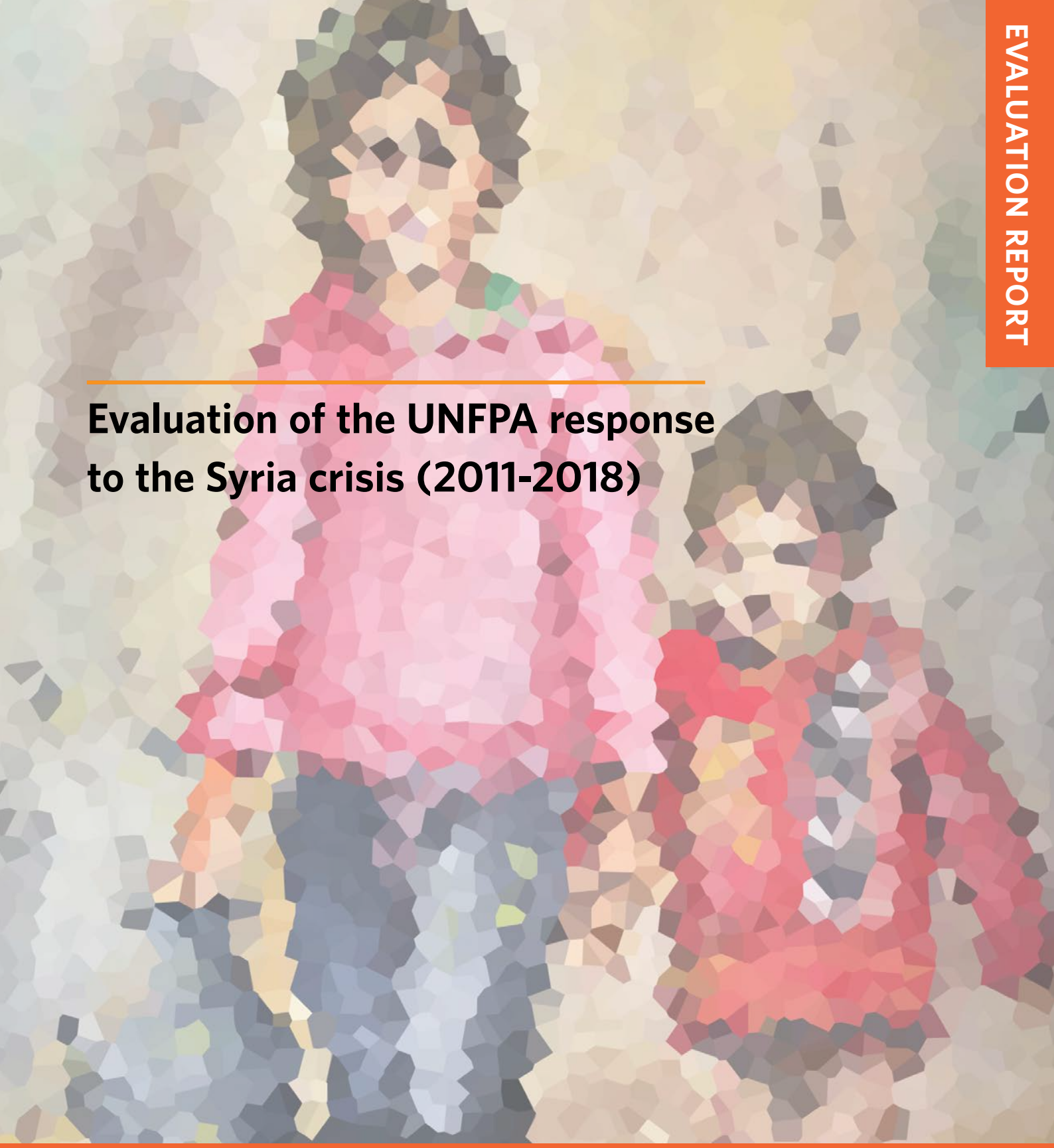
EVALUATION REPORT

Evaluation of the UNFPA response to the Syria crisis (2011-2018)



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Thanks also go to UNFPA country office representatives, assistant representatives and programme staff from all business units involved in the UNFPA response to the Syria crisis, as well as all UNFPA partners in Egypt, Iraq, Jordan, Lebanon and Turkey, for their crucial contribution to the data collection work of the evaluation team.

The Evaluation Office extends its appreciation and gratitude to all members of the evaluation reference group for their commitment throughout the evaluation process.

(c) UNFPA 2018, Youth Centre, Gawilan Refugee Camp, Iraq

Foreword

After almost eight years of conflict, more than 13 million Syrians are still in need of humanitarian assistance – 6 million within Syria and 7 million in surrounding countries. Among the affected population, women and girls, as well as youth, constitute particularly vulnerable groups, experiencing a dramatic reduction in access to sexual and reproductive health services and facing heightened risks of gender-based violence.

Since the beginning of the crisis, UNFPA has been working with its partners to address the needs of affected populations both within Syria and in the neighbouring countries that host most of the refugees – Egypt, Iraq, Jordan, Lebanon and Turkey. As part of its response to the Syria crisis, UNFPA activities include supporting life-saving reproductive health (including maternal health and family planning); engaging in programmes that seek to mitigate and prevent gender-based violence and support survivors of this violence; distributing hygiene and dignity kits; and deploying medical and specialized personnel to assist affected communities.

The evaluation of the UNFPA response to the Syria crisis, which covers the period 2011–2018, is an independent assessment of all UNFPA humanitarian interventions targeting affected populations within Syria as well as in neighbouring countries, including cross-border operations, within the framework of the Whole of Syria approach. The evaluation also aimed to analyse the organizational structure set up by UNFPA to coordinate its interventions and, in particular, the contribution of the Amman-based regional response hub to the UNFPA overall response to the Syria crisis.

The evaluation finds that the UNFPA response has been and continues to be well adapted to the evolving needs of affected populations, both within Syria and in neighbouring refugee-hosting countries. In its response, UNFPA has consistently and strategically prioritized hard-to-reach areas and most vulnerable populations. The report also highlights the high returns generated by the UNFPA regional response hub in terms of resource mobilization, representation and coordination.

The evaluation also points, however, at the need for UNFPA to improve its monitoring mechanisms, building, in particular, on its expertise in population dynamics. The evaluation also notes that, while the regional response hub has proved largely successful, its role and functions now need to be reviewed in light of changing circumstances, and within the framework of a wider organizational effort to improve the efficiency of the Syria regional response.

I am confident that the lessons learned and the recommendations highlighted by this evaluation will help to enhance even further the response that UNFPA provides to those most in need, in one of the worst humanitarian crises of our time.

Marco Segone
Director, UNFPA Evaluation Office

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Annexes

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(c) UNFPA 2018, Reproductive Health Centre, Domiz Refugee Camp

Acronyms and initialisms

3RP	Regional Refugee & Resilience Plan
ASRO	Arab States Regional Office
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CMR	Clinical management of rape
CSO	Civil society organization
ECHO	European Community Humanitarian Aid Office
EECARO	Europe and Central Asia Regional Office
EU	European Union
GBV	Gender-based violence
GBVIMS	Gender-Based Violence Information Management System
HCT	Humanitarian Country Team
IDP	Internally displaced person
INGO	International non-governmental organization
ISIS/ISIL	Islamic State of Iraq and Syria/Islamic State of Iraq and the Levant
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MDG	Millennium Development Goal
MISP	Minimum Initial Service Package
NGO	Non-governmental organization
RH	Reproductive health
SDG	Sustainable Development Goal
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNSCR	United Nations Security Council Resolution
WGSS	Women and girls safe spaces
WHO	World Health Organization

Executive Summary

BACKGROUND

Since 2011, the United Nations Population Fund (UNFPA) has been responding to the escalating crisis in Syria, which has had a profound effect across the region. By the end of 2017, 13.1 million Syrian women, men, girls and boys needed humanitarian assistance, 6.1 million within Syria and 7 million in surrounding countries. Close to 3 million people inside Syria were in besieged and hard-to-reach areas, exposed to grave protection violations.[1]

In 2014, the Whole of Syria approach was introduced across the United Nations. This provided, among other things, the framework for cross-border operations from inter-agency hubs in the Hashemite Kingdom of Jordan and the Republic of Turkey, attempting to reach those areas outside of Government of Syria control that could not be reached from Damascus.

The Whole of Syria approach includes a coordinated Humanitarian Response Plan for inside the Syrian Arab Republic, including protection and assistance from organizations based in Damascus and the cross-border operations from Jordan, Turkey and – less visibly – the Republic of Iraq. In addition to the cross-border work, and operations from Damascus within Syria (the Whole of Syria approach), there is a Regional Refugee & Resilience Plan (3RP) that attempts to harmonize protection and assistance to Syrian refugees in neighbouring countries (the Arab Republic of Egypt, Iraq, Jordan, the Lebanese Republic and Turkey).

In 2013, UNFPA established a regional response hub in Amman to facilitate more effective UNFPA representation at the different humanitarian coordination forums, to increase the effectiveness and visibility of humanitarian response activities, and to enhance resource mobilization efforts. As part of its response to the Syria crisis, UNFPA-supported activities for refugees, internally displaced persons (IDPs) and host communities have included supporting life-saving sexual and reproductive health and rights (SRHR) services; engaging in programmes that seek to mitigate and prevent gender-based violence (GBV) and provide response services to survivors of this violence; distributing reproductive health (RH) kits to clinics and hospitals; distributing hygiene and dignity kits; and deploying medical and other specialized personnel.

In light of the scale and duration of the humanitarian response, as well as the visibility of the crisis and response and the resources involved, in 2017 the UNFPA Evaluation Office commissioned an evaluation of the UNFPA response to the Syria crisis. The primary purpose of this evaluation is to assess the contribution of UNFPA to the Syria humanitarian crisis response. A secondary purpose is to generate finding and lessons that will be of value for UNFPA and external stakeholders. The primary audience of the evaluation is:

- UNFPA country offices
- UNFPA Syria regional response hub
- UNFPA regional offices – the Arab States Regional Office (ASRO) and the Eastern Europe and Central Asia Regional Office (EECARO)
- UNFPA Humanitarian and Fragile Contexts Branch
- UNFPA senior management
- UNFPA Executive Board.

1. UNOCHA, 2018 Syria Humanitarian Needs Overview, 2017.

OBJECTIVES AND SCOPE

The objectives of the evaluation are:

- To provide an independent comprehensive assessment of the UNFPA overall response to the Syria crisis including its contribution to the Whole of Syria approach for interventions inside Syria and provision of services for Syrian refugees in neighbouring countries
- To examine the organizational structure set up by UNFPA to coordinate its Syria crisis interventions, in particular the operations of the Syria regional response hub and its impact on improving overall response
- To draw lessons from UNFPA past and current Syrian humanitarian crisis responses and propose recommendations for future humanitarian responses both in the sub-region and elsewhere.

The scope of the evaluation has three dimensions:

Thematic: All UNFPA humanitarian interventions targeting populations affected by the conflict in Syria.

Geographic: Syria itself and neighbouring countries (Egypt, Iraq, Jordan, Lebanon and Turkey), including cross-border operations.

Temporal: The 2011–2018 period, which corresponds to the start of the Syria conflict to the conclusion of the evaluation period.

METHODOLOGY

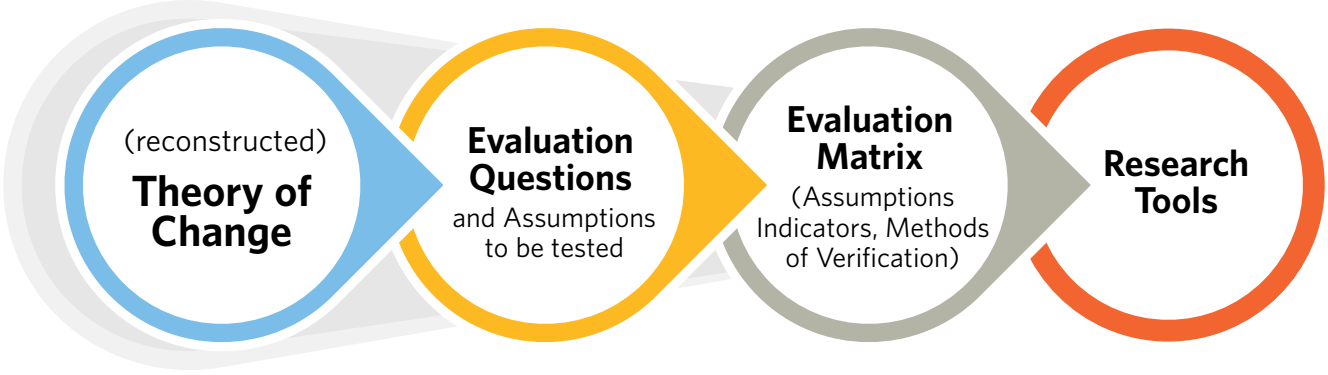
Both qualitative and quantitative data and evidence was collected via a range of methodologies. This included a desk review of documentation, key informant interviews (348 interviewees), community-based focus group discussions (with 397 individuals) and, in the case of the Syria country-based data collection, an online survey.

The methodological design was developed on the basis of an analytical framework used to outline what the evaluation should look at, and how that would be done. A starting reference point for this evaluation was a reconstructed theory of change – essentially the intervention logic of the UNFPA response to the Syria crisis. From this, the evaluation team derived the evaluation questions, which set out the key areas of research. Associated with each of these questions were assumptions that were tested by the evaluators via indicators for which the evaluation team collected, analysed and presented primary and secondary data.

The most significant limitations faced by the evaluation team were:

- Lack of a pre-existing theory of change for UNFPA interventions: this proved not to be significant as the reconstructed theory of change accurately represented the bulk of interventions.
- Length of time spent collecting data in country: this limitation was mitigated thanks to efficient evaluation team design and in-country scheduling.

FIGURE 2: *Development of the evaluation methodology*



- Lack of quantitative outcome-related data: this proved a significant limitation for the evaluation across the entire evaluative time frame, restricting the evaluation's ability to assess results and outcomes/impacts.

- Lack of access to collect data in Syria: multiple visa requests for evaluation team members were denied. This limitation was mitigated through remote data-collection including telephone interviews, a document review and an online survey.

FINDINGS

The evaluation surfaced 29 findings clustered around the following key evaluation criteria, corresponding to ten evaluation questions:

- **Relevance/appropriateness** of responses to the needs of affected populations across geography and time.
- **Coverage** of population groups with greatest need for sexual and reproductive health and gender-based violence services.
- **Coordination** and leadership within the humanitarian response architecture.
- **Coherence** with UNFPA strategic frameworks and with the strategic and normative frameworks of the wider humanitarian system.
- **Connectedness** of humanitarian action with longer-term development strategies and processes (the humanitarian-development nexus).
- **Efficiency** of the UNFPA management/coordination structures, resources and partnerships in achieving results.
- **Effectiveness** of the UNFPA responses in ensuring access to quality gender-based violence and sexual and reproductive health services.

CONCLUSIONS

Conclusion 1. The overall response of UNFPA was slow to start and UNFPA did not immediately find its leadership role across GBV, SRHR and youth across all country contexts. However, once the response started, UNFPA prioritized the hardest-to-reach populations. UNFPA has been more effective at providing response services than in prevention. Furthermore, UNFPA has not taken advantage of its expertise in population data, demonstrated in development programming, in terms of being able to analyse and collate results within a population profile.

Conclusion 2. UNFPA has been, and continues to be, a key player in the delivery of quality sexual and reproductive health (SRH) and GBV services for women, girls and youth within refugee camps and communities across all countries. Qualitative evidence indicates that activities supported by UNFPA are positively received and are filling essential service gaps. However, an overall quantitative determination of the effectiveness of the activities supported in terms of outcomes on specific metrics (such as incidence of child marriage, cases of GBV among others) is not possible, given the lack of systematic quantitative outcome-related data from UNFPA.

Conclusion 3. Despite the challenges and complexity of the Syria crisis for both the Whole of Syria approach and refugee responses, UNFPA has designed its interventions by continually adapting to evolving needs.

Conclusion 4. UNFPA has not systematically documented gender and inclusion analysis, or adherence to international humanitarian law, international human rights law and international refugee law. While there is anecdotal evidence of gender and inclusion analysis and respecting of international humanitarian principles, the lack of documentation suggests inconsistency and a missed opportunity for organizational learning for (a) continuous improvement of gender and inclusion analysis and (b) support to all country offices for issues of principled access and organizational red lines in respect of humanitarian principles.

Conclusion 5. The inconsistency of the inclusion of men and boys in GBV programming by UNFPA, based on the different interpretations of organizational language, has impacted on how successfully UNFPA has leveraged its comparative advantage on GBV programming. External stakeholders see different approaches in terms of men and boys across different contexts rather than a consistent UNFPA position.

Conclusion 6. Consistency and coherence of the focus on inclusion –across a range of areas– by UNFPA is limited.2 A notable and widespread example is in the area of disability, where UNFPA has limited focus or investment on ensuring access to services for people with disabilities in the Syria response. All country offices expressed commitment to efforts to improve this. Nonetheless, other factors of exclusion have received much less attention and are only being sporadically addressed. For example, there is limited (Turkey only) lesbian, gay, bisexual, transgender and intersex (LGBTI) programming or access to services for such individuals.

Conclusion 7. Within each refugee response country, connectedness between the refugee response and longer-term development via UNFPA programming has been both strong and aligned with country-specific chapters of the 3RP that prioritize resilience-building across host and refugee communities. However, connectedness between different refugee responses and the cross-border operations (i.e. Turkey refugee response and Turkey cross-border operations, and Jordan refugee response and Jordan cross-border operations) has been weak, undermining the humanitarian-development continuum. Likewise, within the Whole of Syria approach, connectedness between inter-agency hubs outside of Syria and the Syria Country Office has been inconsistent – albeit partly for valid reasons that have affected all United Nations agencies to some degree. Nonetheless, the lack of contingency planning for shifting conflict lines and the lack of refugee responses fully benefitting from investment in the Whole of Syria has been a missed opportunity.

Conclusion 8. The Whole of Syria GBV response (UNFPA programming and coordination through the Whole of Syria GBV sub-cluster) is exceptionally good, as demonstrated by the high-quality outputs developed by the sub-cluster, such as Voices and the GBV dashboard. Thus, the Whole of Syria GBV response demonstrates a high return on investment of GBV resources via the regional response hub and other inter-agency hubs. However, the products developed have not been effectively leveraged for respective refugee responses, which represents another missed opportunity. While Voices was initially designed to collect information from hard-to-reach areas, the level of credibility it has afforded GBV information among other humanitarian actors suggests that the methodology could be used effectively to embed GBV as a lifesaving response across refugee responses as well as across the Whole of Syria response.

Conclusion 9. SRHR has received less attention and investment within the regional response hub and this is reflected in reduced Whole of Syria SRHR coordination, although not necessarily in terms of UNFPA programming. UNFPA has a clear role as coordinator and provider of last resort as mandated by the Inter-Agency Standing Committee, and accountability for GBV as the cluster lead agency for the GBV Area of Responsibility. However, there is no formalized equivalent SRHR responsibility for UNFPA even though UNFPA normally adopts an informal leadership role of SRHR in emergencies through the establishment of RH working groups under the health cluster led by the World Health Organization (WHO). Nonetheless, UNFPA has a leadership role to play on SRHR based on the mandate of UNFPA and this has not been consistently visible across the Syria regional response.

Conclusion 10. The emerging leadership role of UNFPA for youth in humanitarian action at the global level – through both leadership of the Compact for Young People in Humanitarian Action and United Nations Security Council Resolution (UNSCR) 2250 – is not reflected in the UNFPA Syria response. This presents a disconnect between UNFPA global action, investment and focus (as also highlighted in the UNFPA Strategic Plan 2014-2017) and the country-level operational presence and focus of UNFPA.

2. Inclusion is a key element of the Agenda for Humanity and the Leave No One Behind commitments. See: www.agendaforhumanity.org/cr/3.

Conclusion 11. The Syria regional response hub has seen a high return on investment in relation to resource mobilization, representation, coordination and data management (for GBV). However, UNFPA has not reviewed the role and functions of the regional response hub in line with increasing capacity of country offices, undermining its rationale and relevance.

Conclusion 12. UNFPA operational and financial systems and structures have not fully supported the effectiveness of the response. The balance between regular resources and other resources in some contexts has had a detrimental effect on the response due to the lack of flexibility that other resources can impose on programming.

Fast-track procedures have been used inconsistently. Surge and emergency commodities (RH kits) have been utilized across countries and over the duration of the response, but not always aligned with the purpose of those mechanisms but based sometimes on the inflexibility of UNFPA structure to change staffing structures when necessary, and lack of core resources.

RECOMMENDATIONS

A. For the UNFPA Syria regional response

Recommendation 1. UNFPA should recognize the current limitations with monitoring, including the gap in data management within the Syria regional response, and utilize its expertise in population dynamics, demonstrated within development programming, to contextualize results data.

Recommendation 2. UNFPA should review the functions of the Syria regional response hub.

Recommendation 3. Clarify and ensure consistency in its position on the inclusion of men and boys in gender-based violence programming within the regional response.

Recommendation 4. UNFPA should review the use of surge, fast-track procedures, and emergency commodities, and continue advocating with Member States and donors for an adequate level of regular resources, to increase the efficiency of the Syria regional response.

Recommendation 5. UNFPA should recognize the vacuum around youth leadership and step up youth programming and coordination across the Syria regional response.

Recommendation 6. UNFPA should commit internally to resourcing and supporting sexual and reproductive health and rights coordination within the Syria regional response to the same level as the coordination of gender-based violence prevention and response.

Recommendation 7. UNFPA should increase the documentation of gender analysis and adherence to international humanitarian principles, international humanitarian law, international human rights law and international refugee law in the Syria regional response.

B. For UNFPA globally

Recommendation 8. UNFPA should use the Whole of Syria gender-based violence sub-cluster as a blueprint for UNFPA coordination responsibilities globally.

Recommendation 9. UNFPA should use the evaluation Regional Response Hub Case Study, together with a further mapping/rapid appraisal of the effectiveness of other agency hub mechanisms, to develop a blueprint for the establishment of other potential hubs in the future.

(c) UNFPA 2018, Azraq Refugee Camp, Jordan

1 INTRODUCTION

This report is organized in four sections.

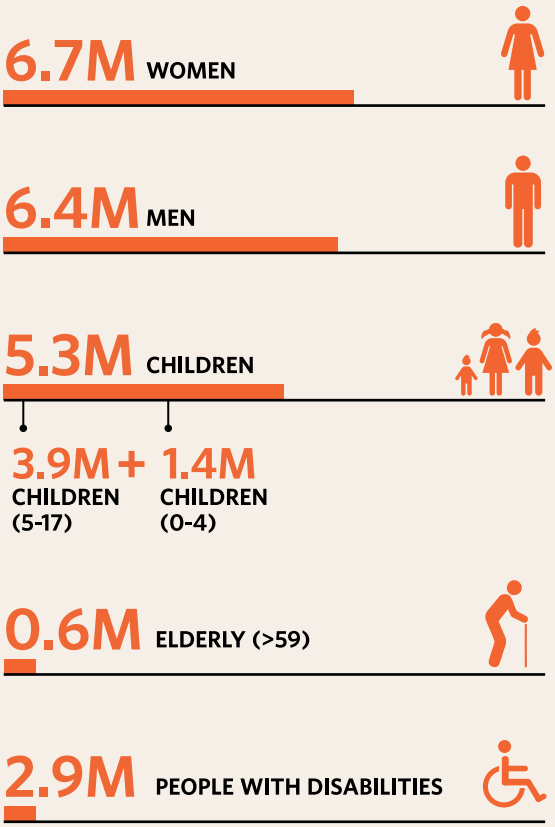
- Section 1 is an introduction and provides an overview of the context of the Syria humanitarian crisis within which this evaluation has taken place.
- Section 2 provides an overview of the methodology used (with more detailed information available in Annex I).
- Section 3 presents the findings from the evaluation. Findings are organized under ten evaluation questions. For each evaluation question, there is a list of the relevant findings, a brief overview summary, followed by the evidence from country visits, a document review, global and regional key informant interviews, and the online survey conducted for Syria that has led to the findings.
- Section 4 presents conclusions made on the basis of this collected and analysed evidence.
- Section 5 presents recommendations made on the basis of the collected and analysed evidence and the subsequent conclusions.

CONTEXT

Since 2011, the ongoing and escalating crisis in Syria has had a profound effect across the region. By the end of 2017, 13.1 million Syrian women, men, girls and boys needed humanitarian assistance, 6.1 million within Syria and 7 million in surrounding countries. Close to 3 million people inside Syria are in besieged and hard-to-reach areas, exposed to grave protection violations.[3] Over half the population of Syria have been forced from their homes and many people have been displaced multiple times. Parties to the conflict act with impunity, committing violations of international humanitarian and human rights law.[4]

In 2014, the Whole of Syria approach was introduced across the United Nations. This approach is an effort to ensure a coordinated humanitarian response to all people in need in Syria, using all appropriate response modalities in accordance with four key United Nations Security Council Resolutions (UNSCRs). The relevant UNSCRs include 2139 (2014), 2165 (2014), 2258 (2015) and 2322 (2016), which, among others, provided the framework for cross-border operations from inter-agency hubs in Jordan and Turkey, attempting to reach those areas outside of Government of Syria control that could not be reached from Damascus.

TABLE 1: *Breakdown of people in need*



Source: 2018 Syria Humanitarian Needs Overview, UNOCHA, 2017

3. UNOCHA, 2018 Syria Humanitarian Needs Overview, 2017
4. Ibid.

TABLE 2: *Syria crisis: people in need by country*

Country	Registered Syrian refugees by 1 December 2017	Total estimated number of Syrians[2]	Registered Syrian refugees by 1 December 2018	Members of impacted communities (direct beneficiaries) in 2018	Projected registered Syrian refugees by December 2019	Members of impacted communities (direct beneficiaries) in 2019
Egypt	126,027	500,000	131,000	368,300	126,000	368,300
Iraq	246,592	246,592	245,000	158,110	240,000	158,110
Jordan	655,056	1,380,000	602,000	520,000	560,000	520,000
Lebanon	1,001,051	1,500,000	1,000,000	1,005,000	1,000,000	3,851,410
Turkey	3,320,814	3,320,814	3,303,113	1,800,000	3,303,113	1,800,000
Total	5,349,340	6,947,406	5,281,113	3,851,410	5,229,113	6,697,820

Source: 3RP Regional Refugee & Resilience Plan 2018-2019

The Whole of Syria approach includes a coordinated Humanitarian Response Plan for inside Syria, including protection and assistance from both organizations based in Damascus and the cross-border operations from Jordan, Turkey and – less visibly – Iraq.

In addition to the cross-border work, and operations from Damascus within Syria, there is a Regional Refugee & Resilience Plan (3RP) that attempts to harmonize protection and assistance to Syrian refugees in neighbouring countries (Egypt, Iraq, Jordan, Lebanon and Turkey).

In addition to the overall 3RP, there are country-specific 3RP chapters, the most recent iterations of which are the:

- Jordan Response Plan 2018–2020
- Lebanon Crisis Response Plan 2017–2020 (2018 update)
- Turkey 3RP 2018–2019
- Iraq 3RP 2017–2018.[5]

The UNFPA has been responding to the escalating crisis since 2011 (in many cases building on pre-existing longer-term development activities in each of the affected countries). In 2013, UNFPA established a regional response hub in Amman to facilitate more effective UNFPA representation at the different humanitarian coordination

FIGURE 1 *UNFPA Syria response: regional offices, country offices and hub, and Turkey inter-agency hub*

forums, to increase the effectiveness and visibility of humanitarian response activities, and to enhance resource-mobilization efforts. As part of its response to the Syria crisis, UNFPA activities across refugee and IDP responses have included:

- Support to life-saving SRHR[6] services, including maternal and newborn health; family planning; provision of necessary SRH commodities (such as RH kits, medical

5. These are the current versions of the country-specific chapters. There is no standardized time frame and all versions are available at: www.3rpsyriacrisis.org/key-publications.

6. Across the Syria response countries RH, SRH and SRHR are all used. In this report, SRHR will be used consistently except for when referencing a specific mechanism using alternative terminology (such as the RH working group, or RH kits) or a specific report or assessment that utilises RH or SRH rather than SRHR.

equipment, contraceptives, and SRH drugs); and clinical management of rape (CMR)

- Engagement in programmes that seek to mitigate and prevent the occurrence of GBV and provide response services to GBV survivors, including through GBV case management and psychosocial support for women and girls at risk of or survivors of violence

- Distribution of specialized, customized and culturally sensitive hygiene or dignity kits (containing various sanitary items) targeting primarily women, girls and families

- Deployment of medical and other specialized personnel (e.g. protection/GBV specialists) to assist in providing and coordinating services to affected communities

- Deployment of trained personnel to support and encourage the participation of affected youth in society by facilitating recreational and educational programmes, rehabilitation and psychosocial interventions, and life-skills education.

For an overview of specific country contexts and the response of UNFPA, see Annex II.

EVALUATION PURPOSE, OBJECTIVES AND SCOPE

In light of the scale and duration of the humanitarian response, as well as the visibility of the crisis and response and the resources raised and expended, the Evaluation Office at UNFPA concluded in 2017 that an evaluation of the response to the Syria crisis by UNFPA would be of significant value, despite not being initially planned for within the Quadrennial Budgeted Evaluation Plan, 2016–2019.

The primary purpose of this evaluation is "to assess the contribution of UNFPA to the Syria humanitarian crisis response".[7] A secondary purpose is to generate findings and lessons that will be of value across UNFPA, and for other stakeholders.[8] The evaluation is both summative and formative.

The summative (retrospective) aspect of this evaluation is to ensure accountability at all levels:

- Individuals and communities receiving assistance and protection within the UNFPA response

- UNFPA partner countries in which the response is being conducted

- UNFPA donors.

The formative (forward-looking) elements of this evaluation will identify good practice and key lessons and will generate recommendations for the continued UNFPA response and future UNFPA humanitarian responses elsewhere in the world.

The specific objectives of the evaluation are:

- To provide an independent comprehensive assessment of the UNFPA overall response to the Syria crisis including its contribution to the Whole of Syria approach for interventions inside Syria and provision of services for Syrian refugees in neighbouring countries

- To examine the organizational structure set up by UNFPA to coordinate its Syria crisis interventions, in particular the operations of the Syria regional response hub and its impact on improving overall response

- To draw lessons from UNFPA past and current Syrian humanitarian crisis responses and propose recommendations for future humanitarian responses both in the sub-region and elsewhere.

The scope of the evaluation has three dimensions:

- Thematic: All UNFPA humanitarian interventions targeting populations affected by the conflict in Syria. This primarily incorporates both RH and GBV interventions directly supported by UNFPA (although also potentially other work with affected populations) and also its coordination role (via RH working groups and

7. UNFPA, "Section II: Terms of Reference (TOR) Evaluation of the UNFPA Response to the Syria Crisis", Request for Proposal Number UNFPA/USA/RFP/17/024, 1 August 2017, section C, para. 9.
8. Ibid.

- GBV sub-clusters). Such interventions are articulated within the Syrian humanitarian response plan(s) for the period and include cross-border and 3RP programming.

- Geographic: Syria itself and neighbouring countries (Egypt, Iraq, Jordan, Lebanon and Turkey), including cross-border operations – notably across the sub-region. The evaluation is not intended as a separate evaluation of each country programme response.

- Temporal: The temporal scope envisaged in the evaluation terms of reference was 2011-2017, but the evaluation actually covers the period that ends with the data collection phase, i.e. from 2011 to 2018.

The primary intended users of the evaluation are:

- UNFPA country offices
- UNFPA Syria regional response hub
- UNFPA regional offices – the Arab States Regional Office (ASRO) and the Eastern Europe and Central Asia Regional Office (EECARO)
- UNFPA Humanitarian and Fragile Contexts Branch
- UNFPA senior management
- Executive Board.

(c) UNFPA 2018, Sharia Refugee Camp, Iraq

2 METHODOLOGY

This section summarizes the methodology employed during the evaluation. Further details are presented in Annex I.

Both qualitative and quantitative data and evidence was collected via a range of methodologies. This includes a desk review of documentation, key informant interviews, community-based focus group discussions and, in the case of the Syria country-based data collection, an online survey.

The evaluation was conducted in accordance with the United Nations Evaluation Group Norms and Standards for Evaluations and Ethical Guidelines for Evaluation.

The evaluation also conforms to the handbook How to Design and Conduct a Country Programme Evaluation at UNFPA and the WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual violence in Emergencies. It also adheres to the principles of independence and impartiality, credibility and utility.[9]

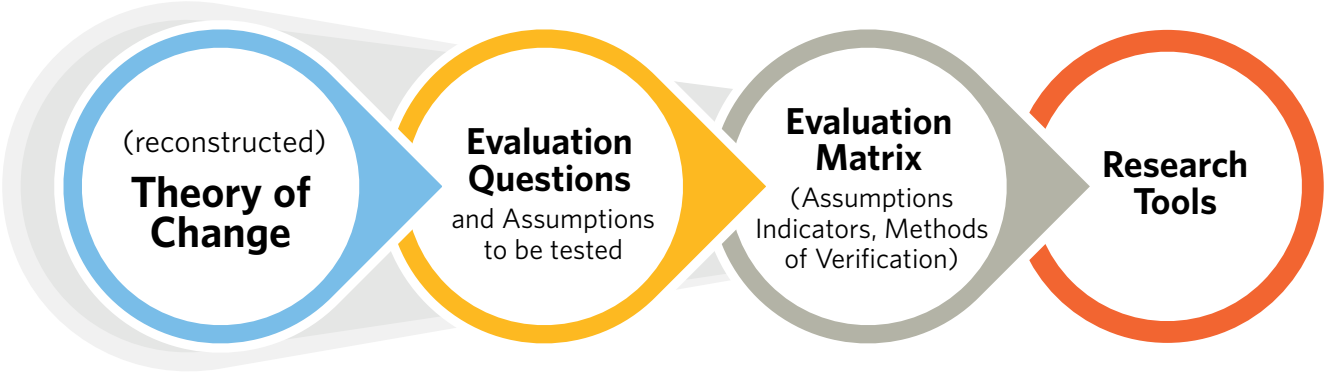
The methodological design (finalized after the pilot mission to Jordan in January 2018 and articulated within the evaluation inception report) was developed on the basis of an analytical framework used to outline what the evaluation should look at, and how that would be done.

A starting reference point for this evaluation was the reconstructed theory of change. While UNFPA has not applied a response-wide theory of change to its previous or extant programming in Syria or surrounding countries, the evaluation team – in collaboration with key UNFPA stakeholders, notably staff of the Jordan Country Office and the regional response hub – reconstructed the intervention logic of the UNFPA response to the Syria crisis. From this, the evaluation team derived the evaluation questions, which set out the key areas of research and assumptions that are to be tested by the evaluators. Associated with each of these questions are assumptions that were tested by the evaluators via indicators for which primary and secondary data was collected, presented in the evaluation matrix and analysed through various methods, as outlined in Annex Ia). A diagrammatic representation of the analytical process is presented below.

RECONSTRUCTED THEORY OF CHANGE

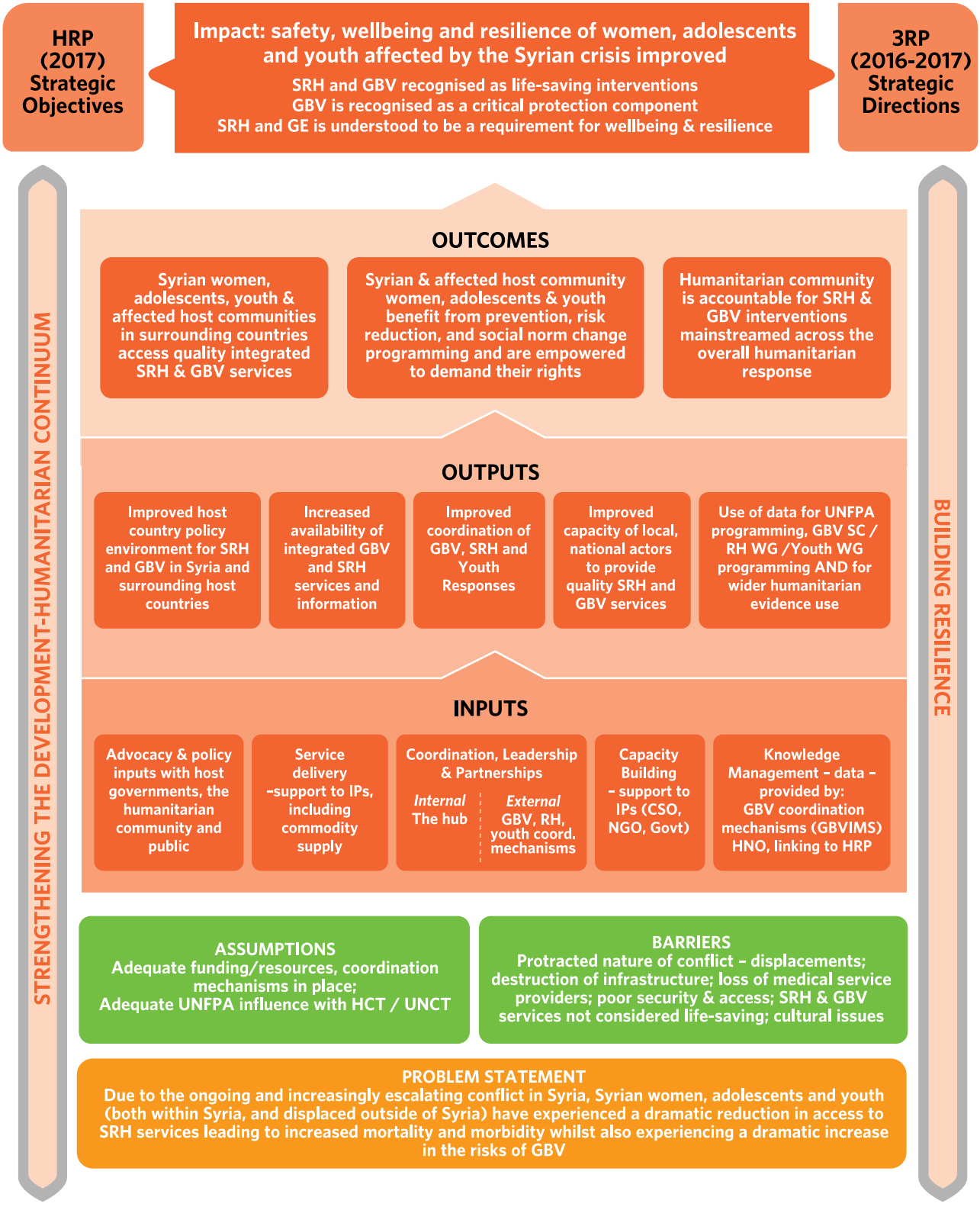
The reconstructed theory of change is presented below. It outlines the causal chain between the problem statement and the UNFPA impact goal, showing specific inputs, outputs and outcomes between the two. It also links the UNFPA goal to the Syria Humanitarian Response Plan and the 3RP as external benchmarks.

FIGURE 2: *Development of the evaluation methodology*



9. UNFPA, Concept Note: Tools and Guidance, Dimensions of Evaluation Quality at UNFPA, Evaluation Office, February 2017.

FIGURE 3: *UNFPA Syria regional humanitarian response: reconstructed theory of change*



The final evaluation questions and associated assumptions to be assessed are presented in the evaluation matrix, which includes a summary of all coded and cleaned evidence and data gathered over the course of the evaluation (see Annex X). Specific research tools utilized were:

- Desk review of secondary documents and data (bibliography/sources in Annex IV)
- Collection of primary data via:
  - Key informant interviews (interview questionnaire in Annex Ia)
  - Focus group discussions (methodology in Annex Ia and details of stakeholder consultation process in Annex Ic)
  - An online survey (Syria only) for key informants, with 19 questions aligned to the 10 evaluation questions, administered in Arabic or English to capture quantitative data (see Annex Ib).[10]

A total of 348 key informants were interviewed and 397 individuals, all current or past primary beneficiaries of UNFPA interventions. They were consulted through focus group discussions in four of five target countries.[11] Disaggregation of key informants and focus group discussion participants and a full list of interviewees are presented in Annex VI.

SUMMARY OF MAIN LIMITATIONS AND MITIGATION MEASURES

A number of potential methodological limitations were identified during the inception phase. (For a full list of predicted and actual limitations, see Annex VII.) The most significant limitations faced by the evaluation team were as follows.

- Lack of a pre-existing theory of change for programmatic interventions: this was anticipated as a significant limitation but proved not to be so as the reconstructed theory of change accurately represented the bulk of interventions carried out by UNFPA.
- Length of time spent collecting data in country: this limitation was mitigated thanks to efficient evaluation team design and in-country scheduling.
- Lack of quantitative outcome-related data: this proved a significant limitation for the evaluation – not just for the early elements (2011–2014), but for the entire evaluative time frame. This limitation has severely restricted the ability of the evaluation team to assess programmatic results and provide answers at the level of outcomes for evaluation questions 10a and 10b (on effectiveness).
- Lack of access to collect data in Syria: multiple visa requests for evaluation team members were denied for in-person data collection; this limitation was mitigated through a robust remote data-collection methodology including Skype interviews, a document review and an online survey. This was part of a larger issue, with visas for Syria itself being denied to all members of the evaluation team, necessitating remote data collection for Syria.

10. The online survey was completed by 28 respondents anonymously (10 in Arabic and 18 in English). Detailed analysis from this survey is given in the country note for Syria. Respondents included UNFPA staff (32.1 per cent), other United Nations staff (21.4 per cent), national NGO staff (32.1 per cent), government agency staff (7.2 per cent), INGO staff (3.6 per cent), external third party staff (3.6 per cent).
11. In Turkey, only one focus group discussion was conducted (in Istanbul). The Turkey country visit consisted of one week in Istanbul and Ankara where the evaluation team focused on discussions with implementing partners and government stakeholders, and then one week in Gaziantep for the cross-border evaluation where evaluators were not permitted to cross into Syria to speak with any beneficiaries directly. Similarly, lack of direct access to Syria by the evaluation team during the Syria data collection meant that no focus group discussions were conducted with beneficiaries within Syria.

(c) UNFPA 2018, Azraq Refugee Camp, Jordan

3 FINDINGS

This section presents the findings from the evaluation, organized under the ten evaluation questions. Overall findings pertaining to each evaluation question are followed by specific supporting findings, derived from country visits, document review, global and regional key informant interviews, and the online survey conducted for Syria.

EVALUATION QUESTION 1: RELEVANCE/APPROPRIATENESS

To what extent have the specific defined outputs and outcomes of the UNFPA Syria crisis response (hereafter referred to as the UNFPA response) been based on identified actual needs of Syrians within Syria and neighbouring countries?

FINDINGS

1. Overall, UNFPA GBV and SRHR interventions are based on assessed and stated needs of women and girls, with evidence of systematic mechanisms for collecting feedback. There are no systematic or consistent mechanisms for assessing the needs of youth.

2. There is a lack of documented evidence that UNFPA has consistently based its interventions on a comprehensive gender and inclusion analysis.

3. There is no consistency in referencing international humanitarian law, international human rights law and international refugee law, although there is an overall sense of commitment to these principles, with specific exceptions.

Finding 1: Overall, UNFPA gender-based violence and sexual and reproductive health and rights interventions are based on assessed and stated needs of women and girls, with evidence of systematic mechanisms for collecting feedback. There are no systematic or consistent mechanisms for assessing the needs of youth.

There is evidence across all country programme responses (refugee responses in surrounding countries, cross-border operations into Syria from Jordan and Turkey, and the Syria Country Office response within Syria) that needs have been continually assessed – to a greater or lesser degree – across the time period of the crisis, and that the feedback gathered has been systematically used as the foundation for programming.[12] This has happened more for the GBV response than for the SRHR response. It has also happened more for the Whole of Syria response overall than specifically for refugee responses.

GBV needs are generally less visible and require more proactive assessment to identify than certain SRHR needs, such as maternal and newborn health. The UNFPA SRHR response has focused more on maternal and newborn health than on other aspects of SRHR such as family planning, which requires more effort to ascertain needs. The Whole of Syria programmes (Syria Country Office and cross-border) have benefited from investment in data management and information management at the regional response hub-level for GBV and this has not necessarily been leveraged across the various refugee responses. Assessments for the needs of youth have been variable, as evidenced across all countries. For example, the research team identified only one specific youth-related needs assessment (in Syria).[13] The needs of youth were typically incorporated into overall needs assessment processes or

12. See evaluation matrix, EQ1, A1 in Annex X.

13. In 2016, the Syria Country Office supported a national youth assessment, with all UNFPA-supported youth programming in Syria subsequently based on this.

derived more informally via consultations with youth in facilities supported by UNFPA.

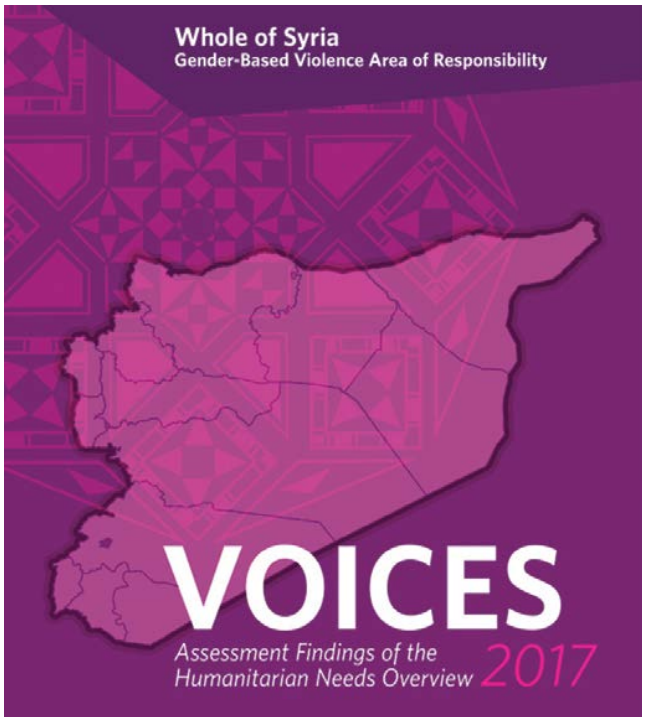
GBV AND SRHR

To collect qualitative data on GBV for the Whole of Syria (Syria Country Office and cross-border programming inside of Syria, UNFPA has effectively used existing assessment tools and developed new tools, in particular Voices from Syria: Assessment Findings of the Humanitarian Needs Overview (commonly referred to as Voices).[14] Voices was first published in 2015 and has since been produced annually. The geographical coverage of the assessment has widened each year and, by 2018, it included data from all 14 Syrian governorates. [15] [16]

Voices is regarded as a highly robust evidence base that is used to inform programming and advocacy efforts. Voices is one component of the Whole of Syria GBV sub-cluster needs assessment tools, which sit under a comprehensive strategy, with a detailed overall results framework. It includes a real-time dashboard of the numbers of services provided and partner interventions from each of the Whole of Syria inter-agency hubs (Gaziantep, Amman and Damascus). UNFPA – both through direct partners and through coordination responsibilities – has invested heavily in assessments of needs across all 14 governorates in Syria, with information systematically analysed and triangulated.[17]

The GBV sub-cluster, under the umbrella of the protection cluster, has worked closely with the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), which hosts a research entity and an assessment coordinator position. The UNOCHA assessment coordinator assisted the GBV sub-cluster in training on methodological approaches to assessments, which has improved assessment capacity.[18]

FIGURE 4: *"Voices from Syria" cover page*



Inside government-controlled Syria, the UNFPA Syria Country Office has been leading and supporting SRHR assessments since the start of the crisis to inform responses. These include assessments on contraceptive use, quality of emergency obstetric care[19] and quality of static and mobile response.[20] In 2016, the Syria Country Office led a rapid assessment[21] to evaluate SRHR services provided by public and non-governmental institutions supported by UNFPA in 9 out of 14 governorates. The

14. Whole of Syria GBV Area of Responsibility, Voices from Syria 2018: Assessment Findings of the Humanitarian Needs Overview. 2nd ed., November 2017.
15. For Voices 2018, data was collected across a common set of indicators from 4,185 communities located in 254 sub-districts (out of 272) across the country. Additional data was obtained through 117 focus group discussions, client satisfaction surveys, expert focus group discussions, key informant interviews and existing secondary literature. The data was then collated and analysed to provide an overview of GBV patterns, trends and risk factors and identify gaps in services by location to inform programming responses and advocacy.
16. UNFPA key informants.
17. UNFPA, other United Nations agency and working group/sub-cluster member key informants. Also see Voices report as assessment end product.
18. UNFPA and implementing partner staff.
19. UNFPA, Reproductive Health Vouchers: Improving Women's Access to Emergency Obstetric Care in the Violence Affected Areas in Syria, 2012.
20. UNFPA, 2013 Country Office Annual Report: Syrian Arab Republic, 19 December 2013. "In 2014, UNFPA carried out five operational pieces of research aimed at assessing the effectiveness, efficiency and quality of interventions and focused on a) the implication of the crisis on RH professionals, b) assessment of the quality of emergency obstetric care at UNFPA-assisted facilities, c) assessment of the services of UNFPA-assisted mobile teams, d) the lessons learnt of the application of RH vouchers and e) assessment of the quality of PSS/PFA [psychosocial support/psychological first aid] training sessions."
21. UNFPA, 2016 Annual Report – Syrian Arab Republic, 25 January 2017.

assessment enabled UNFPA and partners to identify gaps and served as a basis for the design of interventions for the integration of SRHR with GBV.

For the Whole of Syria response, UNFPA prioritized staffing resources for GBV over SRHR, which has impacted on the systematization and visibility of needs assessments for SRHR compared to GBV. The regional response hub GBV specialist P4 position was created in 2014 following the "impressive amount of [financial] resources that had been mobilized in 2013".[22, 23] As this senior GBV position was created without an equivalent SRHR position within the regional response hub in Amman, the technical assistance, continued resource mobilization and coordination responsibilities have focused more on GBV than on SRHR. Subsequently (December 2015), a P5 senior SRHR humanitarian coordinator was recruited, but the incumbent was "triple-hatting" as head of the sub-office in Gaziantep, Gaziantep inter-agency hub RH working group coordinator and (internally) UNFPA RH Whole of Syria coordinator. The position being based out of Gaziantep rather than the regional response hub, and the lack of an external Whole of Syria RH coordination mechanism similar to the Whole of Syria GBV sub-cluster, has had an impact on the consistency and comprehensiveness of UNFPA-supported SRHR needs assessments, as compared to UNFPA-supported GBV needs assessments.[24]

"One reason the Whole of Syria RH communications wasn't that fluid and fruitful is because [the humanitarian RH coordinator] is in Gaziantep."[25]

Therefore, since the RH coordinator started in late 2015, SRHR assessments have been increasingly conducted in relation to maternal and newborn health and family planning needs for cross-border operations. However, this is predominantly in northern Syria from the Gaziantep inter-agency hub, not in southern Syria from the Amman regional response hub.

22. UNFPA internal document, 'Syria Hub and role within Iraq response', Iraq Country Office briefing note, November 2015.
23. Approximately $10 million was raised by the hub in 2013 from the EU, Kuwait and the Bureau of Population, Refugees and Migration. See Hub case study report for full details of resource mobilization.
24. UNFPA key informants.
25. UNFPA key informant.

In addition to SRHR assessments conducted from the Gaziantep hub, UNFPA and partners have reviewed existing Syrian clinical protocols (for family planning and for both basic emergency obstetric care and comprehensive emergency obstetric care) and found them to be outdated.[26] Since 2016, the RH working group in Gaziantep has been working with Syrian NGO partners to update and improve clinical protocols. CMR training has also been conducted in 2016 and 2017 within implementing partners (through the GBV sub-cluster) and the CMR protocol adapted for Syria and translated into Arabic. These interventions are all responding to needs identified through the SRHR assessments.

GOOD PRACTICE: SRHR/GBV INTEGRATION

In 2016, UNFPA Syria developed a strategy to integrate SRHR into GBV services "to contribute in reducing the stigma related to GBV by improving access to the physical and psychosocial support for both survivors and persons of concern".[1] The strategy outlines actions to improve integration, including improved information-sharing, coordination and representation of SRHR within GBV for health services including CMR and providing training and developing protocols. meetings, as well as strengthening GBV referral systems.

1. UNFPA, Integrating GBV within RH services: Logical framework (draft), UNFPA Syria Country Office, n.d.

Since 2014, the UNFPA Whole of Syria response has focused on integrating SRHR services – support to maternity hospitals, adherence to the Minimum Initial Service Package (MISP) and midwifery training – with GBV programming. However, UNFPA key informants reported that resource mobilization from the regional response hub initially focused on GBV as it was felt – by initial regional response hub staff – that GBV funding was more readily available than SRH funding. Furthermore, the formal responsibility for GBV as Area of Responsibility by UNFPA as the cluster lead agency necessitated a focus on GBV. Stakeholders also noted that initial regional response

26. UNFPA, other United Nations agency and implementing partner key informants.

hub staff believed the regional offices and country offices to have stronger existing SRHR expertise than GBV expertise and therefore the added value of GBV technical support from the regional response hub was higher than additional SRHR support.[27] However, this contributed to the imbalance of SRHR and GBV with respondents reporting that SRHR could have been stronger if there had been a dedicated SRHR position within the hub.[28]

In **Iraq**, UNFPA assessments of needs for both GBV and SRHR over the course of the response have been made based on comprehensive and ongoing interactions between UNFPA and refugees, communities, civil society, government and the humanitarian system. UNFPA has, since the beginning of its response to the crisis (in 2011/12), sought to base all programming in timely, comprehensive and iterative research among affected populations. During this early period of the crisis, UNFPA conducted GBV safety audits to gauge emerging GBV risks, assembling teams within affected communities to visit refugees directly and determine their needs.[29]

The **Turkey Country Office** has incorporated learning from previous seasonal migrant work[30] into the refugee response. The Turkey Country Office has a long-standing programme working with seasonal migrant workers in Turkey who are a key vulnerable population lacking access to state-provided SRHR and GBV services. UNFPA first started using the health mediator model for seasonal migrant workers in Turkey prior to the Syrian crisis and has successfully transferred the learning from this programme approach to the Syrian crisis response. Health mediators build a bridge between health centres and communities and for the refugee response. The health mediators are Syrian refugee women, selected from the refugee host communities themselves, who continually highlight the stated needs of women and girls in their community to ensure that ongoing women and girls safe spaces (WGSS) activities are relevant and based on needs.

At the time of field research, five mediators were attached to each WGSS centre. [31]

In **Lebanon**, UNFPA conducted an RH assessment in 2012 that informed its initial advocacy for scaling up SRHR programming. SRHR services have been and continue to be based on assessments and stated needs of the affected populations. From the early stages of the crisis, the UNFPA Lebanon Country Office has focused on developing the capacity of service providers and supporting the development of RH learning and awareness-raising materials (e.g. on maternal health care, family planning, sexually transmitted infections, antenatal and postnatal care) for use in centres as well as in peer-to-peer outreach targeting refugees and host communities. For many women interviewed, this peer-to-peer learning was their first formal exposure to RH issues and it has helped them understand, for example, the value of birth spacing and the availability of different forms of contraception.[32]

For GBV, and in addition to products supported through the sexual and gender-based violence (SGBV) task force, UNFPA has conducted a number of assessments, including an assessment of the SGBV referral pathway, information dissemination and women's empowerment (in 2014); a rapid assessment of WGSS (2015); and a study of the prevalence of early marriage and key determinants among Syria refugee girls (2016). All of these have then informed programming. For example, the study on early marriage informed the development of training tools on early marriage targeting parents and youth, as well as a national campaign to increase the minimum legal age of marriage to 18 years old.

In **Jordan**, integrated SRH and GBV services provided in Za'atari and Azraq camps have been based on UNFPA needs assessments and stated needs of the community. GBV programming by UNFPA has evolved from being an add-on to SRH services in the immediate response to the Syria crisis to becoming a strong programme in its own right. The introduction of the Gender-Based Violence

27. UNFPA key informants.
28. Ibid.
29. Ibid.
30. UNFPA, Independent Country Programme Evaluation: Turkey 2011–2015, New York: Evaluation Office, October 2014.
31. Multiple implementing partner, government and other United Nations agency key informants. The evaluation team were only able to conduct one focus group discussion with five Syrian women in Ankara (who all expressed satisfaction with WGSS services).
32. Lebanon focus group discussions.

Information Management System (GBVIMS),[33] initially rolled out in 2013 with information-sharing protocols introduced in 2014, allowed UNFPA – and partners – to base the continuing GBV response on the real-time evidence of trends among reported cases.

YOUTH

For the **Whole of Syria** cross-border response, the evaluation has seen limited evidence of youth assessments. Youth activities are mainstreamed into GBV and SRH outcomes (e.g. young people access SRH and GBV services), but for the Whole of Syria cross-border operations there is no specific UNFPA youth programme.[34] However, inside government-controlled Syria, the Syria Country Office supported a national youth assessment in 2016 and all UNFPA-supported youth programming is based on this.[35, 36] The assessment also forms the basis for a two-year national youth strategy with the Government of Syria and the United Nations youth task force led by UNFPA and the United Nations Children's Fund (UNICEF), which focuses on employment, health, education, protection and engagement. The evaluation notes a positive trend within the Syria Country Office for increased youth programming and an increased focus on youth as a priority target group.

The evaluation team identified intermittent examples of youth assessments and youth programming based on assessed needs. In **Lebanon**, UNFPA supported a Situation Analysis of Youth in Lebanon Affected by the Syrian Crisis (2014)[37] and subsequently mapped youth interventions and actors in the humanitarian response (2016) as well as compiled resource material on adolescent and youth programming. The integrated youth programming offers an opportunity to scale up attention to an underserved demographic, particularly adolescent girls. Since 2014, UNFPA has supported the integration of youth spaces in existing community centres and has facilitated capacity-building of service providers and youth peer-to-peer outreach trainers with an emphasis on RH and early marriage. More recently (2018), UNFPA has been supporting the development of a "youth incubator" project based on the situational analysis that will focus on developing youth's digital and entrepreneurial skills and linking them with economic opportunities, with the aim of empowering them and improving livelihoods.

In **Jordan**, the Za'atari refugee camp youth centre emerged from an understanding that the needs of Syrian youth in the camp were not being met.[38] Various assessments and surveys over the years recognized the gap for this demographic and the youth centre was established to address that gap.

Finding 2: There is a lack of documented evidence that UNFPA has consistently based its interventions on a comprehensive gender and inclusion analysis.

While there are sporadic examples of gender and inclusion analysis, these are inconsistently documented across the Whole of Syria and refugee responses. Across all countries, the evaluation identified limited documentation to demonstrate systematic comprehensive gender and inclusion analysis. However, the research team identified some examples of positive practice in this regard and key informants (external to UNFPA) generally concluded that UNFPA consistently bases interventions on comprehensive gender and inclusion analysis, even if this is not always consistently documented.

For the **Whole of Syria** response, the evaluation team noted limited specific documentation to show systematic gender and inclusion analysis, but changing GBV sub-cluster strategies highlight ongoing consideration of gender and inclusion issues. From Gaziantep, the GBV sub-cluster has continually analysed gaps in access to services based on gendered demographic profiles and has attempted to address these. The 2015 GBV sub-cluster

33. GBVIMS is a multifaceted and inter-agency initiative that enables humanitarian actors responding to incidents of GBV to effectively and safely collect, store, analyse and share data reported by GBV survivors. GBVIMS is the standard GBV information management system that is promoted globally through the GBV Area of Responsibility.
34. UNFPA key informants
35. In 2016, UNFPA took on a leadership role under the UNFPA (and ICRC)-led Compact for Young People in Humanitarian Action to address youth needs in humanitarian settings. See: www.unfpa.org/sites/default/files/event-pdf/CompactforYoungPeopleinHumanitarianAction-FINAL_EDITED_VERSION.pdf.
36. Described in evaluation matrix EQ1, A2, Annex X.
37. UNFPA, UNESCO, UNICEF, UNHCR and Save the Children International, Situation Analysis of Youth in Lebanon Affected by the Syrian Crisis, April 2014.
38. An ongoing 2018 cost–benefit analysis evaluation by which the youth centre will aim to provide stronger evidence of the impact of the centre in relation to its running costs and address concerns regarding sustainability.

strategy highlighted Islamic State (ISIS/ISIL) violence against Yazidi women and girls, notably the issue of child marriage. The 2016 strategy highlighted that female-headed households were particularly vulnerable. The 2017 strategy has highlighted specific vulnerabilities for widows and divorcees[39] and the GBV sub-cluster is also developing a technical note on widows in IDP camps while the current GBV sub-cluster workplan includes a specific Whole of Syria strategy for adolescent girls.[40]

In **Lebanon**, other United Nations agencies and donors agreed that UNFPA has conducted many needs assessments and integrated these into programme design.[41] Furthermore, respondents reported that UNFPA conducted training on the gender marker through the gender working group, and led the roll- out of the gender marker system-wide.[42]

In **Jordan**, UNFPA staff demonstrated consistent awareness of the concept of the Inter-Agency Standing Committee gender marker and reported that it is used in all proposal development.[43] One Jordan donor confirmed that UNFPA "scores highly" on the criteria of how much a project contributes to gender equality.[44]

In **Turkey**, the new (2018) key refugee population programme (see box) is a clear result of an analysis of gender and inclusion across refugee populations and is the only country programme to clearly include LGBTI programming within its refugee response portfolio.

Finding 3: There is no consistency in referencing international humanitarian law, international human rights law and international refugee law, although there is an overall sense of commitment to these principles, with specific exceptions.

GOOD PRACTICE: GENDER AND INCLUSION ANALYSIS

The Turkey refugee programme provides a good example of inclusion. The new 2018 ECHO-funded key refugee programme recognizes that not all Syrian refugees can access services through the existing service points of WGSS or youth centres. The key refugee programme is an LGBTI and sex worker project, working with three national NGO partners in Turkey. Health mediators connected to WGSS are not always accessing key vulnerable populations such as sex workers and LGBTI populations, an issue that this project aspires to address. The project will have five centres across the country that will provide specific psychosocial support and counselling services to Syrian LGBTI and sex worker communities, together with a hotline and outreach workers in other locations.

Across the Whole of Syria and refugee responses, UNFPA programming is mainly aligned to human rights principles, international human rights law, international humanitarian law and international refugee law, although this is often implicit rather than explicit. There are specific examples of challenges to principled access, given the need to adhere to national policy regulations.[45]

Within the **Whole of Syria** approach, humanitarian principles and approaches inside government-controlled Syria are undermined by continued violations of international humanitarian law and international human rights law by parties to the conflict and the lack of humanitarian space that limits responses. All humanitarian assistance provided by UNFPA is in line with international humanitarian law and human rights law and operates under the framework of UNSCR 2139.[46] However, all humanitarian partners based in Damascus rely on being granted necessary approvals for access to besieged

39. Turkey Hub, GBV sub-cluster strategies 2015, 2016; global protection cluster, GBV sub-cluster Turkey (Syria), Operational Strategy for the Prevention of and Response to Gender-based Violence, 2017, GBV sub-cluster, Cross Boarder [sic] Operations from Turkey into Syria, n.d.
40. UNFPA, Whole of Syria GBV Area of Responsibility and Health Cluster Turkey Hub, Listen, Engage and Empower: A Strategy to Address the Needs of Adolescent Girls in the Whole of Syria, UNFPA Regional Syria Response Hub, November 2017.
41. Other United Nations agency key informants.
42. UNFPA Lebanon key informants.
43. UNFPA Jordan key informants.
44. Donor key informant.
45. See evaluation matrix EQ1, A3, Annex X.
46. UNSCR 2139 (2014) demanded that all parties allow delivery of humanitarian assistance, cease depriving civilians of food and medicine indispensable to their survival, and enable the rapid, safe and unhindered evacuation of all civilians who wished to leave. It also demanded that all parties respect the principle of medical neutrality and facilitate free passage to all areas for medical personnel, equipment and transport.

areas and areas newly retaken by the Government of Syria and there are no guarantees for the safety of cross-border humanitarian actors to continue to address humanitarian needs in accordance with UNSCR 2165 and 2191.[47] The United Nations system in general, and specifically UNFPA, continue "to advocatefor regular and sustained access to provide assistance and protection services to all people in need across all affected areas".[48]

Despite the challenges, respondents in Syria noted that UNFPA was active in advocating for humanitarian principles while simultaneously trying to ensure the provision of services – although the evaluation team noted a lack of documented evidence of this. Respondents reported that UNFPA has supported the development of numerous advocacy documents related to freedom of movement in areas such as Eastern Ghouta and Ar-Raqqa, as well as developing standard operating procedures for screenings and advocating for unconditional and sustained humanitarian access to hard-to-reach and besieged areas.[49]

The nature of the cross-border operation, under the specific and limited mandate of successive UNSCRs, and with strict parameters of delivery modality, ensures that UNFPA cross-border operations from both Jordan and Turkey are operationalized under the Whole of Syria response and as such are aligned with humanitarian principles.

In **Turkey**, the refugee response is somewhat aligned with humanitarian principles of humanity, impartiality, neutrality and independence, and with international humanitarian law, international human rights law and international refugee law. Explicit reference to those standards is inconsistent within the refugee response programme documentation because the response remains firmly under the control of the Government of Turkey, with "support" from the United Nations High Commissioner for Refugees (UNHCR) and other United Nations partners. The Government of Turkey response has been mostly aligned with humanitarian principles as evidenced by the 3RP and other Turkey instruments for refugees and asylum seekers:

"In April 2013, Turkey promulgated its Law on Foreigners and International Protection. While maintaining the geographical limitation to the 1951 Convention relating to the Status of Refugees, the law provides a comprehensive framework for protecting and assisting all asylum-seekers and refugees, regardless of their country of origin, in line with international standards."[50]

The UNFPA Turkey country programme was developed entirely within the Turkey 3RP and refugee policy framework. However, the reliance of the Turkey system-wide refugee response on European Union (EU) funding cannot be disentangled from the EU-Turkey 2016 statement[51] (agreeing the return of all irregular migrants crossing into EU countries back to Turkey), which has drawn criticism for being potentially contrary to international human rights law, international refugee law and international humanitarian law.[52]

In **Iraq** and **Lebanon**, UNFPA refugee responses align with respective chapters of the 3RP that highlight humanitarian principles of humanity, impartiality, neutrality and independence, and with international humanitarian law, international human rights law and international refugee law. However, in Iraq, UNFPA noted that it is bound by its partnership with the Government of Iraq and thus must work within the framework of Iraq's existing legislation covering humanitarian, human rights and refugee issues.

In **Lebanon**, tools and guidance by UNFPA reflect human rights-based approaches, for example, UNFPA has been working with the Lebanese Order of Midwives in support of a protocol for family planning that meets human rights standards including freedom from discrimination, coercion and violence.[53] The Lebanon Country Office Country Programme Document 2017–2020 explicitly

47. In July and December 2014, the UNSC adopted two additional resolutions – 2165 and 2191 – which, among other things, authorized United Nations aid operations into Syria from neighbouring countries without requiring the consent of the Syrian government.
48. UNOCHA, Syrian Arab Republic: Dara'a, Quneitra, Sweida Situation Report No. 4 as of 26 July 2018, 26 July 2018.
49. www.globalprotectioncluster.org/field-support/field-protection-clusters/syria.
50. UNHCR, UNHCR Global Appeal 2014–2015: Turkey, n.d. Available at: www.unhcr.org/528a0a34a.pdf.
51. Council of the EU, EU-Turkey statement, 18 March 2016, 18 March 2016. Available at: www.consilium.europa.eu/en/press/press-releases/2016/03/18/eu-turkey-statement/pdf.
52. The basis of this deal vis-à-vis humanitarian principles has been questioned by both Human Rights Watch and OHCHR. www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=18531&LangID=E. United Nations Human Rights Office of the High Commissioner, 24 March 2016.
53. UNFPA, 2017 Annual Report: Lebanon, 31 January 2018.

references international agreements and guidance that reflect and reinforce the commitment of UNFPA to human rights, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Sustainable Development Goals (SDGs), the Amman Youth Declaration and Security Council Resolutions on Women, Peace and Security. In relation to international humanitarian law, international human rights law and international refugee law, programming carried out by UNFPA implicitly adheres to global standards. Operations targeting Syrian refugees in Lebanon fall under the overall leadership of UNHCR and, as such, are assumed to be compliant with international refugee law and international human rights law.

EVALUATION QUESTION 2: ADAPTED RELEVANCE OVER TIME

To what extent is UNFPA using all evidence, sources of data and triangulation of data to adapt its strategies and programmes over time to respond to rapidly changing (and deteriorating) situations, in order to address the greatest need and to leverage the greatest change?

FINDINGS

4. The UNFPA response was slow to start, although this was in the context of a wider stakeholder trend of underestimating the scale, scope, complexity and duration of the crisis in the early years. From 2014, the UNFPA response became increasingly strong and coherent.

5. UNFPA has many programmatic mechanisms in place to systematically adapt interventions to changing needs, but overall operational systems are inadequate within normal UNFPA architecture.

6. Overall, the Syria regional response has effectively leveraged the comparative strengths of UNFPA across both stand-alone and integrated GBV and SRHR programming.

7. Despite an effective leveraging of GBV expertise, the inconsistent understanding and application of the inclusion of men and boys within GBV responses across different contexts by UNFPA has undermined its comparative strength in this area.

Finding 4: The UNFPA response was slow to start, although this was in the context of a wider stakeholder trend of underestimating the scale, scope, complexity and duration of the crisis in the early years. From 2014, the UNFPA response became increasingly strong and coherent.

Respondents across countries from within and outside UNFPA reported a slow start to the crisis (on behalf of their own organizations) in 2011 and 2012.[54] This, however, was reported generally within the context of a system-wide slow start, with host governments in surrounding countries and all United Nations agencies being caught off guard with the increasing scale and prolonged intensity of the crisis. An OCHA evaluation finding triangulated well with this evidence that the "response was initially too slow".[55]

Some respondents highlighted a slow start to operations specifically for UNFPA.[56] The small in-country presence of UNFPA prior to the crisis was detrimental in some countries to an appropriately rapid scale-up of operations, shifting from strengthening development systems to a response based on emergency services. However, the good relationship between UNFPA and host governments prior to the crisis was beneficial in some countries in terms of scaling up support to government refugee responses.

The lack of country representatives across the region, and the time lag in fully staffing UNFPA country offices in alignment with escalating humanitarian needs, was partially a reflection of funding constraints. However, it also reflected the inflexible UNFPA recruitment and staffing policies that did not allow for the easy adaptation of country office human resources, including rapid appointment of country representatives when necessary and increasing overall staffing numbers, deviating from what was agreed in country programme documents that predated the crisis.

54. See evaluation matrix EQ2, A4, Annex X.
55. UNOCHA, Evaluation of OCHA Response to the Syria Crisis, March 2016. Available at: www.unocha.org/sites/dms/Documents/OCHA%20Syria%20Evaluation%20Report_FINAL.pdf.
56. Multiple UNFPA, United Nations agency, government and NGO key informants.

In **Syria**, UNFPA was slow to scale up and did not expand significantly until 2015.[57] In 2011 and 2012, Syrian other resources remained below $3 million, increasing to $10 million in 2013 (when Syria was declared a level 3 crisis), decreasing to $7 million in 2014 and increasing again in 2015 to $14 million.[58] Additionally, the Syria Country Office Country Programme Document 2007–2011, closely aligned to the National Development Plan and primarily focused on policy, advocacy and legislative reform, was extended each year until 2015 and UNFPA continued to work with the same partners. It was only with the publishing of the Country Programme Document 2016-2017 that a transition to a humanitarian response became apparent.[59]

Since then, UNFPA has undertaken continuous investment in human, technical and financial resources to address humanitarian needs in Syria. Many stakeholders consulted noted that limits to in-house capacity (including a lack of humanitarian technical skills, funding and clear-response strategy) impeded the presence and leadership of UNFPA until 2015.[60]

In **Turkey**, UNFPA was operating under a framework led and controlled by the Government of Turkey and supported by UNHCR, where both leading entities and other United Nations agencies were unprepared for the scale of the crisis in terms of numbers of refugees and length of time they remained in the country.[61] The 2014 UNFPA Independent Country Programme Evaluation stated that UNFPA had "effectively activated its emergency response mechanisms in the Syrian crisis".[62] However, this is not consistent with primary evaluation data from respondents both within and outside of UNFPA who report that UNFPA Turkey was not adequately prepared to respond to the crisis in 2011. It had limited humanitarian expertise and not enough support or funding from UNFPA headquarters or the EECARO Regional Office, while also being dependent on a Government of Turkey call for support.

57. Syria Country Office key informants.
58. See Annex VIII for financial information.
59. UNFPA, Country Programme Document for the Syrian Arab Republic, DP/FPA/CPD/SYR/8, 30 November 2015.
60. UNFPA, United Nations and NGO Syria key informants.
61. Multiple United Nations agency, UNFPA, government and NGO key informants.
62. UNFPA, Independent Country Programme Evaluation: Turkey 2011–2015, New York: Evaluation Office, October 2014.

The 2011-2012 Turkey response was exclusively camp-based and restrictions in access to the camps by the Government of Turkey were reported to constrain effective and efficient programming. As the context transitioned to one of predominantly out-of-camp refugee populations after 2012, UNFPA changed its modality of working, for example by introducing the WGSS model.

In **Lebanon**, UNFPA initially struggled to scale up in 2011 and 2012. Although UNFPA headquarters and the ASRO Regional Office provided important initial financial and technical support, ensuring an ability to meet basic responsibilities for the distribution of RH supplies and dignity kits (e.g. 22,422 dignity kits were distributed in 2012),[63] there was insufficient support to manage the political shifts necessary to become a significant humanitarian partner in Lebanon in 2011 and 2012. The Lebanon Country Office budget remained under $2 million[64] and programming primarily focused on longer-term development. By 2012, no services were supported to address GBV among the Syrian population, only 3,650 women accessed RH care and 1,750 men accessed sexually transmitted infection treatment supported by UNFPA (compared to an estimated 144,000 men and women who accessed RH services supported by UNFPA in 2017).[65]

The good relationship between UNFPA and host governments prior to the crisis was beneficial in some countries. In **Turkey**, the close relationship between UNFPA and the Government of Turkey allowed the Turkey Country Office to keep pace with, and adapt to, the changing refugee and NGO policy environment in Turkey. Turkish legislation for refugees and NGOs has changed significantly since the start of the Syrian crisis, with a Law on Foreigners and International Protection being passed in 2013 in tandem with the establishment of the Directorate General of Migration Management. Furthermore, the Temporary Protection Regulation relating specifically to Syrian refugees was passed in 2014. Many evaluation respondents noted the positive relationships between the Turkey Country Office, the Ministry of Health and the

63. Data provided by UNFPA Lebanon Country Office summary analysis.
64. See Annex VIII for financial information.
65. Data provided by UNFPA Lebanon Country Office summary analysis.

Ministry of Family and Social Policy.[66] They also said that it is typically well informed of any relevant impending legislation, with one United Nations agency reporting that UNFPA "generally know what new legislation is about to be passed before others and are diligent in sharing this information".[67]

In **Iraq**, the good relationship between UNFPA and relevant directorates of health in each governorate allowed immediate discussion with those directorates in relation to the rising refugee populations, resource provision and capacity-building for service providers.[68]

In **Lebanon**, UNFPA had been in the country for almost two decades by the onset of the crisis, with a resulting understanding of the national context and ability to operate within it, if primarily from the development side.[69] UNFPA is well respected by the Ministry of Social Affairs and the Ministry of Public Health,[70] such that, as the Government of Lebanon scaled up its attention to the refugee response and the response itself expanded to include a broader profile of needs, UNFPA played an important role in terms of advocating for attention to SRH and GBV. It also ensured that attention to needs was embedded in existing service delivery structures, with standards contextualized to the setting.[71] In response to recommendations made by the Independent Country Programme Evaluation: Lebanon[72] in 2014, the Lebanon Country Office has led data collection on SRH and GBV, including conduct of needs and impact assessments, service mapping, rapid evaluations and exit interviews with beneficiaries. One key informant shared the sentiment that UNFPA has (particularly within the last two years) "found its footing"[73] in the refugee response.

The small in-country presence of UNFPA prior to the crisis was detrimental in some countries. In **Iraq**, the limited presence of UNFPA in 2011, coupled with the widespread anticipation that the Syria crisis would be limited in its extent and duration, led to only a gradual (and, ultimately, insufficient) ramping up of activities throughout 2011 to 2013. Additionally, due to the small number of refugees as compared to surrounding countries, Iraq was not considered a priority country for the Syria refugee response prior to 2014. Thus, initial activities were limited and the response was "slow to start".[74]

In **Lebanon**, the absence of a UNFPA country representative at the onset of the crisis reportedly presented challenges in terms of the initial ability of UNFPA "to take a seat at the table",[75] although respondents also reported that this has changed over time. Similarly, in **Syria**, respondents indicated that increased capacity of the Syria Country Office from 2015 was directly linked to new senior management[76] that provided a level of stability and leadership that was required for expansion.[77] In **Jordan**, until the start of the Syria crisis, the Jordan Country Office consisted of a staff of ten people, with no international country representative, and a budget funded mostly from regular resources amounting to under $1 million a year. This had an impact on representation at the United Nations system-wide level and on the ability to scale up quickly.

Finding 5: UNFPA has many programmatic mechanisms in place to systematically adapt interventions to changing needs, but overall operational systems are inadequate within normal UNFPA architecture.

All countries demonstrated capacity and systems to continually adapt and revise programming based on shifting needs across time. This is evidenced by the development of programmes within all country offices based on changing needs and increasingly nuanced identification of needs.[78] For example, there has been an emergence of work targeting adolescent girls across the Whole of Syria approach as well as Lebanon, Iraq and Jordan, recognizing the increasing risk for girls in displacement the longer the displacement lasts, with UNFPA responses adapting to this increased risk.

66. United Nations agency and government key informants.
67. Other United Nations agency key informants.
68. UNFPA key informants.
69. Other United Nations agency and donor Lebanon key informants.
70. Government of Lebanon key informants.
71. Various Lebanon key informants.
72. UNFPA, Independent Country Programme Evaluation: Lebanon 2010–2014, June 2014.
73. UNFPA key informant.
74. UNFPA key informants.
75. Other United Nations agency key informant.
76. From 2012 to 2015, three people held the position of UNFPA representative until the current one was recruited in 2015.
77. Other United Nations agency, UNFPA and NGO key informants.
78. See evaluation matrix EQ2, A5, Annex X.

For the **Whole of Syria approach**, cross-border operations from Jordan and Turkey have adapted over time due to changing circumstances, security, conflict lines and negotiated access, in line with the overall changing United Nations cross-border response. The UNFPA cross-border operations from Jordan and Turkey have adapted over time to numerous challenges, attempting to ensure that life-saving SRH and GBV services continue to be delivered. The southern Syria context was particularly fluid up until mid-2017, with the first half of 2017 seeing heavy aerial bombardments, changing conflict lines and mass population movement until the July 2017 ceasefire was agreed and the de-escalation zone established.[79] The changing locations and dynamics of the conflict impacted on cross-border operations from Amman.[80] Between 2014 (when cross-border operations first started from Jordan) and 9 July 2017 when the de-escalation zone was established, the context of southern Syria was one of often-changing needs, access and security. Cross-border GBV programming from Turkey changed when two established GBV-focused INGOs ceased operating in 2015[81] and UNFPA was obliged to change its modality of operation to working with many small, non-GBV-specialized Syrian NGOs. Most of these national actors were unfamiliar with GBV programming, so a strategy of "building up from basics"[82] was implemented by UNFPA for both direct partnerships and through the GBV sub-cluster. The SRH support – through UNFPA directly to partners and through the RH working group – has focused on minimum standards as provided by MISP, updating protocols inside Syria, and midwifery training.[83]

In **Syria** itself, the Syria Country Office has demonstrated growing capacity, flexibility and adaptability by responding to new and emerging crises and displacements to become a front-line responder in Syria. A number of donors, United Nations and NGO stakeholders have commended the Syria Country Office for shifting resources and adapting modalities to respond to this ever-changing environment, particularly in newly accessible areas.[84] UNFPA regularly participates in convoys to besieged areas providing RH kits, dignity kits, pharmaceuticals and medicines as part of the inter-agency delivery of cross-line assistance. Service delivery is part of the acute response to newly accessible areas and is conducted by implementing partner mobile SRH and GBV services, for example Aleppo in 2016, Ar-Raqqa and Afrin in 2017, Eastern Ghouta and, most recently, Dara'a in 2018.

In **Jordan**, UNFPA programming (in both camp and urban settings) has adapted over time in accordance with changing needs, changing contexts, changing actors and in line with the comparative advantages of UNFPA. Evidence for UNFPA programming adapting to changing needs within camp settings is demonstrated by such examples as the youth centre in Za'atari camp, which was created due to an understanding of the lack of substantive programming for youth and their increasing needs as their length of stay in Za'atari became protracted.

A further adaptation based on evolving needs, as reported by youth beneficiaries of UNFPA programming, was the handing over of the day-to-day running of the youth centre to Syrian volunteers. Youth accessing the centre provided verbal feedback on the restricted opening hours of the centre. Once handed over to Syrian volunteers, the opening hours of the centre could be extended later into the evening after international staff left the camp.[85]

Outside of camps, the Jordan Country Office has continued to advocate for free-of-charge services for Syrian refugees in out-of-camp/host communities and has partnered with the Higher Population Council[86] for studies to provide evidence upon which to base policy advocacy. UNFPA has

79. International Crisis Group, Keeping the Calm in Southern Syria, Middle East Report No. 187, 21 June 2018.
80. On 7 July 2017, the United States of America, the Russia Federation and Syria (including Jordan) agreed a ceasefire and a de-escalation zone across south-western Syria. www.securitycouncilreport.org/chronology/syria.php, Security Council Report, 2 August 2017.
81. Medical Relief for Syria and the International Rescue Committee were working cross-border from Turkey before the Security Council Resolution authorized United Nations agencies to work and before formalized coordination was established under UNFPA leadership of the GBV sub-cluster and the RH working group. However, due to sensitive reasons, operations for both organizations ceased for Turkey and cross-border operations in 2015.
82. UNFPA Turkey key informant.
83. UNFPA in conjunction with the RH working group in Gaziantep organized an 18-month training programme for 18 midwives from Syria in 2016–2017 in response to maternal health-care needs in northern Syria.
84. Various Syria key informants.
85. UNFPA, other United Nations agency and NGO Jordan key informants.
86. The Higher Population Council is a specialized agency of the Government of Jordan, acting as the authority for all RH issues and programmes in Jordan.

been able to adapt programming in line with the changing policies of the Government of Jordan with regard to Syrian refugees in urban areas and access to health services. Syrian refugees – who are registered with a UNHCR card and a valid Ministry of Interior service card – were entitled to free health services until November 2014. The Government of Jordan then changed its policy and Syrians were required to pay for services. Costs have not yet been fully removed despite the advocacy attempts by UNFPA and partners.

In **Iraq**, UNFPA has mechanisms to ensure flexible and adaptive programming in line with needs, with systems that have progressively developed at all levels over the course of the refugee response to tailor programming and to ensure that needs are met in a flexible and effective manner.

GOOD PRACTICE: ADAPTIVE MECHANISMS IN IRAQ

Field level: Safety audits conducted by implementing partners twice a year in camp settings to establish that services and facilities are compliant with good protection practice.

Governorate level: Daily contact with implementing partners and government stakeholders to ensure prompt feedback on programming and needs.

Country level: Joint assessments (as part of GBV sub-cluster to contribute to the annual Humanitarian Needs Overview.

With respect to the refugee response in **Turkey**, UNFPA developed its programming from an initial 2011/2012 limited camp-based response, (restrictions on access to the camps by the Government of Turkey were a significant constraint to effective and efficient programming) to urban-based out-of-camp programming from 2014.

In 2013, UNFPA opened a new sub-office in Gaziantep to better support the response through closer proximity to the Syrian border (and other actors operating from Gaziantep). The Turkey Country Office adaptation – from commodity supply and capacity-building of government counterparts within camps to direct service provision through implementing partners, together with continuing capacity-building and commodity supply – highlights a flexible response to changing circumstances. In addition to the changing modality of support, UNFPA also moved refugee response staff from the Gaziantep office to Ankara as the refugee population became largely out-of-camp and the refugee response in general moved from a south-east focus to a country-wide focus managed from Ankara. In 2017, UNFPA increased its own monitoring capacity with the introduction of field associates across Turkey. Field associates "provide quality assurance – they are our eyes and ears on the ground".[87] This has increased the perception (as expressed by key informants in the Ministry of Health) that UNFPA is a "fast-moving agency" able to flexibly respond to changing circumstances.[88]

Overall, operational systems were not in place within normal UNFPA architecture (country office and regional office) to adequately respond to the scale of the regional Syria crisis and the need for the regional response hub reflected this.[89, 90] Thus, the regional response hub itself reflected an ability for UNFPA to compensate for this deficit, but as an ad hoc rather than a systematic mechanism. For example, in **Syria** there were significant delays in recruiting staff due to continued postponements in conducting an HR review originally planned for 2012 but delayed until 2014, with new fixed-term national and international positions placed on hold until the review was completed.[91] In **Lebanon**, the Lebanon Country Office requested additional fixed-term appointments in 2014, but reported delays at headquarters and at regional level led to these not being approved until 2017. This resulted in UNFPA Lebanon operating largely with surge, service contract holders and short-term consultants. Some

87. UNFPA key informant.
88. UNFPA and government key informants.
89. Various UNFPA Jordan Country Office, Turkey Country Office, Iraq Country Office, Lebanon Country Office, Syria Country Office, ASRO and headquarters key informants.
90. UNFPA systems will be discussed further under EQ8.
91. UNFPA, 2014 Annual Report – Syrian Arab Republic, 18 December 2014.

positions have remained vacant[92] since 2016 and other positions have been filled via short-term mechanisms, contributing to high turnover of these staff as they complete their duty cycle.

As a solution to the systemic inflexibility of the existing systems of UNFPA, the creation of the regional response hub in 2013 was both timely and based on accurate internal UNFPA insights regarding the scale and potential prolonged duration of the crisis.

The concept of the regional response hub was first discussed within UNFPA in a November 2012 meeting (the Syria crisis having started in July 2011). The regional response hub was deemed necessary, located in Amman, to focus on "representation, visibility and resource mobilization"[93] (recognizing the lack of high-level representation within country office structures within the region and the inflexibility of UNFPA recruitment systems to rectify that quickly).

The regional response hub was established before the Syria crisis was declared a level 3 emergency in January 2013 and before cross-border operations were authorized in July 2014 by UNSCR 2139. The initial purpose of the regional response hub was not just to coordinate UNFPA cross-border activities under the Whole of Syria approach, but rather to ensure adequate mobilization of resources and UNFPA presence at the growing number of inter-agency coordination and decision-making forums in Amman. Before the establishment of the regional response hub, UNFPA was one of the few agencies not to have some form of regional presence in Amman.

During the November 2012 meeting, UNFPA management recognized that "[t]he existing contractual modalities in UNFPA do not meet our needs to respond to humanitarian situations"[94] and the establishment of the regional response hub was intended to ensure that UNFPA could become as relevant and effective as possible to the emerging and escalating Syria crisis.

92. A communications post and a youth specialist.
93. Various UNFPA internal documents including: UNFPA, 'Report on meeting to strengthen UNFPA response to the Syria crisis, 08–12 November 2012, in Geneva, Switzerland', 2 December 2012.
94. UNFPA, Proceedings of Meeting to Strengthen UNFPA Response to the Syria Crisis November 8–12 in Geneva, Switzerland, n.d.

Finding 6: Overall, the Syria regional response has effectively leveraged the comparative strengths of UNFPA across both stand-alone and integrated GBV and SRHR programming.

GOOD PRACTICE: THE REGIONAL RESPONSE HUB

The majority of UNFPA respondents (across Syria response countries, ASRO and headquarters) report that the existence of the regional response hub has overall been beneficial to the ability of UNFPA to respond relevantly to the needs of Syrian women and girls.

"It [the creation of the hub] was bold and moved UNFPA in a direction where we want to aspire and where we want to be."

"There is a big added value in the hub … which has a very focused approach … the hub was a very good way to go."

"The hub has, in a way, been good for a unified voice and unified funding for refugees – this is the main benefit."

"We would not have had the same quality with the regional office as it would be overstretched … this was added value."

Across the five countries, external respondents generally highlighted UNFPA expertise on GBV and SRHR as a comparative strength of the agency[95] and one effectively leveraged (to a greater or lesser extent across GBV, SRHR and integrated programming) across time and countries.[96]

In Syria itself, the Syria Country Office has successfully leveraged its comparative advantage on GBV and SRHR with all stakeholders consulted expressing positive

95. Other United Nations agency, donor, government and NGO key informants.
96. See evaluation matrix EQ2, A6, Annex X.

feedback on UNFPA SRHR and GBV work in Syria.[97] UNFPA is viewed as the "go-to" agency on women and girls. This position is supported by strong technical support on GBV from the regional response hub, as the Whole of Syria GBV sub-cluster has developed numerous resources and tools, many of which are utilized in Syria (e.g. the Adolescent Girl Strategy and media training modules for journalists). Respondents considered that UNFPA has worked well to position women and girls at the centre of the response and draw on their global expertise.[98]

In both Jordan and Turkey (in the context of cross-border operations), stakeholders highlighted the comparative strength (technical expertise) of UNFPA in SRHR and GBV as a key added value for cross-border operations across GBV and SRHR services.[99] In Turkey, this was also highlighted as a key added value for the UNFPA leadership of the GBV sub-cluster and the (cross-border) RH working group. However, the GBV response from both Turkey and Jordan is viewed by key stakeholders[100] as more visible than the SRHR response. This view was reiterated by respondents from the regional offices.[101]

In **Iraq**, evidence from key informants and community members indicated that UNFPA has strongly embedded its mandate within its programming and has sought to leverage its position to build effective and robust relationships with public health providers within and outside camps. The work in camps by UNFPA (via RH clinics, WGSS and youth centres) is the most visible aspect of the refugee response work.

In **Lebanon**, the Lebanon Country Office became a leader in collecting data on SRHR and GBV, including needs and impact assessments, service mapping, rapid evaluations and exit interviews with beneficiaries. One example of the evolving improvements of the Lebanon Country Office in efforts to address SRHR is when UNFPA started to work with the Government in 2015 to document maternal mortality in hospitals, adding documentation of infant mortality in 2016. At the time of evaluation research, UNFPA is working with the Ministry of Public Health to develop systems to monitor morbidity and mortality of home deliveries. UNFPA research and data analysis has also made an important contribution to filling the gap around monitoring quality of care in GBV through its leadership in the development of the Sense Maker tool. This tool facilitates measurement of the impact of GBV interventions, which GBV partners have described as a "huge contribution".[102]

Finding 7: Despite an effective leveraging of GBV expertise, the inconsistent understanding and application of the inclusion of men and boys within GBV responses across different contexts by UNFPA has undermined its comparative strength in this area.

Iraq, Lebanon, Jordan, Syria and Turkey have all demonstrated a different understanding of programming for men and boys within a GBV response across time and across countries, with some promoting inclusive GBV programming for women, men, boys and girls (e.g. utilizing WGSS for men's activities, at different times to women's and girls' activities, contrary to recommended practice) and others adhering to GBV interventions more focused on women and girls. The lack of consistency across countries has impacted on the credibility of UNFPA as a GBV leader with donors and other United Nations agencies.[103]

In **Syria**, UNFPA GBV and SRHR programmes primarily target women and girls, but some respondents noted the need for UNFPA to clearly articulate how (or if) it works with men and boys.[104]

In **Jordan**, the use of WGSS for men's activities arose from a concern that men and boys were not being adequately reached and partially from a direct demand from men and boys in the camp community. However, this is not considered good GBV practice because it is not safely and ethically aligned with meeting the needs of women and

97. Other United Nations agency, donor, government and NGO key informants.
98. Other United Nations agency, donor, government and NGO key informants.
99. Other United Nations agency, NGO, and donor Jordan and Turkey key informants.
100. Donor, and other United Nations agency key informants.
101. UNFPA key informants.
102. NGO Lebanon key informants.
103. See evaluation matrix EQ2, A6, Annex X.
104. Various Syria key informants.

girls.[105] With men accessing a WGSS, even if activities are segregated, some women and girls will not be able (or willing) to access that space. While engaging men and boys through social norms work and involving them as allies is important for GBV prevention, the consensus of good practice dictates that this be done through outreach, training and other engagement at the community level, rather than infringing upon the integrity of a WGSS.[106] A targeted programmatic focus on men and boys in terms of service provision (including psychosocial support) is better positioned within existing youth, mental health and psychosocial support and child protection/protection programming.

In **Turkey**, government partners highlighted and commended the strong focus on women and girls by UNFPA.[107] The WGSS model is used for solely women's and girls' activities, while UNFPA SRHR support is offered to men, boys, women and girls. When all WGSS are fully integrated into migrant health centres (primary health centres for all populations), they will remain a women-and-girls-only space. With respect to men and boys, the Turkey Country Office is balancing its own comparative advantages and strengths, and alignment with UNFPA global strategies, with demands from communities and partners.

In **Jordan**, UNFPA GBV programming suggested a reaction by UNFPA to a lack of provision of services for men from other actors, rather than concentrating resources on its own core demographic targets. The evaluation noted examples of pressure being applied to UNFPA (e.g. from donors (the European Community Humanitarian Aid Office - ECHO) and from UNHCR) that GBV programmes should include services for survivors who are men and boys, or for an expansion of services to those outside of the UNFPA core demographic. As noted above, this is potentially harmful in terms of consistent and clarified understanding of the focus on the rights and needs of women and girls in GBV programming.

In **Lebanon**, the Lebanon Country Office has added men and boys to its GBV portfolio by developing male engagement peer-to-peer training tools that focus on gender equality, GBV and family planning. These tools have been rolled out by trained male outreach workers through ten UNFPA implementing partners. Women participating in evaluation focus group discussions in Lebanon noted that this outreach has been beneficial in terms of helping men to understand the value of family planning.[108] The male peer-to-peer trainers interviewed for the evaluation appreciated the value of the work, although the extent to which they have embraced and understood their responsibilities for addressing the specific element around social norms change related to GBV was not clear. However, in general this was considered by respondents to be a good initiative that does not dilute the focus of GBV programming on women and girls.

105. UNFPA, Women & Girls Safe Spaces: A Guidance Note Based on Lessons Learned from the Syrian Crisis, UNFPA Regional Syria Response Hub, 2015. Available at: http://gbvaor.net/wp-content/uploads/2015/03/UNFPA-Women-and-Girls-Safe-Spaces-Guidance-2015.pdf.

106. Ibid.

107. Government of Turkey key informants.

EVALUATION QUESTION 3: COVERAGE

To what extent did UNFPA interventions reach the population groups with greatest need for SRH and GBV services, in particular the most vulnerable and marginalized?

FINDINGS

8. UNFPA consistently and strategically prioritizes hard-to-reach areas and most vulnerable populations and there is evidence of coordination of this across different country offices.

9. UNFPA has a limited focus on people with disabilities, but it has made increasing efforts in recent years to address this together with other issues of exclusion and marginalization.

Finding 8: UNFPA consistently and strategically prioritizes hard-to-reach areas and most vulnerable populations and there is evidence of coordination of this across different country offices.

All countries in the Syria response evaluation (Iraq, Lebanon, Jordan, Syria and Turkey) have demonstrated clear strategic thinking in terms of geographical coverage, either to the hardest-to-reach populations and areas, or to reach the most refugees/IDPs. Respondents external to UNFPA (other United Nations agencies, donors, governments and NGOs) have acknowledged the efforts of UNFPA in this regard.[109]

The **Whole of Syria** coordination mechanism operates within a challenging context to ensure geographical coordination between different partners operating from both the Turkey inter-agency hub and the Jordan inter-agency hub in southern Syria. Partners from the Turkey inter-agency hub operate in southern Syria – specifically rural Damascus and Dara'a, which is also covered by partners from Jordan and from the Syria Country Office. These actors, operating from different inter-agency hubs (Turkey, Jordan and Damascus), are coordinated through the Whole of Syria approach, with no evidence of overlap or duplication between the inter-agency hubs. While UNFPA Gaziantep partners may operate in southern Syria, they are not also members of the Amman inter-agency hub as these partners operate from Gaziantep only.

However, coordination of this approach with the Syria Country Office has been more complex due to its location in territory controlled by the Government of Syria, with programming implications when certain areas shift back to Government control and services switch from partners operating from Turkey and/or Jordan to Damascus-supported partners. Specifically, UNFPA has lacked contingency planning for this shift in coverage and modality.[110] As the crisis has progressed, inter-agency hubs operating outside of Syria – across all United Nations agencies – have expressed concerns related to sensitivity of information concerning cross-border operations, which has been perceived as being difficult to share with Damascus. [111]The safety and confidentiality of partners and facilities is of critical importance. While lack of open communication between Damascus and the other inter-agency hubs has led to tensions and inefficiencies, a number of respondents in Amman and Gaziantep noted ongoing concerns around access to sensitive information by parties to the conflict that necessitate these limits.

Inside **Syria**, respondents reported that the Syria Country Office is increasingly able to reach those in greatest need,

107. Lebanon focus group discussion participants.
109. See evaluation matrix EQ3, A7, Annex X.
110. UNFPA key informants.
111. UNFPA and other key informant respondents, Amman and Gaziantep.

but this access is always variable, as is partner capacity, coverage and funding. Until 2015, UNFPA partnered predominately with three organizations to provide GBV and SRH services.[112] This increased to 7 organizations in 2015, 10 in 2016 and 12 in 2017, enabling them to increase geographic coverage. Until 2016, large parts of the country were not accessible from Damascus, limiting the Syria Country Office response, but this shortfall was supported through cross-border operations. Since then, there has been a shift in control of large areas of Syria that are now under the control of the Government of Syria that has resulted in increased coverage by the Syria Country Office as humanitarian access from Gaziantep and Amman inter-agency hubs have diminished.[113] By 2018, the Syria Country Office reported that it was able to access nearly 80 per cent of the country,[114] supporting partners to provide services in 12 governorates (albeit inconsistently in some locations).[115,116,117] Modalities for humanitarian assistance vary and coverage is heavily influenced by partner capacity, funding and competing emergency responses. Selection of priority locations is undertaken in coordination with UNOCHA and based on the Humanitarian Needs Overview severity scales.[118]

Numerous stakeholders noted that fluctuating access and competing needs in different areas require constant revision and flexibility in approaches[119] and highlighted that UNFPA has a good presence in newly accessible areas, including (as of 2018) Eastern Ghouta, Raqqa and, most recently, Dara'a. Notwithstanding the changing lines and shifting accessibility from inter-agency hubs outside of Syria to Damascus, UNFPA Whole of Syria has a well-functioning mapping system for both GBV and (to a lesser extent) SRHR to ensure that geographical coverage is as comprehensive as possible, given overall security and access constraints.

From Amman, **Jordan**, the Jordan Country Office has been successful in its geographical strategy. Stakeholders interviewed widely acknowledged that UNFPA services are reaching some of the hardest-to-reach areas in southern Syria,[120] going beyond Dara'a where many other humanitarian actors are present, and extending service delivery in Quneitra and rural Damascus, which is a deliberate effort to reach the most vulnerable: "UNFPA often choose to operate where other people aren't."[121] From Gaziantep, the UNFPA cross-border RH and GBV responses have functioning mapping systems and coordinate all partners working across all accessible areas of northern Syria from Turkey.

In **Iraq**, the refugee response by UNFPA is also focused on the areas with the highest concentration of Syrian refugees (eight of the nine dedicated refugee camps in the Kurdistan Region of Iraq), although they constitute only 36 per cent of the refugee population in Iraq. The Iraq Country Office has pursued a strategy of targeting most of its refugee-related resources to the eight refugee camps,[122] thereby minimizing dilution of resources among host communities and IDP populations.[123] The Iraq Country Office has also sought to extend coverage of RH and GBV services to refugees within host communities through support to primary health centres in non-camp settings with a high presence of refugees.[124] The rationale of UNFPA for its primary focus of support on refugee camps was that the most vulnerable families with the fewest independent resources would seek entry there. The testimonies of key informants and inhabitants of the camps themselves support the validity of this rationale.[125]

112. UNFPA, 2011 Annual Report: Syrian Arab Republic (53800), 16 January 2012; UNFPA, 2012 Country Office Annual Report: Syrian Arab Republic, 20 January 2013; UNFPA, 2013 Country Office Annual Report: Syrian Arab Republic, 19 December 2013; UNFPA, 2014 Annual Report: Syrian Arab Republic, 18 December 2014.
113. United Nations agency and UNFPA key informants.
114. UNFPA key informant interviews.
115. UNFPA key informant interviews.
116. GBV services in 12 governorates: Aleppo, Al-Hasakeh, Ar-Raqqa, As-Sweida, Damascus, Dara'a, Deir-ez-Zor, Hama, Homs, Lattakia, Rural Damascus and Tartous. http://pcss.syriadata.org/HubDashboards/PCSSInterventions_Governorate_2018.aspx. Protection and Community Services Sector, n.d.
117. www.ocha-sy.org/4wsresponse2018.html. UNOCHA, 10 March 2018.
118. "In Syria, humanitarian responses are based on geographical prioritization from the inter-sector severity categorization tool seeks to identify the areas across Syria where humanitarian needs are more acute, given a convergence of factors including: besiegement, displacement, exposure to hostilities, and limited access to basic goods and services." Source: 'Source: UNOCHA, 2018 Syria Humanitarian Needs Overview, 2017.
119. United Nations agency and UNFPA key informants.
120. United Nations agency and donor key informants.
121. United Nations agency key informant.
122. The ninth camp, Akre, has only 1,158 inhabitants – less than 2% of the total camp-based refugee population.
123. UNFPA, government key informants.
124. The 3 per cent who are outside the Kurdistan Region of Iraq are in south and central Iraq and were reported by UNFPA and UNHCR to be exclusively living on their own resources and not in significant need.
125. Various Iraq key informants and focus group discussion participants.

In **Turkey**, the Turkey Country Office has designed the refugee response based on areas of highest refugee concentration, which has informed programming coverage.[126]

Refugees in **Lebanon** are scattered across the country, presenting particular challenges. The Lebanon Country Office has achieved national coverage through its capacity-building efforts for social workers and health-care providers, as well as its community-based programming including volunteer outreach and peer-to-peer training. The Lebanon Country Office has also used inter-agency vulnerability criteria and service mapping to prioritize areas with limited services and critical funding gaps. Its approach supports national partners to capitalize on limited resources for the broadest reach and utilizes mobile medical units in the hardest-to-access locations.

The 2014 Independent Country Programme Evaluation: Lebanon recommended that operations should "seek to establish links with the grass-roots level".[127] The Lebanon Country Office subsequently developed a strategy for support to GBV programming that implements this recommendation via small grants to a number of national NGOs. As an important step in enhancing a national network of civil-society providers, UNFPA has identified promising NGOs already working in underserved areas that can be further supported to scale up GBV interventions. Several stakeholders noted that this is a "promising" approach. [128]

In **Jordan**, UNFPA has focused on camp-based populations (in Za'atari and Azraq camps) while simultaneously providing services to out-of-camp populations. The Jordan Country Office has also been able to reach those in the Berm, an extremely hard-to-reach population group located on the north-eastern border area between Syria and Jordan.[129]

Finding 9: UNFPA has a limited focus on people with disabilities, but it has made increasing efforts in recent years to address this together with other issues of exclusion and marginalization.

UNFPA respondents from all countries acknowledged a lack of focus on disability during the response, although with an increasing focus since the beginning of 2018.[130] For other issues of inclusion, UNFPA has exhibited sporadic examples of inclusion programming (such as the Turkey key populations programme highlighted in evaluation question 1) and has targeted adolescent girls, with programming in Lebanon and Turkey and within Syria through the Whole of Syria Adolescent Girls Strategy.[131] However, there is no evidence of consistent use of disaggregated data across gender or age, or of using other factors of exclusion or marginalization to inform programming.[132]

For the **Whole of Syria** response, the Syria Country Office has had limited focus on disability, despite the estimated 2.9 million[133] persons with disabilities within Syria. Increased vulnerability to GBV related to disability has been highlighted in successive humanitarian needs assessments but responses remain poor with, for example, few health facilities or WGSS being disability-friendly (via facilitation of physical access, provision of specific services, etc.).[134] For the cross-border operations into Syria from Turkey and Jordan, the 2017 Department for International Development review of the UNFPA Whole of Syria programme suggested:

> **"UNFPA should develop a better understanding of the beneficiaries being reached by this programme, and who is currently not able to access services (age, disability, access and transport issues other) … [and] … We recommend that UNFPA support more disability inclusive programming."[135]**

126. UNFPA, implementing partner, government and beneficiary key informants and cross-referencing UNFPA sites with UNHCR map of refugee concentration.
127. UNFPA, Independent Country Programme Evaluation: Lebanon 2010–2014, June 2014.
128. Lebanon key informants.
129. The Berm is the border area between Jordan and Syria. It is a no-man's-land on the north-eastern border between Syria and Jordan, where an estimated 45,000–50,000 Syria people are unable to cross over into Jordan and unable to return to their points of origin in Syria. See: https://data2.unhcr.org/en/documents/download/53298.
130. See evaluation matrix EQ3, A8, Annex X.
131. UNFPA, Whole of Syria GBV Area of Responsibility and Health Cluster Turkey Hub, Listen, Engage and Empower: A Strategy to Address the Needs of Adolescent Girls in the Whole of Syria, UNFPA Regional Syria Response Hub, November 2017.
132. Ibid.
133. UNOCHA, 2018 Syria Humanitarian Needs Overview, 2017.
134. Other United Nations agency, UNFPA, donor, NGO and government key informants.
135. Department for International Development, Annual Review – Summary Sheet: Support to the United Nations Population Fund (UNFPA) for the Syria Crisis, December 2017.

UNFPA **Lebanon** has no specialized programming for persons with disabilities and it was generally considered by interviewees that persons with disabilities are underserved. The Lebanon Country Office organized workshops at the beginning of 2018 with partners to discuss disability inclusion and has since included a target in project reporting for an implementing partner in Bekaa on the number of persons with disabilities reached with referrals.[136] However, there is as yet limited systematic work from the Lebanon Country Office on disability and no disaggregation of disabilities or other parameters, nor is data collection about numbers of beneficiaries with disabilities currently widespread across projects.

In **Turkey**, the WGSS and youth centres supported by the Turkey Country Office vary in terms of accessibility. Location is chosen based on proximity to refugee communities, which are predominantly in poor areas of cities with buildings that lack elevators or disability-friendly access. Older urban areas in Turkey are even less disability-friendly, with narrow uneven streets unsuited to wheelchairs and those with mobility challenges. UNFPA and partners are aware of this limitation and are increasing access where possible.[137] They are also starting to provide outreach counselling at home and pay for taxi transportation for those with disabilities to facilitate their access to centres.[138] When all WGSS are integrated within Ministry of Health migrant health centres, the stated intention is that they will comply with Ministry of Health standards and regulations in terms of disability access. The issue has been discussed with the Ministry of Health during health sector meetings, not just in relation to those with physical (motor) disabilities, but also those with disabilities such as verbal/hearing. Furthermore, UNFPA is now better able to disaggregate data per the Washington Group on Disability Statistics question sets, with the introduction of a new online data management system as of 2017. [139,140] This system allows greater disaggregation of beneficiary data including disability indicators.

In **Iraq**, the Iraq Country Office likewise has limited focus on people with disabilities, with UNFPA-supported WGSS and youth centres varying in terms of physical- and service-related accessibility. Centres are located within refugee camps, which in many cases lack disability-friendly access. While UNFPA and partners are aware of the presence of disability among the refugee populations, and are nominally inclusive of all people, there are no specific or proactive efforts to include them in services, such as outreach counselling and providing transportation for those with disabilities to facilitate access to services.[141] UNFPA Iraq does not disaggregate data in terms of disability, nor does it have any 3RP programmatic indicators related to disability.[142]

In Jordan, there is also a lack of focus on persons with disabilities from the Jordan Country Office to date. In 2017, the UNFPA co-led SGBV sub-working group[143] conducted a GBV gap analysis that specifically highlighted gaps in working with women and girls with disabilities. In the new UNFPA Country Programme Document 2018-2022, the Jordan Country Office noted that consideration should be made to how to be more inclusive of women and girls with disabilities across all programming. In 2016, the youth partner of UNFPA, Questscope, reported on a short initiative to be more inclusive of youth with disabilities. However, this proved to be financially unsustainable: while the youth centre (in Za'atari camp) itself was disability-friendly, with ramps and accessible toilets, the barrier was transporting youth with disabilities to the centre, given the terrain within the camp. The initiative hired a van for a short period for this purpose, but the high cost per head made the initiative unsustainable.

All country offices clearly noted their current limitations regarding disability and highlighted plans to improve this from 2018. However, consistent use of fully disaggregated

136. Implementing partner Lebanon key informant.
137. Implementing partner Lebanon key informant.
138. UNFPA, implementing partner and health mediator key informants.
139. UNFPA key informants.
140. The Washington Group on Disability Statistics, Short Set of Disability Questions, n.d.
141. UNFPA and implementing partner key informants.
142. UNFPA key informants.
143. In a refugee context, Jordan is not "clusterized" and therefore instead of clusters and sub-clusters, sectoral programming is organized as working groups and sub-working groups. Across different contexts, UNFPA usually led or co-led the GBV sub-working group, but this is not formalized under the Inter-Agency Standing Committee in the same way that the sub-cluster system is formalized, as UNHCR has ultimate refugee responsibility for refugee settings. In Jordan, the SGBV sub-working group is co-led by UNFPA and UNHCR.

sex, age, disability and other data on factors of exclusion (including intersectionality of those factors) – a first step in ensuring good coverage and demonstrating effectiveness – is widely missing.

There are examples of programmatic focuses on specific populations. For example, the Gaziantep GBV sub-cluster has continually analysed gaps in services.

- The 2015 GBV sub-cluster strategy highlighted ISIS/ISIL violence against Yazidi women and girls.
- The 2016 strategy highlighted that female-headed households were particularly vulnerable.
- The 2017 strategy highlighted specific vulnerabilities for widows and divorcees.[144]

The current Whole of Syria GBV sub-cluster workplan includes a specific Whole of Syria strategy for adolescent girls[145] and a new focus on women and girls with disabilities, with specific indicators included within work planning and monitoring and reporting around this. The GBV sub-cluster has also facilitated learning centres in relation to working with people with disabilities. Partners within the inter-agency hub GBV sub-clusters led by UNFPA reported some changes already, such as moving facilities to ground floors and meeting with Humanity and Inclusion[146] for expert support.[147]

There is no specific attempt to address the issues of LGBTI populations across any of the programmes, apart from the Turkey key refugee population programme started in 2018, and the Lebanon Country Office plan to introduce a reproductive rights needs assessment in 2018 to inform improved response to the LGBTI community.

144. Turkey Hub GBV sub-cluster strategies 2015, 2016, 2017.
145. UNFPA, Whole of Syria GBV Area of Responsibility and Health Cluster Turkey Hub, Listen, Engage and Empower: A Strategy to Address the Needs of Adolescent Girls in the Whole of Syria, UNFPA Regional Syria Response Hub, November 2017.
146. Formerly known as Handicap International.
147. Implementing partner and GBV sub-cluster member key informants.

EVALUATION QUESTION 4: COORDINATION

To what extent has the formal leadership of the GBV Area of Responsibility (at international, hub and country levels) and informal leadership of reproductive health working groups and youth working groups (at hub and country levels) by UNFPA contributed to an improved sexual and reproductive health and rights, GBV and youth-inclusive response?

FINDINGS

10. The Whole of Syria GBV sub-cluster has been effective across all cluster coordination responsibilities, but GBV working groups for refugee responses in the surrounding countries have been inconsistent across geography and time.

11. The Whole of Syria SRHR coordination function has not been invested in or supported to the same degree as GBV coordination and this represents a missed opportunity for UNFPA.

12. UNFPA has not assumed leadership of youth coordination functions in line with its global leadership role within the Compact for Young People in Humanitarian Action.

Finding 10: The Whole of Syria GBV sub-cluster has been effective across all cluster coordination responsibilities, but GBV working groups for refugee responses in the surrounding countries have been inconsistent across geography and time.

UNFPA has invested heavily in GBV coordination for the **Whole of Syria** response through the regional response hub, staffing it with dedicated, experienced and high-level coordination and information management positions. This has produced high-quality evidence, such as Voices (see evaluation question 9 for more information), which in turn supports the Whole of Syria GBV response to ensure that GBV is considered as life-saving as other interventions and attains adequate recognition within consecutive Whole of Syria humanitarian response plans.

The UNFPA Syria regional response hub has successfully led an active Whole of Syria GBV sub-cluster, with strong UNFPA technical representation and continued presence at high United Nations levels that enables strong advocacy on GBV and consistent input to inter-agency products such as humanitarian needs overviews and humanitarian response plans.

The return on investment of dedicated staff at the right level and duration (longer-term contracts rather than surge support reliance) has been demonstrated by the Whole of Syria response. However, this has not translated into a benefit for refugee response GBV coordination of working groups across all countries.

Stakeholders highlighted the clear understanding of both the Whole of Syria GBV coordinator and the Gaziantep (Turkey) inter-agency hub GBV sub-cluster of the purpose of the clusterized coordination forums and how an inter-agency cluster lead role differs from an agency representation role.[148] The Whole of Syria GBV coordinator was a "double-hatting" position as GBV sub-cluster coordinator and Whole of Syria UNFPA GBV adviser until February 2018. Then the incumbent became acting regional response hub head and it thus became a triple-hatting position: regional response hub head, Whole of Syria GBV sub-cluster coordinator and GBV technical adviser.

The Whole of Syria GBV sub-cluster has had an annual strategy since 2015 and UNFPA has invested heavily in the capacity-building of members across both the Amman

148. See evaluation matrix EQ4, A9, Annex X.

(Jordan) and Gaziantep (Turkey) inter-agency hubs. Various tools have been developed to assist partners, such as:

- Best Practices in Reporting GBV: Training Manual for Journalists Reporting on GBV WGSS, 2016
- Clinical Management of Rape Protocol
- Dignity Kits Guidance Note, 2015
- Evaluation of Implementation of 2005 IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings in the Syria Crisis Response, October 2015
- Listen, Engage and Empower: A Strategy to Address the Needs of Adolescent Girls in the Whole of Syria, 2017
- More than Numbers: An Overview of the Situation of Women and Girls, 2016
- Voices from Syria 2017: Assessment Findings of the Humanitarian Needs Overview, 2017
- Voices from Syria 2018: Assessment Findings of the Humanitarian Needs Overview, 2018.
- Women & Girls Safe Spaces: A Guidance Note Based on Lessons Learned from the Syrian Crisis, March 2015
- Reporting on Gender-Based Violence: A Journalist's Handbook, March 2015

The GBV dashboard and qualitative data (the annual Voices report)[149] are well established, well-functioning and credible, with a high utility for both programmatic design and monitoring, and advocacy and funding functions. Voices has been used to promote the necessity of GBV as a life-saving intervention within the Humanitarian Needs Overview and the Humanitarian Response Plan. In addition to this, the GBV sub-cluster has been supporting other clusters to integrate GBV mainstreaming by providing training and capacity-building on using the Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action[150] [the GBV guidelines] across the Whole of Syria response.[151] The Whole of Syria GBV sub-cluster has more than 70 partners and is operating in all 14 Syrian governorates and across 133 (out of 281) sub-districts.[152] Stakeholder feedback is positive about the performance of the Whole of Syria GBV sub-cluster.[153]

In addition to the strong Whole of Syria GBV coordination, the GBV sub-cluster managed from the Gaziantep (**Turkey**) inter-agency hub has strong credibility among partners, other United Nations agencies and inter-agency coordination groups.[154] All evidence indicates that this is due to UNFPA investment in the regional response hub and the subsequent funding opportunities managed by the regional response hub (particularly the large Department for International Development Whole of Syria GBV grant),[155] rather than corporate UNFPA support to the Jordan Country Office or the Turkey Country Office investment in cross-border GBV coordination.

GBV coordination from Turkey has been relatively robust, while from Jordan there has been intermittent and inconsistent UNFPA leadership, and until 2018 with a coordinator whose position was not commensurate with other coordinator positions in the humanitarian response.[156] Therefore, while the GBV sub-cluster coordinator in Gaziantep is a (double-hatting) international P3-level position, the role in **Amman** has been intermittently filled by various national or short-term surge staff.[157] For Gaziantep, several stakeholders questioned whether the coordination success was due more to positive personality dynamics between coordination leadership than to systematically embedded corporate commitment within UNFPA as an organization.

In **Syria**, the Syria Country Office is providing consistent leadership to the GBV sub-sector, with good collaboration and advocacy with the wider coordination mechanisms. The GBV sub-sector was set up in Syria in 2014 and currently has a dedicated inter-agency GBV sub-sector

149. Whole of Syria GBV Area of Responsibility, Voices from Syria 2018: Assessment Findings of the Humanitarian Needs Overview. 2nd ed., November 2017.
150. gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf
151. Other United Nations agency key informants.
152. www.humanitarianresponse.info/en/operations/whole-of-syria/gender-based-violence-gbv. Humanitarian Response, n.d.
153. Other United Nations agencies, sub-cluster members and NGO key informants.
154. Other United Nations agencies, sub-cluster members, UNOCHA and Deputy Regional Humanitarian Coordinator office key informants.
155. Department for International Development, Support to the UNFPA for the Syria Crisis, December 2015–December 2018: £35 million.
156. UNFPA, other United Nations agency and implementing partner key informants in Jordan and Turkey.
157. The Amman GBV sub-cluster coordinator role is currently (from 2018) being filled by a dedicated international position.

coordinator and national information management officer. Before 2014, the Syria Country Office had no dedicated GBV staff and relied on ad hoc support from the regional GBV adviser during short missions between 2012 and 2014.[158] Since 2015, Syria Country Office GBV coordination responsibilities for both inter-agency coordination and programming were assumed by an international GBV specialist until a dedicated GBV coordinator was recruited in 2016. Technical support provided through the GBV specialist and information management specialist based in the regional response hub was reported as highly useful, particularly when there were gaps in full-time staff. Support from the regional response hub was also noted by Syria Country Office stakeholders as crucial in building robust information management systems and remote monitoring capacity.[159] The Syria GBV sub-sector has terms of reference, a workplan and capacity-building strategy and plans that are linked to the Whole of Syria GBV strategy. Interviewees voiced some frustration regarding delays in finalizing the standard operating procedures, referral pathways and information-sharing protocols. There is a capacity-building/training plan for the GBV sub-sector that includes training on case management, basic facilitation, care for survivors, the GBV guidelines and training for journalists.

In **Jordan**, the SGBV sub-working group is co-led by UNFPA and UNHCR and sits "under" the protection working group (led by UNHCR and the Norwegian Refugee Council at the national level). There is a field GBV sub-working group in Za'atari camp that coordinates with both the national SGBV sub-working group and the Za'atari camp protection working group. There is no SGBV sub-working group in Azraq camp because the International Rescue Committee leads on all GBV activities (thus there are no other partners with which to coordinate) and GBV issues are supposedly addressed under the Azraq protection working group. Urban field areas, such as Mafraq and Irbid, have no specific coordination mechanisms per sector, but there is an intersectoral coordination mechanism that consists of both coordination meetings and referral meetings.

Respondents to the evaluation raised concerns that the SGBV sub-working group has become more administrative than technical and additionally that coverage is camp focused.[160] UNFPA and UNHCR have both recognized that insufficient resources have been dedicated to the GBVIMS task force, which sits under the SGBV sub-working group. However, there is a clear 2015-2017 SGBV sub-working group strategy with an associated workplan that identifies challenges/gaps and key thematic priorities. UNFPA investment in the SGBV sub-working group has been inconsistent, with intermittent representation, sometimes dedicated and sometimes double-hatting, and often at a lower professional level than the coordination staff provided by other cluster/working group lead agencies.[161] This was reported as being due to lack of corporate support for Jordan coordination responsibilities, particularly compared to corporate support for cross-border (Whole of Syria) coordination responsibilities.

In **Iraq**, the Iraq Country Office's GBV coordination leadership via the sub-cluster and working groups is currently robust and proactive, although previously human-resource gaps led to challenges in 2017 and early 2018. Stakeholders noted that in 2018 in particular, UNFPA has worked to allay previous concerns of other GBV sub-cluster members around non-participatory decision-making.[162] The overall refugee/IDP response in Iraq is characterized by a functioning cluster system[163] and, early in the refugee response, the UNFPA-led GBV coordination focused on establishing referral pathways and standard operating procedures and appointing GBV focal points within agencies. However, it has become increasingly sophisticated since 2014 and the advent of the Iraq IDP response.

While respondents reported mixed perspectives on the process, outputs and outcomes of the GBV coordination

158. UNFPA, 2014 Annual Report: Syrian Arab Republic, 18 December 2014.

159. Key informants and Syria Independent Monitoring (2016) Assessment of the Monitoring and Evaluation Systems and Processes of DFID Partners.

160. United Nations agencies and implementing partner key informants.

161. While Jordan is a refugee response and therefore not a clusterized situation, the same agencies that bear global cluster coordination responsibilities (cluster lead agencies) generally have the same accountability for working groups/sub-working groups in refugee situations, although under the overall coordination of UNHCR rather than UNOCHA.

162. Other United Nations agency and sub-cluster member key informants.

163. Although UNFPA established the GBV working group in 2013, the cluster system in Iraq was formalized with the level 3 emergency declaration in August 2014.

over the course of the past several years,[164] the Iraq Country Office has sought to develop and embed coordination at multiple levels – for example, the funding of a GBV specialist position with its implementing partner in the city of Dahuk. Implementing partners noted that coordination mechanisms operate more smoothly and effectively at governorate level than at national/Kurdistan Region of Iraq level, again mostly due to the rotation of staff over the course of the duration of the crisis, and the withdrawal of agencies from direct GBV-related work. The presence of UNFPA sub-offices in Dahuk and Sulaymaniyah, in particular, was noted as facilitating regular, active and engaged GBV working group meetings with co-chairing by national stakeholders. Historically, double-/triple-hatting of GBV staff in UNFPA placed a particular burden on coordination mechanisms (including the Real-Time Accountability Partnership for GBV,[165] for which Iraq is a pilot country), but challenges related to this noted by respondents appear to be actively addressed by all coordination actors.

In **Turkey**, UNFPA GBV coordination functions within the limitations of the context – a strongly government-led response with less visible United Nations-led coordination through all sector working groups. Thus, while there are sector working groups as in other refugee situations, they have less influence over, and responsibility for, coordination of the overall response than in other country contexts. There are four refugee response protection working groups (Ankara – national level, Istanbul, Izmir and Gaziantep) and three SGBV sub-working groups (Ankara – national level, Istanbul and Gaziantep).

Given the geographical concentration of refugees from the initial 21 camps in the south-east to out-of-camp settlement, the Gaziantep working group has been the most active for the longest time, with clear annual workplans and from which many tools – for case management, referral forms, pathways and standard operating procedures – have been developed. The Gaziantep working group and UNFPA are advocating on an ongoing basis for the national government-led working group to endorse the products developed within the Gaziantep sub-working group.[166]

The evaluation research identified less clarity from implementing partners about the coordination structures in the refugee response, with some partners reporting UNFPA as not chairing ("it is a round table, everyone explains what they are doing, UNFPA is not directly in a leadership role"[167]). Even United Nations agency respondents provided conflicting information to the evaluation team in terms of leadership and chairing roles.

In **Lebanon**, the UNFPA-led SGBV task force was recognized by interviewees for its strong capacity, organization and influence.[168] Initially, the support to the GBV task force by UNFPA was limited, with coordinators on short-term surge posts until 2014, which contributed to problems of continuity of support. The coordinator in position as of mid-2018 has been in the post for four years, alleviating this issue to a large extent.

Since 2017, UNFPA has stepped in to address urgent gaps identified by the GBV task force. Some concerns, however, have been expressed around the challenges of double-hatting facing the GBV coordinator, who also has responsibility for overseeing the GBV programmes of UNFPA. This is broadly understood to negatively impact capacity for coordination.[169] Lack of field presence means that UNFPA does not regularly participate in subnational SGBV coordination mechanisms. However, respondents reported good communication and reporting lines from subnational mechanisms up to the national SGBV task force.[170]

Finding 11: The Whole of Syria SRHR coordination function has not been invested in or supported to the same degree as GBV coordination and this represents a missed opportunity for UNFPA.

164. Implementing partners, UNFPA, NGO and donor informants.
165. Between UNFPA, UNHCR, UNICEF, UNOCHA, Bureau of Population, Refugees and Migration, Office of U.S. Foreign Disaster Assistance and the International Rescue Committee.
166. UNFPA key informants.
167. Implementing partner key informant.
168. Other United Nations agency and sub-cluster member key informants.
169. UNFPA, other United Nations agency and sub-cluster member key informants.
170. Implementing partner and other United Nations agency and sub-cluster member key informants.

The Syria regional response hub has not provided SRHR coordination functions equal to GBV coordination functions or in line with the mandate and responsibilities of UNFPA. UNFPA programming itself is highly integrated, with SRHR components embedded within GBV programmes. However, this is for UNFPA programming rather than the overall GBV and SRHR responses. The evaluation findings indicate that the lack of an SRHR specialist/coordinator in the regional response hub – equivalent to the GBV position – has resulted in SRHR being less prioritized than GBV in terms of resource mobilization, communications, coordination and technical assistance.[171] Within the Syria Country Office, there was no dedicated UNFPA SRHR coordinator and no SRHR working group until 2018 (SRHR was a standing item in the health sector). Across the whole of Syria, the evaluation team has noted challenges stemming from the lack of coordinated and comprehensive SRHR coordination equivalent to GBV coordination. For example, there are challenges with consistent CMR protocols across the response from the three inter-agency hubs that have not been adequately addressed by the WHO-led health cluster and that, in the absence of a strong comprehensive Whole of Syria SRHR approach coordination forum, have been relegated to GBV.

In the 2017 Syria Humanitarian Response Plan, CMR is recognized as a necessary part of the response strategy within the protection section, with a goal to "expand clinical management of rape services in collaboration with the health sector", but there is no corresponding reference to CMR within the (WHO-led) health section.[172]

As the regional response hub did not establish a Whole of Syria SRHR coordination mechanism equivalent to the Whole of Syria GBV coordination mechanism, there is a discrepancy in the investment in Whole of Syria SRHR coordination by UNFPA compared to Whole of Syria GBV coordination. There is no SRHR working group for the Whole of Syria response. UNFPA Whole of Syria SRHR coordination is currently informally managed by a double-hatting staff member out of the Gaziantep (Turkey) inter-agency hub, but there is no overarching inter-agency Whole of Syria SRHR coordination led by UNFPA.

No agreed rationale for this arrangement was identified by the evaluators. Some UNFPA respondents reported that the discrepancy between GBV and SRHR was a deliberate strategy based on the differentiated formalized UNFPA responsibilities for GBV and RH under the Inter-Agency Standing Committee cluster architecture, while other UNFPA respondents felt that this was an oversight and something that had developed organically based on initial GBV-focused funding received into the regional response hub. [173]

Notwithstanding these (conflicting) understandings, SRHR is coordinated globally through the inter-agency working group, sitting outside of the formalized Inter-Agency Standing Committee system, and at country level is usually an informal RH working group established under the WHO-led health cluster rather than a formal global area of responsibility/country-level sub-cluster in its own right. Respondents considered that this is an important consideration in terms of the perceived and actual global commitment of UNFPA to respective coordination functions. [174] While the initial mandate of UNFPA was focused more on SRHR than on GBV, the assumption of sole GBV Area of Responsibility leadership by UNFPA in 2016 changed the dynamics between SRHR and GBV. Nevertheless, the visibility in leadership of UNFPA among both SRHR and GBV affects stakeholder perceptions of the commitment of UNFPA to SRH and GBV. Within the Whole of Syria response, the evaluation has found evidence based on the testimony of stakeholders that the lack of a SRHR coordination and programmatic position within the regional response hub equivalent to the GBV coordination and programmatic position has resulted in the perception – internally and externally – that SRHR has been sidelined in favour of GBV in the cross-border operations.[175]

For the Amman inter-agency hub cross-border response, the Jordan Country Office has recently (in 2018) invested in SRHR specialists to manage the UNFPA cross-border programme, but again this does not provide any overarching leadership coordination to SRHR work undertaken by other

171. UNFPA key informants. Also see evaluation matrix EQ4, A10, Annex X.
172. 2017 Syria Humanitarian Response Plan.
173. UNFPA Jordan Country Office, Turkey Country Office, ASRO and headquarters key informants.
174. UNFPA key informant.
175. UNFPA, other United Nations agency key informants.

agencies.[176] For the Gaziantep inter-agency hub, UNFPA cross-border programmes and the RH working group are managed by the head of office (triple-hatting), with both the UNFPA direct-support programmes and the RH working group strategy focused on capacity-building for the provision of quality RH services. This working group was established in December 2015 when the UNFPA RH humanitarian adviser arrived (also now the head of office for Gaziantep). UNFPA does not hold the same formalized cluster responsibility for RH as for GBV. The RH working group sits under the health cluster.

In **Syria**, there is no dedicated SRHR working group and the Syria Country Office leadership on SRHR has been demonstrably weaker than on GBV. SRHR is included as a standing item during health sector meetings and UNFPA provides SRHR updates. However, the Syria Country Office did not have a dedicated SRHR coordinator until 2018 and it was only in 2015 that a national SRHR officer was recruited to focus solely on SRHR, including coordination and UNFPA programming. Before this, SRHR sat under the responsibility of an RH/youth officer. In Syria, several respondents expressed that UNFPA had prioritized GBV over SRHR.[177]

In **Jordan**, the RH sub-working group is chaired by UNFPA at the national level and sits under the health working group, with other sub-working groups under health being nutrition, mental health and a community outreach task force. The RH sub-working group at the national level in Jordan is seen to be a useful forum that produces impactful and unified products. The Jordan Country Office leadership of the sub-working group, with an experienced and long-term staff member (although still double-hatting), is respected and appreciated.[178] In Iraq, RH coordination is integrated into the health cluster at national level and is ad hoc at subnational level, but functions well despite the ongoing and worsening resource limitations. Initial considerations in 2012 and 2013 of supporting an independent sub-working group among RH actors were rejected in favour of keeping RH coordination within the health cluster at the Kurdistan Region of Iraq level. Overall, respondents expressed that the RH meetings (as part of the health cluster or independently) provide good opportunities to update stakeholders and avoid duplicating/identifying gaps and presenting occasional donor opportunities.

In **Turkey**, there is no RH sub-working group and all SRHR matters are addressed within the health sector working group, of which UNFPA is an active member but not a lead agency.[179] UNFPA co-chairs the health working group in Izmir with WHO and attends the Istanbul and Gaziantep health working groups.

In **Lebanon**, the RH working group and the CMR task force are chaired by the same UNFPA SRHR staff person, who is thus triple-hatting in two coordination roles and in UNFPA programming. The RH working group has made significant progress in support to the Ministry of Public Health, particularly through the roll-out of the RH guidelines and in terms of facilitating reporting on service delivery.[180] The RH coordination is described as "very direct, very action-oriented".[181]

Finding 12: UNFPA has not assumed leadership of youth coordination functions in line with its global leadership role within the Compact for Young People in Humanitarian Action.

The UNFPA youth leadership role is an emerging one, with the Compact for Young People in Humanitarian Action [182] being established after the World Humanitarian Summit of 2016. However, since 2016, the UNFPA Syria regional response has not leveraged the global coordination and leadership momentum of UNFPA around the Compact – and, simultaneously, the leadership of UNFPA around UNSCR 2250 on youth, peace and security [183] – to emerge as a clear youth coordination voice at field level. UNFPA has no coherent youth coordination function for the Whole of Syria approach. While youth are, to a certain extent, highlighted as a specific target population for both GBV

176. An international staff member held the position from July 2016 to October 2017, but was replaced in December 2017 with a new short-term international surge.
177. Various Syria key informants.
178. United Nations agency, implementing partner and donor key informants.
179. UNFPA and other United Nations agency key informants.
180. Various Lebanon key informants.
181. Other United Nations agency and INGO key informants.
182. www.agendaforhumanity.org/initiatives/3829. Agenda for Humanity, n.d.
183. UNSC, Resolution 2165 (2014), 9 December 2015.

and SRHR work, there is no leverage of the global work of UNFPA on youth for stand-alone youth programmes or specific UNFPA leadership on youth for cross-border operations.[184]

In **Syria**, there is a United Nations youth task force, established in 2016, and co-led by UNFPA and UNICEF, although currently, and at the request of the Government, this task force does not include any NGOs. Youth engagement with the Government of Syria is directed by a two-year national youth strategy between the Government and the United Nations. The youth strategy and United Nations task force are nascent steps to support broader coordination on youth issues and have been successful in opening up the space to the current extent possible within the context of Syria.[185]

Increasing from two partners in 2016, UNFPA in Syria now works with more than ten partners on youth programming.

In **Jordan**, the Jordan Country Office chairs a youth task force in Za'atari camp. This has been in place since 2012 and is generally seen to be a useful coordination mechanism. However, there is no corresponding youth coordination mechanism for either Azraq camp or out-of-camp refugee populations.

In **Iraq**, there is no youth coordination mechanism, although there is an adolescent girls task force that was established in March 2016 (noting that this responds to the needs of only one subsection of youth). Initial plans to establish a youth working group early in the response did not materialize as most actors in the youth sector felt that the cross-cutting nature of youth work was better served by remaining within other sectors/clusters.[186] There is no youth coordination function in **Turkey** or **Lebanon**.

Specific examples of positive work are emerging, with four youth centres supported in Turkey and UNFPA Lebanon undertaking work on youth analysis.

However, these are sporadic examples rather than evidence of an overall leveraging of the leadership that UNFPA has at the global level.

184. See evaluation matrix EQ4, A11, Annex X.
185. Various Syria key informants.
186. WHO key informant.

EVALUATION QUESTION 5: COHERENCE

To what extent is the UNFPA response aligned with: (i) the priorities of the wider humanitarian system (as set out in successive humanitarian response plans and 3RPs); (ii) UNFPA strategic frameworks; (iii) gender equality principles of the United Nations Evaluation Group; (iv) national-level host government prioritization; and (iv) strategic interventions of other United Nations agencies?

FINDINGS

13. UNFPA is highly engaged with and driving the focus for GBV at the levels of UNCT, HCT and Strategic Steering Group. UNFPA is doing this to a lesser extent with SRHR.

14. UNFPA has maintained an overall high level of coherence with internal strategy documents and external inter-agency strategy documents and normative standards within the Syria regional response.

a. **The UNFPA Syria regional response programming is aligned with the UNFPA 2014–2017 Strategic Plan and Second-Generation Humanitarian Strategy.**

b. **The UNFPA response has not only been aligned with inter-agency strategic plans and national priorities but has helped to shape and drive them.**

c. **The UNFPA response has been aligned with international normative standards.**

Finding 13: UNFPA is highly engaged with and driving the focus for GBV at the levels of UNCT, HCT and Strategic Steering Group. UNFPA is doing this to a lesser extent with SRHR.

Across all regional response countries, UNFPA leadership has increasingly engaged with and directed focus towards GBV as a life-saving issue at the highest United Nations leadership and coordination levels. In particular, the Syria regional response hub has been key in UNFPA institutional engagement with Whole of Syria arrangements and has increased the credibility of UNFPA as a humanitarian actor. In 2017, UNFPA successfully advocated for attendance at the Strategic Steering Group to provide GBV leadership that otherwise would not be represented and also at the Inter-Sector/Cluster Coordination Group level. While UNFPA does not have a formal seat on the Strategic Steering Group, the Syria regional response hub has facilitated UNFPA representation to provide GBV briefings since 2015. Respondents reported that the regional presence of UNFPA in Amman via the regional response hub was a determining factor in appropriately representing UNFPA interests across all three Whole of Syria inter-agency hubs (Gaziantep, Amman and Damascus), although it is noted that this has been more effective for GBV than for SRHR.[187, 188]

In Syria, UNFPA is viewed as a strong voice within the UNCT and HCT, advocating for the needs of women and girls and promoting GBV and SRHR services as life-saving. UNFPA has been able to shape priorities in the Whole of Syria HRP[189] and strategic cooperation agreements between the Government of Syria and the United Nations.[190] For example, the 2016 Strategic Framework for Cooperation states, under Millennium Development Goal (MDG) three (promote gender equality and empower women):

187. Within the overarching strategic objectives of the 2017 Syria Humanitarian Response Plan the focus is limited to reproductive and maternal health rather than a full range of SRHR.

188. See evaluation matrix EQ5, A12, Annex X.

189. UNOCHA, 2018 Humanitarian Response Plan: Syrian Arab Republic, n.d.

190. United Nations, Strategic Framework for Cooperation Between the Government of the Syrian Arab Republic and the United Nations 2016–2017, February 2016.

"During the crisis, women and adolescent girls face significant exposure to violence, neglect, abuse and exploitation … through sexual and other forms of gender-based violence. In parts of the country … women experience serious curtailment of their human rights, including freedom of movement, right to work, to study and to participate in society. Early and forced marriage is spreading both as a coping mechanism in times of dire family stress, and as outrigh compulsion by designated terrorist groups."[191]

The 2018 Syria Humanitarian Response Plan references "more efforts … to systematically mainstream [GBV] risk mitigation measures"[192] as an underlying key response protection principle across all objectives and all sectors.

UNFPA senior-level participation in joint advocacy with UNHCR and UNICEF on protection concerns has been considered valuable.[193] Some key informants stressed that the humanitarian response in Syria is driven largely by the United Nations due to the limited presence of international non-governmental organizations (INGOs). UNFPA was praised for its "very principled approaches when facing significant challenges"[194] and the fact that "UNFPA has a very large voice for such a small agency".[195] The Jordan Country Office has consistently engaged with the Jordan UNCT throughout the Syria response, with successful efforts to promote SRHR and GBV as life-saving interventions.[196]

In **Jordan**, both the Jordan Country Office and the Syria regional response hub are consistently driving SRHR and GBV agendas in terms of promoting accountability within the humanitarian community – at both UNCT (Jordan) and Strategic Steering Group (Whole of Syria) levels.[197]

Evidence from Iraq, Lebanon and Turkey indicates different approaches, with UNFPA focusing more on influencing government leadership rather than United Nations (through UNCT and HCT forums) leadership. In **Turkey**, there is no specific evidence of UNFPA promoting SRHR and GBV as life-saving at the UNCT level, but this is within the context of a government-led response with UNCT wielding minimal influence (in comparison to the other countries). There is strong programming and engagement with the Government of Turkey on GBV and SRHR, highlighting the lead role of UNFPA on SRHR and GBV with the Ministry of Health and the Ministry of Family and Social Policy, indicating a positive adjustment to the de facto realities of working in Turkey.[198]

In **Lebanon**, the close working relationship between UNFPA and the Government of Lebanon has facilitated its leadership on SRHR and GBV response with the Government, but the Lebanon Country Office presence at the UNCT and HCT forums is less visible. The robust partnership between the Lebanon Country Office and government line ministries such as the Ministry of Public Health and the Ministry of Social Affairs has ensured that UNFPA is in a strong position to advocate for sector priorities. However, UNFPA does not contribute substantially to broader policy discussions and decisions with the UNHCT.[199] The Lebanon Country Office does not have a country representative, which is a potential contributory factor to more limited engagement at policy levels. One respondent suggested that UNFPA may have a more vocal presence within United Nations strategic framework planning as a development partner rather than within the UNHCT as a humanitarian partner.[200] A further respondent noted that the UNFPA head of office had to "push" for inclusion in United Nations senior management team meetings.[201]

In **Iraq**, the Iraq Country Office supports the Government in its efforts to respond to the refugee (and IDP) crisis. The geographical focus for refugees is the Kurdistan Region of Iraq and the UNFPA response is managed from Erbil, while UNCT sits in Baghdad, with a disconnect between the two, at least on refugee issues. However, respondents in Iraq highlighted the lead role of UNFPA on SRHR and GBV with line ministries.[202]

191. Ibid.
192. UNOCHA, 2018 Humanitarian Response Plan: Syrian Arab Republic, n.d.
193. Various UNFPA (Jordan Country Office, Turkey Country Office, Syria Country Office, ASRO) and other United Nations agency key informants.
194. Other United Nations Syria key informant.
195. United Nations key informants.
196. Various Jordan key informants.
197. Ibid.
198. Multiple donor, government, other United Nations agency, and implementing partner key informants.
199. Various Lebanon key informants.
200. Lebanon key informant.
201. Lebanon key informant.
202. The Syrian refugee response within Iraq (vs IDP response – not within the scope of this evaluation) represents approximately 5% of UNFPA Iraq resources, thus this finding is not necessarily representative of the entirety of the humanitarian or other programming of UNFPA.

Finding 14: UNFPA has maintained an overall high level of coherence with internal strategy documents and external inter-agency strategy documents and normative standards within the Syria regional response.

a. The UNFPA Syria regional response programming is aligned with the UNFPA 2014–2017 Strategic Plan and Second-Generation Humanitarian Strategy.
b. The UNFPA response has not only been aligned with inter-agency strategic plans and national priorities but has helped to shape and drive them.
c. The UNFPA response has been aligned with international normative standards.[203]

ALIGNMENT WITH THE UNFPA 2014–2017 STRATEGIC PLAN AND SECOND-GENERATION HUMANITARIAN STRATEGY

The UNFPA Global Strategy and the UNFPA Second-Generation Humanitarian Strategy can be demonstrably linked to all UNFPA regional response interventions across Syria and the surrounding countries. The UNFPA Second-Generation Humanitarian Strategy was conceived in 2012 and put continued emphasis on strengthening the accountability of UNFPA for advocating for, delivering results on and coordinating SRHR and GBV activities and interventions in emergencies. The Second-Generation Humanitarian Strategy has a focus on the core mandate of UNFPA, including capacity-building and advocacy for MISP, maternal and newborn health services (basic emergency obstetric care and comprehensive emergency obstetric care), access to family planning, GBV prevention and response, and services for youth. These outputs and outcomes align with GBV Area of Responsibility and inter-agency working group SRHR priorities and all these outputs and outcomes are included – contextualized to specific needs and realities – within the cross-border programming from Jordan, Turkey, the programmes from the Syria Country Office within Syria, and the refugee responses across Jordan, Turkey, Iraq and Lebanon.

ALIGNMENT WITH INTER-AGENCY STRATEGIC PLANS AND NATIONAL PRIORITIES

UNFPA cross-border activities operate under the mandate of successive UNSCRs and are fully in line with the international frameworks authorizing cross-border activities. The UNFPA regional response hub in Amman has been consistently engaged with the Whole of Syria Strategic Steering Group throughout the Syria response, with successful efforts to promote SRHR and GBV as life-saving interventions within the cross-border response and within the remit of the mandate of UNFPA. There is also a high level of engagement within United Nations coordination mechanisms for the promotion of SRHR/GBV as life-saving within both the Amman inter-agency hub (where the office of the regional humanitarian coordinator is located) and the Turkey inter-agency hub (where the office of the deputy regional humanitarian coordinator is located).[204]

UNFPA refugee responses are aligned with host government development priorities through the vehicle of country-level 3RP chapters. Across refugee responses, UNFPA country offices have not only aligned with national priorities, but in most cases they have shaped those priorities through support to developing GBV and SRHR components of national 3RP chapters, which themselves are aligned with national priorities and are the vehicle through which United Nations inter-agency frameworks integrate with national priorities and contribute to longer-term resilience-building (see evaluation question 6 for further information).

ALIGNMENT WITH INTERNATIONAL NORMATIVE STANDARDS

UNFPA responses have been mainly aligned with international normative standards, including priorities and guidance emanating from the GBV Area of Responsibility and the SRHR inter-agency working group.

For example, in **Lebanon**, UNFPA RH guidance reflects and reinforces global human rights and technical standards, as does other training and programming interventions, with

203.See evaluation matrix EQ5, A13/A14, Annex X.

204.United Nations agency key informants.

adjustments such as in MISP, which are aligned to an upper-middle-income country, and to the cultural context, such as variety of family planning supplies.

In **Turkey**, when the crisis first started, MISP proved to be "a good starting point for almost everyone in the country to recognize how it is important to have a certain framework to focus on during emergency and disaster situations."[205] UNFPA provided MISP training initially in Nizip camp in 2013 to nurses and midwives, and to social services experts and interpreters working in the camps. [206] At the same time, the Turkey Country Office began to provide technical support to the Ministry of Health to develop MISP training guidelines. The evaluation team found that in 2018 all Ministry of Health staff interviewed were conversant with MISP.[207]

In **Iraq**, integration of international standards into standard operating procedures, protocols, case management guidelines and so on has been an ongoing feature of the work of UNFPA,[208] with standardized referral pathways, information-sharing protocols (for GBVIMS) and regular service mapping for the whole of Iraq.

The UNFPA **Jordan** programme is aligned with some international normative standards. UNFPA SRHR programming is currently being revised to include new WHO standards on focused antenatal care to bring the number of antenatal care visits up to eight, from a previous four. MISP is well known throughout government counterparts, national and international partners, and other actors working on health and protection, in large part due to the training and capacity-building provided by UNFPA over the course of the Syria response.[209] In terms of GBV, the Jordan Country Office has been utilizing WGSS for men's activities, which is not aligned with global guidance produced by UNFPA itself on how WGSS or the equivalent is a space ideally used exclusively for women and girls.[210]

MANDATORY REPORTING: AN AREA FOR IMPROVEMENT

Mandatory reporting (whereby service providers are legally obliged to report cases to the police of survivors seeking health care for sexual violence regardless of the survivor's wishes) is problematic in many contexts, as it is contrary to survivor-centred international normative standards. In Syria, health professionals are mandated to report to the police if they provide CMR. UNFPA has been working with the Ministry of Health to develop a CMR manual that aligns with international standards (survivor choice). It has also been engaged in policy dialogue with the Government of Syria. UNFPA held a workshop in 2017 with the Syrian Commission of Family Affairs and Population with representatives from the Ministry of Health and Ministry of Justice to discuss mandatory reporting requirements and exemptions and there was consensus to address these legislative barriers. However, due to changes in the Ministry of Justice, no action was taken as planned in 2017 and the process must now be restarted. Some of those consulted underlined the need for external support to provide good-practice examples of legislative reform on mandatory reporting that could be presented to the Government of Syria.

In Jordan, there are legal requirements for mandatory reporting to police by health personnel for rape and sexual assault cases and little progress has been made to date in both changing and then clarifying mandatory reporting requirements. In Iraq, GBV stakeholders noted ongoing concerns with the mandatory reporting of rape requirements that exist in Iraq.

205. UNFPA key informant.
206. UNFPA, Independent Country Programme Evaluation: Turkey 2011–2015, New York: Evaluation Office, October 2014.
207. UNFPA Government of Turkey key informants.
208. UNFPA and implementing partner key informants.
209. Various key informants.
210. UNFPA, Women & Girls Safe Spaces: A Guidance Note Based on Lessons Learned from the Syrian Crisis, UNFPA Regional Syria Response Hub, 2015.

EVALUATION QUESTION 6: CONNECTEDNESS

To what extent does the UNFPA response promote the humanitarian-development nexus?

FINDINGS

15. Through its Whole of Syria and refugee responses, UNFPA has found windows of opportunity to build resilience where possible.

16. UNFPA has not consistently developed contingency planning or linked refugee responses with cross-border or UNFPA Syria Country Office responses to aid contingency planning.

17. UNFPA refugee responses are aligned with host government development priorities through the vehicle of country-level 3RP chapters.

Finding 15: Through its Whole of Syria and refugee responses, UNFPA has found windows of opportunity to build resilience where possible.

There are examples across the countries for resilience-building where windows of opportunity have presented themselves, but these examples are sporadic and mostly ad hoc rather than evidence of a systematic approach.[211]

Inside **Syria** itself, the Syria Country Office has had to respond to regular new conflict and displacement crises while also trying to pursue opportunities to build resilience where possible. However, the evaluation did not identify any clear plan on how the international community will engage with the Government of Syria in the longer-term.[212]

While much of the funding of UNFPA is humanitarian focused (and many humanitarian donors have conditionalities on funding linked to direct support to the Government of Syria),[213] the Syria Country Office is beginning to access more resilience funding. Syria Country Office colleagues demonstrated increasing cognisance of the necessity to adapt responses and transition from emergency interventions to more capacity-building, resilience and youth programming.[214] Several key informants highlighted the work of UNFPA with the Syrian Central Bureau of Statistics and their technical support and advocacy for the 2017 Social and Demographic Survey, which will be a key planning tool if and when conflict recedes. The Syria Country Office works closely with the Ministry of Health and Ministry of Social Affairs and Labour through capacity-building, supplies and resource development, including developing a national curriculum on mental health and psychosocial support and providing training to social workers and psychologists. Some respondents noted the engagement of UNFPA with the Government of Syria in promoting legislative reform related to CEDAW,[215] CMR and UNSCR 1325 and 2250.[216] In 2017, UNFPA held a three-day workshop that led the Government of Syria to withdraw its reservation to article 2 of CEDAW that mandates states ratifying CEDAW to declare intent to repeal discriminatory provisions against women in their laws.[217]

211. See evaluation matrix EQ6, A15, Annex X.
212. United Nations and donor key informants.
213. Other United Nations agency key informants.
214. UNFPA and other United Nations agency key informants.
215. Syria has been a party signatory to CEDAW since 2002. However, it has made reservations to several articles of the Convention, in particular article 2; article 9(2) regarding women's equal rights with respect to the nationality of their children; article 15(4) regarding the freedom to choose their residence and domicile; article 16(1)(c-d-f-g) regarding the same rights and responsibilities during marriage and at its dissolution in terms of guardianship, wardship, trusteeship and adoption; article 16(2) regarding the legal effect of the betrothal and the marriage of a child due to their conflict with the provisions of Islamic sharia law; and article 29(1) regarding arbitration between states in the event of a dispute. Source: Al Hallaq, Sabah and Sema Nassar, Syria Situation Report on Violence Against Women, EuroMed Rights, November 2017.
216. UNFPA key informants and UNFPA, 2017 Annual Report: Syrian Arab Republic, 31 January 2018.
217. UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979.

In Jordan, the Jordan Country Office has been working with the Government of Jordan to share funding of SRHR interventions in urban areas, trying to ensure that windows of opportunity with the high levels of Syria crisis donor funding in Jordan translate into tangible lasting benefits in SRHR and GBV services for both Syrian and Jordanian women and girls. However, the challenges of balancing the emergency refugee response with longer-term development programming in Jordan has led to some tension with the Government of Jordan, which is frustrated that donor funding is biased towards refugees.[218] Respondents reported a general reluctance within the Government to discuss longer-term or "indefinite" options for refugees,[219] in part due to donor-driven priorities for in-camp responses rather than more hybrid sustainable urbanized responses[220] and in part due to contextual difficulties "localizing" aid by changing partnership structures to national NGOs and civil-society organizations (CSOs) rather than INGOs.[221] The discussion around longer-term options has been improved by the Jordan Compact,[222] but donor preference for camp activities and the lack of middle-ground national partners continues to be a challenge to connectedness.

In **Lebanon**, the Lebanon Country Office has increasingly integrated attention to development goals under the system-wide efforts to support stabilization and the Government of Lebanon has become more engaged in linking development with humanitarian action in line with the Lebanon Crisis Response Plan focus on resilience for both the refugees and host communities.[223] The Lebanon Country Office no longer works in humanitarian and development silos but has adopted an integrated approach since 2016 as a practical solution to the human-resource challenges within the UNFPA Lebanon office and also under the umbrella of the focus of the Lebanon Crisis Response Plan on building resilience. One respondent highlighted that UNFPA has a particular ability to work "in between spaces"[224] in national systems in order to more efficiently advance priorities. An example of this is how the UNFPA-developed humanitarian mother and child health package is now embedded in the Lebanon universal health-care standards. Another example is the nationwide systems-building for sustainability in terms of commodity security and capacity-building of national NGO partners. A further example is the UNFPA/United Nations Development Programme partnership on strengthening the rule of law, including establishing and codifying longer-term protections for survivors of GBV.

In **Turkey**, the integration of all WGSS into migrant health centres under the Ministry of Health and the protection work with social services centres under the Ministry of Family and Social Policy as a matter of national policy demonstrates work towards long-term development goals. Respondents to the evaluation expressed a general consensus that social cohesion activities "started late" in Turkey.[225] Social cohesion was not initially considered when refugees were in camps, but from 2014, as refugees relocated to urban areas, social cohesion acquired greater significance. A crucial challenge of social cohesion within Turkey is language: the necessity to provide Turkish language courses and – in parallel – Arabic translators. At the end of 2017, the Government of Turkey had still not formally approved a national social cohesion strategy and it was not until January 2018 that it established a "social cohesion" working group. A new EU-funded Sıhhat project (meaning "health" in Turkish) will support the Ministry of Health to open 178 migrant health centres and integrate all WGSS into migrant health centre structures by the first quarter of 2019. The exit strategy for the WGSS model of UNFPA is to eventually hand over the WGSS to the Government of Turkey (as they become integrated within migrant health centres). Furthermore, the UNFPA refugee response has created windows of opportunity to support the Government of Turkey to improve Turkish legislation. One particular example is on CMR. The Syrian crisis provided the opportunity to introduce global standards for MISP and CMR into Turkey for the refugee response and in some cases – such as CMR – the global standards

218. UNFPA, other United Nations agency and implementing partner key informants.
219. UNFPA and other United Nations agency key informants.
220. UNFPA, other United Nations agency, and implementing partner key informants.
221. UNFPA and other United Nations agency key informants.
222. www.reliefweb.int/report/jordan/jordan-compact-new-holistic-approach-between-hashemite-kingdom-jordan-and. Government of Jordan, 8 February 2016.
223. Various UNFPA, other United Nations agency, NGO and Government of Lebanon key informants.
224. Donor key informant.
225. Multiple UNFPA, other United Nations agencies, donor, implementing partners and Government of Turkey key informants.

are higher than currently provided for by Turkish legislation. In this case, access to emergency contraceptive and post-abortion care was not adequately provided for under Turkish legislation, so the refugee response opened a window of opportunity for UNFPA to discuss global CMR standards. This is an ongoing advocacy conversation with the Government of Turkey to update national legislation.

In Iraq, plans for longer-term development in relation to the refugee crisis are being refined and operationalized as of 2018, in part due to the fact that the IDP crisis has overwhelmed and eclipsed the response from 2014. Respondents from the Government of the Kurdistan Region of Iraq predicted that up to 50 per cent of the refugees will stay within the Kurdistan region for ten years or more, with many, particularly minorities, not feeling sufficiently safe to consider returning.[226] The Iraq Country Office focus on support to governmental priorities and systems is evidence of commitment to long-term development goals. However, the substantial, and worsening, resource constraints that Iraq faces, together with both IDP and refugee crises, challenge the effective integration of resilience and long-term development into refugee responses.

Finding 16: UNFPA has not consistently developed contingency planning or linked refugee responses with cross-border or UNFPA Syria Country Office responses to aid contingency planning.

For the **Whole of Syria** response and in regard to cross-border operations, UNFPA has not sufficiently provided for continuity of service should cross-border routes be disrupted, nor has UNFPA considered duty of care issues for partners operating within Syria under the funding and direction of UNFPA. This is no different from other United Nations actors and results from the inherent challenges – operational and political – of the nature of the cross-border work.

In the Amman (Jordan) inter-agency hub, many stakeholders expressed significant concerns as to the fate of the facilities, services and staff currently providing SRHR and GBV interventions through the cross-border modality, with shifting front lines and changes in the control of concerned areas by parties to the conflict.[227]

The limited planning observed to be in place includes the Jordan Country Office prepositioning commodities in southern Syria (in 2017) as a contingency plan in case the UNSCR renewal was not passed (to ensure that services could continue for some time even if the cross-border operations ceased), but there is little of more substance. Duty of care for partner staff is a serious consideration if and when authorities change in southern Syria, particularly if authorities retaking control are disapproving of the type of services (GBV and SRHR) that UNFPA-supported partners have been providing. Further work is continuing with Amman-based cross-border partners to explore registration in Damascus and other options to allow staff

YOUTH PROGRAMMING AND THE HUMANITARIAN-DEVELOPMENT NEXUS: AN AREA FOR IMPROVEMENT

There has been limited youth work through cross-border operations, which is important for longer-term resilience and future rehabilitation, recovery and rebuilding. UNFPA is one of the global lead organizations (together with the International Committee of the Red Cross) on the Compact for Young People in Humanitarian Action,[1] which recognizes the need to build on the strengths of all young people. Ensuring that young people have the skills, capacity and resources to prevent, prepare for, respond to and recover from humanitarian situations will help reduce the costs of and need for international humanitarian support, improve humanitarian effectiveness and strengthen resilience of communities. The emerging leadership role of UNFPA in promoting youth work, as exhibited by leadership of the Compact, is not evidenced in the cross-border operations for the Whole of Syria response.

1. www.agendaforhumanity.org/initiatives/3829. Agenda for Humanity, n.d.

226. Government of Iraq key informants.

227. UNFPA, other United Nations agency, implementing partner and donor key informants.

to continue to safely provide life-saving services (which should be in line with humanitarian principles of do no harm).

Furthermore, there has been little engagement between inter-agency hubs outside of Syria (Gaziantep and Amman) and the Damascus inter-agency hub, which has limited overall contingency planning for shifting front lines and access. Respondents in Syria highlighted challenges related to coordination and sharing of information on geographical coverage by Amman and Gaziantep inter-agency hubs with the Syria Country Office and related risks of duplication.[228] Many locations accessed from Amman and Gaziantep since 2014 also have services from the Syria Country Office – either simultaneously or immediately after any changes in control, which results in a level of confusion and duplication.[229]

The evaluation identified limited evidence of linkages or alignment between cross-border responses and the respective refugee responses in Jordan and Turkey to date. This holds true for both UNFPA programming and UNFPA coordination responsibilities. The evaluation team noted a general understanding among stakeholders that this is a missed opportunity[230] that reduces the impact of respective refugee responses and cross-border programming and coordination with no leverage of the successes on either side. Stakeholders expressed a further understanding that with regard to connectedness and consideration of the humanitarian-development nexus, these linkages will become even more critical if and when substantial numbers of refugees return home.

The evaluation notes valid reasons for the limited systematic linkages between the respective refugee responses and the cross-border response. For both Jordan and Turkey, the refugee programmes are government-led responses in middle-income countries with functioning health and education systems and limited United Nations and NGO space (but with UNHCR as the lead-supporting United Nations agency). This differs from the cross-border operations, which are a specific modality of highly challenging service delivery into – sometimes – active conflict zones, with limited opportunity to monitor inexperienced and low-capacity partners, under the uncertainty of annual renewal of the Security Council Resolution and under the coordinating authority of UNOCHA rather than UNHCR. Therefore, different programming approaches are necessary.

The lack of linkages is widespread. For example, in both Jordan and Turkey, UNOCHA has limited knowledge or understanding of the respective refugee responses.[231] In Turkey, UNHCR engages in the cross-border operation only through its cluster lead agency responsibilities (protection, shelter, and camp coordination and camp management), but it still operates its two programmes (refugee response in Turkey and cluster responsibilities for IDP response in Syria) completely separately. ECHO in Ankara has limited understanding of the cross-border programmes and, equally, the ECHO representative in Gaziantep had no knowledge of the refugee response.[232]

The primary benefit of closer linkages is looking forward in terms of considering the alignment of services (particularly through the WGSS model) available in Syria if and when refugees return. However, UNFPA and partners expressed that raising this issue too early could be detrimentally suggestive of forced returns for refugees, so timing is critical for discussion around closer linkages.[233,234] There are also a number of useful products developed (all in Arabic) through the Whole of Syria cross-border response – particularly through the GBV sub-cluster but also, to a lesser extent, for SRHR through the Gaziantep (Turkey) inter-agency hub RH working group. These would be useful to refugee responses in both Jordan and Turkey but are not currently being utilized to full advantage. For example, the annual Whole of Syria Voices has a robust methodology for collecting qualitative data and stories from Syrian women and girls. In 2017, a refugee response partner in Turkey produced a similar report – "We Are

228. UNFPA key informants.
229. Such as Aleppo in 2016, and more recently in Eastern Ghouta and Dara'a in 2018.
230. UNFPA, other United Nations agency, implementing partner and donor key informants.
231. Other United Nations agency key informants.
232. Other United Nations agency key informants.
233. UNFPA and implementing partner key informants, Turkey.
234. Although approximately 77,000 refugees returned to Syria in 2017, so return is already happening. See: www.unhcr.org/sy/wp-content/uploads/sites/3/2018/02/Syria-Fact-Sheet-2017-2018.pdf.

Here" – for Syrian refugees in Turkey, without taking advantage of the focus group discussion methodology, questionnaires, enumerator training and other materials (all in Arabic) already developed for Voices. Other Whole of Syria products, such as the Adolescent Girls Strategy, have the potential to be equally beneficial to refugee responses.

In **Lebanon**, the Lebanon Country Office has undertaken activities that focus on facilitating the resilience of refugees when they return to Syria. The peer-to-peer learning of UNFPA is one example of empowering Syrian refugees to engage in leadership activities that will benefit them if and when they return to Syria, as is its other community outreach activities that aim to increase knowledge and awareness of refugees around SRHR and GBV.

Finding 17: UNFPA refugee responses are aligned with host government development priorities through the vehicle of country-level 3RP chapters.

Across refugee responses, UNFPA country offices have not only aligned with national priorities but in most cases shaped those priorities through support to developing GBV and SRHR components of national 3RP chapters. These are themselves aligned with national priorities and are the vehicle through which United Nations inter-agency frameworks align with national priorities and contribute to longer-term resilience-building.[235]

In **Lebanon**, the Lebanon Country Office has engaged directly with the Government on drafting commitments for the Lebanon Crisis Response Plan under both the humanitarian and resilience pillars.[236] In Turkey, the Turkey Country Office currently demonstrates full alignment with the 3RP, moving towards full integration with the Government of Turkey's systems and facilities. UNFPA has contributed to specific GBV objectives, which are then aligned with successive Turkey chapters of the 3RP.[237] In Iraq, the Iraq Country Office uses the inter-agency and overarching frameworks – the 3RP, the Humanitarian

FIGURE 5: *National-level components of the Regional Refugee & Resilience Plan*

Needs Overview and the Humanitarian Response Plan[238] – as the basis for work planning.[239] In Jordan, "UNFPA has been hand in glove aligned to the national strategies".[240] The Jordan Country Office has contributed to shaping the Jordan chapter of the 3RP, which is then, in turn, aligned with the UNFPA Jordan Country Programme Document.

235.See evaluation matrix EQ6, A16, Annex X.
236.UNFPA and Government of Lebanon key informants.
237.Other United Nations agency key informants.

238.The 3RP is the Iraq chapter for the Syrian 3RP; the Iraq Humanitarian Needs Overview and Humanitarian Response Plan are specifically for the Iraq crisis, not the Syria regional crisis. The overall 3RP and country chapters are available at: www.3rpsyriacrisis.org.
239.UNFPA key informants.
240.Other United Nations agency key informant.

EVALUATION QUESTION 7: EFFICIENCY

To what extent does the UNFPA Syria regional response hub contribute to enhanced coordination, organizational flexibility and the achievement of the intended results of the UNFPA response?

FINDINGS

18. The UNFPA regional response hub has generated high returns in terms of:

a. Mobilizing significant multi-year funding

b. Increasing the credibility of UNFPA as a humanitarian actor by advocacy and representation at the Whole of Syria Strategic Steering Group level

c. Raising the profile of GBV as a life-saving intervention

d. Coordinating the Whole of Syria approach.

19. The UNFPA regional response hub has not been consistently mandated by all relevant stakeholders due to a lack of clarity and agreement on purpose, scope and lines of responsibility, authority and communications. However, there is a clear consensus that the regional response hub was a necessary mechanism for a response to the crisis that normal UNFPA architecture would not have adequately managed.

20. UNFPA has not adequately reviewed and revised where necessary the responsibilities and authorities of the regional response hub vis-à-vis country offices over time, which has reduced stakeholder support over the years.

Finding 18: The UNFPA regional response hub has generated high returns in terms of:

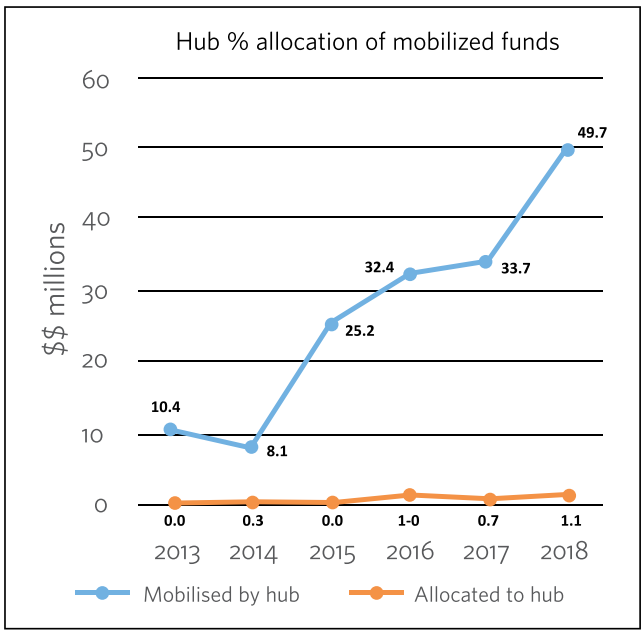
a. Mobilizing significant multi-year funding
b. Increasing the credibility of UNFPA as a humanitarian actor by advocacy and representation at the Whole of Syria Strategic Steering Group level
c. Raising the profile of GBV as a life-saving intervention
d. Coordinating the Whole of Syria approach.[241]

MOBILIZING SIGNIFICANT MULTI-YEAR FUNDING

The Amman regional response hub was established in 2012 with the coordinator position being funded by ASRO and office costs absorbed by the Iraq Country Office in

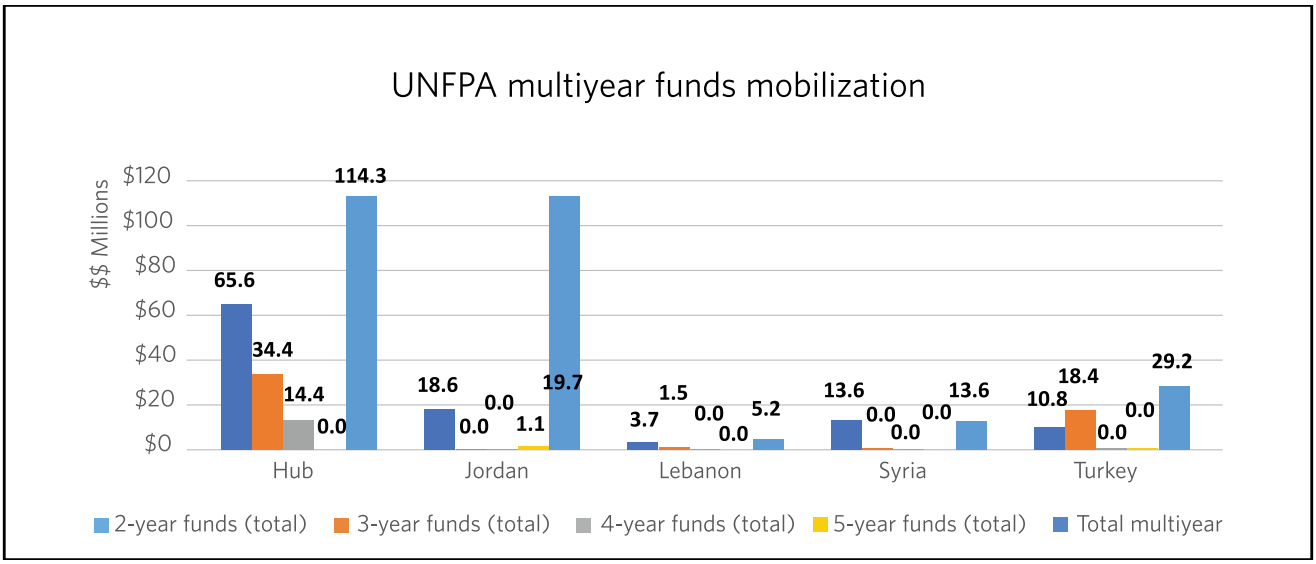
241. See evaluation matrix EQ7, A17, Annex X.

FIGURE 6: *Amman regional hub % allocation of mobilized response funding*



Source: UNFPA regional response hub, Amman

FIGURE 7: *Country-level allocation of multi- year funding*



Source: UNFPA Syria regional response hub

Amman.[242] In 2013, it secured a $5 million two-year grant from the State of Kuwait, with agreements from relevant country offices to use bilateral programme funding raised through the regional response hub to support itself.[243] Over the period of the Syria crisis, the regional response hub has directly raised resources or contributed to raising resources (predominantly for the Whole of Syria approach, but also for refugee responses) from Canada, the Kingdom of Denmark, the Republic of Finland, Kuwait, the Kingdom of Sweden, the Swiss Confederation, the United Kingdom of Great Britain and Northern Ireland and the United States of America.[244, 245] The regional response hub has retained 3 per cent or less as running costs of resources mobilized per year. The multi-year nature of the funding has allowed some senior staff, both within the regional response hub and across the cross-border response, to be in position for more than two years, thus ensuring maintenance of relationships and institutional memory. This staff longevity contrasts with the operational dynamic of many humanitarian responses that rely on a succession of surge and short-term contract staff, which tends to obstruct retention of institutional memory and maintenance of relationships with national-level actors (such as NGO partners, service providers, donors and government stakeholders).

Some (UNFPA) respondents questioned the expense of the regional response hub as an adjunct to normal UNFPA architecture – "the hub is expensive, particularly if staffed with the high-level staff that appear to be necessary to drive its effectiveness".[246] However, the preponderance of evidence from country office, regional office and headquarters respondents indicates a substantial return on investment in the regional response hub.

ADVOCACY AND REPRESENTATION AT WHOLE OF SYRIA STRATEGIC STEERING GROUP LEVEL

The Syria regional response hub has been key to UNFPA institutional engagement with Whole of Syria arrangements and has increased the credibility of UNFPA as a humanitarian actor. The evaluation has identified sufficient evidence to conclude that, overall, the regional response hub has been critical at the United Nations inter-agency representational level.[247] UNFPA successfully advocated for attendance at the Strategic Steering Group

242. UNFPA key informant, but not recorded in Atlas financial data.
243. UNFPA key informant. Also see Regional Response Hub Case Study for further hub financial information.
244. Financial data extracted from Atlas. All grants with a percentage contribution to the regional response hub have been included.
245. Funds received from the United States Bureau of Population and Refugee Migration and the Office of U.S. Foreign Disaster Assistance until the Government of the United States of America de-funded UNFPA.
246. UNFPA key informant.
247. Various internal (UNFPA) and external key informants.

in 2017 to provide GBV leadership that otherwise would not be represented and also at the Inter-Sector/Cluster Coordination Group level. While UNFPA does not have a formal seat on the Strategic Steering Group, the regional response hub has facilitated UNFPA representation to provide GBV briefings and, in 2017, the Strategic Steering Group produced a centrality of protection policy that has increased the space for UNFPA to contribute to this body.[248] A regional presence in Amman was a determining factor in appropriately representing the interests of UNFPA across all three Whole of Syria inter-agency hubs (in Gaziantep, Amman and Damascus). The regional response hub has successfully advocated for increased attention to GBV, with successful advocacy contributing to the 2017 Whole of Syria Humanitarian Response Plan whose overarching objectives highlight that:

"More efforts will also be made to systematically mainstream GBV and sexual exploitation and abuse risk mitigation measures into all humanitarian sectors."[249]

RAISING THE PROFILE OF GBV AND WHOLE OF SYRIA GBV COORDINATION

The Syria regional response hub has provided comprehensive coordination leadership for the Whole of Syria GBV sub-cluster and associated GBV sub-clusters in inter-agency hubs. Due to the investment in GBV technical capacity in the regional response hub since 2014 (GBV specialist and GBV information management specialist), the regional response hub has successfully led an active Whole of Syria GBV sub-cluster. This includes strong UNFPA technical representation and continued presence at high United Nations levels that enables strong advocacy on GBV and consistent input to inter-agency products such as humanitarian needs overviews and humanitarian response plans. This has produced high-quality evidence – such as Voices and the GBV dashboard – which in turn has supported the Whole of Syria GBV response to ensure that GBV is considered as life-saving as other interventions and attains adequate recognition within consecutive Whole of Syria humanitarian response plans. However, the regional response hub has not provided SRHR coordination functions equal to GBV coordination functions or in line with the mandate and responsibilities of UNFPA.

Finding 19: The UNFPA regional response hub has not been consistently mandated by all relevant stakeholders due to a lack of clarity and agreement on purpose, scope and lines of responsibility, authority and communications. However, there is a clear consensus that the regional response hub was a necessary mechanism for a response to the crisis that normal UNFPA architecture would not have adequately managed.[250]

The initial purpose of the regional response hub was representation, resource mobilization and communications.[251] The hub was not initially intended to provide technical assistance or support operations, which clearly differentiated functions of the hub compared to functions of country offices. However, the hub was also established when there was a vacuum of strong leadership across different Syria response countries, particularly in Jordan where the international community had established Syria response inter-agency coordination mechanisms and where, until 2013, no country representative was in place.

Between 2013 and 2016, the head of the regional response hub was also acting as the Jordan country representative (before 2013, Jordan had an assistant representative rather than a country representative) and a dedicated Jordan international country representative only started in December 2016.[252] In Syria, the representative changed three times between 2013 and 2015.[253] Lebanon has never had a country representative, although it does have an assistant representative.[254]

UNFPA located the regional response hub in Amman (the nexus of the inter-agency response), which ensured the physical proximity necessary for representation and which could not have been achieved to the same degree from

248. Global Protection Cluster, Whole of Syria Strategic Steering Group Protection Strategy 2017–2018, n.d. Available at: www.globalprotectioncluster.org/_assets/files/ssg-whole-of-syria-protection-strategy.final.july11.2017.pdf.

249. Whole of Syria Strategic Steering Group, Humanitarian Response Plan January–December 2017, March 2017.

250. See evaluation matrix EQ7, A18, Annex X.

251. UNFPA, Proceedings of Meeting to Strengthen UNFPA Response to the Syria Crisis November 8–12 in Geneva, Switzerland, n.d.; UNFPA internal document, 'Syria Hub and role within Iraq response', Iraq Country Office briefing note, November 2015.

252. UNFPA key informants.

253. Ibid.

254. Ibid.

the regional office based in Cairo, Egypt (notwithstanding that the Syria response straddled two regions for UNFPA, involving both ASRO in Cairo and EECARO in Istanbul).

In terms of representation at inter-agency forums in Amman, the regional response hub was considered useful and necessary by most UNFPA respondents:[255] "it has been helpful for UNFPA to have and to multiply its weight and voice and amplify it at regional response level."[256] The 2012 establishment of the hub with a D1-level regional humanitarian coordinator was crucial to UNFPA engagement at regional inter-agency level, particularly in the absence of a Jordan country representative.

In terms of resource mobilization, there is good evidence that the regional response hub has provided a significant return on investment, with a total portfolio (to 2019) of $165,672,819 generated through and/or managed by the hub since 2012.[257] An issue raised by many UNFPA respondents, however, was in relation to how resources and related results were accredited to different entities. The regional response hub itself is neither an operational nor programmatic business unit within UNFPA and all programmatic funding (beyond resources mobilized for staffing and resourcing of the hub itself) ultimately had to be accounted for within country programmes. In this sense, the regional response hub was an extension of the regional office as a business unit. This created confusion at the beginning when the hub was "managed as an independent business unit even though they were not".[258] This issue became more challenging when funding was mobilized for the Whole of Syria response and allocated to, for example, the Jordan Country Office (through the hub) for cross-border work. Within the Jordan Country Office programme and overall reporting to the Government of Jordan, funding can only be reported for what is spent within Jordan. Therefore, the resources spent by the Jordan Country Office but within Syria had results that should be accredited to the Jordan Country Office but also recognized as Syria country results.[259]

One of the main challenges (raised by the Syria Country Office) related to the fact that the Country Office is working with two programmatic cycles, one for Whole of Syria (WOS01) and one for the Eighth Country Programme (SYR08). Syria Country Office respondents reported that this creates a risk of duplication in reporting. Given donor priorities, it is not always feasible to fund each implementing partner or each facility from one single fund code or programmatic cycle. In order to address this challenge, the Syria Country Office has typically worked closely with implementing partners, the Whole of Syria regional response hub and the donor community through careful planning and tracking of expenditures. The resources allocated from each project cycle also have implications in the number of people reached that are attributable to each. The Syria Country Office has sought to fund each facility by a single donor. If this is not possible, the Syria Country Office tries to ensure that each implementing partner be funded by one or more donors that fall within the same programme cycle (WOS01 or SYR08). This allows the Country Office to minimize the risk of duplications and improve transparency and accuracy in monitoring and reporting.[260]

In relation to communications, evidence from research respondents indicates that the regional response hub also proved invaluable: "the response was so fragmented that having someone [the hub] who could tie it all together was really important."[261] Data/information management in the regional response hub – for GBV – has been robust (see evaluation question 9 for more information) and has enabled UNFPA to provide cohesive yet contextualized reporting.

The communication role of the regional response hub evolved when UNSCR 2139 authorized cross-border operations in 2014 and the hub took on the further roles of technical assistance and coordination for the Whole of Syria approach. The hub, as an entity on behalf of UNFPA, and the UNFPA-led Whole of Syria GBV sub-cluster then produced a series of communication products specifically for GBV. The additional coordination and technical assistance role from 2014 was predominantly viewed as a

255. Ibid.
256. UNFPA key informant.
257. These are resources mobilized until 2019. Figures provided by the hub. See Regional Response Hub Case Study for further hub financial information.
258. UNFPA key informants.
259. Ibid.
260. UNFPA key informants and UNFPA, 2017 Annual Report: Syrian Arab Republic, 31 January 2018.
261. UNFPA key informant.

positive addition to the UNFPA overall response.[262] Some negative impacts were highlighted. For example, in one country office, staff noted a perception that their office had been marginalized in authority terms because of the overall coordination role of the regional response hub.[263]

Furthermore, Syria Country Office respondents highlighted challenges with regard to a coordination and resource management function related to operations within Syria but being managed from outside the country. Syria Country Office respondents reported that the regional response hub made decisions with regard to reporting that changed the reflections from the field and occasional perceptions of the hub as an extra layer and an "unnecessary burden" on the response.[264] Evidence suggests that sharing of data and lack of clarity (particularly on locations of services in non-government-controlled areas across the three inter-agency hubs) has proved problematic, with the Syria Country Office reporting 80 per cent country coverage[265] but the regional response hub reporting 51 per cent coverage by cross-border operations.[266] Furthermore, data collection for humanitarian response plan and humanitarian needs overview planning was noted by respondents to be "harmful and unnecessary" and to result in a challenge for the Syria Country Office in presenting the UNFPA regional position to the Government of Syria.[267]

These reported tensions are based on a lack of information about cross-border activities shared with the Syria Country Office by the regional response hub. This was not due to a lack of coordination efforts, but rather to a shared approach taken by many United Nations agencies in order to provide a measure of information security to protect partners working from the Amman and Gaziantep inter-agency hubs. While UNFPA stakeholders expressed an understanding of this important and necessary constraint at all levels, this understanding does not dilute or alleviate the challenges this causes for the response.

While the Syria Country Office did not fully endorse the added value of the regional response hub in terms of coordination, some added value was recognized in terms of technical support for UNFPA programming for both GBV and GBV information management, and development and support on remote information management.[268] For example, UNFPA Syria Country Office respondents cited support for implementing the Adolescent Girls Strategy under the GBV sub-cluster and support for finalizing standard operating procedures as added value. Overall, the perspective of Syria Country Office respondents is one of mixed feelings towards the utility of the regional response hub. Perspectives from the Jordan Country Office and the Iraq Country Office have become less positive over time, while perspectives from the Turkey Country Office, ASRO and headquarters are much generally more positive.

A further concern raised by respondents was that of the regional response hub adding an extra layer that was somewhat detached from the regional office. It was not fully clear to many ASRO respondents how the regional response hub fits within the structure of the regional office.[269] Some respondents reported that the hub does not share information and some were concerned raised that the hub, as vanguard for the Whole of Syria approach, was developing guidelines for GBV in humanitarian response without consulting the regional office and that this might happen for SRHR too.[270] Respondents raised a further concern as to how the establishment of the regional response hub aligned with United Nations reform and particularly the Secretary-General's proposal to decrease country-level presence and focus on strengthening regional offices[271].

The tension between country offices and the regional response hub remains as at the time of evaluation, evidenced by ongoing challenges in the flow of information. However, respondents also widely acknowledged that the regional response hub has added neutrality and oversight

262. UNFPA key informants.
263. Ibid.
264. Ibid.
265. Ibid.
266. Ibid.
267. Ibid.
268. UNFPA key informants – although other UNFPA informants reported soliciting technical support directly from ASRO, not from the hub.
269. UNFPA key informants.
270. Ibid.
271. www.universal-rights.org/blog/un-secretary-generals-reform-agenda-important-address-human-rights-pillar/. Universal Rights Group Geneva, 31 October 2017.

from the outside, which has been beneficial to the response overall.[272]

Finding 20: UNFPA has not adequately reviewed and revised where necessary the responsibilities and authorities of the regional response hub vis-à-vis country offices over time, which has reduced stakeholder support over the years.[273]

The initial mandate of the regional response hub – representation, resource mobilization and communications – was clear to internal UNFPA stakeholders across the board. However, with changing regional response hub responsibilities and increasing country office capacity, the mandate and de facto rationale for the hub may be diminishing.

During the initial years of the crisis, the regional response hub provided a strong overall coordination function as country offices struggled to catch up with the escalating crisis in terms of human resources, resource mobilization and humanitarian technical capacity. While the regional response hub continues to provide a strong technical support function leading to more effective programming, the need for this has reduced as country offices have increased capacity.

The data management (Whole of Syria collation, analysis, presentation/communicating and reporting of results) capacity of the regional response hub has created a positive feedback loop for programming-reporting-funding and exceeds that of the involved country offices. This includes both the GBV dashboard and the Voices report, as well as developing strategies for remote data management. The need to have a centralized coordination of the Whole of Syria intervention for both resource mobilization, programming, inter-agency coordination responsibilities, and reporting remains clear. However, with changing conflict lines and increasingly more territory within Syria being reached by the Syria Country Office, the need for the regional response hub will continue to reduce as the Whole of Syria mandate shifts and in line with reducing cross-border operations.

Additionally, Syrian territory under the control of the Government of Syria is expanding and therefore the role of the two cross-border inter-agency hubs is diminishing. This is a key consideration when reviewing the future of the regional response hub and its mandate, responsibilities and functions. The UNSCR that authorizes cross-border operations is currently in place until 10 January 2019, but, given the significant areas retaken by the Government of Syria and (as of mid-2018) under Government of Syria control and accessible from Damascus, it is unclear whether this UNSCR will be renewed further. If it is not, this raises questions as to the coordination function of the regional response hub under the Whole of Syria approach.

In terms of support to refugee response programmes, the support from the regional response hub is less necessary now than at the beginning of the crisis as country offices have more capacity in representation, resource mobilization and programmatic technical expertise than they did in the early days. There is no evidence of planning for a handover of functions and responsibilities to country offices as capacity has increased. While no respondents suggested closing down the regional response hub at this point, many suggested a review and adaptation of the functions of the hub in line with changing contexts and capacities of country offices:[274]

"At one point we should have been able to say: 'this is no longer making sense, let's step back and see how to change it'."[275]

"Looking now retrospectively at the hub over the last few years, I think there was a need for an entity within the United Nations set-up, the crisis called for that kind of set-up; with the evolution of the Syria crisis and the fact that, for instance, the Jordan Country Office has acquired a representative rather than an assistant representative, I think that the hub should be on its way to having several functions removed."[276]

272. See evaluation matrix EQ7, A18, Annex X.
273. See evaluation matrix EQ7, A19, Annex X.
274. UNFPA key informants.
275. UNFPA key informant.
276. Ibid.

EVALUATION QUESTION 8: EFFICIENCY

To what extent does UNFPA make good use of its human, financial and technical resources and maximize the efficiency of specific humanitarian/Syria response systems and processes?

FINDINGS

21. Fast-track procedures have been used to a greater or lesser extent across all responding countries, but there is still an uncertainty around the proper application and benefits of fast-track procedures.

22. Surge is highlighted as a major support, although there is a question as to how appropriately it is relied upon as a human-resource mechanism compared to longer-term, more sustainable options. Likewise, the UNFPA response has heavily utilized UNFPA stock commodities such as RH kits, although there is a question as to how appropriately commodities are planned for, procured and used.

23. UNFPA raised significant other resources for the Syria regional response (both multi-country and country-specific), but the rapid change in ratio of other resources to core funds/ regular resources negatively impacted on programmes and operations in a number of countries.

Finding 21: Fast-track procedures have been used to a greater or lesser extent across all responding countries, but there is still an uncertainty around the proper application and benefits of fast-track procedures.

All countries have utilized fast-track procedures across the timescale of the Syria response and have considered them to be helpful overall, even though they have not applied them consistently to fully benefit the response most efficiently.[277]

In **Syria**, the Syria Country Office has utilized fast-track procedures since the start of the crisis, but their capacity to improve the efficiency of procurement and recruitment was impeded by inadequate resources, inadequate technical capacity and a lack of flexibility in the application of procedures. The fast-track procedures were activated for the Syria Country Office in 2012 and have recently been extended until November 2018. They have been used consistently during this time frame. During the initial phase of the emergency, there was a lack of knowledge on how to apply fast-track procedures, which was due to a lack of familiarity and understanding of fast-track procedures, coupled with an insufficient number of operations staff with adequate humanitarian experience.[278]

While fast-track procedures offer, among other things, an opportunity for increased efficiency in terms of speed for commodity procurement during emergencies, the lack of experience and lack of knowledge of fast-track procedures among existing staff in the early stages, combined with international sanctions and lengthy government approval processes, resulted in significant delays in the provision of supplies.[279] Fast-track procedures were also applied to recruitment in Syria, but the Syria Country Office still experienced delays due to postponements in conducting an HR review. This was originally planned for 2012 but was delayed until 2014 and new positions for fixed-term national and international staff were kept pending until the review was completed.[280] As such, existing staff had humanitarian responsibilities added to existing tasks.[281]

277. See evaluation matrix EQ8, A20, Annex X.

278. Efforts to conduct a staff review were delayed until 2014. This impacted recruitment of new positions and visa constraints for international staff further aggravated the situation.

279. UNFPA key informants.

280. UNFPA, 2014 Annual Report: Syrian Arab Republic, 18 December 2014.

281. UNFPA, 2013 Country Office Annual Report: Syrian Arab Republic, 19 December 2013.

Turkey saw challenges with the Gaziantep (cross-border) sub-office being able to use fast-track procedures when the Country Office did not need to. While there was strong administrative and managerial support from the Turkey Country Office to the Gaziantep sub-office, there was no clarity among staff as to whether the Gaziantep sub-office was allowed to use fast-track procedures when the Country Office as a whole could not.[282] This has impacted on the cross-border work. For example, UNFPA contracts a third-party monitoring partner for monitoring activities inside of Syria. When the contract for the partner expired, the normal procedures for re-tendering and contracting resulted in a gap of three months with no monitoring partner in place.[283] The third-party monitoring partner monitored all UNFPA and associated GBV sub-cluster and RH working group activities, visiting primary and mobile health clinics and WGSS. It used checklists to monitor services based on MISP standards, and satisfaction exit interviews and focus group discussions with beneficiaries. This is key data required to ensure appropriate, effective and efficient services in a challenging working environment.

Finding 22: Surge is highlighted as a major support, although there is a question as to how appropriately it is relied upon as a human-resource mechanism compared to longer-term, more sustainable options. Likewise, the UNFPA response has heavily utilized UNFPA stock commodities such as RH kits, although there is a question as to how appropriately commodities are planned for, procured and used.

Surge and RH kits are two of the most common humanitarian processes used to assist a rapid response in the acute stage of a humanitarian crisis, when normal systems and procedures hinder rather than support emergency programming. Across the Syria crisis response, UNFPA country offices have utilized both surge and RH kits beyond the initial acute stage of the emergency for various reasons.

SURGE

In **Lebanon**, the stop-gap reliance of UNFPA on surge capacity for programme positions, as well as on short-term consultants, has limited the extent to which UNFPA has been able to ensure consistency and stability in its programming. Delays in recruitment, high staff turnover and temporary contracts have also had an impact on UNFPA relationships with implementing partners and donors.[284] Lack of core resources for longer-term positions (which are usually not fundable under donor resources) are the major factor in the Lebanon Country Office over-use of surge support. Some of these human-resource challenges have been due to UNFPA corporate/systemic rigidity in terms of country office staffing structure, coupled with regional and headquarters delays in approval of the Lebanon Country Office realignment. Even with the approval of the Country Programme Document 2017–2020 staffing structure in November 2017, the problem of double-hatting for coordination will remain.

In **Syria**, there was an overreliance on short-term staff and surge until 2015. Respondents expressed that this high turnover negatively impacted the ability of UNFPA to respond. In Syria, there are ongoing challenges in securing visas, which affects the ability of UNFPA to maintain existing staff[285] and recruit new international staff and consultants – even impacting on short-term and supposedly fast-tracked surge deployments. For example, during the Eastern Ghouta crisis in early 2018, the Syria Country Office requested surge support for a humanitarian coordinator, yet the person only deployed after the acute phase had passed. Many stakeholders consulted emphasized the need for UNFPA to have experienced, competent and dedicated GBV and SRHR coordination staff on fixed-term contracts who are not double-hatting with programmatic responsibilities.[286] The lack of coordination co-chairs and the limited capacity of partners further necessitates this in Syria.

282. UNFPA Turkey key informants.
283. UNFPA and implementing partner key informants.
284. UNFPA, NGO and donor Lebanon key informants.
285. In mid-2018, the visa for the deputy representative was not renewed and a replacement had to be recruited. Staff from other United Nations agencies also had the same experience and were working remotely.
286. UNFPA and other United Nations agency key informants.

In **Jordan**, the Jordan Country Office has, over the years, utilized surge staffing support both programmatically and operationally. Staff within the Jordan Country Office recognize a difference in support from internal surge and external surge, particularly in relation to operational support where external roster members – with limited understanding of the complex financial and procurement systems of UNFPA – are unable to provide adequate support. Delays in recruitment and lack of core resources for longer-term positions (which are usually not fundable under donor resources) have also contributed to the use of surge support. UNFPA systems do not allow for any easy flexibility to staffing structures, which became challenging for the Jordan Country Office as the Syria crisis escalated and the office was required to expand.[287]

COMMODITIES/RH KITS

UNFPA maintains stock of 18 different essential RH kits, ready to ship for urgent and emergency requests. The kits are divided into three blocks and are designed to respond to three month's need for various population sizes. The individual kits are small enough and have convenient packaging, enabling them to be handled by one or two people. All boxes are clearly marked on the outside with the kit number, a distinct colour for each kit, as well as a description of contents, consignee and other relevant information.[288]

RH kits are, by definition, designed for the immediate and acute phase of emergencies. However, UNFPA Procurement and Supply Branch reported that Turkey, Iraq and Syria – the "constant customers"[289] – continue to order RH kits but Jordan and Lebanon do not. The modality of ordering in RH kits is based on the premise that the increased direct cost (including airfreight) and indirect cost (to UNFPA globally, rather than specific country offices, for storage and maintenance of suppliers and the system) is offset at the beginning of an emergency by the speed with which UNFPA can acquire life-saving SRHR commodities in a context where local procurement is not available. However, much like surge, it is a system designed to be used at the acute stage of an emergency, with general planning for more cost-effective localized procurement to start as soon as is feasible.

The benefit of easy ordering and speed and the visibility benefit of distributing RH kits (albeit with increased cost) are then also often offset with customs restrictions in relation to particular commodities in the kits. One common example is the emergency contraception within RH kit 3, which is not permitted in Jordan,[290] or the antiretrovirals for HIV post-exposure prophylaxis also in RH kit 3, which is not permitted in Syria.[291, 292]

In **Turkey**, UNFPA provided commodity support to the Ministry of Health and the Disaster and Emergency Management Presidency, including the provision of RH commodities ordered through the UNFPA procurement branch. Since 2015, UNFPA has not been utilising kits for the refugee response in Turkey, but continues to use RH kits for the cross-border response out of Gaziantep.

In **Jordan**, UNFPA has, in a similar manner, continued to use RH kits in the cross-border operations, even prepositioning kits within southern Syria in 2017 as a contingency plan in case the Security Council Resolution was not renewed to ensure that services could continue with the commodities available.

In **Syria**, a lack of experience among UNFPA staff in the early years in relation to approvals required from the Ministry of Foreign Affairs for importing commodities, combined with the international sanctions, resulted in significant procurement delays.[293] The Syria Country Office reports that even now, with increased logistics and

287. UNFPA key informants.
288. www.unfpa.org/resources/emergency-reproductive-health-kits. UNFPA, n.d.
289. UNFPA key informant.
290. UNFPA key informants.
291. Ibid.
292. UNFPA key informants report that, as of 2019, commodities within the kits will be available as individual commodities as this registration issue has been highlighted before.
293. UNFPA key informants.

supply-chain capacity,[294] some international procurements take more than six months and local procurements often require waivers for each order, which can be time-consuming.[295] To improve supply-chain functioning, the Syria Country Office is working on long-term agreements for locally procured pharmaceuticals[296] that receive UNFPA approval/waivers, rather than having to submit requests for each new purchase.[297]

The data from survey respondents concurs with qualitative information from key informants, with 53.6 per cent of respondents agreeing that UNFPA commodity distributions supported those most in need and 32.1 per cent responding that commodities reach some in need but not all. [298]

In **Lebanon**, UNFPA has supported the provision of commodities including RH kits, specific RH drugs and contraceptives to 214 primary health care centres of the Ministry of Public Health, in addition to approximately 60 NGO-supported centres, ensuring, for the first time, widespread availability of RH supplies across Lebanon for both refugees and host communities. UNFPA has further equipped a select number of CMR-trained facilities with post-rape equipment and supplies (e.g. the RH kit 3), although delivery and replenishment of expired kits has not always been timely.[299] UNFPA also supplies drugs for sexually transmitted infections, but lab tests, which are expensive, are not subsidised.

294. UNFPA key informants noted that, until 2018, there were two staff in procurement and one in logistics and this was insufficient to support the growing operation. Part of the rationale for the increased investment in procurement was based on lessons learned from 2016 when UNFPA struggled to maintain supplies for emergency responses.

295. UNFPA key informants.

296. UNFPA (2015:31) UNFPA Fast Track Policies and Procedures "local procurement of pharmaceuticals is only allowed under the following circumstances: The pharmaceuticals are WHO Prequalified; Where WHO PQ Prequalified pharmaceuticals are not available, the pharmaceuticals must be duly registered in the country of intended use. This is to ensure local procurement does not go against the National Regulation and Legislation and that the pharmaceuticals meet the acceptable National quality standards."

297. UNFPA key informant.

298. See Annex Ib.

299. UNFPA oversees the distribution of the RH kit 3, whereas the Ministry of Public Health oversees all other distribution. UNFPA has acknowledged challenges in managing these supplies separately. It is anticipated that the Government will assume distribution at some point, but until then IMC Worldwide is tasked, through the CMR task force, with monitoring RH kit 3 supplies for replenishment.

Finding 23: UNFPA raised significant other resources for the Syria regional response (both multi-country and country-specific), but the rapid change in ratio of other resources to core funds/regular resources negatively impacted on programmes and operations in a number of countries.

Despite the significant other resources raised,[300] feedback from key respondents is that UNFPA at corporate level has insufficiently supported Syria response country offices with core resources relevant to the size and scale of the country programmes and crisis.[301] Hence, all countries have had to adjust their ways of spending, with unrestricted regular resources making up close to 50 per cent of total programme funding in Syria and Lebanon (46 per cent and 49 per cent, respectively) in 2011 but only 8 per cent in both countries in 2017. In Jordan, this percentage went from 79 per cent in 2011 to 8 per cent in 2017. Jordan Country Office respondents reported that this change in resourcing modalities has resulted in a Country Office that has a massively expanded budget and associated accountabilities and responsibilities, but it is highly reliant on temporary short-term contract project staff and is without corporate support to adequate sustainable systems. Nor does it have staff in place to ensure connectedness, drive coverage to relevance of needs, capacity-build smaller CSOs for genuine localization, adequately discharge coordination responsibilities, or advocate for better integration of humanitarian standards into longer-term Jordanian programming.[302]

Other resources vs regular resources for UNFPA country offices (Iraq data not available)[303]

Donor (project) funding is occasionally un-earmarked, but it is generally much more likely to be restricted to specific project activities in specific (donor-driven) locations, with limited opportunity for either increasing operational

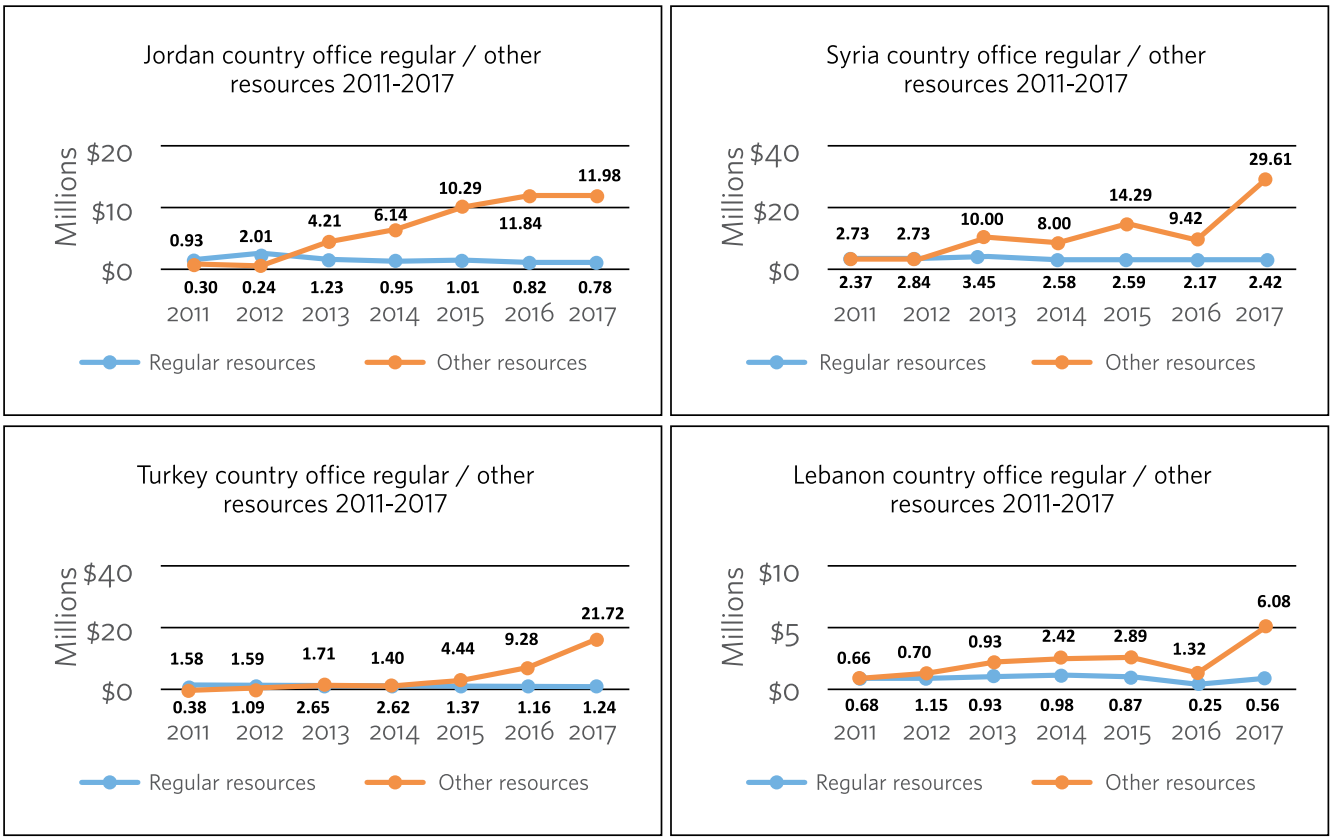
300. UNFPA raised $190,740,363 for the Syria regional response between 2011 and 2017 (see Annex VIII). Financial information provided by the regional response hub.

301. See evaluation matrix EQ8, A21, Annex X.

302. UNFPA key informants.

303. Other resources vs regular resources data provided by Jordan Country Office, Syria Country Office, Turkey Country Office and Lebanon Country Office finance sections. No other resources/regular resources data provided by the Iraq Country Office.

FIGURE 8-11: *Comparison of sources of funding for four country offices*



Source: UNFPA country offices

support, including office management, systems, monitoring and evaluation and general operations, or providing services based on a clear independent assessment of needs rather than donor criteria.[304]

In Turkey, the ratio of other resources to regular resources changed even more significantly, from 81 per cent in 2011 to 5 per cent in 2017. However, the Turkey Country Office reported that this change did not substantially affect its ability to function effectively. This is because the other resources funding for UNFPA refugee response (primarily ECHO) has been flexible enough for direct costs to be covered as well as programmatic costs. United States of America Government funding from the Bureau of Population, Refugees and Migration was also received until a change in government policy in 2017 resulted in the suspension of United States of America Government funds to UNFPA. There have also been modest levels of funding from Sweden, Denmark and Japan since the crisis response began, with the Embassy of Japan currently covering the costs of the four youth centres.

304. See evaluation matrix EQ8, A21, Annex X.

EVALUATION QUESTION 9: PARTNERSHIPS

To what extent does UNFPA leverage strategic partnerships within its response?

FINDINGS

24. UNFPA country offices have developed strategic and contextualized partnerships across government, NGO (international and national) and other United Nations agencies as best benefits the situation, adapting partnership strategies where necessary.

25. GBV data management by the regional response hub has been effectively used for both programming and advocacy and is a model for GBV data management. However, this success has not consistently or comprehensively transferred to country-level refugee responses.

Finding 24: UNFPA country offices have developed strategic and contextualized partnerships across government, NGO (international and national) and other United Nations agencies as best benefits the situation, adapting partnership strategies where necessary.

Partnerships have differed over time and location, with most countries starting from a position of established government partnerships from which the humanitarian response could be founded, and others increasing partnerships with NGOs (national and international) as the context demanded. All country offices have demonstrated strategic thinking in terms of contextualizing partnership strategies to circumstances as the crisis evolved and deepened. Partnerships with other United Nations agencies (specifically UN Women, UNICEF and UNHCR) vary across countries and indicate a lack of systematic guidance on how best to engage with other United Nations actors for the most enduring benefit to women and girls.[305]

In **Syria**, the Syria Country Office has nurtured key strategic partnerships with ministries and national NGOs that has allowed for flexible responses to new crises while diversifying partnerships to enable greater coverage and expansion. UNFPA had 10 implementing partners in 2011; by 2013 the total had reduced to 6 but this number then increased to 20 by 2011. UNFPA has maintained strong relationships with the Ministry of Health, Central Bureau of Statistics and the Syrian Commission of Family Affairs and Population.[306] Sixty-two per cent of respondents to the online survey[307] indicated that the partnership choices of UNFPA have been strategic and added significant value to its response, while the remaining 34 per cent reported that UNFPA partnership choices have added some value to its response. However, there is no clear capacity-building strategy and many Syrian NGOs are new (emerging since the crisis began) and lack expertise on GBV, SRHR and youth.

In **Jordan**, substantial "middle space" exists between small national NGOs/CSOs that have limited capacity and require substantial technical and operational support, and large quasi-governmental national NGOs endowed by the royal family and with which partnerships raise questions of humanitarian principles of independence and neutrality. This context has influenced the Jordan Country Office partnership strategy. The Jordan Country Office has recognized the requirement for localization as a fundamental component of sustainability and the humanitarian-development continuum: a specific focus of the Jordan Response Plan. However, the gap in Jordan between these small and limited-capacity CSOs and large, quasi-governmental NGOs has impacted on the Jordan

305. See evaluation matrix, EQ9, A22, Annex X.

306. UN, UNFPA, government, donor and NGO key informants.

307. The online survey was only conducted in Syria, due to the evaluation team limitation of not being able to access Syria for a full field visit.

Country Office partnership strategy. Key informants indicated a need to maintain partnerships with INGOs based on an analysis of the capacity of smaller national NGOs and the associated technical (programmatic and operational) support that would be necessary to work more fully with smaller Jordanian organizations. Outside camps, all the partners of UNFPA are national NGOs – Jordanian Women's Union and Institute for Family Health – or government partners – Higher Population Council. The Jordanian Women's Union is a strongly feminist women's rights organization that sometimes has trouble obtaining government permissions for work, but which also brings a clear women's rights aspect to the programming of UNFPA to complement the more medicalized SRHR services offered by the Institute for Family Health.

In **Iraq**, the partnership strategy of UNFPA is well grounded in the specific context of available implementing partners focusing on a capacity-building model that is building long-term sustainability of services for refugees as well as overall civil society within the Kurdistan Region of Iraq. UNFPA has implemented a strategy of working with national NGOs and the Government since the beginning of its response and, since 2013/14, of transitioning much of its support from INGOs (International Medical Corps, International Rescue Committee, Norwegian Refugee Council) to governmental or CSO partners. It has aimed to achieve the appropriate mix of partnerships across different sectors.

The importance of partnerships between the Government and national NGOs was acknowledged by government stakeholders in the context of both benefitting the population and in terms of the efficient and accountable use of resources.[308]

In **Turkey**, UNFPA has a range of partners and operates as efficiently as possible given the increasingly regulated civil-society space within Turkey. In recent years, the Government of Turkey has become increasingly strict in terms of compliance with registration rules and procedures and a number of partners – particularly INGOs, but also some national NGOs – have been closed down, with a general perception that this is a trend that is likely to continue.[309] This has impacted on the partnership strategy of UNFPA, having already experienced the challenge and the associated losses of a previous implementing partner being closed down. Additionally, the Government

GOOD PRACTICE: THE PARTNERSHIPS OF UNFPA WITH UNICEF AND UNHCR

In Iraq, the Iraq Country Office programming is characterized by robust collaboration between United Nations agencies, specifically with UNHCR and UNICEF. As an example, UNFPA at the time of the evaluation was working with UNICEF on a GBV programme funded by Norway – 50 per cent of this earmarked for refugees. Some UNHCR protection actors noted occasional tensions, but all stakeholders highlighted seeking to establish effective and productive working relationships.

In Turkey, the work of UNFPA with UNHCR and UNICEF has led to some initial tension, with all three agencies receiving ECHO funding to the new Ministry of Family and Social Policies social service centres – also directly funded by the EU to the Ministry of Family and Social Policies. However, this tension quickly dissipated as the three United Nations agencies worked together to ensure that there was no duplication of support and each would be working to its own comparative advantage and expertise.

In Lebanon, UNFPA has used joint partnership agreements to facilitate programming. The strong partnership with UNHCR and UNICEF is via the SGBV task force. To support shared priorities of the SGBV task force (e.g. GBVIMS oversight and the roll-out of the Inter-Agency Standing Committee GBV guidelines), UNFPA has undertaken joint implementation with UNHCR and UNICEF through UN-to-UN agreements. This practice has contributed to improved coordination, increased funds available for implementation and has raised the level of trust and understanding among agencies.

308. Government key informant.

309. UNFPA, other United Nations agency and implementing partner key informants.

of Turkey bilateral funding from the EU and regulations surrounding the provision of services severely restrict the ability of UNFPA to act outside the sphere of state-provided services. UNFPA has a current range of academic and NGO partners offering services through WGSS, which are on course to be integrated into Ministry of Health migrant health centres, and new protection support to the Ministry of Family and Social Policies social services centres (direct support to the Ministry of Family and Social Policies). Current partners have been chosen for specific expertise. For example, one is an activist feminist organization, another is a specialist refugee and migrant partner and a third works extensively with youth.

The partnership strategy of UNFPA for cross-border operations has been severely limited due to the specific modalities of that response. In Turkey in particular, UNFPA has sought to provide significant capacity-building to both SRHR and GBV partners (both as an agency and through the GBV sub-cluster and RH working groups). In Turkey, for example, the cross-border team adapted to the specific context of available implementing partners focusing on a capacity-building model within their broader strategy. UNFPA now has five direct partners (six including the subcontracted partnership of Syria Relief and Development to Care International).[310]

In **Lebanon**, UNFPA is supporting the development of a national network of civil society by strategically selecting partners working in underserved areas for capacity-building to scale up GBV interventions. The Lebanon Country Office assesses individual partner (national NGO) capacity and puts in place capacity-development plans for each NGO partner. Partners are appreciative of this capacity-building approach, specifically mentioning the value of operational training, annual workplan review and quarterly meetings of partners contributing to the same project to enhance information-sharing about good practices and lessons learned.[311] The Lebanon Country Office partnership with the Government is also strong, working on nationwide systems-strengthening, particularly in the area of commodity security.

The Syria regional response hub has been successful in building and sustaining partnerships with donors for both the benefit of the Syria response and beyond. UNFPA resource mobilization colleagues have specifically highlighted the regional response hub in terms of building, sustaining and improving relations with UNFPA donors:

"From our perspective, the hub was extremely helpful and responsive to donors, knowing exactly what was working and what was not … the hub was the most important one-stop shop as far as reporting on programming was concerned."[312]

"Our impression is super-positive, most of our interaction is with the hub and it is extremely convenient when we need to get information quickly to donors."[313]

Finding 25: GBV data management by the regional response hub has been effectively used for both programming and advocacy and is a model for GBV data management. However, this success has not consistently or comprehensively transferred to country-level refugee responses.[314]

The Voices report, produced by the Whole of Syria GBV sub-cluster, has been described as one of the greatest contributions to GBV data within the Humanitarian Needs Overview for both programming and advocacy purposes: "Hands down this is the most significant contribution that UNFPA has made to Syria … [the information] is very rich."[315]

Voices is referenced consistently by other inter-agency documents and strategies, such as the 2018 Protection Sector Strategy[316] (being explicitly referenced) and successive humanitarian needs overviews highlighting, under GBV, "voices" of women and girls from the Voices report[317].

310. CARE International supports Syria Relief and Development and is a joint partner for UNFPA.
311. NGO Lebanon key informants.
312. UNFPA key informant.
313. UNFPA key informant.
314. See evaluation matrix EQ9, A23, A24, Annex X.
315. Jordan other United Nations agency key informant.
316. Whole of Syria Protection Cluster, Whole of Syria 2018 Protection Needs Overview V2, 30 November 2017.
317. The Government of Syria does not always agree with the information presented in Voices – particularly that coming out of non-government-held areas: UNFPA key informants.

"I ARRANGED MY TWO DAUGHTERS' MARRIAGES. ONE IS 15 AND THE OTHER IS 14 … THIS IS BECAUSE THEY ARE A BIG RESPONSIBILITY AND THERE IS NO FATHER. THE BEST FOR ME IS FOR MY DAUGHTERS TO GET MARRIED IN THIS SITUATION. I HAD TO."

A Syrian woman's voice, quoted in the 2017 Humanitarian Needs Overview, from Voices

Voices has been used for programme design, programme adaptation and course correction. In addition, its role in advocacy in promoting GBV as life-saving within the Whole of Syria response has been invaluable.

"Voices is good to show value for money on how services impact the well-being [of women and girls] and how much these services are needed." [318]

"This is probably the envy of the rest of the protection Area of Responsibility and protection cluster; it is incredibly helpful to document and the way they pull it together is really user-friendly for programme design and it does make a difference when we have pooled fund allocation – it is a really strong reference to have this narrative to prove why these services are so critical."[319]

"I think it's an excellent advocacy tool and that no one else internationally has produced anything similar … but I think we should have given it more visibility."[320]

UNFPA (through Whole of Syria GBV sub-cluster leadership) has also facilitated the implementation of a GBV dashboard, which is a key tool for programming and reporting, including supporting remote data collection in hard-to-reach and inaccessible areas in Syria. This cumulative and real-time information management function of the regional response hub (for GBV data) has become a proven programming and coordination tool that allows for easily accessible and readable high-level results data while still maintaining confidentiality and adhering to safety concerns for partners across Syria. Partners are allocated a code and from this it is possible to search by partner (coded) or inter-agency hub to see what GBV services are being provided across the whole of Syria. Many respondents to the evaluation endorsed the dashboard as a very useful tool for GBV programming.[321] It is interactive and cumulative, with locations and agencies coded for safety and confidentiality. Respondents reported it as being user-friendly and accessible, providing a real-time overview of the current situation of GBV service provision within Syria.

However, the investment and return on investment (particularly in relation to Voices and the GBV dashboard) in the Whole of Syria GBV sub-cluster information and data management function has not translated into support for country refugee programmes. Instead, use of data is inconsistent across time and locations. UNFPA has not been able to take advantage of the tools, systems and data-management capacity within the Whole of Syria GBV sub-cluster for increased data management within refugee responses. The evaluation notes that GBVIMS has not been comprehensively rolled out under the Whole of Syria response, which presents a concern in terms of data security as there is no consistent way to safely collect

Feedback from adolescent girls

"I FEEL THAT I AM BURSTING WITH GOOD INTENTIONS, YET I CANNOT UNLEASH THEM BECAUSE MY PARENTS WON'T ALLOW ME. THEY TELL ME THAT THEIR DAUGHTER SHOULDN'T BE SO OUTGOING."

"SINCE I LEFT ALEPPO AND CAME HERE, EVERYTHING HAS CHANGED. MY PARENTS ARE MORE CONCERNED FOR ME, AND THEY EVEN MADE ME QUIT SCHOOL."

"MOST OF MY FRIENDS ARE GETTING MARRIED WHILE THEY ARE STILL AT SCHOOL, AND I FEEL THAT MY PARENTS ARE ENCOURAGING ME TO DO THE SAME. MY MOTHER KEEPS TELLING ME THAT MY ULTIMATE GOAL IN LIFE SHOULD BE MARRIAGE AND BECOMING A HOUSEWIFE.

Syrian girls' voices, quoted in the Whole of Syria Adolescent Girls Strategy

318. Jordan donor key informant.
319. Turkey other United Nations agency key informant.
320. UNFPA key informant.
321. Various GBV (UNFPA and non-UNFPA) key informants.

incident data. GBVIMS has been rolled out, to a greater or lesser degree, across refugee responses.

There is also no equivalent in the data management of UNFPA for SRHR services, which has proven detrimental in comparison to the benefits of GBV data management supported by the regional response hub. This is partially due to the imbalance in resourcing SRHR compared to GBV within the Syria regional response hub and partially due to the fact that SRHR is not a formalized area of responsibility/sub-cluster under the Inter-Agency Standing Committee system – this itself being a reason for the differential resourcing of SRHR compared to GBV. There is a health dashboard under the WHO-led health cluster similar to the GBV dashboard, but it covers all aspects of health and does not have detailed SRHR indicators.

EVALUATION QUESTION 10: EFFECTIVENESS

10a: To what extent does the UNFPA response contribute to access to quality sexual and reproductive health and rights services and GBV services as life-saving interventions for women, girls and youth in the Syria Arab Republic?

To what extent does the UNFPA response contribute to access to quality sexual and reproductive health and rights services and GBV services as life-saving interventions for Syrian refugee and host-community women, girls and youth in Turkey, Lebanon, Jordan and Iraq?

FINDINGS

26. UNFPA has not effectively monitored outcome-level results across the Syria regional response and thus has limited evidence of the effectiveness of its programming interventions.

27. Within Syria, UNFPA has successfully increased the provision of GBV and SRHR services, despite severe restrictions on the effectiveness of delivery of services due to political, security, access and partnership issues. Prevention activities have been less of a focus for the cross-border work, although they are an emerging priority for the Syria Country Office.

28. UNFPA has been successful within the Whole of Syria approach at promoting GBV and SRHR (although predominantly maternal and newborn health) as life-saving interventions and the regional response hub and strong country office leadership have been instrumental in this.

29. In the refugee response in surrounding countries, UNFPA has successfully delivered services in coordination with government and NGO partners, supporting existing structures and filling gaps where possible. Prevention activities have been inconsistent across refugee responses. GBV and SRHR being fully promoted as life-saving interventions has also been inconsistent across refugee responses.

Finding 26: UNFPA has not effectively monitored outcome-level results across the Syria regional response and thus has limited evidence of the effectiveness of its programming interventions.

With no consistent and systematic documenting and analysis of people in need, disaggregated populations and targets from the beginning of the crisis to 2017, UNFPA has not effectively monitored results at an outcome level.[322] UNFPA has a high level of expertise in population dynamics within development work (much more so than any other United Nations agency), but this has not, within the overall Syria regional response, translated into humanitarian capacity and an ability to provide a denominator for numerator results.

FIGURE 12: *Illustrative method for calculation of results*

$$\text{RESULTS} = \frac{\text{UNFPA numbers reached (disaggregated by sex, age and other factors of exclusion)}}{\text{Population profile (disaggregated by sex, age and other factors of exclusion)}}$$

322. See evaluation matrix EQ10a, A24, Annex X.

Harnessing this capacity would allow UNFPA to clearly highlight quantitative output results, which would then assist in being able to more fully quantify and evidence outcome results. It would also provide an advantage over many other agencies, with an ability to clarify population data from the fourth UNFPA humanitarian work stream (together with SRHR, GBV and youth).

While investments and capacities in ongoing outcome-related monitoring have generally followed a positive trajectory over the course of the crisis response period, this has been ad hoc and variable. Due to the lack of quantitative data available against targets at both results and outcome levels, the effectiveness of the UNFPA Syria response has been analysed on the basis of information gathered across the field visits and through key informant interviews and it is presented as a triangulated analysis of information available rather than a robust declaration of effectiveness based on quantitative and documented evidence.

Finding 27: Within Syria, UNFPA has successfully increased the provision of GBV and SRHR services, despite severe restrictions on the effectiveness of delivery of services due to political, security, access and partnership issues. Prevention activities have been less of a focus for the cross-border work, although they are an emerging priority for the Syria Country Office.

Most respondents concurred – albeit without being able to cite robust supporting quantitative data – that the Syria Country Office has made significant contributions to improving access to and quality of GBV and SRHR services for women and girls and more recently youth. This is particularly evident in hard-to-reach areas and for the newly displaced populations through static services and mobile teams. The Syria Country Office has utilized available resources, service-delivery modalities and leveraged partnerships to advance the delivery of SRHR and GBV services in accessible locations where there is greatest need. This is done in coordination with the HCT and based on detailed needs assessments and severity scales. Since 2016, UNFPA has made progress expanding geographic coverage that was facilitated by increased humanitarian access, funding and partnerships with implementing partners. Much of the programming of UNFPA has focused on immediate life-saving services, responding to multiple emergencies and including cross-line assistance (into opposition-held territories), during the acute phase of the various crises, which can be difficult to measure.

Overall, the evaluation evidence[323] indicates that UNFPA has provided access to SRHR and GBV services in targeted locations, using static services and mobile teams in parallel to investing in partner capacity-building efforts, developing guidelines and strategies and advocacy.[324]

In terms of cross-border operations, UNFPA has taken advantage of the Whole of Syria approach and successive UNSCRs to authorize the cross-border modality to increase effectiveness of coverage in areas where the Syria Country Office cannot or could not reach. As with all other agencies, the effectiveness of UNFPA was restricted prior to the UNSCR authorizing cross-border operations in 2014. However, from 2014, UNFPA, via the Amman regional response hub, supported increased services in southern Syria through six hospitals and 16 WGSS in Quneitra, rural Damascus and Dara'a. The services include SRHR services (antenatal care, emergency obstetric care, postnatal care) and access to family planning and CMR and GBV services, including psychosocial counselling. While the quality of the services is hard to judge given the remote management operations, UNFPA has managed the provision of integrated services to the extent possible, providing training and capacity-building to partners, and switching partners in an efficient manner when required to do so by donor demand.[325]

From the Gaziantep (Turkey) inter-agency hub, UNFPA cross-border operations into northern Syria include both direct GBV and SRHR programming and leadership of the GBV sub-cluster and the RH working group. There are four distinct WGSS supported by UNFPA and 32

323. Review of beneficiary data, impact assessments, evaluations and interviews with key stakeholders – see evaluation matrix EQ10, A24, Annex X.
324. Ibid.
325. Ibid.

health facilities (static and mobile). These health facilities include comprehensive emergency obstetric care, basic emergency obstetric care, primary SRHR care – family planning, syndromic treatment of sexually transmitted infections and CMR – and incorporate GBV response.

"Overall, UNFPA is trying to base programming on needs and are doing a lot more in Syria than in other locations."[326]

There is limited social norms change or other prevention work being undertaken through the cross-border operations from any country and it is difficult to assess the impact of existing social norms work as direct monitoring is not possible. Third-party monitoring assessments do, however, provide monitoring of access to services and empowerment benefits of UNFPA-supported services to women and girls inside Syria.[327]

Resource and logistical constraints, together with low-capacity partners, have resulted in UNFPA placing less emphasis on prevention inside Syria than on response services. Some respondents commented that they were not aware of any "advocacy" (meaning "prevention messages") within Syria.[328] However, activities in WGSS include prevention, mitigation and counselling activities. Furthermore, the GBV sub-cluster has operated under a clear series of strategic plans, recognizing the need to build capacity in GBV basics including psychosocial support and case management, and ensuring that all partners are acting without doing any harm. For the Gaziantep (Turkey) inter-agency hub, this understanding has resulted in the development of the standard operating procedures and a robust capacity-building initiative used to ensure quality of services.[329] UNFPA undertook a strategic decision to do this first and then move on to more sophisticated prevention activities, which are planned to be further developed by the Gaziantep (Turkey) inter-agency hub GBV sub-cluster in 2018 through the recruitment of a GBV awareness-raising consultant.[330]

For the Syria Country Office, prevention, risk reduction and empowerment activities have been less of a focus than service delivery to date but are an emerging priority. Since2016, UNFPA has made increased contributions to prevention and risk reduction through the distribution of dignity kits and training on the GBV guidelines, as well as community outreach and awareness raising and peer-to-peer learning. As the context is beginning to stabilize in different areas of the country, UNFPA is increasingly focusing on skills-building, vocational training and empowerment for women, girls and youth to improve resilience.

Finding 28: UNFPA has been successful within the Whole of Syria approach at promoting GBV and SRHR (although predominantly maternal and newborn health) as life-saving interventions and the regional response hub and strong country office leadership have been instrumental in this.

Feedback from key informants and secondary evidence from a wide range of strategic plans, policies and guidance documents indicate that GBV and SRHR have been centrally positioned as life-saving within the Whole of Syria humanitarian response.[331] Strong leadership and advocacy from UNFPA has been instrumental in promoting the acceptance of GBV and SRHR as front-line life-saving components of the humanitarian response. The confluence of senior-level support, improved humanitarian access, technical skills and resources that were underpinned by needs assessments such as Voices solidified this.

The humanitarian communities in both the Amman (Jordan) and the Gaziantep (Turkey) inter-agency hubs are fully aware of GBV and SRHR as life-saving interventions. This is partially due to the impact of Voices and entirely due to the continuous engagement by UNFPA with the Strategic Steering Group in both Amman and

326. Syria other United Nations agency key informant.

327. Syria Independent Monitoring Assessment of the Monitoring and Evaluation Systems and Processes of DFID Partners, UNFPA, November 2016. See also evaluation matrix EQ10, A24, Annex X.

328. Other United Nations agency key informants.

329. The strategy has included significant, sustained and systematic capacity-building in basic GBV principles, basic do no harm principles and step-by-step guidance in developing and running impactful GBV programming and can be found in consecutive GBV sub-cluster strategies for 2015, 2016 and 2017. See: www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017_gbv_strategy_narrative_english_0.pdf.

330. www.web.archive.org/web/20180327172651/https://reliefweb.int/job/2529454/gbv-awareness-raising-consultant. Global Communities, March 2018.

331. See evaluation matrix EQ10, A25, Annex X.

Gaziantep. One respondent from the Gaziantep (Turkey) inter-agency hub highlighted the added value of the GBV guidelines training, noting "I had partners who came back waving individual pages [of the GBV guidelines]".[332] The increased acceptance across the humanitarian community of GBV as a life-saving priority is a direct result of UNFPA influence from the regional response hub and the individual cross-border responses in Jordan and Turkey. While many stakeholders feel that less visible effort has been made to ensure that SRHR – across all aspects of MISP, including family planning – is seen as life-saving across the Whole of Syria response,[333] the work of UNFPA from the Gaziantep (Turkey) inter-agency hub through both direct programming and RH working group coordination has contributed to a broad understanding of the life-saving nature of SRHR programming.

Finding 29: In the refugee response in surrounding countries, UNFPA has successfully delivered services in coordination with government and NGO partners, supporting existing structures and filling gaps where possible. Prevention activities have been inconsistent across refugee responses. GBV and SRHR being fully promoted as life-saving interventions has also been inconsistent across refugee responses.[334]

In **Turkey**, the Turkey Country Office has used different modalities to increase access to services since the beginning of the response. Until 2015 (when Turkey had a camp-based Syrian refugee population), UNFPA provided support to the Ministry of Health and the Disaster and Emergency Management Presidency, which were providing services in camps (with access to camps restricted by the Government of Turkey). The provision of MISP training and RH, dignity and hygiene kits contributed to increasing the quality of the services provided by government service providers – for SRHR and for GBV.[335] RH kits (ordered centrally from the UNFPA Procurement and Supply Branch) are generally targeted towards contexts where it is not possible to buy commodities in-country, or at the beginning of an emergency response, including in camp settings. As of December 2017, UNFPA-supported facilities (WGSS and youth centres established from 2015) had provided services to at least 246,605 beneficiaries (note that 246,605 SRHR beneficiaries and 214,068 GBV beneficiaries were recorded, many of whom will have accessed both SRHR and GBV services).[336] Dignity kits, hygiene kits and family kits have continued to be provided through WGSS as a tangible attraction to encourage women to access WGSS facilities. This also recognizes that the Government of Turkey does not allow any cash-transfer schemes outside of the government Emergency Social Safety Net scheme. Dignity and hygiene kits are assembled locally through a contract with a private supplier. There are four youth centres for youth services, funded by the Embassy of Japan and the Government of Denmark. However, UNFPA does not currently play a broader role in coordinating youth services and support and therefore contribution is much more limited for youth.[337]

In **Iraq**, the Iraq Country Office has provided a range of direct and indirect support to government and NGO stakeholders providing services in eight of the nine Syrian refugee camps within the Kurdistan Region of Iraq. The provision of MISP training and RH, dignity and hygiene kits contributed to increasing the quality of the services provided by government and NGO service providers for SRHR and for GBV. As of November 2017, UNFPA has supported facilities (camp-based WGSS, RH clinics and youth centres, women's community spaces, mobile clinics and a survivors centre) and provided SRHR services to 726,000 refugees and IDPs and GBV services to over 588,000 refugees and IDPs. UNFPA tracking mechanisms do not specifically disaggregate refugees and IDPs, particularly within host communities where both groups overlap, but on a camp basis alone, UNFPA has supported SRHR and GBV services to approximately 43,000 women and girls.[338] Dignity kits and hygiene kits have continued

332. Other United Nations agency key informant.
333. Various key informants.
334. See evaluation matrix EQ10, A25, Annex X.
335. UNFPA, Independent Country Programme Evaluation: Turkey 2011–2015, New York: Evaluation Office, October 2014.
336. UNFPA, "Humanitarian programme presentation", 4 January 2018. Presentation to the evaluation team during the evaluation visit. Available from the Turkey Country Office.
337. UNFPA does chair a youth thematic group (not specifically for the humanitarian response) that has recently developed a concept note for joint refugee youth programming.
338. UNFPA Fact Sheet, November 2017. Numbers are extrapolated from totals based on camp populations as a percentage of total refugees in Iraq.

to be provided through WGSS as a tangible attraction to encourage women to access WGSS facilities.

UNFPA **Jordan** has successfully expanded integrated SRHR and GBV services in Za'atari and Azraq camps. Clinical services are of a demonstrably high standard. GBV services in associated WGSS (provided next to clinical services for ease of access for women and girls) are of reportedly high standards, with the important exception that the WGSS are not currently used exclusively for women and girls. Through the integration of SRHR services with WGSS, UNFPA has increased trust and consequently the utilization of both SRHR and GBV services. Out-of-camp service provision, for both Syrian refugees and Jordanian host-community women and girls, is more limited and geographic proximity and affordability issues affect the quality of services that out-of-camp refugees and Jordanians can access.[339] Out of camp, there is no CMR, GBV services are limited and not all SRHR services are free; those that are are only free for registered refugees. In 2016 (latest consolidated figures available), UNFPA directly provided SRHR and GBV services to 262,442 women and girls, through 30 WGSS (in and out of camp) and associated health clinics and supported five service delivery points for CMR (in Za'atari and Azraq camps).[340] Since UNFPA services began in the Berm in December 2016, 6,000 women and girls have accessed family planning services, antenatal and postnatal care and infant vaccinations.

In **Lebanon**, the Lebanon Country Office has supported the provision of commodities including RH kits, drugs and contraceptives to 214 primary health-care centres of the Ministry of Public Health and 60 additional NGO centres. In 2017, UNFPA provided 144,000 men and women with RH services. The Lebanon Country Office has also led in the procurement and distribution of dignity kits – 17,000 in 2017 distributed via health centres and WGSS. According to a 2016 UNHCR health access and utilization survey among Syrian refugees in Lebanon, 70 per cent of refugee women who had been pregnant in the last two years reported accessing antenatal care,[341] the provision of which UNFPA has contributed to via support to the Ministry of Public Health and NGO centres.

Across all contexts, respondents and focus group discussion participants reported that refugees have accessed GBV and SRHR services provided by UNFPA more so than they would have been able to do without the presence of UNFPA and that those services observed by the evaluation team were of a quality standard, conforming to global minimum standards for GBV and SRHR. However, "much of the focus has been on outputs but not on outcomes. Populations and services are being missed as a result."[342]

Prevention and social norms work have been less consistent. In Jordan, UNFPA is conducting extensive prevention, risk reduction and community outreach social norm interventions in Za'atari and Azraq camps, with activities including awareness-raising sessions within WGSS on family planning, child marriage, GBV, negotiation and gender equality. Focus group discussion participants in both Za'atari and Azraq camps confirmed to the evaluation team the utility and impact of these sessions. Summarized results from UNFPA Jordan highlight reaching approximately 3,400 beneficiaries with RH-related messaging each month in 2016 and 2017.[343] Za'atari youth centre and associated youth activities, including the UNFPA leadership of the youth task force, provide quality and necessary prevention, risk reduction and social norm change programming for youth, including counselling, life skills and GBV and SRHR information services. There are currently approximately 3,000 youth who have accessed the full course of activities and support through Za'atari youth centre, with a further 5,000 youth across Za'atari camp who have indirectly benefited from the youth centre outreach and awareness activities.[344] (There is no corresponding comprehensive youth programming in Azraq.) However, there is limited social norm change prevention work being undertaken outside of the camps.

339. UNFPA, government and implementing partner key informants and focus group discussions (Sweillah clinic, Amman).
340. www.unfpa.org/data/emergencies/jordan-humanitarian-emergency. UNFPA, n.d.
341. UNHCR, At a Glance: Health Access and Utilization Survey Among Syrian Refugees in Lebanon, September 2016.
342. Jordan donor key informant.
343. Summarized results provided to evaluation team by UNFPA key informants.
344. Za'atari youth camp key informants.

In **Turkey**, the Turkey Country Office has conducted child-marriage awareness panels reaching 7,500 individuals (women and men) across 15 cities in Turkey. In addition, WGSS activities include prevention messages and counselling and information, education and communication materials developed in Arabic for safe delivery, antenatal care, postnatal care, contraception and nutrition during pregnancy.[345]

Also in **Iraq**, the Iraq Country Office has conducted early-marriage assessments and awareness-raising campaigns for camp and non-camp inhabitants. In addition, WGSS activities include messages and counselling on early-marriage/GBV prevention, and information, education and communication materials for safe delivery, antenatal care, postnatal care, contraception and nutrition during pregnancy. Furthermore, UNFPA continues to seek evidence to drive programming for the future, with ongoing research among survivors of GBV and assessments on the prevalence of early marriage in order to formulate its programme strategies.

In **Lebanon**, the Lebanon Country Office support to social norm change for refugee and host communities in Lebanon related to SRHR and GBV has not been as comprehensive as its support to improved service delivery. However, UNFPA has made considerable contributions to longer-term social norm change through its community outreach and peer-to-peer learning. The advocacy for legislative change by UNFPA has enhanced women's and girls' rights and embedded those rights in Lebanon legislative and policy frameworks, such as the Domestic Violence Law, the development of the National Women's Strategy and ongoing work on UNSCR 1325.

Donor and other United Nations agency perspectives on UNFPA prevention work include the following.

"[UNFPA] are responsive to supply from a demand perspective, but you need to create demand. Given that it is the organization mandated with key messages to encourage uptake. Raising awareness on leaflets – it needs to use SMS and other technologies and move away from traditional focus and respond to new needs."[346]

"In terms of prevention, it is multifaceted and the population is huge … It feels like UNFPA oversells what it can do in terms of prevention."[347]

Lebanon, Turkey, Iraq and Jordan have, to some degree, promoted SRHR and GBV as life-saving interventions with either UNCT/HCT and/or host governments leading the refugee response. In Turkey, the Government has led the refugee response with more limited United Nations support than in other contexts. As such, one determination of the effectiveness of the contribution of UNFPA is by how much the advocacy of UNFPA with the Government of Turkey has resulted in SRHR and GBV being understood as life-saving priority humanitarian interventions. The Jordan Country Office has, to a certain extent, been able to embed SRHR and GBV as life-saving interventions within the Jordan Response Plan, although being a culturally conservative government, there has been resistance to fundamental components of SRHR (specifically the "sexual" and "rights" components and GBV).[348] The engagement of UNFPA at UNCT/HCT level has driven the SRHR and GBV agenda.[349] In Lebanon, the positive relationship between Lebanon Country Office and the Government has had a significant influence - even in a time of government instability - on the improved response of the Government to SRHR and GBV. The Lebanon Country Office has capitalized on partnerships with other United Nations agencies to scale up interventions, including supporting the roll-out of the Inter-Agency Standing Committee GBV guidelines to improve sector-wide integration of attention to GBV in humanitarian action. Its commitment to research over the last several years has not only impacted the value of its own programming, it has also been a service to the wider humanitarian community in terms of a better understanding of needs and approaches to addressing SRHR and GBV in humanitarian action.

345. UNFPA Turkey key informants.
346. Lebanon other United Nations agency key informant.
347. Turkey donor key informant.
348. UNFPA key informants.
349. United Nations agency key informants.

(c) UNFPA 2018, Darashakran Refugee Camp, Iraq

4 CONCLUSIONS

OVERALL

Conclusion 1: The overall response of UNFPA was slow to start and UNFPA did not immediately find its leadership role across GBV, SRHR and youth or across all country contexts. However, once the response started, UNFPA prioritized the hardest-to-reach populations. UNFPA has been more effective at providing response services than at prevention Furthermore, UNFPA has not taken advantage of its expertise in population data, demonstrated in development programming, in terms of being able to analyse and collate results within a population profile.

Links to Findings 4, 8, 26, 27, 28.

Conclusion 2: UNFPA has been, and continues to be, a key player in the delivery of quality sexual and reproductive health (SRH) and GBV services for women, girls and youth within refugee camps and communities across all countries. Qualitative evidence indicates that activities supported by UNFPA are positively received and are filling essential service gaps. However, an overall quantitative determination of the effectiveness of the activities supported in terms of outcomes on specific metrics (such as incidence of child marriage, cases of GBV etc.) is not possible, given the lack of systematic quantitative outcome-related data within UNFPA.

Links to Findings 26, 27.

PROGRAMMING

Conclusion 3: Despite the challenges and complexity of the Syria crisis for both the Whole of Syria approach and refugee responses, UNFPA has designed its interventions by continually adapting to evolving needs.

Links to Findings 1, 5.

Conclusion 4: UNFPA has not systematically documented gender and inclusion analysis, or adherence to international humanitarian law, international human rights law and international refugee law. While there is anecdotal evidence of gender and inclusion analysis and respecting of international humanitarian principles, the lack of documentation suggests inconsistency and a missed opportunity for organizational learning for:

a. Continuous improvement of gender and inclusion analysis
b. Support to all country offices for issues of principled access and organizational red lines in respect of humanitarian principles.

Links to Findings 2,3.

Conclusion 5: The inconsistency of the inclusion of men and boys in GBV programming by UNFPA, based on the different interpretations of organizational language, has impacted on how successfully UNFPA has leveraged its comparative advantage on GBV programming. External stakeholders see different approaches in terms of men and boys across different contexts rather than a consistent UNFPA position.

Links to Findings 6,7.

Conclusion 6: Consistency and coherence of the focus on inclusion – across a range of areas – by UNFPA is limited.[349] A notable and widespread example is in the area of disability, where UNFPA has limited focus or investment on ensuring access to services for people with disabilities in the Syria response. All country offices expressed commitment to efforts to improve this. Nonetheless, other factors of exclusion have received much less attention and are only being sporadically addressed.

Links to Findings 2,9.

Conclusion 7: Within each refugee response country, connectedness between the refugee response and longer-term development via UNFPA programming has been both strong and aligned with country-specific chapters of the 3RP that prioritize resilience-building across host and refugee communities.

However, connectedness between different refugee responses and the cross-border operations (i.e. Turkey refugee response and Turkey cross-border operations, and Jordan refugee response and Jordan cross-border operations) has been weak, undermining the humanitarian-development continuum. Likewise, within the Whole of Syria approach, connectedness between inter-agency hubs outside of Syria and the Syria Country Office has been inconsistent – albeit partly for valid reasons that have affected all United Nations agencies to some degree. Nonetheless, the lack of contingency planning for shifting conflict lines and the lack of refugee responses fully benefitting from investment in the Whole of Syria has been a missed opportunity.

Links to Findings 15, 16, 17.

349. Inclusion is a key element of the Agenda for Humanity and the Leave No One Behind commitments. See: www.agendaforhumanity.org/cr/3.

COORDINATION AND LEADERSHIP

Conclusion 8: The Whole of Syria GBV response (UNFPA programming and coordination through the Whole of Syria GBV sub-cluster) is exceptionally good, as demonstrated by the high-quality outputs developed by the sub-cluster, such as Voices and the GBV dashboard. Thus, the Whole of Syria GBV response demonstrates a high return on investment of GBV resources via the regional response hub and other inter-agency hubs. However, the products developed have not been effectively leveraged for respective refugee responses, which represents a missed opportunity. While Voices was initially designed to collect information from hard-to-reach areas, the level of credibility it has afforded GBV information among other humanitarian actors suggests that the methodology could be used effectively to embed GBV as a life-saving intervention across country-level responses.

Links to Findings 25.

Conclusion 9: SRHR has received less attention and investment within the regional response hub and this is reflected in reduced Whole of Syria SRHR coordination, although not necessarily in terms of UNFPA programming. UNFPA has a clear role as coordinator and provider of last resort as mandated by the Inter-Agency Standing Committee, and accountability for GBV as the cluster lead agency for the GBV Area of Responsibility. However, there is no formalized equivalent SRHR responsibility for UNFPA even though UNFPA normally adopts an informal leadership role on SRHR in emergencies through the establishment of RH working groups under the WHO-led health cluster. Nonetheless, UNFPA has a leadership role to play on SRHR based on the mandate of UNFPA and this has not been consistently visible across the Syria regional response.

Links to Findings 10, 11.

Conclusion 10: The emerging leadership role of UNFPA for youth in humanitarian action at the global level – through both leadership of the Compact for Young People in Humanitarian Action and UNSCR 2250 – is not reflected in the UNFPA Syria response. This presents a disconnect between UNFPA global action, investment and focus (as also highlighted in the UNFPA Strategic Plan 2014-2017) and the country-level operational presence and focus of UNFPA.

Links to Findings 12.

SYSTEMS AND STRUCTURES

Conclusion 11: The Syria regional response hub has seen a high return on investment in relation to resource mobilization, representation, coordination and data management (for GBV). However, UNFPA has not reviewed the role and functions of the regional response hub in line with increasing capacity of country offices, undermining its rationale and relevance.

Links to Findings 18, 19, 20.

Conclusion 12: UNFPA operational and financial systems and structures have not fully supported the effectiveness of the response. The balance between regular resources and other resources in some contexts has had a detrimental effect on the response due to the lack of flexibility that other resources can impose on programming. Fast-track procedures have been used inconsistently. Surge and emergency commodities (RH kits) have been utilized across countries and over the duration of the response, but not always aligned with the purpose of those mechanisms but based sometimes on the lack of flexibility of UNFPA staffing structure and the lack of core resources.

Links to Findings 21, 22, 23.

(c) UNFPA 2018, Sharia Refugee Camp, Iraq

5 RECOMMENDATIONS

A. RECOMMENDATIONS FOR SYRIA REGIONAL RESPONSE

Recommendation 1: UNFPA should recognize the current limitations with monitoring, including the gap in data management within the Syria regional response and utilize its expertise in population dynamics, demonstrated within development programming, to contextualize results data.

OPERATIONAL ACTIONS

Internally

- Develop global UNFPA humanitarian resource for utilizing population data to underscore UNFPA programming results across all Syria response countries (short term).

- Commit to building and consistently implementing (and resourcing) monitoring, evaluation and reporting systems that include outcome-level quantitative results across all Syria response countries (short term).

Externally

- Develop a strategy to continue to engage with UNOCHA and IOM to expand use of population dynamics data to broader humanitarian action within Syria response countries (long term).

Links to: Conclusions 1 and 2
Priority: High
Directed to: UNFPA regional offices (ASRO and EECARO) with support from the Technical Division and Policy and Strategy Division

Recommendation 2: UNFPA should review the functions of the Syria regional response hub.

To be implemented in light of changing circumstances and agreeing the future role of the regional response hub.

OPERATIONAL ACTIONS

- Conduct the review in early 2019 after UNSC has decided on whether to renew cross-border operations or not in December 2018 and based upon the continuing situation in Idleb and other areas (medium term).

Links to: Conclusion 5
Priority: High
Directed to: UNFPA Humanitarian and Fragile Contexts Branch

Recommendation 3: Clarify and ensure consistency in its position on the inclusion of men and boys in gender-based violence programming within the regional response.

To ensure organizational consistency in GBV language and programming in relation to the inclusion of men and boys.

OPERATIONAL ACTIONS

The reputation and programming impact of UNFPA is negatively affected by different country-level interpretations of its mandate and approach to GBV in terms of the focus on needs of women and girls. To avoid this, UNFPA should clarify the focus on women and girls within GBV programming while also reaching male survivors of sexual violence.

Clarify UNFPA position across Syria response countries (short term).
Develop a workplan to bring programming in line with clarified position across countries (medium term).

Links to: Conclusion 5
Priority: High
Directed to: UNFPA regional offices (ASRO and EECARO) for clarifying to country offices.

Recommendation 4: UNFPA should review the use of surge, fast-track procedures, and emergency commodities, and continue advocating with Member States and donors for an adequate level of regular resources, to increase the efficiency of the Syria regional response.

The review should take account of the use of different fast-track procedures and how that is shaped by different funding modalities (for example non-UNFPA resources such as donor funding, and UNFPA "regular" or "core" resources).

OPERATIONAL ACTIONS

- Develop strategy for increased efficiency of surge usage (medium-term);
- With regard to the use of commodities 2011-2017 across Syria response countries: Collect data across all countries vis à vis use of commodities, average timeframes from ordering to final usage, cost, and wastage, for example, cost of items in kits that could not or were not used (short-term);
- Develop a strategy for increased efficiency of com modity usage based on data collected (medium-term).

Links to: Conclusion 12
Priority: Medium
Directed to: UNFPA regional offices (ASRO and EECARO) with support from UNFPA headquarters senior management, the Division of Human Resources and the Procurement and Supply Branch

Recommendation 5: UNFPA should recognize the vacuum around youth leadership and step up youth programming and coordination across the Syria regional response.

UNFPA should do so in a coherent manner and in line with global commitments made under the Compact for Young People and UNSCR 2250 – including planning for strategically marrying the two where possible across the Syria response"

OPERATIONAL ACTIONS

- Seek a resource mobilization strategy for increasing UNFPA coordination leadership of youth in Syria response countries (short term).
- Formulate a measurement framework for documenting the effectiveness of youth coordination in Syria response countries and use this as a foundation to leverage further financial and other support (medium term).
- The regional response hub and/or regional offices to look to support the development of youth coordination mechanisms across responses (and help to continue to support those that already exist such as in Syria, co-led by UNFPA and UNICEF) considering both aspects of young people in humanitarian action and aspects of youth, peace and security (short term).
- Support the roll-out of the guidelines for working with and for young people in humanitarian action across UNFPA Syria regional response countries when these guidelines are launched (medium term).

Note: UNSCR 2250 is peacebuilding and youth work is often considered to be more development focused than humanitarian focused, so this recommendation is presented for consideration across the humanitarian-development-peace triple nexus.

Links to: Conclusion 10
Priority: Medium
Directed to: UNFPA ASRO to lead with UNFPA ECARO, UNFPA country offices (Iraq, Jordan, Lebanon, Turkey, Syria) and the regional response hub with support from Technical Division and the Humanitarian and Fragile Contexts Branch.

Recommendation 6: UNFPA should commit internally to resourcing and supporting sexual and reproductive health and rights coordination within the Syria regional response to the same level as the coordination of gender-based violence prevention and response.

The evaluation recognizes that gender-based violence coordination is a formalized UNFPA cluster lead-agency responsibility, with an associated provider of last resort accountability, while SRHR is not. However, SRHR is embedded within the UNFPA mandate and even without a formalized cluster lead-agency responsibility, UNFPA is the de facto lead agency for SRHR in emergencies and therefore requires commitment to this leadership responsibility.

OPERATIONAL ACTIONS

- Produce an internal regional paper committing internally to resourcing SRHR working group coordination responsibilities to the same extent as GBV coordination.

Note: It is not the recommendation of this evaluation to negotiate for a formalized SRHR sub-cluster.

Links to: Conclusions 9
Priority: Medium
Directed to: UNFPA regional offices (primarily ASRO, also EECARO).

Recommendation 7: UNFPA should increase documentation of gender analysis and adherence to international humanitarian principles, international humanitarian law, international human rights law and international refugee law in the Syria regional response.

Primarily for the purpose of internal quality assurance and internal learning and continuous improvement.

OPERATIONAL ACTIONS

Gender analysis and inclusion

- Start using the Inter-Agency Standing Committee gender and age marker for all proposals (short term).
- While recognizing the attempts of all countries to more fully consider disability aspects into programming, start to integrate Washington Group disability criteria into programme design as a consistent inclusion first-step mechanism for disability (medium term). Integrate consistent usage of new disability in humanitarian action guidelines when they are launched (long term).

International humanitarian principles

- Country offices to start documenting both adherence to and challenges with adherence to international humanitarian principles, for example, around donor conditionalities (short term).
- Plan for exchange of issues with other countries (short term).
- Leading to shared learning and the development of a "red lines" regional UNFPA paper highlighting the UNFPA approach to principles and what is acceptable and what is not (long term).

Links to: Conclusion 4
Priority: Low
Directed to: Syria regional response country offices (Iraq, Jordan, Lebanon, Syria, Turkey); regional offices (ASRO and EECARO) for support.

B. RECOMMENDATIONS FOR UNFPA GLOBALLY

Recommendation 8: UNFPA should use the Whole of Syria gender-based violence sub-cluster as a blueprint for UNFPA coordination responsibilities globally.

Leverage further the products emanating from the regional response hub (such as Voices and data management dashboard) to improve, first, regional country refugee responses and, second, globally.

OPERATIONAL ACTIONS

Resourcing sub-clusters globally

- UNFPA has committed to resourcing sub-clusters with a dedicated coordinator (UNFPA minimum standards), but this commitment should include (a) commitment to a dedicated coordinator at a level equal to other cluster coordinators; and (b) dedicated information management support within level 3 emergencies (short term).
- Roll out this commitment to all level 3 and level 2 emergencies (long term).

Products

- UNFPA regional response hub and refugee country offices to organize a shared learning meeting where the regional response hub can present the products developed to country offices (short term).
- UNFPA regional response hub and refugee country offices to develop a roll-out and support plan, including measurement indicators for country offices to monitor the impact of utilizing products.

Links to: Conclusion 8
Priority: High
Directed to: UNFPA headquarters senior management and the Humanitarian and Fragile Contexts Branch (resourcing globally and roll-out globally).

Recommendation 9: UNFPA should use the case study on the regional response hub produced within the framework of the evaluation, together with a further mapping/rapid appraisal of the effectiveness of other agency hub mechanisms, to develop a blueprint for the establishment of other potential hubs in the future.

The regional response hub case study produced as part of this evaluation highlights the successes and the challenges of the regional response hub since its establishment in 2013.

OPERATIONAL ACTIONS

- Review the regional response hub case study and commission a rapid review of successes and challenges from other agencies Whole of Syria coordination mechanisms (short term).

- Develop a "hub position paper" outlining criteria to determine if a hub is necessary for a swift and timely response that is able to cover a large-scale multi-country crisis and then outlining (a) when (in which circumstances) a hub should be considered; (b) how it should be established (initial investment, positions); (c) what functions it should initially cover (resource mobilization, coordination, technical assistance, representation); and (d) how it should be regularly reviewed (medium term).

- Ensure that future hubs are established with a monitoring framework for determining added value (as an addition to normal UNFPA architecture) and return on investment from the outset.

Links to: Conclusion 11
Priority: Medium
Directed to: UNFPA Humanitarian and Fragile Contexts Branch.

(c) UNFPA 2018, Azraq Refugee Camp, Jordan

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