] HelpAge International, Phase 2 Narrative Plan [Syria Crisis], to Age International, 23.9.13
[62] HelpAge/HI's Lebanon Secondary Data Review, January- February 2014) refers to UNHCR figures that show 890,694 registered Syrian refugees (205,818 households) and 47,698 Syrians awaiting registration. It also cites the Government of Lebanon's estimate of 1,300,000 Syrians in the country, and UNRWA's estimate that 51,800 registered Palestinian Refugees from Syria (PRS) are in Lebanon.
[63] UNHCR 2014 Syria Regional Response Plan Mid-Year Update (p7)
http://www.unhcr.org/syriarrp6/midyear/docs/syria-rrp6-myu-strategic-overview.pdf

protection response in Lebanon, through a strategic coordination function in Beirut and mixed coordination and implementation functions in five field offices. UNHCR has dozens of implementing partners (60-70), hundreds of newly recruited frontline staff, and most beneficiaries; however, they are using a new approach[64] (RRP6, like OCHA's CAP, is a strategic coordination and fundraising process), they lack partners in key areas, and large INGOs play powerful roles in other areas. Second, UNHCR data lacks information on disability, injury, and older persons; some people cannot access registration; some information is inaccurate, outdated, or insufficiently detailed; and information is not always collected and shared. Third, given the scale of the crisis and limited resources available, a WFP/UNHCR/UNICEF-led prioritization exercise, the Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) is underway to target resources at the most vulnerable, resulting in the exclusion of 28% of refugees from cash/food assistance.[65]

> *In the absence of comprehensive and regularly updated data on persons with specific needs (persons with disabilities, older persons, persons with injuries and others), and systematic analysis of that data, interventions demonstrate weak linkages between the needs and humanitarian action.* (HelpAge/HI, Lebanon Secondary Data Review, January- February 2014)
>
> *After an exhaustive overall review, the VASyR found that approximately 72% of individuals (equal to 68% of households) continue to be sufficiently vulnerable to warrant continued food and non-food assistance.* (VASyR; Vulnerability Assessment of Syrian Refugees in Lebanon, 2013 Report)

The inclusion advocacy appears to fill a gap in the wider response. It addresses the absence of adequate information on the needs, specific concerns and protection risks for persons with specific needs. No other actors in the region, in Lebanon or Jordan, advocate so clearly and consistently for the inclusion of people with specific needs, older people and people with disabilities. UNHCR's existing working groups, particularly the protection working group, do not consistently offer a forum for jointly addressing the needs of older people and people with disabilities.

> *It is impossible not to do inclusion advocacy. No one else is doing this work, with the same intensity and focus. It adds value to the response.* (Implementer)
>
> *I don't see any other actors dedicated or paying specific attention to this group (older people and people with disabilities)* (Partner, Regional)

The inclusion advocacy raises interesting questions about relevance. How relevant is inclusion to immediate needs when activities take some time to show tangible results? How relevant is inclusion in Jordan and Lebanon to Syria's wider humanitarian crisis? How relevant is engagement in coordination activities to improving access in an immediate and tangible way for people with specific needs? How relevant is HelpAge/HI advocacy to people with specific needs beyond people with disabilities and older people? How relevant is inclusion advocacy when funding only exists for the short term?

3.2 Performance

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[64] RRP6, the Regional Refugee Response Plan (RRP), brings together more than 155 actors, including host governments, UN agencies, NGOs, IOM, foundations and donors to respond to the protection and assistance needs of Syrian refugees and of their host communities in 2014.
http://www.unhcr.org/syriarrp6/midyear/docs/syria-rrp6-myu-strategic-overview.pdf
[65] VASyR; Vulnerability Assessment of Syrian Refugees in Lebanon, 2013 Report;
file:///C:/Users/User/Downloads/VASyRreportFinal11-12-13.pdf

The inclusion advocacy appears to have been performed well, although it is difficult to measure. Training, technical support and advocacy with humanitarian agencies and consultations with older people and people with disabilities have evidently been carried out. Older people and people with specific needs, who have been affected by the Syria crisis in Jordan and Lebanon, stand to benefit from improved access to humanitarian services; although this purpose will take longer to achieve, as the impact of changes made at the policy/coordination level will need a longer time frame to trickle down into practices that are more accessible to older people and people with disabilities.

At the regional level, implementers highlight the programme's 'strong interactions' with key players including UNHCR coordinators, technical working groups, UN agencies, INGOs, NNGOs, and donors. Stakeholders recognize the adviser's proactive engagement, authority, and expertise; as well as HelpAge/HI products and data. Regional NGO partners report HelpAge/HI's contribution to raising age and disability issues in Syrian INGO Regional Forum (SIRF). In Lebanon, external stakeholders appreciate the inclusion advocacy, speaking of advisers as 'very proactive,' 'very active', and 'very professional', and highlighting good collaboration, good coordination, and publication of the Hidden Victims report. In Jordan, external stakeholders also appreciate inclusion advocacy for being 'very positive' and 'effective,' and inclusion staff are 'working well', 'very active', and 'performing very well.'

> *The inclusion advisers don't need to say anything in many meetings. Their presence says loudly that you'd better be looking through an age and disability lens.* (Partner, Regional)
>
> *Awareness is raised among operational actors. Hopefully it is trickling down to operations.* (Partner, Regional)

The inclusion advocacy has reported mainly on its activities, without linking them to intended outcomes and impacts. To highlight regional progress in inclusion advocacy, HelpAge/HI reported its accomplishments by October 2013.[66] Under five headings—vulnerability targeting and sectoral coordination; publications; feeding inclusion messages into donor forums; presentations, and internal capacity building—it listed 41 activities undertaken (see Annex 3). However, the accomplishments do not include related outcomes, and do not explain/specify how each contributes to the larger goal of improved access. In the Interim Narrative report to DEC, nine more activities are also listed for Jordan. At an earlier stage, seven more activities were also listed as achievements.[67] However, the programme's reporting has struggled to relate activities to outcomes and impact.

Implementers highlighted some important outcomes in interviews. Regionally, NGO partners recognize the adviser's contribution to raising age and disability issues in the SIRF. In Lebanon, implementers point to inclusion of older people and people with disabilities in guidelines for working groups (protection, health, shelter); improved access to UNHCR registration in Bekaa; UNHCR now widely 'talks about' older people and people with disabilities; the creation of a 'Disability and Older Age Working Group' in Beirut; and capacity built of external stakeholders and HI staff. In Jordan, implementers also speak of contributions to setting 2 of 3 health sector priorities in the mid-term revision of RRP6 Jordan; its contribution to changing IOM's reporting format to include SADD and functional difficulties; and contributions to IRD's assessment tools. Targets note the inclusion advocacy's contributions to the Vulnerability Assessment Framework (VAF) which aims to develop standard and generic indicators to identify vulnerable households; as well as to coordination

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[66] HelpAge/HI, Inclusion programme – Syria crisis, Key accomplishments, 01-Oct-13
[67] Susan Erb, Mission Report #2 - Amman, Jordan, HelpAge Secondment to Handicap International – 27 May – 30 June 2013

meetings in sectors such as shelter, cash, and health; and contributions to through the Age and Disability Task Force at Zaatari camp.

Questions about performance concern the challenges of aligning inclusion advocacy with goals, measuring, reporting, and learning. Addressing these challenges require a more developed theory of change, against which to report inputs, activities, outputs, outcomes, and impacts. The assumption appears to be that HelpAge/HI identifies key actors most able to affect access to humanitarian or refugee protection services; and then provides them with training and technical advice or conducts public advocacy to contribute to improving access for older people and people with disabilities. Such an approach could also benefit from an initial stakeholder mapping to identify key actors and draw a baseline from which to report progress, as well as a greater understanding of each key actor's awareness, willingness, policy, capacity/know-how, and practices.

> *The Hidden Victims report is very useful. More of this is needed, including covering a wider geographic area. A more comprehensive study of refugee health needs would be helpful. There is a lack of data on refugees with cancer, kidney dialysis needs, and disabilities, which do not fall under UNHCR systems for emergency care. As HelpAge/HI is not funded by UNHCR, they can be more outspoken. That independent voice is important and necessary.* (Partner, Regional)

3.3 Effectiveness

The inclusion advocacy has generally been effective. First, the effectiveness of the inclusion advocacy has depended on a host of external factors, which have enabled HelpAge/HI inclusion advocacy (refugee protection environment, coordination with ministries, response coordination, agency willingness) and/or could be subject to its influence (funding gaps, data gaps on specific needs, agency capacity, agency practice, frontline staff competencies, staff practices).

Second, the inclusion advocacy has depended most on the recruitment and deployment to the region of dedicated inclusion advisers. As of October 2013, the inclusion advocacy team is composed of a Regional Inclusion Programme Manager (based in Amman), an Inclusion & Advocacy Coordinator (Lebanon), and an Inclusion Technical Advisor (Jordan).[68] The role has required difficult-to-find professional competencies: understanding of UN systems and agencies; credible experience and technical expertise;[69] as well as abilities to engage with key actors in the response, attend key policy and strategy forums, monitor accessibility barriers and gaps, advance positions with data, and offer practical recommendations. Given their very limited capacity is relation to the scale of the response, it has also required an ability to add value in proportion to their limited capacity, and avoid drifting into multiple additional activities that meet demand but not strategy.

> *It helps to have a dedicated person. Dedicated human resources really makes a difference* (Implementer, Global)
>
> *It is difficult to get the right people in the right place at the right price. There have been gaps in the quality of HR* (Implementer, Global)
>
> *The seniority and technical experience of the inclusion adviser is crucial both for the success of advocacy engagement, and the adviser's ability to support and build the capacity of HI and partner staff.* (HelpAge/HI Monitoring Report, August 2013)

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[68] Inclusion programme – Syria crisis, Key accomplishments, 01-Oct-13
[69] HelpAge International and Handicap International Disasters Emergency Committee (DEC) funded activity monitoring report, Marcus Skinner, August 2013

> *An advocate needs to know the goals and key performance indicators, and determine what is most beneficial within them. Find someone knowledgeable and quick on feet, throw them in there, support them, and see what they can do…* (Partner, Regional)
>
> *Personality has something to do with it. Being persistent and being able to back up advocacy with data. And being able to give practical recommendations about what can be done, rather than aspirational statements.* (Target, Jordan)

Third, inclusion advocacy has been dependent upon conducting activities most likely to contribute to the goal of improving access for older people and people with specific needs. Implementers agree inclusion involves multiple and complementary tasks, but highlight these key activities: (i) Engaging external actors (UN, INGOs, donors) through independent data-based advocacy in key forums. Here, UNHCR make two specific requests to HelpAge/HI. Provide an 'age and disability marker', based on the gender marker model; and request a formal reviewing role in the preparation of RRRP7. (ii) Producing publications with data and technical advice. Here UNHCR suggest that the process for preparing the Hidden Victims report missed opportunities for stakeholder advocacy, and technical outcomes that could be achieved through the review process; and (iii) Comprehensive quantitative research which defines the baseline, issues, and focus. Here implementers. Here implementers see a need for additional capacity to focus on research, data and evidence, separate from advocacy and publications.

Questions arise about the strategic value of capacity-building activities. UNHCR appreciates and requires capacity building and training on inclusion at all levels, as do many of its partners; but it might be more strategic to strengthen UNHCR's recruitment and induction process, and/or integrate inclusion into the contracts it signs with its implementing partners. HI staff also require inclusion training, but this may serve the partnership more than inclusion goals. In general, frontline capacity building (without follow up) may contribute to improving access in one place for a short time, but not much to the larger goal.

> *Comprehensive, quantitative research should be a priority. It gives a baseline, issues, and focus to the inclusion. It would be best to begin with a research component, or have it as an ongoing activity. It would be good to have a specific research function with a research person assigned to secondary data reviews, primary data collection, analysis, drafting and reporting key issues.*
> (Implementer)
>
> *Evidence gathering is the most important activity of all.*
> (Implementer)
>
> *Hidden Victims was hugely important, in a league of its own, its impact was so great. It is used by all, including colleagues for multiple purposes. It hasn't stopped, so it is not a one-off article.*
> *(Implementer)*
>
> *The Hidden Victims report was really helpful with data and evidence. It has been used in crafting arguments to increase access to services, and to identify vulnerability. More of this would be good.*
> (Partner, Regional)
>
> *Half of advocacy is intelligence-gathering* (Partner, Regional)
>
> *The Hidden Victims work was extremely useful in highlighting the burden of disability and challenges, especially of NCDs in the elderly and difficulties in accessing care. In the recent revision of RRP6 we updated the needs analysis, using the report's data for NCDs, PWDs, and elderly. A lack of data can*

> *impede progress in areas. HI has been useful in collecting this data, which met some of the needs. They can contribute to data collection and data quality.* (Target, Jordan)
>
> *The Hidden Victims report flagged the issues (…) but could have offered more concrete and practical recommendations, building upon good practices and sharing what can be replicated. They should adopt a more practical approach: sharing lessons, practical guidelines, and tools. Their approach and understanding could be more supportive, linking to our willingness to improve and making the link to refugee protection. They should provide simple tools defining minimum requirements and good practices aimed at coordination in each sector, feeding into what each sector has already, as they are doing with cash. They have started this….*(Target, Lebanon)

Fourth, inclusion advocacy has been complicated by unclear strategy. Several advocacy strategies have been developed for the inclusion advocacy, and these have benefitted from a clear focus on older people and people with disabilities.[70] The need for good strategy, defining priorities and investing efforts accordingly, is all the more important given the advisers' limited capacity, the diversity of response challenges, and the risk of drift/mission creep. In Lebanon, an initial strategy was developed with 16 objectives and no monitoring and evaluation system, defined outputs and outcomes, and a timeframe. Thereafter, the inclusion adviser in Lebanon developed an inclusion workplan 2014 that defines two specific objectives,[71] 7 results, 7 outputs, and 12 activities. In Jordan, an advocacy strategy defines 4 key issues,[72] 7 messages, 12 activities, multiple and large target audiences at different levels, allies, implementation approaches, resources, tools, and (intended) outcomes. In addition, HI is developing a three-prong strategy: aimed at policy, management, operational levels.

In general, these strategies lack a clear notional pathway about how change is to occur, and whether inclusion should focus on influencing working group policies at the coordination level (top-down), on capacity building of specific operational staff and refugee outreach volunteers in Lebanon (frontline), or on what combination of both. External stakeholders noted initial confusion about the objectives of the inclusion advisers. Inclusion advisers speak more often about 'advocacy messages' than 'advocacy strategy'.

An improved strategy would include mission clarity, a specific theory about how improved access is to occur, a limited number of strategic objectives, and prioritized activities aimed at specific actors, sectors, and issues. This would be supported in turn by a strategic framework; an impact-oriented framework for monitoring, evaluation, reporting and learning (MERL), and a realistic timeframe.

> *Rather than looking at all sectors systematically, we need to make strategic choices. This is happening more and more. But making decisions relies also on monitoring of secondary data. The*

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[70] See 'First deployment report; HelpAge Inclusion Advisor secondment through Handicap International response to the Syrian crisis in Lebanon, 14 May – 8 July 2013;' and 'Susan Erb, Mission Report #2 - Amman, Jordan, HelpAge Secondment to Handicap International – 27 May – 30 June 2013'

[71] Specific Objective 1: Sex, age, disability disaggregated data collections including the identification, registration of persons with specific needs is improved. Specific Objective 2: Improve targeting of specific assistance for people with specific needs in accordance with the needs.

[72] 1) There are no community and camps based networks to identify, resolve and refer protection concerns of older refugees and refugees living with disabilities to appropriate humanitarian actors. 2) Humanitarian actors have limited information on the needs of older refugees and refugees living with disabilities in camp and non-camp settings. 3) Humanitarian actors are not addressing special needs of PwD and Older persons within their policies, practices and coordination forums. (Programming and response) 4) There are gaps in SADD data collection and analysis on older persons and persons with disabilities by humanitarian actors in Jordan.

strategy also depends on the sector, each sector is different. If it is functioning, we can target it; otherwise we can target lead agencies. (Implementer)

There's a difficulty in achieving practical change. Training can achieve some change in practice, but it is difficult outside camps and long term. Changing a large WFP distribution is difficult, as it's massive and standardized (Implementer)

…advocacy for mainstreaming and inclusion was found to have the greatest impact was through the training of HI (and stakeholder) manager and field staff to advocate for joint positioning, implementation of sustainable referral systems, adoption of protocols of service provision, and application of universal design. (Implementer)[73]

Advocate inclusion by building the capacity of locals on the cause you want for sustainability. Then build capacity of the government. This is the most cost-effective at entry point. … UNHCR registration should build awareness among people with special needs, so they know their rights and where to get services through a referral system. This is crucial. (Partner, Lebanon)

Given the short timeframe, HelpAge/HI should perhaps pick off one clear goal, which should be clear from onset. However, there is still a need flexibility to respond to opportunities. (Partner, Regional)

Fifth, inclusion advocacy has been complicated by management problems. Effective management is undermined by unclear lines of management/responsibility for inclusion advisers; delayed decision-making on inclusion activities inside HI; delayed systems for technical support from HI/HQ; inclusion advisers' lack of disability expertise; the absence of management and monitoring and evaluation tools; lack of technical support on disability to inclusion advisers; and the lack of tools that combine both organizations' approaches. Delays in HI validation reportedly led to delays in the development of combined messages, delays in implementation of the inclusion advocacy, and several lost opportunities. Clear procedures are needed for managing inclusion advocacy across the partnership.

Separate technical and line management is not ideal. The inclusion manager lacks line management authority for use of time and priorities, but remains responsible for delivering the programme. In Lebanon this not a problem, but it is more difficult for Jordan. (Implementer)

All HI technical advisers have technical reference points in HQ, who end up giving them support, and could mean double management by technical and line managers. With HelpAge double line management is more difficult [i.e. across organizations]. Who has the final word? The solution is better coordination. (Implementer)

HI needs to provide adequate technical support from HQ level. Someone needs to be in charge, someone needs to decides, timely decisions and feedback are needed. Chasing people inside HI swallows time. (Implementer)

Advocacy is about capitalizing on opportunities. Delays in seizing opportunities entail missed opportunities (Implementer)

Sixth, inclusion advocacy has been complicated by a short timeframe and sustainability questions.

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[73] Susan Erb, Mission Report #2 - Amman, Jordan, HelpAge Secondment to Handicap International – 27 May – 30 June 2013

Inclusion requires longer timeframes than service delivery, and the programme expects changes made to working group guidelines, strategies, and operational documents to make an impact in short- or mid-term future. The programme's end will leave significant gaps at regional and country levels, where full-time champions on behalf of older people and people with disabilities are needed to continue influencing sector leads; in fact, this may represent a mandate gap in the international refugee protection/response architecture. In Lebanon, sustainability may be strengthened by developing a strategy for the Disability and Old Age Working Group, including participation of refugee groups and links to development strategies. In Jordan, inclusion advocacy has been integrated into the HI programme, and will continue until March 2015 (six months beyond the programme funding). However, staff turnover among implementers will cause big gaps, especially without a package of tools left for new inclusion advisers/work. Turnover among partners and targets also affect progress.

> *Inclusion doesn't lend itself to a quick fix. It requires a full time inclusion champion working on behalf of the most vulnerable.* (Implementer)

3.4 Learning

Learning about inclusion advocacy has been good. Production of the Hidden Victims report offered useful operational learning, with healthy discussions between partners on the joint publication and inclusion opportunities. An inclusion workshop was held in March 2014, offering strategic direction to inclusion advocacy and the development of 13 key areas for message development. Inclusion advisers also benefited from regular and frequent discussions with the HelpAge programme manager. However, implementers also called for better induction materials, pre-deployment inductions from HI, and joint stakeholder analysis sessions with partners and targets.

> *Managers said take a month to meet actors, here are all the documents. They gave lots of space and trust. This is good, but there is still a need for technical guidance.* (Implementer)
>
> *There is a need for workshops to brainstorm together with partners, to conduct stakeholder analysis and consider different types of indicators. This means going beyond our own thinking, or a very desk-based independent data review* (implementer)

Looking ahead to the final months, stakeholders offered advice about where to focus efforts. At the regional level, advisers could focus on achieving key outcomes with regard to donors, bring together tools and resources in the UNHCR portal (under age, gender, and diversity policy), training HI Syria partners and link this to an existing training provider, and implementing an exit strategy. In Lebanon, advisers could ensure inclusion commitments are integrated into the strategies and action plans of key working groups (e.g. camp management). In Jordan, advisers could complete advocacy objectives in key working groups, and establish vulnerability criteria for age and disability in the VAF.

During this evaluation, UNHCR coordination managers made two specific suggestions for HelpAge/HI inclusion advocacy:
- Review RRP7: UNHCR officials suggested that HelpAge/HI should propose a formal review role in the development of the 2015 Syria Regional Response Plan (RRP7), due to be published in December 2014, in order to ensure the draft strategy documents adequately include persons with specific needs, older people, and people with disabilities.
- Develop an Age and Disability Marker: Develop an Age and Disability Marker, based on and designed to work alongside the Gender Marker,[74] to strengthen programming and analysis based

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[74] The IASC Gender Marker is a tool that codes, on a 0-2 scale, whether or not a humanitarian project is designed well enough to ensure that women/girls and men/boys will benefit equally from it or that it will

on age and disability, to define age and disability considerations for RRP7, and to provide a mandatory mechanism to ensure sector coordinators remain aware of age and disability requirements. UNHCR coordinators in Jordan have benefited from a GENCAP adviser, and would appreciate a similar adviser on age and disability.

> *Many working groups have inclusion in guidelines, which I helped put in. Now the plan is to ensure it is in strategy and action plans.* (Implementer, Lebanon)
>
> *We learned it is impossible to do both strategic and operational advocacy. It is better to do strategic stuff first. Advocacy at the coordination level was huge.* (Implementer, Lebanon)
>
> *In remaining months; focus on strategic level and make sure it trickles down.* (Target, Lebanon)

3.5 Quality
The inclusion advocacy follows no sector-wide quality standards or good practices for inclusion. Implementers are not aware of any such quality standards that apply to inclusion advocacy (beyond good programme management and professionalism of staff), and some have sought to define their own approaches. Their overall approach is determined primarily by the DEC and AI funding and reporting frameworks, which are designed for service delivery and not most appropriate here. Given HelpAge's investment and experience in inclusion advocacy, the organization would benefit from designing its own quality process and guidelines for application. By defining its methodology, and a related monitoring and evaluation framework, HelpAge could capitalize on wider learning, strengthen guidance to inclusion advisers, and provide assurance and leadership to donors.

> *Monitoring and evaluation of inclusion is a struggle. It sets us back with donors.* (Implementer)
>
> *There's a need for tools and practical guidance on inclusion. We need to benefit from wider experience, provide accountability and reporting to donors, and demonstrate impact. This is more difficult.* (Implementer)

Inclusion advocacy is itself concerned with controlling the quality of the humanitarian and refugee protection response, and demanding accountability to international principles (impartiality), policies (needs, access, vulnerability) and standards for the inclusion of people with specific needs (RC/NGO Code of Conduct, Sphere, IASC guidelines on age).

> *The right to receive humanitarian assistance without discrimination does not mean that assistance has to be the same for every person in need, but to give the appropriate assistance to the persons facing disaster to live with dignity.* (Deployment Report)[75]
>
> *We know the [humanitarian] system is not impartial, it excludes older people. Therefore our role is to plug that gap. We aim to make system and other actors more impartial.* (Implementer)

3.6 Accountability
Inclusion advocacy also struggles to show accountability to people with specific needs. The inclusion advocacy has made efforts to involve civil society in advocacy work, establishing community-based

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advance gender equality in another way. If the project has the potential to contribute to gender equality, the marker predicts whether the results are likely to be limited or significant.

[75] First deployment report, HelpAge Inclusion Advisor secondment through Handicap International response to the Syrian crisis in Lebanon, 14 May – 8 July 2013

advocacy networks and collecting testimonies in Jordan and Lebanon. Yet inclusion advocacy does not always involve beneficiaries, as it focuses 'upward' on engaging decision-makers 'on behalf of' beneficiaries, by evoking principles, policies, good practices, and evidence of service gaps. Inclusion advocacy should find ways to offer appropriate accountability. Accountability may require the creation of a steering group with appropriate representatives of Syrian refugees and other key stakeholders, or making itself accountable to age and disability working groups.

It is difficult to demonstrate accountability for inclusion advocacy to ultimate beneficiaries. How do you show it? We need to demonstrate it
(Implementer)

We need to show how inclusion results in better services for beneficiaries
(Implementer)

A steering group is a useful as a sounding board. It could be made of UN, large INGOs, and donors, and involve Syrian refugee leaders, older people and people with disabilities at different levels.
(Partner, Regional)

3.7 Cost-effectiveness

The inclusion advocacy is very cost effective. It accounts for the second largest part (32-37%) of the budget, which would amount to some £202,557 of the total, and mostly covers the cost of employing inclusion advisers. Most stakeholders consider the inclusion advocacy very cost effective, although some, including some donors, are skeptical about its effectiveness and, by extension, its cost-effectiveness.

The employment of three full time inclusion advisers is considered cost-effective. Costs were greater for highly experienced consultants needed to establish the programme before inclusion advisers were recruited. An alternative model would be to 'embed' an inclusion adviser within UNHCR structures; but it is unclear if this would be more efficient or effective. Alternative models could be analyzed for their cost-benefit.

The cost of advisers is small for activities that have collected missing data and raised awareness among key actors, stand to improve access for hundreds of thousands of refugees with specific needs (through the inclusion of age and disability in the strategies and operational plans of key working groups for Syrian refugees across the region), and fills a gap in holding the regional response accountable for age and disability. The regional response plan for 2014 (RRP6) seeks to assist 3.59 million refugees at a cost of USD 3.74 billion; if we assume that 30% of them are people with specific needs, it seems very little to spend an equivalent of 0.005% on inclusion advocacy.

Changing the system for people with specific needs is much more cost effective than establishing a stand-alone programme for older people (Implementer)

Specific changes take more than 6 months, so assessment of cost effectiveness needs a longer perspective than humanitarian action. This is difficult for [donors] who want to fund service provision more than changes in the system (Implementer)

How expensive is one person doing all this kind of work? Donors can look at it as a check and balance to everything else they fund through the UN system (Partner, Regional)

> *It must be cost effective. They are a small team. If there was no one there, amid all the other voices, I'm sure it would not have got the attention it has. But some things are difficult to measure.* (Target, Jordan)

3.8 Impacts

The scale of the inclusion advocacy's impact is unknown, but no negative impacts are indicated. Changes made to frameworks and processes will take time to result in practical changes that improve the lives of people with specific needs. However, the scale of the impact is potentially great.

The inclusion advocacy has also contributed to multiple smaller outcomes that support achievement of the goal, but which were unplanned and unforeseen in the programme design. These include interactions with Amnesty International, the University of Sydney, and contributions to global humanitarian publications such as ENN Field Exchange, the Forced Migration Review, and the Development and Cooperation Magazine.

A possible risk is that raising the profile of older people and people with disabilities could reinforce the misperception that all older people or people with disabilities are vulnerable; or eclipse other vulnerable groups, such as women, youth, men at risk, ethnic minorities, Palestinian refugees from Syria, LGBT.

> *It takes a long time to assess impact on people and organizations. The inclusion advocacy has impacted processes and the frameworks of organizations. Changes in processes and thinking that will result in changes in years ahead.* (Implementer)
>
> *Inclusion takes more time [than cash]. It takes a while to see changes in perceptions, knowledge, and then practices.* (Implementer)

4. Conclusions and Recommendations

The evaluation offers the following conclusions and recommendations for HelpAge and HI.

4.1 Partnership

On the positive side, HelpAge and HI have implemented this programme together through a new partnership, formed in response to the Syria crisis. Specifying roles and responsibilities for the programme, HelpAge would lead on writing the proposals and reports to DEC and second an inclusion adviser to Jordan, and HI would host the inclusion adviser, monitor implementation activities, and comply with accountability standards. HelpAge and HI also agreed to implement an advocacy strategy, through HelpAge secondments to HI teams in Lebanon and Jordan. Through this evaluation, HelpAge and HI are keen to learn about the partnership, and the implementation model. HelpAge is particularly interested as this is the first time it combined cash and inclusion advocacy, and focused primarily on inclusion advocacy in an operational programme.

In principle, the partnership makes perfect sense. It is very appropriate to the global HelpAge-HI partnership, which seeks similar improvements in the way humanitarian actors plan and implement their operations. It has offered strategic learning opportunities for HelpAge and HI, especially in cash transfers. It makes the programme cost-effective, allowing HelpAge to co-implement the programme without start-up and structural costs without a presence in the region. It has allowed HI to benefit from strengthened advocacy capacity, including dedicated resources, tools, language, messages. At the global level, the programme's inclusion advocacy and the publication of the Hidden Victims report in particular, has increased visibility for HelpAge and HI, leading to productive new connections at the global level, with donors, partners, and researchers.

However, in practice, the mutual benefits of partnership are much less clear. HelpAge and HI struggled to harmonize their different management styles, organizational cultures, approaches to advocacy, approaches to cash transfer, approaches to DFID, and methods for identifying the most vulnerable in emergencies. Both partners seem to have underestimated the time needed to manage the partnership, including through internal communication, information provision, and technical advice. In this context, the capacity costs of managing the collaboration should not be overlooked.

Helpage and HI do not adhere to the same quality and accountability standards at the organizational level, and they use some different standards, codes, policies, guidelines, tools. The programme needs to demonstrate quality and accountability, and HelpAge expects HI staff to comply with its Code of Conduct. HelpAge also developed minimum accountability standards to guide HI's cash transfers, based on the HAP standard. Further, HelpAge and HI may have different understandings of advocacy. Whereas HelpAge 'helps older people claim their rights, challenge discrimination…', HI 'work[s] alongside people with disabilities and vulnerable populations, taking action and bearing witness.'

HelpAge and HI have struggled to manage the inclusion advocacy effectively. Inclusion advocacy has been complicated by unclear lines of management/responsibility for inclusion advisers; delayed decision-making on inclusion activities inside HI; delayed systems for technical support from HI/HQ; and the absence of management and monitoring and evaluation tools. HI's validation loop has caused delays to inclusion advocacy, hindering delivery of support to organizations requesting it and resulting in lost opportunities. HelpAge manages the inclusion advocacy remotely via inclusion advisers who work in HI offices. In Lebanon, the HelpAge-seconded inclusion adviser works separately from HI work, and cannot easily engage HI staff in the inclusion advocacy, which does not feature in HI's strategic and operational frameworks, logframes and operational plans. In Jordan, the inclusion adviser is integrated into HI's management structure, and partnership synergies are sought, and faced 'teething problems'.

HelpAge and HI may hold different understandings and expectations of the partnership. HelpAge may perceive a more collaborative model, where both organizations implement the programme collaboratively. In this model, HI adds value to inclusion, integrating advisers into technical team and HelpAge trains HI staff; while HelpAge adds value to cash transfers by needs assessment/design, ensuring accountability, monitoring, evaluation and reporting/donor relations. HI may perceive a clearer division of labour, where organization each adds value through specialization. In this model HI implements cash transfers, and HelpAge implements inclusion advocacy. Their agreement does not specify such a clear division of tasks, although it appears to make practical sense.

HelpAge and HI have also benefitted unevenly from publicity arising from inclusion advocacy. At the regional and national levels, the programme's inclusion advocacy has resulted in far greater visibility for HI than HelpAge. In Jordan, the programme significantly increased HI's visibility and advocacy capacity, while unintentionally leaving HelpAge invisible. Inclusion advisers are widely perceived to represent HI, an organization known to be present in the region and qualified to advocate in coordination forums; whereas few have heard of HelpAge. Substantial publicity and reputation value have accrued to HI alone. Yet presenting both HelpAge and HI together, in itself a linguistic challenge (HelpAge/HI), risks creating confusion, and may be unnecessary for anything but branding purposes. Without an operational presence in the region, HelpAge seems far less visible than HI, and may consequently be missing strategic opportunities.

In sum, the partnership reflected a shared vision at the global level, and provided the basis for a successful programme, but it has involved substantial practical difficulties and missed opportunities. Neither partner considers the partnership critical to their Syria response; and both believe they could implement similar programmes with other partners. Despite the advantages of partnership, it would be possible to implement the targeted cash transfers and inclusion advocacy separately.

R1. Review the partnership
HelpAge and HI should review the partnership to determine whether it should be continued in the region and/or developed in other responses, informed by the findings of this evaluation. In so doing, they should:
A. Recognize the partnership's benefits in terms of shared goals, cost effectiveness, shared learning, and increased global visibility and strategic opportunities from the publication of the Hidden Victims report;
B. Define why the partnership remains the most suitable among alternatives for achieving shared goals in each context;
C. Clarify roles and responsibilities for all activities, including expectations for (strategic) collaboration and/or (practical) division of labour;
D. Ensure inclusion advisers receive induction and/or necessary training from both partners; and
E. Consider harmonizing (or making compatible), at organizational level, relevant policies, quality and accountability standards, practical guidelines and tools.

R2. Develop inclusion procedures
HelpAge and HI should develop operational procedures to manage inclusion advocacy effectively across the partnership. The procedures should aim to:
A. Harmonize global policy, regional strategy and key messages for inclusion advocacy, to facilitate inclusion activities at programme level and enable strategic prioritization, seizing opportunities, and validation of messages and products;
B. Develop an efficient process that defines key activities and responsibilities, ensures timely technical support and decisions, and removes blockages and tensions between technical advice and line management;

C. Build capacities needed to manage this process, including by allocating adequate human and technical resources to support inclusion advocacy, and recruiting or training and developing more inclusion experts in disability, age, and/or gender;

D. Manage inclusion advocacy as a project with its own brand identity, to ensure publicity would not accrue to HI and both organizations benefit from association; and

E. Develop a package of guidelines and tools to support inclusion advisers covering aging and disability, to be shared at induction and referred to continually.

4.2 Cash Transfers

On the positive side, the cash transfers in Jordan have been relevant to the vulnerable families identified by HelpAge/HI's initial needs assessments (April 2013), which found among Syrian refugee families outside camps, income gaps, negative coping strategies, and few prospects to make ends meet. The cash transfers' coverage increased during the first two phases, tripling the number of extremely vulnerable families targeted to include 430 Syrian and 172 Jordanian. All the cash recipients are identified as extremely vulnerable.

The cash transfers remain relevant to all these families today (June 2014), and perhaps more relevant as refugees outside Za'atari refugee camp reportedly find themselves in an increasingly precarious situation, high cost of living, depleted assets, and limited and insecure income sources. In general, stakeholders perceive unconditional cash to be highly relevant to assisting refugees in Jordan where refugees have no other income and are not allowed to work, and to assisting very vulnerable families in particular.

The cash transfers have been well implemented. HI developed a process for selecting and verifying extremely vulnerable families, and delivering cash assistance to them using ATM cards (though some prefer the delivery of cash). Implementers say the cash is being delivered to the Syrians, and will achieve all outcomes. The cash transfers have been effective, despite the delay in implementation. Their effectiveness has depended on targeting the most vulnerable, a good process and delivery mechanism, and accountability to beneficiaries through information provision and communication. The cash transfers certainly increased the income of the recipients, providing their main source of income. Beneficiaries spend the vast majority on rent, in an ongoing struggle with rent costs, overcharging, exploitation, and mistreatment. Most notably, it helped to reduce the risk of eviction, for half of those at risk.

The cost effectiveness of the DVFP-targeted cash transfers seems good, although it is hard to find comparators and seems more costly than other cash transfers. The cash transfers account for the largest part of the programme's budget (46-48%), which would amount to some £272,000. They are considered cost-effective from design to implementation. However, DVFP-targeted cash assistance implies significant process costs, and rough calculations suggest just over one third of the estimated £272,000 actually reaches the pockets of beneficiaries.

The cash transfers are well aligned with international and national quality standards for cash transfers, guided by HI's dedicated cash adviser and implemented by HI programme staff, and accountability standards. Practical innovations developed may represent good practice in providing cash for the most vulnerable, namely the DVFP outreach and definition of 'households'. In Jordan's Cash Working Group, unconditional cash is generally seen to be meeting needs; amid some wider concerns for harmonization, appropriate size and duration, sustainability and livelihoods. HelpAge developed 'minimum accountability standards' for the cash transfers, based on the DEC accountability framework requirements and the HAP Standard. HelpAge assessed the accountability of the cash transfers. HI have since implemented multiple accountability procedures.

The cash transfer learning has been very good. The programme provided strategic learning and operational improvements for HI's larger cash programmes which assist a total of 2826 vulnerable households in Jordan, with further funding from DFID and ECHO, and a programme in Lebanon. The cash transfers served as a pilot programme, allowing HI to develop process, refine tools, define procedures, and train teams. All the HI cash transfers are subject to post-distribution monitoring and recommendations. A HelpAge monitoring report in mid-2013 provided important accountability recommendations, the most important of which have been implemented.

However, outcomes from the cash transfers have been relatively modest. They did not meet the immediate needs identified in HelpAge's initial assessment, following significant delays by the Jordanian government. Some further unexplained delays of up to a month were reported in Irbid, negatively affecting rent payments and medication supplies. Some recipients said the cash would have been more useful to them upon arrival, when their needs were greatest.

The cash transfers made minimal difference to debt repayment, and only a few have managed to repay some of their debt since receiving cash transfers. They also did NOT stop negative coping strategies, though they may have reduced them.

By way of negative impact, beneficiaries said their landlords raised rents (disproportionately) because they perceived NGOs were supporting their rents, even though the cash transfers are made without their landlord's knowledge. More generally, cash contributions are believed to contribute positively to the local economy and host communities, and more so than assistance in kind.

Now the cash transfers are ending, the extremely vulnerable Syrian refugee families face a potentially disastrous income gap, with the removal of their primary source of income. Implementers had no plans for continued cash assistance, and do not ask about beneficiary plans to cope after the cash transfers. Negative coping will surely continue and increase. Beneficiaries consulted requested continued assistance from HI.

R3: Prioritize sustainability
HI and HelpAge should prioritize sustaining cash assistance to the extremely vulnerable Syrian refugee families, most of whom rely on it as their primary source of income. They should:
A. Ensure the beneficiaries continue to receive vital assistance, by referring them to other suitable cash transfer programmes; by integrating them into HI's existing programmes; or by securing continued funding for an extension to this programme;
B. Prevent the loss of their primary income which would lead to increased evictions and landlord pressures, negative coping strategies, and/or poor health consequences;
C. Consult refugees about their livelihood plans after cash transfers cease;
D. Recognize the need to develop long term assistance strategies for the most vulnerable refugees, in which cash may be part of mid-long term coping strategies/livelihoods; and
E. Consider approaching the Government of Jordan to develop a long-term approach to supporting the extremely vulnerable refugees alongside extremely vulnerable Jordanian hosts.

R4. Strengthen the process
HI and HelpAge should learn lessons from the programme in order to improve the process of cash assistance to the most vulnerable. They should consider:
- Addressing questions about DVFP's 'functionality-focused' and 'mechanistic' nature; the involvement of partners, communities, and refugee outreach workers; use of UNHCR information on vulnerabilities; and sharing of information on vulnerabilities with partners.
- Aspiring to identifying the most vulnerable refugees on arrival when their needs are greatest, partly by referral from UNHCR based on registration;

- Including displacement as a vulnerability factor, as it means being forcibly uprooted, living in another community, and usually means loss of job, land, community, identity, assets, and restrictions on the rights to work and move freely.
- Always consulting with the government and receive their authorization as a prerequisite for any cash transfer programme, especially for refugees.
- Adopting a risk management approach and develop mitigation strategies, to identify risks more quickly and explore alternatives more vigorously
- Building sustainability into all humanitarian cash transfers, with a view to linking relief with rehabilitation and development; fostering resilience; and working towards durable solutions'.

4.3 Targeting

On the positive side, HelpAge and HI have sought to learn, through this evaluation, about the different approaches to targeting, including the HelpAge vulnerability criteria adopted from CARE, and HI's disability vulnerability focal point (DVFP). Generally, HelpAge and HI use different methods for identifying the most vulnerable; HI uses its DVFP direct outreach in emergencies, and HelpAge uses community-based partnerships, and mostly in development settings.

Implementers and partners believe the DVFP approach applied to HI cash recipients (retroactively to those referred by CARE) offers an effective means of targeting the most vulnerable in an emergency, and is an essential feature of the cash transfers' effectiveness. The model relies on outreach and referrals to catch widely dispersed vulnerable people and people with disabilities; 'like an octopus' in the words of one implementer. In addition, the DVFP approach collects detailed information about extremely vulnerable people, including their vulnerabilities, age, and gender.

The DVFP approach appears cost-effective given the importance of targeting and reaching the most vulnerable. The cash transfers are integrated into HI's DVFP programme, providing synergies from the use of existing resources. But the programme's targeting and outreach work may be more costly than other cash programmes that do not target the most vulnerable. The costs reflect the costs of targeting the most vulnerable, and distributing cards within households, not at fixed points. As one implementer noted, 'this is cost-effective but not cheaper.'

Through the programme, HI has developed significant expertise in cash transfers with an innovative methodology (DVFP) for targeting the most vulnerable, improved tools and processes accordingly, and secured funding to assist a total of 2826 vulnerable households with further funding from DFID and ECHO,[76] and a programme in Lebanon. The key quality innovation is the DVFP outreach, which assesses vulnerability and considers their access to services, instead of assuming that a person with a disability is vulnerable.

However, implementers disagree over the relevance of the initial targeting approach. HelpAge's initial identification of beneficiaries was relevant, relying on CARE's lists of particularly vulnerable refugees, which referred refugees who faced acute issues that could be addressed by one-off cash contributions. HI's DVFP approach was more relevant to identifying the most vulnerable refugees, who are targeted for regular cash. In line with HI's global approach, DVFP identifies refugees that meet combined vulnerability criteria: older people, functional limitation, pregnant women (7 months+), injured, and chronic disease. This approach seems more relevant to sustaining livelihoods through regular cash, than to helping people out of debt and negative coping through one-off cash payments.

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[76] Hi Strategy for cash assistance in Jordan 2013-2014

Recipients themselves found initial contact easy, though they did not understand DVFP criteria. They said initial contact was easy, through HI outreach or referrals (all recipients in Amman were referred by CARE), and some compared it favourably with CARE's approach. But many beneficiaries did not understand the selection criteria, and some asked questions about the unmet needs of others perceived to be vulnerable: specific older people, pregnant women, and larger families.

The DVFP approach to targeting the most vulnerable is an approach that would benefit from further learning and sharing of lessons. Post-distribution monitoring recently recommended the targeting system should be refined to reinforce the presence of women headed households; questions remain about its 'mechanistic' and 'functionality-focused' nature, and the involvement of partners and communities, and its use of existing UNHCR information on vulnerabilities. Partners in Jordan have expressed an interest in learning more about DVFP, and the inclusion adviser is well placed to share learning on vulnerability targeting at the sectoral coordination level.

R5: Define DVFP approach
HI should define its DVFP approach to targeting cash assistance for the most vulnerable. It should:
- Report on its experience of developing the DVFP model for targeting the most vulnerable refugees and nationals in Jordan and Lebanon(?);
- Define the DVFP process in clear terms; including vulnerability criteria, outreach, accountability standards, and cost effectiveness;
- Share practical learning with HelpAge, UNHCR, the cash working group, actors concerned with vulnerability, and the cash transfer quality community (CALP)
- Consider defining the approach in a formal publication, and sharing with HelpAge, UNHCR, and relevant partners.

4.4 Inclusion advocacy
Inclusion advocacy aimed at improving access for all refugees with specific needs in Jordan and Lebanon is very relevant to the scale and complexity of the Syrian refugee crisis, to a response that offers inadequate access to services for older refugees and refugees with disabilities, and to the large-scale exclusion of refugees with specific needs, and to gaps in response in both Jordan and Lebanon. It is also relevant to key refugee protection challenges in Lebanon: coordination, data collection, and prioritization. Besides, the inclusion advocacy appears to fill a gap in the refugee protection response, by advocating clearly and consistently for the inclusion of people with specific needs. In this sense, it provides an independent monitor of aid effectiveness, to oversee the large amounts spent by donors on service delivery.

The inclusion advocacy appears to have been performed well, though it is difficult to measure. Training, technical support and advocacy with humanitarian agencies have been carried out. At the regional level, implementers highlight 'strong interactions' with key players: UNHCR coordinators, technical working groups, UN agencies, INGOs, NNGOs, and donors. In interviews, they highlighted multiple outcomes that might contribute to improving access. The inclusion advocacy has also contributed to multiple smaller outcomes that support achievement of the goal, but which were unplanned and unforeseen in the programme design.

The inclusion advocacy's success has depended on multiple external factors that enabled the work; recruitment and deployment to the region of dedicated inclusion advisers; and conducting activities that contribute to the goal of improving access for older people and people with specific needs. Top among these were engaging external actors (UN, INGOs, donors) through independent data-based advocacy in key forums; producing publications with data and technical advice; and comprehensive quantitative research which defines the baseline, issues, and focus. As one partner put it, 'half of advocacy is intelligence-gathering.'

The inclusion advocacy is very cost-effective. The employment of three full time inclusion advisers is considered cost-effective, more economical than establishing a stand-alone programme for older people, and modest for activities that have achieved powerful results and promise a much greater impact in months ahead. The cost of advisers is small for activities that have collected missing data and raised awareness among key actors, stand to improve access for hundreds of thousands of refugees with specific needs, and fills a gap in holding the regional response accountable for age and disability.

However, the inclusion advocacy seems less relevant to the longer term response (DEC/AI funding is short term and finite), to Syria's wider humanitarian crisis, to people with specific needs beyond people with disabilities and older people, to immediate needs, and to donor requirements to demonstrate tangible results for people. It could obscure the profile of other people with specific needs or vulnerable people.

Assessing inclusion advocacy's effectiveness is difficult, and HelpAge has reported mainly on activities and outputs, without including related outcomes or explaining how each output will contribute to the larger goal of improved access. A strategic framework is lacking for aligning inputs, activities and outputs with outcomes and expected impact; donors may be sceptical about its effectiveness.

Inclusion advocacy has been complicated by an unclear strategy and the lack a clear notional pathway about how change is to occur. Questions arise about the strategic value of capacity-building activities, despite demands and requirements. In Lebanon, questions also arise about HelpAge/HI's role in supporting the Age and Disability Forum.

Inclusion advocacy has been complicated by management challenges: unclear lines of management/responsibility for inclusion advisers; delayed decision-making on inclusion activities inside HI; delayed systems for technical support from HI/HQ; and the absence of management and monitoring and evaluation tools.

Inclusion advocacy has been complicated by a short timeframe and sustainability gaps. Inclusion requires longer timeframes than service delivery; changes made to working group guidelines, strategies, and operational documents will make an impact in months or years ahead. The programme's end will leave significant gaps at regional and country levels, where full-time champions on behalf of older people and people with disabilities need to continue influencing sector leads. Donors who want to fund service provision may not fund changes in the system.

The inclusion advocacy follows no quality standards or good practices for inclusion advocacy, which itself is concerned with raising the quality of the refugee protection response, and struggles to show accountability to people with specific needs. In this context, it is timely that HelpAge has secured funding from DFID and OFDA to develop common minimum standards on inclusion, in collaboration with HI and several organizations.

R6. Focus on priorities
In the final months of the programme, HelpAge and HI should focus efforts on defining and achieving the most important strategic outcomes in relation to key actors and implementing an exit strategy. These may include:
A. At regional level, focus on sensitizing donors, and sharing inclusion tools and resources in the UNHCR portal (under age, gender, and diversity policy);

B. Engage with UNHCR, as requested through this evaluation, to conduct a formal review of RRP7 drafts from an age and disability perspective, and/or propose an Age and Disability marker mechanism;
C. In Lebanon, ensure inclusion commitments are integrated into the strategies and action plans of key working groups (e.g. camp management);
D. In Jordan, complete advocacy objectives in key working groups, and establish vulnerability criteria for age and disability in the Vulnerability Assessment Framework;
E. Develop an exit strategy or raise further funding to prevent significant gaps at regional and country levels, where full-time champions on behalf of older people and people with disabilities are needed to continue influencing sector leads.

R7. Develop a 'Quality Process'
HelpAge should develop a complete quality process for inclusion advocacy, either independently or through the upcoming DFID/OFDA-funded project. The process should aim to capitalize on wider learning about inclusion advocacy; guide design, implementation and assessment of inclusion advocacy programmes; and provide quality assurance and leadership on inclusion advocacy to donors. It should include the following elements:
A. Baseline: Define key actors who can improve access to services for older people and people with disabilities, consider using stakeholder mapping techniques and assessing their baseline levels of awareness, willingness, policy, capacity, and practice by which to measure progress.
B. Logic: Define a theory of change (or programme logic) against which to report evolving outcomes and expected impact. Outcomes may include changes in awareness, willingness, capacity, changes to policies, guidelines, and/or practices. Inputs, activities, and outputs may include targeted training, technical advice, data collection, stakeholder or public advocacy.
C. Objectives: Define a limited number of SMART objectives for inclusion, that add value (in relation to inclusion challenges, inclusion actors, and strategic gaps) within a realistic timeframe, bearing in mind the need for sustainability.
D. Strategy: Define a strategy with prioritized activities aimed at specific actors, sectors, and issues; considering alternative implementation models, such as secondment of inclusion advisers to UNHCR or OCHA structures, to key partners, or remote activities.
E. Competencies: Define competencies required for inclusion advisers such as understanding UN systems and agencies, credibility from experience, technical expertise, and communication skills; and consider investing in the development of these hard-to-find skills within HelpAge and the sector.
F. MERL: Define a mechanism for monitoring, evaluation, reporting, and learning (MERL), as outlined in recommendation 8 below.
G. Accountability: Define an appropriate accountability mechanism involving donors, partners, targets(?), and beneficiary representatives, possibly in the form of a steering group or through use of the MERL mechanism.

4.5 Monitoring, Evaluation, Reporting and Learning (MERL)
In practice, HelpAge has led monitoring, evaluation, reporting, and learning on inclusion advocacy. HelpAge provided multiple reports to DEC and AI, in compliance with their requirements. It also conducted several monitoring visits to Lebanon and Jordan, led a real-time evaluation, [77] and prepared a monitoring report for DEC.[78] The DEC monitoring report assessed implementation and made multiple recommendations for improvements.

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[77] HelpAge Internal Real Time Evaluation- Syria Crisis Response, 17 June 2013
[78] HelpAge International and Handicap International Disasters Emergency Committee (DEC) funded activity monitoring report, Marcus Skinner, August 2013

However, in general, implementers have struggled with monitoring and evaluation inclusion advocacy, and worry it undermines their value proposition to donors. Inclusion advocacy has relied on DEC and AI frameworks for monitoring and reporting progress; but these are designed for service provision and may constrain inclusion advocacy, limiting flexibility to seize emerging opportunities and demanding very concrete results in a short a time frame—which may have diverted inclusion efforts from high-value policy influence toward more easily measured deliverables.

The inclusion advocacy lacks an optimized monitoring, evaluation, reporting, and learning (MERL) framework to guide progress and demonstrate effectiveness. In general, inclusion advocacy strategies have lacked articulated theories about how inclusion advocacy will contribute to achieving improved access. They could benefit from joint analysis with key stakeholders.

In addition, inclusion advocacy lacks tools and practical guidance materials for monitoring and evaluation, including suggested indicators, a basic theory of change, and good practices from HelpAge and others. Further, inclusion advocacy has not always been well-informed by operational learning. Inclusion advisers have had few opportunities to reflect on the progress of inclusion advocacy with targets, partners, and HI staff.

R8. Refine MERL framework
HelpAge should design an optimized framework for monitoring, evaluating, reporting, and learning (MERL) in relation to inclusion advocacy. The framework should include the following aspects:
A. Best practices: Background research into best practices for MERL that could be applied to inclusion advocacy, including use of techniques such as outcome mapping and most significant change.
B. Impact: Focus on measuring and demonstrating impact, in terms of access to essential services at the macro (sector) and/or micro (household) levels, and wider social, economic, technical, and environmental effects on individuals, the most vulnerable people, gender- and age-groups, communities and institutions
C. ToC: Establish a theory of change, an understanding of how the programme will result in achieving desired changes in a particular context, setting out in clear cause-effect terms how activities, inputs and outputs are intended to produce outcomes and impacts; and then testing, developing, and restating the theory on the basis of evidence.
D. Outcomes: Focus on assessing outcomes, including changes in the behaviour, relationships, activities, or actions of the people, groups, and organizations with whom the programme works directly and with whom the programme anticipates opportunities for influence; highlighting contributions to outcomes rather than claiming direct attribution.
E. Quantification: Seek opportunities to quantify inputs, activities, outputs, outcomes, and impact; consider how much it cost to affect specific outcomes, and whether the same result could have been achieved for less.
F. Timetable: Establish a timetable for ongoing monitoring, evaluation, reporting and learning activities, in relation to scale of the programme
G. Inclusion advisers: Establish MERL responsibilities and accountabilities for inclusion advisers; consider making them responsible for maintaining the overarching programme narrative
H. Partners: Consult regularly the people, groups, and organizations with whom the programme works directly and with whom the programme anticipates opportunities for influence; including through multi-stakeholder workshops
I. Reporting: Prepare regular reports describing progress towards the impact objective in terms of outcomes affected by inputs, activities, and outputs; consider using collective writeshops for formal reporting on a period or quarterly basis for greater efficiency and learning
J. Learning: Ensure framework allows for frequent operational learning, and the revision of strategies in response to changing context

K. Donors: Engage donors in development of the MERL framework; to ensure it meets their accountability requirements

R9. Engage donors

HelpAge should engage donors on inclusion advocacy to raise awareness of its impact; share the quality process and MERL framework; and challenge the assumption that humanitarian assistance must always be delivery of materials. Consider the following:

A. Inclusion advocacy increases the quality, effectiveness, and impact of humanitarian assistance; it should be considered central to any humanitarian response. Official donors should support inclusion advocacy as part of their commitment to aid effectiveness, as well as mainstream programmes. Citizen funders (e.g. DEC/AI) should consider inclusion advocacy as means of making specific improvements to the response, not simply contributing more resources to official funding;

B. Financing inclusion advocacy and building necessary capacities, technical skills, and a pool of inclusion advisers—in the context of professionalization of humanitarian workers;

C. Funding an independent expert/civil society accountability mechanism to oversee whether humanitarian assistance meets the needs of the most vulnerable, including older people and people with disabilities;

D. Recognize that benefits of inclusion advocacy at the level of policy and strategy coordination is difficult to measure, but stands to improve access a lot more than the delivery of practical trainings to frontline staff which are easy to count.

Annex 1: Documents Reviewed

HelpAge International and HI, MOU n.d.
Age International, Phase 1 Narrative Plan for DEC, 24.4.2013
Handicap International (HI) and HelpAge International response to the Syria Crisis, Letter of Agreement for activities funded by the DEC appeal and Age International (n.d.)
HI and HelpAge, Memorandum of Understanding for collaboration in Lebanon and Jordan, May 2013
HelpAge Internal Real Time Evaluation- Syria Crisis Response, 17 June 2013
Susan Erb, Mission Report #2 - Amman, Jordan, HelpAge Secondment to Handicap International – 27 May – 30 June 2013
First deployment report; HelpAge Inclusion Advisor secondment through Handicap International response to the Syrian crisis in Lebanon, 14 May – 8 July 2013;'
HelpAge/HI Inclusion Advisor Field Report, 24 June - 21 July 2013
HelpAge International and Handicap International, Disasters Emergency Committee (DEC) funded activity monitoring report, Marcus Skinner, HelpAge International, Humanitarian Policy Manager, August 2013
HelpAge International, Phase 2 Narrative Plan (for DEC), 23.9.13
Inclusion programme – Syria crisis, Key accomplishments, 01-Oct-13
HelpAge International and Handicap International, Hidden victims of the Syrian crisis: disabled, injured and older refugees, 01/04/2014
Handicap International, Cash assistance - Post Distribution Monitoring Report: Irbid and Amman governorates Jordan, 01/04/2014
Age International, Phase 2 Interim Narrative Report (for DEC), 10/04/2014
HI Strategy for cash assistance in Jordan 2013-2014, 01/05/2014

Annex 2: Interviews Conducted

Name, Job Title	Interview Date
Benoit Aurenche, HI Technical Referent for Basic Needs	26-May-14
Jennifer Léger – Technical Referent for Specific Needs	26-May-14
Emilie Boyer – Deputy Desk Officer	27-May-14
Marie Le Duc, Head of Emergency Technical Unit	27-May-14
Silvia Stefanoni, Director of Policy and Programmes; Frances Stevenson, Head of Emergencies; Marcus Skinner, Humanitarian Policy Manager	30-May-14
Rhea Bhardwaj, Interim Syria Programme Manager; Lucy Blown, Emergencies Programme Officer;	30-May-14
Andrew Collodel, Livelihoods Advisor	30-May-14
Magalie Vairetto, Emergency Head of Mission	02-Jun-14
Boram Lee, HAI Inclusion Advisor	02-Jun-14
Khairunissa Dhala (Researcher/Advisor) and Charlotte Phillips (Campaign Organiser), Amnesty International, Refugee and Migrants' Rights Team	05-Jun-14
Habouba Aoun and Basharra, Faculty of Health, University of Balamand	02-Jun-14
Lydia de Leeuw, Regional Inclusion Programme Manager	02-Jun-14
Elisabetta Brumat, Protection Sector Coordinator,	03-Jun-14
Carol el Sayed, UNHCR Head of Community Services Unit	03-Jun-14
Toufic Rizkallah; World Rehabilitation Fund, Deputy Director and Secretariat of DaOAWG:	04-Jun-14
Mmone Moletsan, UNHCR Community Services Tyre	04-Jun-14
Robin Ellis, Regional Senior Operations Coordinator, UNHCR Tayyar Sukru Cansizoglu, Senior Regional Protection Coordinator, UNHCR	06-Jun-14
Alexander Tyler, UNHCR, Senior Inter-Agency Coordination Officer	08-Jun-14
Lynn Yoshikawa, Syria Needs Analysis Programme (SNAP), Analyst, Jordan and southern Syria	08-Jun-14
Rima Kighsro, Deputy Operations Coordinator - Jordan Handicap International (and Andrew Merat, Operations Manager -- see also note he sent)	08-Jun-14
Anne Burton, UNHCR Senior Public Health Officer	09-Jun-14
Marwa Mubarak, Accessibility Officer, HI	09-Jun-14
Irene Omondi, Community Service Officer, Mafraq Sub Office	09-Jun
Becky Achan, Inclusion technical Adviser, HelpAge/HI	10-Jun-14
Maxime Bazin, Cash and Livelihood Technical Adviser, HI	10-Jun-14
Sarah Case, IRC, Regional Advocacy Adviser	10-Jun-14
Andrew Merat, HI Operations Coordinator; and Ricardo Pla Cordero, Technical Unit Coordinator	10-Jun-14
Valentina Linoci, Cash Project Manager, HI/Irbid	11-Jun-14
Emily Sloane, Emergency Food Security and Livelihoods Team Leader Oxfam GB, Currently deployed in Jordan	15-Jun-14
Isis Sunwoo, Regional Humanitarian Advocacy Manager, World Vision International, Regional Syria Crisis Response	15-Jun-14
Lydia de Leeuw (2), Regional Inclusion Programme Manager	15-Jun-14

| Volker Schimmel, Senior Field Coordinator (Co-Chair of Cash Working Group) | 15-Jun-14 |
| Chris Roles, Age International | 27 June 14 |

Annex 3: Inclusion Advocacy Activities

These 'Key Accomplishments' were reported by HelpAge 1 Oct 2013.

Vulnerability targeting & sectoral coordination

• Making key inputs in vulnerability forums, ensuring adequate integration of vulnerabilities related to disability, injury, older age, and chronic illness. Forums: Inter-Agency Multi-Sector Needs Assessment (MSNA) in Lebanon, Vulnerability Assessment Framework Technical Steering Committee (VAFSC) in Jordan, and the Comprehensive Regional Strategic Framework (CRSF) at regional level.

• Attaining joined membership in the Protection Working Group Core Steering Committee. (Lebanon)

• Leadership in relevant Working Groups and Task Forces: co-leading the Older Age & Disability Working Group (Lebanon), leading the Age & Disability Task Force (Zaatari camp) and taking up co-lead of the Age & Disability Task Force (Jordan).

• Collaborating with NRC and the Shelter Working Group on rehabilitation guidelines and inputting standards related to accessibility and disability principles in shelter rehabilitations. (Lebanon)

• Inputting into the minimum education standards (which contextualizes the INEE minimum standards) aiming to mainstream inclusive education. (Lebanon)

• Inputting into guiding notes for the Cash WG on mainstreaming Gender, Age and Disability for WG member agencies. Developing the Cash Work Group Advocacy strategy and Preparing for a National Advocacy Workshop on alternative livelihood. (Jordan)

• Through participating in Non-Communicable Disease Task Force, contributed to development of "Package of Essential Non-Communicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings" (Jordan)

• Inputting into the national guidelines for transportation for children with disabilities (Jordan).

• Inputting into the SOP for alternative NFI collector for persons with functional limitation (Jordan).

• Ensured that specific needs related to disability, injury and ageing are included in the Inter-Sector Working Group SOP for needs assessments.

• Through the SIRF (Advocacy Working Group) provided talking points towards Emergency Directors meetings, UNHCR and OCHA coordinating offices regionally and at NY level.

Publications

• Hidden Victims report

• Age & Disability Monitor (January and April) – highlight pressing issues and good practice.

• Testimonies –providing a channel for voices of refugees with specific needs related to disability, injury and older age, who face exclusion from services.

• Active feed into an Amnesty International report (through two direct briefings, provision of documentation, and the facilitation of one field visit). Topic: access to healthcare. The report will be launched on 21 May 2014.

Feeding inclusion messages into donor forums

o Regional Response Plan (RRP6).

o Kuwait pledging conference.

o MP visit to Jordan organized by DFID.

o UK Government inquiry into DFID humanitarian funding approach.

o Based on our inputs, two of the three priorities proposed by the health sector in Jordan to OCHA (for its ERF call for proposals) are relevant to refugees living with injuries and chronic illness.

o   Following bilateral interventions, UNICEF's Water and Sanitation (WATSAN) Unit funded and installed assistive devices in Azraq camp in up to 10% of the WATSAN facilities in the camp.

Presentations
•   Presented at key events and meetings
o   CSA Symposium "Older Persons in Emergencies" in (Lebanon)
o   FPSC/Balamand symposium on "PWDs and emergencies" (Lebanon)
o   Regional Health Coordination Meeting (Jordan)
o   Health Working Group Meeting (Jordan)
o   Inter-Sector WG forum (Jordan)
o   Non-Communicable Disease Task Force (Jordan)
o   Mental Health and Psychosocial support Task Force (Jordan)
o   Regional Sharing & Learning Event (Jordan)

Network building
•   Established affiliation with the Centre for Studies on Ageing (CSA) in Lebanon.
•   Strengthening regional liaison and cooperation on inclusion through the Sharing & Learning event. (Amman)
•   In cooperation with UNHCR, build up the national Age and Disability Task Force. (Jordan)

Internal capacity building
•   Training provided to HI staff:
o   Trained new HI staff on protection of vulnerable persons in emergencies (Mafraq and Irbid, Jordan).
o   Training of Trainers on establishing and supporting community advocacy networks (taking place in May 2014)
o   Training on advocacy in humanitarian setting, for Lebanon, Jordan, and Syria teams. (taking place in June 2014)

Upcoming (as outline in Jordan, Lebanon and regional inclusion strategies and work plans)
•   Continuing the bi-monthly publication of the Age & Disability Monitor;
•   Publishing fact sheets based on additional analysis of raw data collected in preparation of the Hidden Victims report;
•   Training humanitarian workers on inclusion of age and disability in the emergency response, in Jordan and Lebanon (incl. of Syria based teams), incl. UN agencies, INGOs, NGOs, donors, and national authorities. Bilateral and forum engagements and presentations have led to requests for technical support and training from a variety of agencies, which are currently being planned in detail;
•   Providing technical support to humanitarian organisations (especially those who received training) toward enhancing the inclusiveness of their programming, methodology and service delivery;
•   Continuing the publication of testimonies, which will be used in briefings, trainings, online publications, and other outputs;
•   Producing a regional document on good practices, lessons learnt, and recommendation for improved inclusion in the Syria crisis response.

Independent evaluation of the Disaster Emergency committee (DEC)/Age International funded response to the Syria crisis in Jordan and Lebanon (Phases 1 and 2)

HelpAge International
age helps

Name of project being evaluated: Assistance for specific vulnerable groups affected by the Syrian crisis in Jordan	**Donor Reference:** N/A **Implementing agency and partner(s):** Handicap International
Reference Number: SYR001	**Project budget:** DEC (Total= £543, 734)
Project duration: **1st April 2013- 30th September 2014**	• Months 1-6= £60,503 • Months 7-18= £258, 232
Evaluation report release date: XXX	Age (Total= £350,000) • Months 1-18= £250,000
Type of evaluation: External **Evaluation Purpose:** Donor requirement **Main project objectives:** See below	**Project funding sources:** DEC and Age International
The consultant will be joined by the Learning and Accountability Officer from the DEC for field visits in Jordan and Lebanon	

OVERVIEW OF PROGRAMME

Objective
Contribute to improving the lives of older people and people with specific needs living in Jordan who have been affected by the Syria crisis by providing cash assistance and improving access to humanitarian and public services so that they can meet their immediate needs

Expected results
Inclusion
a)   Older people and people with specific needs who have been affected by the Syria crisis in Jordan and Lebanon have improved access to humanitarian services
Cash transfers
b)   386 extremely vulnerable Syrian refugee families in Jordan (1750 individuals) have increased income to better meet their basic needs (including rent payment and debt repayment)
c)   148 extremely vulnerable Jordanian families (740 individuals) in Amman, Irbid and Mafraq have increased income to better meet their basic needs

Activities
For a) training, technical support and advocacy with humanitarian agencies and consultations with older people and people with disabilities

For b and c) cash transfers in three locations- selection of extremely vulnerable families, verification through home visits, ATM card arrangement.

Annex for the proposals and budgets

PURPOSE OF THE EVALUATION