



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

CROSS-BORDER CASE STUDY

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Acronyms

3RP	Regional Refugee and Resilience Plan
ANC	Ante-natal care
ASRO	Arab States Regional Office
BEmOC	Basic Emergency Obstetric Care
CEmOC	Comprehensive Emergency Obstetric Care
CEFM	Child, Early and Forced Marriage
CLA	Cluster Lead Agency
CMR	Clinical Management of Rape
CO	Country Office
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CSO	Civil Society Organisation
DEZ	De-escalation Zone
DHR	Department of human resources
DRHC	Deputy Regional Humanitarian Coordinator
EECARO	Eastern Europe and Central Asia Regional Office
EmOC	Emergency Obstetric Care
FACE	Funding Authorisation and Certificate of Expenditure
FGD	Focus group discussion
GBV	Gender-based violence
GBV AoR	Gender-based Violence Area of Responsibility
GBViE	Gender-based Violence in Emergencies
GBVIMS	Gender-based Violence Information Management System
GoI	Government of Iraq
GoJ	Government of Jordan
GoS	Government of Syria
GoT	Government of Turkey
HACT	Harmonised Approach to Cash Transfers
HCT	Humanitarian Country Team
HFCB	Humanitarian and fragile context branch
HNO	Humanitarian Needs Overview
HQ	Headquarters
HRBA	Human-Rights Based Approach
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group
ICO	Iraq country office
ICPD	International Conference on Population and Development
IM	Information Management
INGO	International Non-Governmental Organisation
IPV	Intimate partner violence
IRC	International Rescue Committee
ISG	International Solutions Group
ISP	Information sharing protocols
JAF	Jordanian Armed Forces
JCO	Jordan country office
JHAS	Jordanian Health Aid Society
LGBT	Lesbian, Gay, Bisexual and Transgender
M&E	Monitoring and evaluation

MDGs	Millennium development goals
MISP	Minimum Initial Services Package
MMR	Maternal Mortality Rate
MNH	Maternal and new born health
OCHA	Office for the Coordination of Humanitarian Affairs
PHC	Primary health care
PSEA	Prevention of Sexual Exploitation and Abuse
PNC	Post Natal care
PoA	Programme of Action
PwD	People with Disabilities
RC/HC	Resident Coordinator / Humanitarian Coordinator
RfP	Request for Proposals
RH	Reproductive Health
RO	Regional Office
SAMS	Syrian American Medical Society
SC	Sub-Cluster
SCO	Syria country office
SDF	Syrian Democratic Forces
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-based violence
SRH	Sexual and Reproductive Health
SRHiE	Sexual and Reproductive Health in Emergencies
SRHR	Sexual and Reproductive Health Rights
SSG	Strategic Steering Group
SWG	Sub-Working Group
TFR	Total Fertility Rate
ToC	Theory of Change
TCO	Turkey country office
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
WG	Working Group
WGSS	Women and Girl's Safe Space
WHO	World Health Organisation
WoS	Whole of Syria

Executive Summary

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 were in need of humanitarian assistance, 6.1 million within Syria and 7 million in surrounding countries. Close to 3 million people inside of Syria are in besieged and hard-to-reach areas, exposed to grave protection violations.¹

Since 2011, the United Nations Population Fund (UNFPA) has been responding to the escalating crisis.

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

Under the mandate of the SCRs, a UN Monitoring Mechanism (UNMM) was established “pursuant to Security Council (SC) resolution 2165”² of 14 July 2014 with the Government of Syria being notified about each shipment / convoy, and the UNMM confirming the humanitarian nature of each consignment.

UNFPA operates cross-border operations in full alignment with other UN sister agencies, i.e. across the Jordanian and Turkish borders, and also some more limited/ad-hoc operations across the Iraqi border. The Turkey cross-border response is much more comprehensive than the Jordan cross-border

response (this reflects the overall humanitarian assistance provided from the Gaziantep and Amman interagency hubs respectively). The cross-border response from Gaziantep interagency hub supports service delivery (sexual and reproductive health³ (SRH) facilities and mobile units and GBV WGSS facilities), distribution of supplies (RH kits and dignity kits), and capacity-building. These activities are conducted both by UNFPA as an agency and through the respective coordination mechanisms of the GBV SC and the RH WG.

Findings

1. UNFPA facilitates cross-border operations through both delivery of supplies and support to partners from Turkey, Jordan and Iraq. The activities are different in scale and scope based on the differing specific needs of populations and partners in northern Syria (from Turkey), southern Syria (from Jordan), north eastern Syria (from Iraq) and generally in line with the overall UN scale of operations.
2. Whilst UNFPA has prioritised GBV over SRH in staffing resources within the Whole of Syria response, this has not impacted on scale of SRH services provided compared to GBV services. A youth response has been limited.
3. UNFPA’s cross-border operations from Jordan, Turkey and Iraq⁴ have adapted over time due to changing circumstances, security, conflict lines, and negotiated access, in line with the overall changing UN cross-border response.
4. UNFPA’s comparative strength on SRH and GBV has been leveraged; more so on GBV than SRH.
5. UNFPA has a well-functioning mapping system for both GBV and (to a lesser extent, SRH) to ensure that geographical coverage is the most comprehensive possible given overall security and access constraints.
6. UNFPA has not been successful in reaching all vulnerable and marginalised populations (such as people with disabilities or LGBT

¹ UNOCHA; Also WoS HNO 2018.

² <https://response.ochasyria.org/unmm/>

³ This report uses the terminology Sexual and Reproductive Health (SRH) unless referencing and entity, project, or product that is specifically commonly referred

to as Reproductive Health (RH), such as the RH Working Group (RH WG).

⁴ Noting that Iraq cross-border operations only started in September 2017.

populations) within the cross-border operations.

7. UNFPA has not undertaken any significant youth programming within the cross-border operations.

8. UNFPA has a well-functioning GBV sub-cluster coordination system for WoS and cross-border work with the Hub⁵ supporting cross-border GBV coordination overall and specifically from Jordan; and a well-established and credible GBV sub-cluster managed from the Gaziantep (Turkey) hub.

9. The Hub has not established a corresponding SRH WG mechanism thus the SRH coordination function of UNFPA for the cross-border operations within the WoS approach is managed by a double-hatting SRH Adviser out of the Turkey cross-border hub.

10. The Iraq cross-border operations are not fully engaged with WoS mechanisms.

11. UNFPA has no youth coordination function for WoS including cross-border operations.

12. UNFPA cross-border activities operate under the mandate of successive UN Security Resolutions and are fully in line with the international frameworks authorising cross-border activities.

13. UNFPA has not sufficiently provided for continuity of service should cross-border routes be disrupted or considered duty of care issues for partners operating within Syria under UNFPA's funding and direction. This is an issue common to all UN agencies.

14. To date there have been limited linkages or alignment between cross-border responses and the refugee responses in Jordan and Turkey respectively.

15. There has been insufficient engagement between interagency hubs outside of Syria (Gaziantep and Amman) and the Damascus interagency hub which has limited overall contingency planning for shifting front lines and access.

16. There has been limited youth work through cross-border operations, which is important

for longer-term resilience and future rehabilitation, recovery, and rebuilding.

17. Cross-border operations are not fully utilising available flexibility such as FTPs where it is still necessary when the overall country programme within which the cross-border operation is based is no longer using FTPs because the respective CO's are operating in a more stabilised refugee response environment.

18. Duty of care for staff and partners in Gaziantep is complicated by reporting to two Regional Offices: EECARO as part of the Turkey CO and ASRO as part of the WoS response under the Hub as an extension of ASRO.

19. UNFPA's partnership strategy has been limited for all cross-border operations due to circumstances. In Turkey in particular, UNFPA has sought to provide significant capacity-building to both SRH and GBV partners (and both as an Agency and through GBV SC and SRH WG).

20. *Voices* has been successful for advocacy and fundraising purposes, but its potential was not initially realised to full advantage.

21. UNFPA – as with all other agencies – has been restricted in effectiveness of cross-border operations due to the political, security, access, and partnership environment. Despite these challenges, UNFPA has provided access to women and girls to quality GBV and SRH services in both non-government-held areas in northern Syria and non-government-held areas in southern Syria.

Key Conclusions

A. The UNFPA cross-border response from Jordan and Turkey⁶ is aligned with needs and reaches those most based on geographical mapping in need as much as security, political situations and donor priorities will allow although cross-border operations have not been successful in reaching all vulnerable and marginalised populations such as people with disabilities and LGBT populations and has not developed a youth programme. The operation

⁵ as noted previously, the UNFPA WoS Hub based in Amman and coordinating UNFPA activities and cluster accountabilities across the WoS response is referred to as 'the Hub' in this report. The UN system as a whole refers to Damascus, Gaziantep (Turkey) and Amman (Jordan) hubs (lower case 'h') as separate from the UNFPA Hub.

⁶ Given how small, under the radar, and recent the Iraq cross-border response is, with no visibility in the WoS Dashboard (for UNFPA's partner, UPP) and the current suspension of activities at the time of the evaluation, the evaluation was not able to conclude whether the Iraq cross-border work is aligned with needs.

has proven flexible and adaptable to changing external contexts.

B. UNFPA has prioritised GBV in staff resourcing over SRH but this has not impacted on ratio of SRH / GBV services for UNFPA-supported partners. However, SRH staffing and therefore coordination from Amman is lacking. UNFPA has been largely ineffective in relation to their emerging global youth leadership position.

C. The cross-border response functions well despite the lack of proper resourcing for Gaziantep (Turkey) hub and Amman (Jordan) hub coordination functions, with double-hatting positions for coordination and programming functions in both. The Hub has been well-resourced but more so for GBV than for SRH and with limited youth technical capacity or support. UNFPA-supported cross-border work from Iraq into north eastern Syria appears to remain outside of the overall coordination mechanism.

D. UNFPA has not yet developed comprehensive contingency plans across all cross-border operations should routes be disrupted or established clear scenario planning for refugee return. The lack of youth programming to date impacts of longer-term resilience building objectives, and the lack of linkages between cross-border programmes and refugee response programmes miss the opportunity to ensure smooth return as and when voluntary returns begin, and miss leveraging the WoS investment across refugee responses respective such as the Arabic GBV materials and products which have been developed.

E. Humanitarian procedures – designed to facilitate operational and programming processes – such as FTPs are not necessarily being used in cross-border operations when they would be a great benefit: there is a lack of clarity as to when FTPs can be used by a sub-office if not being used by the respective country office.

F. *Voices* has been instrumental in increasing visibility of and attention to GBV within the

Whole of Syria approach and could be utilised more broadly by UNFPA and the GBV AoR.

Suggestions for Recommendations

1. The UNFPA WoS cross-border response⁷ should review the current SRH-staffing investment level compared to the GBV-staffing investment level in relation to coordination responsibilities and decide if efforts should be adjusted depending on need, donor preferences, and UNFPA's overall mandate. This review should take account of the difference in formality of leadership responsibility vis-à-vis the GBV AoR /SC as a formal IASC responsibility compared to RH WG leadership for which UNFPA has no formal CLA responsibility designated by IASC and also recognising the different investment in GBViE and SRHiE within UNFPA Headquarters *but* whilst also acknowledging UNFPA's stated mandate and successive strategic plans.

2. The UNFPA WoS cross-border response should plan for increased youth work, in line with UNFPA's emerging global leadership through the Compact for Young People in Humanitarian Action and as a clear recognition of the criticality of working with youth for future rehabilitation, recovery, and resilience-building for future generations within Syria.

3. The UNFPA WoS cross-border response should document the effectiveness of mobile clinics and teams compared to static clinics.

4. The UNFPA WoS cross-border response should investigate how linkages between cross-border operations and refugee responses in respective countries can be strengthened.

5. The UNFPA WoS cross-border response should strengthen coordination with SCO as lines shift and more areas become accessible from Damascus to ensure smooth transition of provision of services.

6. The UNFPA WoS cross-border response should review engagement with the UNFPA-supported partners from Iraq into north-eastern Syria to ensure (i) no duplication of geographical areas with Gaziantep (Turkey) hub-based partners; (ii) UNFPA Iraq-supported

⁷ As the WoS response is a collective, multi-country effort with multiple UNFPA stakeholders involved, recommendations aimed at "The UNFPA WoS cross-border response" are targeted initially to the Hub unless

otherwise stated but recognising the Hub will consider these recommendations in close coordination with COs, ROs (predominantly ASRO but maybe also EECARO) and HQ.

services are included within the WoS 4W dashboard mechanism (for both GBV and SRH); and (ii) UNFPA Iraq-supported partners benefit from all WoS products and information such as the GBV SC Adolescent Girls' Strategy.

7. UNFPA respective regional offices should review clarity of use of FTPs and other humanitarian mechanisms by a sub-office if the main CO is not using them and ensure the process of being able to utilise FTPs remains relevant and useful for cross-border operations.

8. UNFPA respective regional offices (ASRO and ECCARO) should clarify security accountability and duty of care for the Gaziantep sub-office in relation to the cross-border activities into northern Syria.

UNFPA HQ should review corporate commitment to humanitarian operations with a view to fully committing to coordination responsibilities and discharging those responsibilities in line with other cluster lead agencies in terms of staffing hub cluster / WG positions, thus ensuring GBV and SRH receive an equal opportunity for visibility, attention, and funding as other sectors.

9. UNFPA HQ should plan for a comprehensive review of *Voices* as both an advocacy and programmatic tool in order to understand the potential for and viability of institutionalising this in GBV responses globally.

Introduction

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 were in need of humanitarian assistance, 6.1 million within Syria and 7 million in surrounding countries. Close to 3 million people inside of Syria are in besieged and hard-to-reach areas, exposed to grave protection violations.⁸ Over half of the population of Syria has 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.⁹

The United Nations Population Fund (UNFPA) has been responding to the escalating crisis since 2011. In 2013, UNFPA established a regional response hub to allow a more effective UNFPA representation at the different humanitarian coordination forums, increase the effectiveness and visibility of humanitarian response activities, and enhance resource mobilization efforts.

In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations. This response is an effort to ensure a coordinated humanitarian response to all people in need in Syria, using all relevant response modalities in accordance with relevant UN Security Council Resolutions. The relevant Security Council Resolutions include UNSCR 2139 (2014), 2165 (2014), 2258 (2015) and 2322 (2016) which, amongst other things, provided the framework for cross-border operations from hubs in Jordan and Turkey, attempting to reach those areas outside of Government of Syria (GoS) control that could not be reached from Damascus. In addition to the cross-border work, and operations from Damascus within Syria, there is a Regional Refugee & Resilience Plan (commonly referred to as the 3RP) which attempts to harmonise 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 primary purpose of this evaluation of UNFPA's regional response to the Syria crisis is to assess the contribution of UNFPA to the Syria humanitarian crisis response. This particular case study examines the specific modality of the cross-border operations and how this has contributed to the UNFPA regional Syria response. A secondary purpose of the overall evaluation is to generate findings and lessons that will be of value across UNFPA, and for other stakeholders. The evaluation is both summative and formative. The more summative aspect of this evaluation is to ensure accountability at all levels: to the individuals and communities receiving assistance and protection within the UNFPA Response; to partner countries; and to donors. The more formative and forward-looking aspects of this evaluation will identify good practice, key lessons learnt, and generate recommendations for the continued UNFPA Response.

This case study provides findings and conclusions pertaining to UNFPA's **cross-border operations** and formulates specific recommendations for the UNFPA regional Syria response hub and the potential for other similar regional hubs.

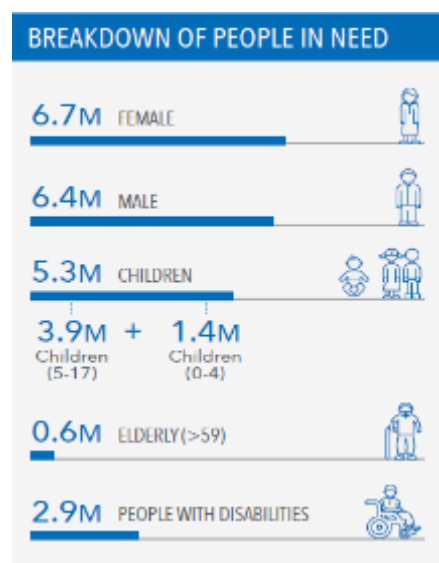


Figure 1: PiN (Source: HNO)

⁸ UNOCHA; Also WoS HNO 2018

⁹ Ibid

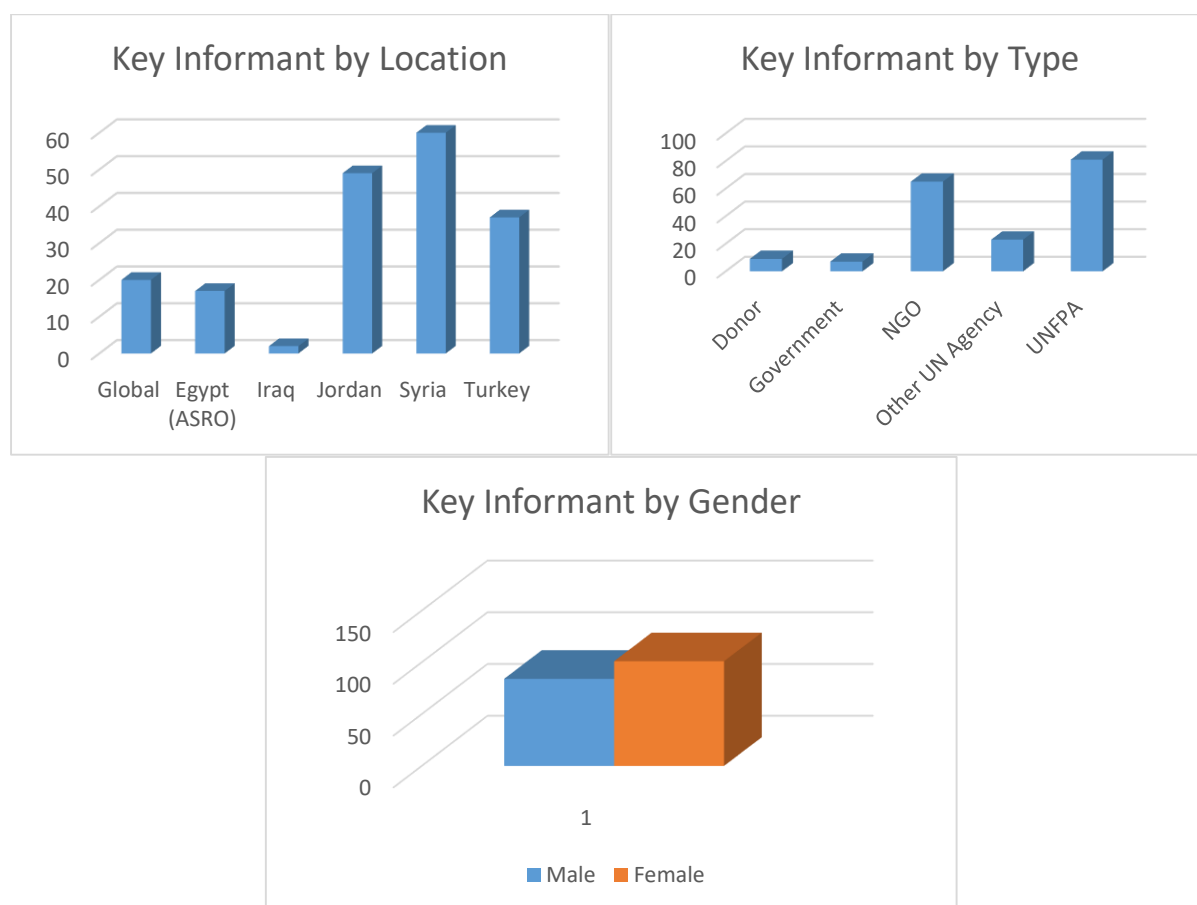
Methodology

Both qualitative and quantitative data and evidence has been collected through a range of methodologies including a desk review of documentation key informant interviews.

The evaluation was conducted in accordance with the *UNEG Norms and Standards for Evaluations*, the *UNEG Ethical Guidelines for Evaluations*, the *UNFPA Country Programme Evaluation Handbook*, and the *WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, and with adherence to the following principles:

- **Consultation** with, and participation by, key stakeholders;
- **Methodological rigor** to ensure that the most appropriate sources of evidence for answering the evaluation questions re used in a technically appropriate manner;
- **Technical expertise and expert knowledge** to ensure that the assignment benefits from knowledge and experience in the fields of gender-based violence in emergencies (GBViE) and sexual and reproductive health in emergencies (SRHiE);
- **Independence** to ensure that the findings stand solely on an impartial and objective analysis of the evidence.

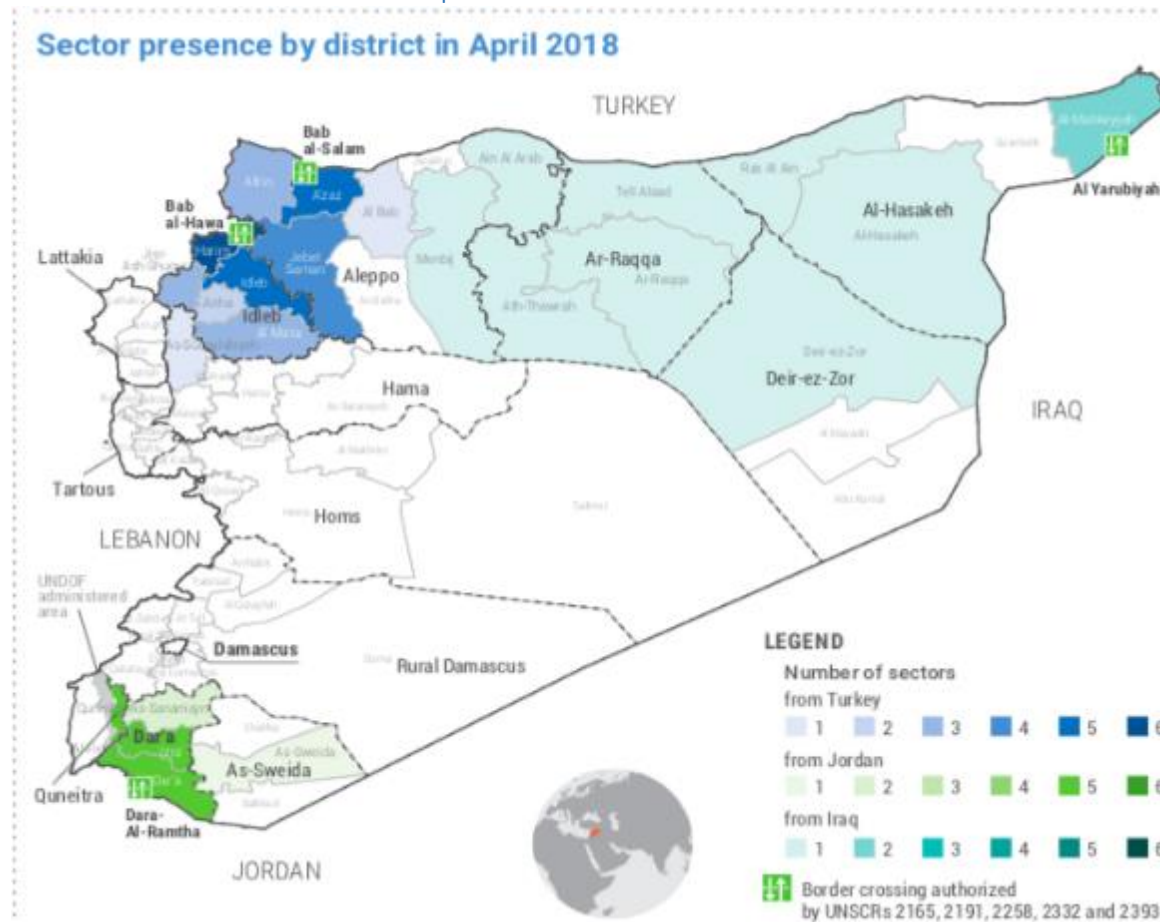
This cross-border case study has been developed based on document review of UNFPA cross-border and Syria / Whole of Syria operations and a total of **185** key informant interviews with internal UNFPA and external stakeholder and partner colleagues in Syria,¹⁰ Turkey, Jordan, Iraq, EECARO, ASRO, and Headquarters (New York and satellite offices in D.C, Brussels, and Geneva). For a full list of KIIs please see Annex I.



¹⁰ The Syria evaluation was conducted remotely.

Background

United Nations Cross-Border Operations



OCHA, April 2018^{11,12}

The Syria Crisis began in 2011 but with no formalised UN response plan until the initial Syria Humanitarian Assistance Response Plans (SHARPs) of 2012, 2013 and 2014.¹³ The 2012 SHARP raised 62% of total \$3.48 million requested. The 2013 SHARP estimated a total of 6.8 million in need and its revised version of July 2013 requested a total of \$1.41 billion, up from \$519 million originally required in January based on the fact that the “crisis has further intensified and expanded into most parts of the country”¹⁴ by mid-2013. The 2014 SHARP increased the total number of people in need to 9.3 million. By 2016 there was an estimated 13.5 million people in need inside of Syria¹⁵ (an estimate that remained throughout 2017 and 2018) and conditions had significantly deteriorated:

“Since 2011, an average of 50 Syrian families have been displaced every hour of every day.”¹⁶

“Life expectancy among Syrians reduced by over 20 years since 2011.”¹⁷

¹¹https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/180514_cnv_syr_xb_regional_april2018_en.pdf

¹² This is the official OCHA cross-border map. According to SCO respondents, the lines are not so clear-cut and some areas served from Turkey or Jordan are also served from the Damascus interagency hub; access changes frequently.

¹³ <https://fts.unocha.org/appeals/396/summary>;
<https://fts.unocha.org/appeals/421/summary>;
<https://fts.unocha.org/appeals/442/summary>

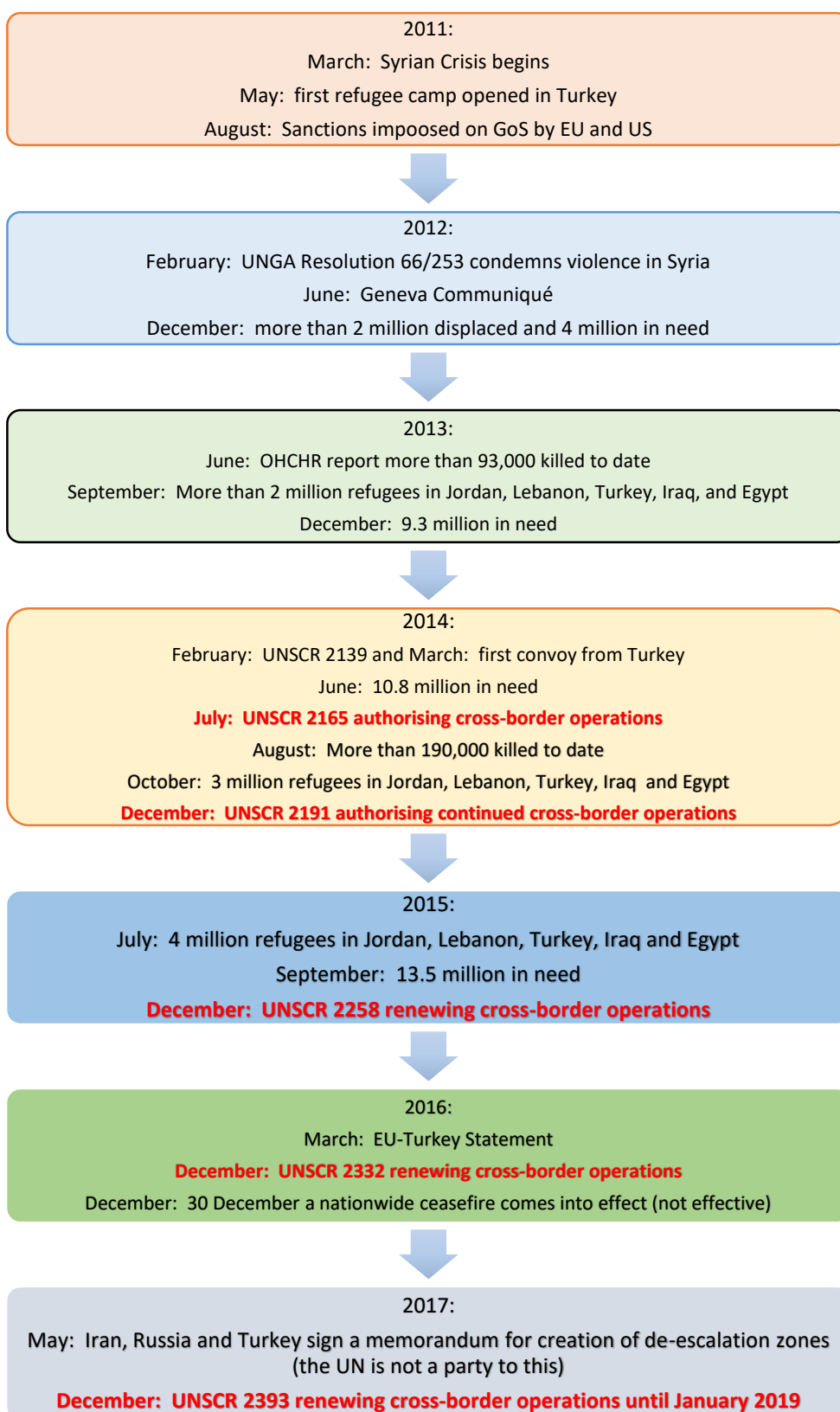
¹⁴ Revised Syria Humanitarian Assistance Response Plan (SHARP) January – December 2013 (revised July 2013).

¹⁵ 2016 Humanitarian Needs Overview.

¹⁶ Ibid.

¹⁷ Ibid.

Timeline¹⁸



¹⁸ Taken from 2016 and 2018 Humanitarian Needs Overviews.

The crisis was declared a Level 3 (L3) in January 2013 which changed the tone, scale and pace of the response including raising the profile of the crisis globally, creating the Central Emergency Response Fund (CERF) and replacing country leadership to those with more humanitarian expertise among some key agencies.¹⁹ The GoS still maintained control on humanitarian operations.²⁰

Whilst non-UN partners (both INGOs and Syrian national NGOs) had been undertaking cross-border assistance “on a significant scale”²¹ from Jordan and Turkey since 2012, UN entities could only legally undertake cross-border operations after adoption of Security Council Resolution (SCR) 2165 of 14th July 2014 which authorised this modality. SCR 2165 acknowledged the need to urgently provide assistance to people in non-government held areas “using the most direct routes across borders and across conflict lines.”²²

Adoption of SCR 2165 was followed by a succession of Resolutions renewing 2165: 2191 (December 2014), 2258 (December 2015), 2332 (December 2017) and finally, 2393 in December 2017, which authorises cross-border operations until 10 January 2019. The UN Resolutions allow for specific cross-border routes through Bab al-Salam and Ba al-Hawa from Turkey, Al-Ramtha from Jordan, and Al Yarubiyah from Iraq.

Under the mandate of the SCRs, a UN Monitoring Mechanism (UNMM) was established “pursuant to Security Council (SC) resolution 2165”²³ of 14 July 2014 with the Government of Syria being notified about each shipment / convoy, and the UNMM confirming the humanitarian nature of each consignment. The follow table summarises the quantity of aid/supplies consignments undertake between July 2014 and January (Turkey)/March (Jordan) 2018:

Country	# of Consignments/Convoys	Total # of Truckloads
Turkey ²⁴	498	14,603
Jordan ²⁵	251	4,286

The 2015 Syria Strategic Response Plan (SRP) references for the first time “responding collectively”, stating “[h]umanitarian actors operating in Syria have embarked on the Whole of Syria (WoS) approach...provid[ing] an overarching framework for humanitarian response inside Syria. Bring together humanitarian actors working in Syria and neighbouring countries for the first time under a single strategic framework, the plan aims to increase the effectiveness of the response by improving the identification of needs and gaps inside Syria and strengthening the harmonisation of response activities across different hubs...”²⁶

¹⁹ Sida I., Trombetta L., and Panero V., (2016) Evaluation of OCHA response to the Syria crisis.

²⁰ In November 2014, the first comprehensive humanitarian needs overview (HNO) was produced, combining areas accessible from GoS control and areas outside of GoS control and this informed the 2015 SRP for Syria.

²¹ 2016 Humanitarian Needs Overview.

²² Ibid.

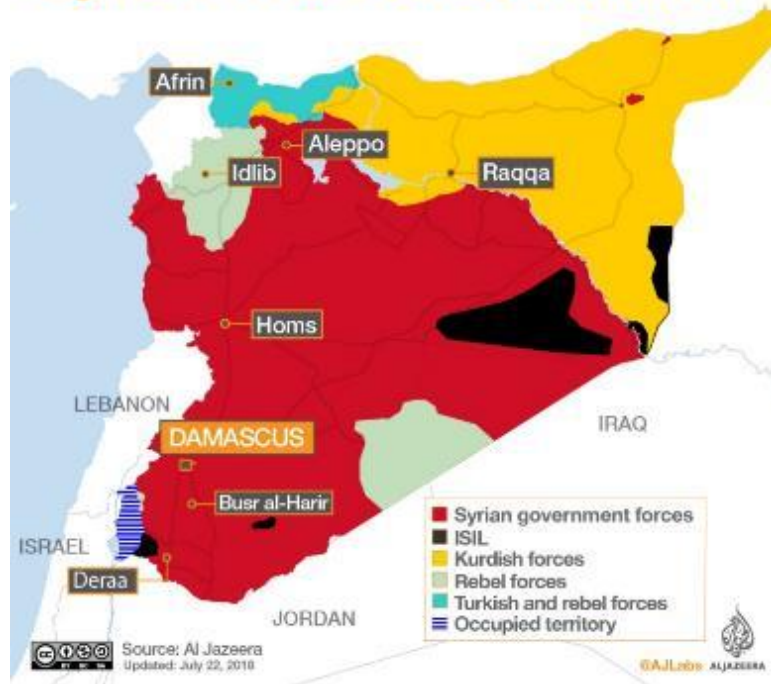
²³ <https://response.ochasyria.org/unmm/>

²⁴ Fact Sheet: United Nations Cross-Border Operations from Turkey to Syria (as of 31 January 2018) – information relates to consignments between July 2014 and January 2018.

²⁵ Fact Sheet: United Nations Cross-Border Operations from Jordan to Syria (as of March 2018) – information relates to consignments between July 2014 and March 2018.

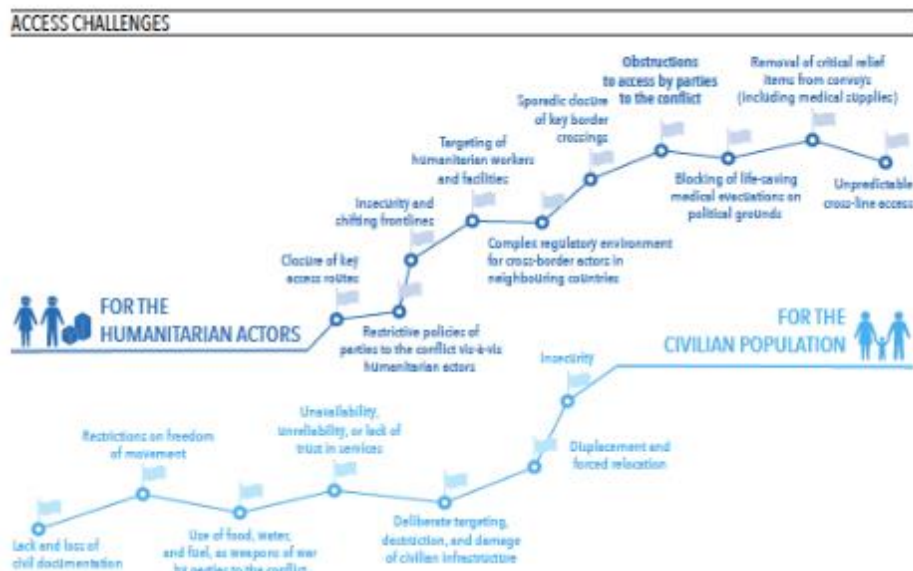
²⁶ 2015 Syria Strategic Response Plan (SRP).

Syria: Who controls what?



<https://www.acaps.org/country/syria>

The overall UN response, particularly the cross-border response, has been characterised by a number of access challenges since 2014, affecting all agencies, which are highlighted in the below diagram in the 2017 Humanitarian Needs Overview:



2017 Humanitarian Needs Overview

UNFPA has been as affected by all of these access challenges as sister agencies, which has contributed to the overall challenging nature of the cross-border response.

UNFPA Response

UNFPA operates cross-border operations in full alignment with other UN sister agencies, i.e. across the Jordanian and Turkish borders, and also some more limited/ad-hoc operations across the Iraqi border. The Turkey cross-border response is much more comprehensive than the Jordan cross-border response (this reflects the overall humanitarian assistance provided from the Gaziantep and Amman interagency hubs respectively). The cross-border response from the Gaziantep interagency hub supports service delivery (sexual and reproductive health²⁷ (SRH) facilities and mobile units and GBV women and girls' safe spaces), distribution of supplies (RH kits and dignity kits), and capacity-building. These activities are conducted both by UNFPA as an agency and through the respective coordination mechanisms of the GBV SC and the RH WG.

According to the DFID 2017 Annual Review, between the cross-border operations and the Syria CO programme UNFPA are reaching ten out of the fourteen governorates and access some of the most hard-to-reach areas.^{28,29} The DFID 2017 Annual Review of UNFPA Syria programme noted "Collaboration between the hubs [Damascus, Amman and Gaziantep] has been consistently strong".³⁰

Jordan

From Jordan, as of 2018 (the time of evaluation research) UNFPA implements cross-border humanitarian relief programming via two NGO partners:

- Relief International (RI) which operates a maternity hospital and 12 women and girl safe spaces (WGSS) in southern Syria, and;
- Syrian American Medical Society (SAMS) which operates five hospitals and four WGSS in southern Syrian.

The Jordan cross-border programme is managed by the Jordan country office in Amman and supported by the Hub³¹ which is also based in the same building.³²

Turkey

From Turkey, UNFPA currently partner with six international and national NGOs for cross-border humanitarian relief operations:

- CARE International and Syria Relief and Development (SRD)³³ who operate 26 SRH / GBV clinics (primary health care, static, and mobile clinics) and 1 stand-alone WGSS;
- IHSAN³⁴ Relief and Development who provide training services for SRH and GBV;
- Syrian Expatriate Medical Association (SEMA) who operate 6 RH clinics;
- Shafak who operate 1 RH facility and 3 WGSS;
- SERO (for third party monitoring).³⁵

²⁷ This report uses the terminology Sexual and Reproductive Health (SRH) unless referencing and entity, project, or product that is specifically commonly referred to as Reproductive Health (RH), such as the RH Working Group (RH WG).

²⁸ DFID 2017 Annual Review of UNFPA Syria programme.

²⁹ Noting that in 2018 SCO are reaching 12 out of the 14 governorates.

³⁰ Ibid.

³¹ Note that UNFPA refer to the Whole of Syria coordination office, which is an extension of the Regional Office, as 'the Hub'. However, for the overall Whole of Syria response, other actors (UN agencies, donors, and NGOs) refer to specific 'hubs' such as the Turkey or Gaziantep interagency hub, the Jordan or Amman interagency hub and the Damascus interagency hub. Within this report, when referencing geographical hubs Gaziantep Amman, and Damascus will be used to preface the word hub. When referencing the UNFPA coordination office in Amman, "the Hub" will be used.

³² See UNFPA Regional Syria Response Hub Case Study for more in-depth analysis of Hub operations.

³³ CARE International support Syria Relief and Development and for UNFPA they are a joint partner.

³⁴ Meaning 'perfection' or 'excellence' in Arabic.

³⁵ Note, SERO is not an acronym, it is the name of the organisation.

The Turkey cross-border programme is managed from a UNFPA sub-office in Gaziantep, established in 2013 for initial refugee response programming when Syrian refugees in Turkey were still in camps in the south-east of the country. This sub-office has been entirely focused on cross-border operations since the refugee situation in Turkey transformed into an out-of-camp setting and the refugee response programme shifted to the Ankara office.

Iraq

UNFPA cross-border operations from Iraq started in September 2017 following an agreement signed with one partner, Un Ponte Per (UPP) in June 2017. UNFPA supports UPP activities across three main hospitals in north-eastern Syria (in Ras El Ain, Hassake Governorate, Tabqah, Ar Raqqa Governorate, and Manbij, Aleppo Governorate) for RH services and associated mobile RH units as well as women's centres for GBV case management in surrounding districts. A first distribution of dignity kits was undertaken in March 2018 in Ar Raqqa, with a second distribution planned for later in 2018.

This specific cross-border case study collates evidence collected from and about Turkey, Jordan, and Iraq cross-border operations, and Syria operations, providing particular findings, conclusions, and recommendations in relation to the cross-border modality of operations. Information with regard to the Jordan and Turkey cross-border operations was collected through numerous field interviews (61 in Jordan and 65 in Turkey) and extensive document review whilst on mission in those respective countries. However, no information was collected about Iraq cross-border operation during the Iraq field visit due to (a) UNFPA cross-border activities being new and being suspended during the time of the evaluation visit, (b) cross-border operations being managed from Baghdad, whilst the evaluation team focused on the refugee response managed from Erbil, and (c) no partner representative available for interview during the evaluation visit. A skype interview was later conducted with the implementing partner, Un Ponte Per (UPP).

In general, Iraq cross-border operations have much less visibility within the entire UN response than those from Jordan and Turkey due to political sensitivities of the operation. It started later and is not described as a formalised cross-border interagency hub. There are OCHA-produced Fact Sheets for Jordan and Turkey cross-border operations³⁶ but no public equivalent for Iraq cross-border operations. Iraq is not shown as part of the Strategic Steering Group or Coordination arrangements for the Whole of Syria (WoS) response which references Damascus, Gaziantep, and Amman as the three interagency hubs within the WoS Approach, for example:

³⁶ Fact Sheet: United Nations Cross-Border Operations from Turkey to Syria (as of 31 January 2018) – information relates to consignments between July 2014 and January 2018 and Fact Sheet: United Nations Cross-Border Operations from Jordan to Syria (as of March 2018) – information relates to consignments between July 2014 and March 2018.

HUBS

- Syria Hub
- Jordan Cross-border
- Turkey Cross-border

WOS INTER-SECTOR

- Coordination

IM GROUPS

- SIMAWG

RESPONSE PLANNING




OCHA PRODUCTS

- Syrian Arab Republic: Humanitarian Response Plan End Of Year Report, January-December 2017 - 17 Apr 2018
- 2018 Humanitarian Needs Overview: Syrian Arab Republic - 21 Nov 2017 - 21 Nov 2017
- 2018 Summary Humanitarian Needs Overview: Syrian Arab Republic - 21 Nov 2017 [EN/AR] - 21 Nov 2017
- Syrian Arab Republic: 2017 Humanitarian Response Plan (January - December 2017) [EN/AR] - 13 Mar 2017

<https://www.humanitarianresponse.info/en/operations/whole-of-syria>

Iraq is included in the GBV Dashboard only as “NES” (North East Syria)³⁷

 **GBV AoR 4W Interactive Dashboard | 2017, January - April | Whole of Syria (Embedded Content)**

share

Whole of Syria | Gender-Based Violence (GBV) Area of Responsibility | 2017 4Ws | Cumulative

SELECT HUB TO SEE STATUS ON 2017 HRP GBV INDICATORS IN THE GREY SECTION BELOW; 'SELECT ALL' = WHOLE OF SYRIA

Hub: All | Indicator progress as of: April 2017

3.1.1: Number of communities that have at least one type of specialized GBV service

HRP Target: 180

Reached: 87

SELECT ONE OR MORE OF THE FOLLOWING FILTERS BELOW: 1) WHOLE OF SYRIA HUB, 2) SEVERITY SCALE, 3) ORGANIZATION AND/OR 7) GBV ACTIVITY OR SERVICE.

<p>*Hub</p> <ul style="list-style-type: none"> <input type="checkbox"/> Select All <input type="checkbox"/> Jordan <input type="checkbox"/> NES <input type="checkbox"/> Syria <input type="checkbox"/> Turkey 	<p>*Intervention</p> <ul style="list-style-type: none"> <input type="checkbox"/> Select All <input type="checkbox"/> Advocacy <input type="checkbox"/> Assessments <input type="checkbox"/> Capacity building GBV <input type="checkbox"/> Prevention and Risk Mitigati... <input type="checkbox"/> Response services 	<p>Areas of Control</p> <ul style="list-style-type: none"> <input type="checkbox"/> Select All <input type="checkbox"/> Contested Areas <input type="checkbox"/> Government (SAA) <input type="checkbox"/> ISIS-affiliated groups <input type="checkbox"/> Kurdish Forces <input type="checkbox"/> Multiple influence <input type="checkbox"/> Non-state armed groups
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This case study reflects this discrepancy in:

- (a) the overall interagency visibility, scope, size, and scale of Iraq cross-border operations compared to Jordan and Turkey cross-border operations, and
- (b) the discrepancy in scale of data collection for Jordan and Turkey compared with Iraq cross-border operations specifically for UNFPA.

³⁷ Noting that UNFPA’s partner, UPP, does not contribute to the Dashboard Information.

Findings

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 Whole of Syria and within the 3RP countries?

Associated Assumptions:

1. UNFPA Response has been based on needs of women, girls, and young people identified at community, sub-national, and national level.
2. UNFPA Response is based on coherent and comprehensive gender and inclusion analysis.
3. UNFPA Response is based on clear human rights-based approaches and aligned with humanitarian principles of humanity, impartiality, neutrality and independence, and with International Humanitarian Law (IHL), International Human Rights Law (IHRL), and International Refugee Law (IRL).

FINDINGS

1. UNFPA facilitates cross-border operations through both delivery of supplies and support to partners from Turkey, Jordan and Iraq. The activities are different in scale and scope based on the differing specific needs of populations and partners in northern Syria (from Turkey), southern Syria (from Jordan), north eastern Syria (from Iraq) and generally in line with the overall UN scale of operations.
2. Whilst UNFPA has prioritised GBV over SRH in staffing resources within the Whole of Syria response, this has not impacted on scale of SRH services provided compared to GBV services. A youth response has been limited.

FINDING 1: UNFPA facilitates cross-border operations through both delivery of supplies and support to partners from Turkey, Jordan and Iraq. The UNFPA response from the Gaziantep and Amman interagency hubs reflects the size and scope of the overall cross-border response under the mandate of SCR 2165 and successive resolutions. Between July 2014 (when SCR 2165 first authorised a cross-border modality), until the beginning of 2018, there have been more than 16,000 trucks supplying northern Syria from Turkey and only 4,000 supplying southern Syria from Jordan.³⁸ Despite this, Amman is generally considered to be a strategic hub for the Whole of Syria approach and the Regional Humanitarian Coordinator is based there, with the Deputy Regional Humanitarian Coordinator being based in the Gaziantep interagency hub.

For both cross-border operations from Amman and from Gaziantep, UNFPA is providing services and supplies relevant to the context—including reaching the hardest-to-reach areas and most vulnerable people—through support to partners for services and delivery of supplies.³⁹

UNFPA cross-border operations from Amman are providing SRH and GBV services through hospitals, clinics, and women and girls' safe spaces (WGSS) in Quneitra and in rural Damascus, in addition to operating in Dara'a where more agencies are present. The two implementing partners (currently Relief International and SAMS, and previously JHAS and SAMS) between them operate six hospitals and 16 WGSS.⁴⁰

The UNFPA cross-border response from Gaziantep was reported by various stakeholders to be clearly relevant to the context, with the approach of capacity-building within a broader service delivery

³⁸ Fact Sheet: United Nations Cross-Border Operations from Turkey to Syria (as of 31 January 2018) – information relates to consignments between July 2014 and January 2018. and Fact Sheet: United Nations Cross-Border Operations from Jordan to Syria (as of March 2018) – information relates to consignments between July 2014 and March 2018.

³⁹ UNFPA, other UN agency, and implementing partner key informants. Please note that for cross-border operations the evaluation team were not able to meet with beneficiaries. However, further documented evidence can be found in the Jordan and Turkey Country Notes.

⁴⁰ UNFPA and IP key informants, Amman. For further information, please see the Jordan Country Note.

strategy necessary to respond to SRH and GBV needs within rebel-held northern Syria⁴¹. Idleb, rural There are four distinct WGSS supported by UNFPA and 32 health facilities (including static and mobile, and including Comprehensive Emergency Obstetric Care (CEmOC), Basic Emergency Obstetric Care (BEmOC), primary SRH care – family planning, and syndromic treatment of sexually transmitted infections (STIs) – and with GBV response including clinical management of rape CMR) incorporated into health facilities.⁴²

UNFPA cross-border operations from Iraq started in September 2017 based on the assessed needs and the clear evidence of high levels of destruction of existing health infrastructure across north-eastern Syria. UNFPA’s partner provides RH and GBV services from three main hospital locations in north-eastern Syria (see above) with associated services being provided through RH mobile units and local partner clinic and health centre operations. Un Ponte Per (UPP) was an implementing partner for UNFPA Iraq GBV activities in Iraq, and the partnership then expanded into north-eastern Syria.⁴³ The agreement with UPP was only made in September 2017, and operations have been sporadic, with the Iraq-Syria border crossing not being open consistently. SCO has raised concerns on coverage into Syria from Iraq and less communication and visibility about what ICO, through UPP, is doing in north-east Iraq, or where.⁴⁴

The cross-border interventions from Jordan, Turkey and Iraq are operationally difficult, with communication, support to front-line workers, and monitoring of quality services all being challenging. There is the added uncertainty of the annual renewal of the Security Council Resolution allowing for cross-border operations to continue.⁴⁵ Needs assessments are based on a systematic collection of data through focus group discussions, client exit forms from facilities, and service provider interviews, conducted by implementing partners and UNFPA’s third party monitoring (TPM) partner, SERO.⁴⁶

FINDING 2: Whilst UNFPA has prioritised GBV over SRH in staffing resources within the Whole of Syria response this has not impacted on scale of SRH services provided compared to GBV services. A youth response has been limited. Generally, UNFPA research respondents felt that SRH has “taken a back seat”⁴⁷ to GBV in the Whole of Syria (WoS) response. According to respondents, this was due to the high-level GBV expertise brought on board during the initial establishment of the Hub, and the fact that GBV funding opportunities are reported by UNFPA respondents to be more numerous than SRH funding opportunities.⁴⁸ Across the board stakeholders (both internal and external to UNFPA) reported that SRH services have been fully integrated into the GBV response (in contrast to the more traditional practice of integrating GBV services into an SRH response).⁴⁹ Furthermore, this perceived prioritisation has not translated into a lack of UNFPA-supported SRH services through cross-border

⁴¹ In Idleb, Aleppo before it was re-taken by Government forces in 2016, some parts of northern Deir es-Zor, and rural Hama.

⁴² UNFPA and IP key informants, Gaziantep. For more information, please see the Turkey Country Note.

⁴³ Implementing partner key informant.

⁴⁴ UNFPA Syria key informants.

⁴⁵ In December 2017 UNSCR 2393 authorised continued cross-border operations until January 2019.

⁴⁶ UNFPA, other UN agency, IP key informants, and cluster and response needs assessments:

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017-12 voices from syria 2nd edition.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017-12%20voices%20from%20syria%202nd%20edition.pdf) ;

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/pmtf quarterly report oct-dec 2017.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/pmtf_quarterly_report_oct-dec_2017.pdf) ;

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2018 syr hno eng ish 3.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2018_syr_hno_eng_ish_3.pdf) ;

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2018 syr hno eng ish 3.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2018_syr_hno_eng_ish_3.pdf) ; <https://www.humanitarianresponse.info/en/operations/jordan-cross-border> ;

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2018_04 so. syria health sector report final.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2018_04_so_syria_health_sector_report_final.pdf).

⁴⁷ UNFPA key informants.

⁴⁸ UNFPA key informants across Jordan, Turkey, ASRO, and Headquarters.

⁴⁹ UNFPA, other UN agency, donor, and implementing partner key informants.

operations or cross-line operations from SCO within the Syrian Arab Republic compared to GBV services.

Youth is somewhat, but inconsistently mainstreamed into GBV and SRH outcomes (for example, young people access SRH and GBV services) but for the cross-border operations from Jordan, Turkey, and Iraq, there is no specific UNFPA youth programme.⁵⁰ SCO has significant youth programming (please see *Syria Country Note*).

The *Whole of Syria* UNFPA-led GBV sub-cluster has a comprehensive strategy, a detailed overall results framework,⁵¹ and a real-time dashboard of numbers of services provided and partner interventions from the Turkey interagency hub, the Jordan interagency hub, and out of Damascus. GBV needs are assessed and communicated via annual assessments and the “*Voices*” report.⁵² Due to the challenging nature of cross-border GBV implementation of programming, UNFPA – both through direct partners and through coordination responsibilities – has invested heavily in assessment of needs, conducted in many locations, and with information systematically analysed and triangulated.⁵³ The GBV SC, under the umbrella of the Protection Cluster, has worked closely with the Organisation for the Coordination of Humanitarian Affairs (OCHA) who host a research entity and an Assessment Coordinator. The OCHA Assessment Coordinator assisted the GBV SC in training on methodological approaches to assessments which has improved assessment capacity.⁵⁴

SRH assessments have also been conducted in relation to maternal and family planning needs – but predominantly from the Gaziantep interagency hub, not in southern Syria from the Amman interagency hub.

Northern Syria SRH assessments have been conducted by UNFPA partners (such as Syria Relief and Development – SRD) from the Gaziantep interagency hub in terms of contraceptive preferences amongst northern Syrian women (IUDs, oral contraception, contraceptive injectables, and condoms are all provided). Existing Syrian clinical protocols (for FP, and both basic emergency obstetric care – BEmOC and comprehensive emergency obstetric care – CEmOC) were found to be outdated by UNFPA and within the Health Cluster (WHO and partners),⁵⁵ and therefore the RH WG in Gaziantep has worked with Syrian NGO partners to update and improve clinical protocols. Clinical Management of Rape (CMR) training has also been conducted within implementing partners (through the GBV SC) and the CMR protocol adapted for Syria and translated into Arabic.

Supporting antenatal care (ANC), Emergency Obstetric Care (EmOC), postnatal care (PNC), and access to family planning (FP) in areas under besiegement and bombardment, and areas where no other support is provided, is clearly addressing critical needs of women and girls in northern Syria, but there is not an equivalent-sized specific SRH cross-border programme from Amman. Whilst UNFPA support SRH services in southern Syria, there are not a large number of other organisations doing this and therefore, according to one Amman respondent UNFPA “never succeed in establishing an RH coordination group” based on the small number of RH partners.⁵⁶

⁵⁰ ASRO UNFPA key informants.

⁵¹ <https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/whole-syria-gbv-aor-results-framework-2018>

⁵² 2018 edition:

<https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017-12-voices-from-syria-2nd-edition.pdf>

⁵³ UNFPA, other UN Agency, and sub-cluster / WG members’ key informants. Also see *Voices* report as assessment end product.

⁵⁴ UNFPA and implementing partner staff.

⁵⁵ UNFPA, other UN agency, and implementing partner key informants.

⁵⁶ Other UN agency key informant, Amman.

In contrast, the cross-border operation from Iraq has more of an RH-emphasis than a GBV-emphasis, with activities starting in September 2017 focusing support to medical RH services, and with GBV services being added as the programme developed.

For information relating to the cross-border operations' adherence to international humanitarian, human rights, and refugee law, please see Evaluation Question 5, Coherence (page 33).

Evaluation Question 2: Adapted relevance over time

To what extent is UNFPA using all evidence, sources of data, and triangulation of data to be able 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?

Associated Assumptions:

4. The UNFPA Response reacts flexibly to rapidly changing situations (of displacement, besiegement, movement) based on overall UN and UNFPA-specific information;
5. UNFPA has systematic mechanisms for adapting interventions based on shifting needs and in line with humanitarian principles;
6. The UNFPA Response is based on its comparative strengths with relation to other actors for SRH, GBV and youth.

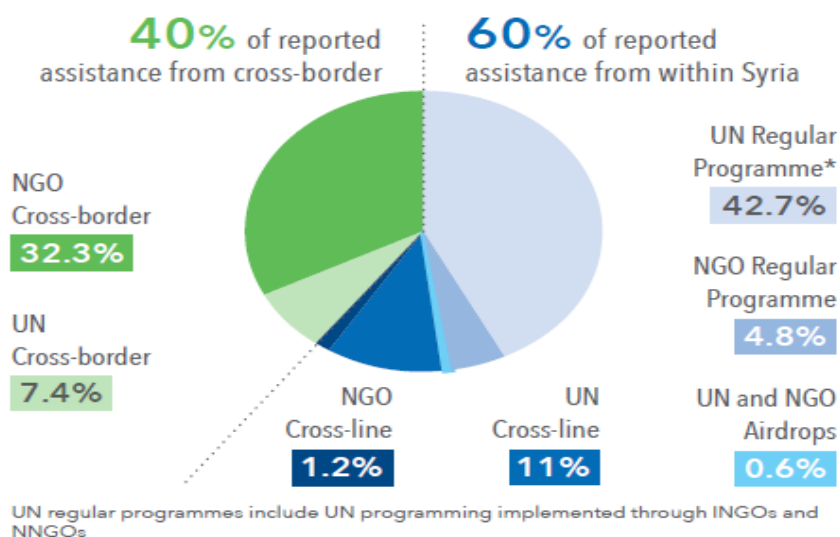
FINDINGS

3. UNFPA's cross-border operations from Jordan, Turkey and Iraq⁵⁷ have adapted over time due to changing circumstances, security, conflict lines, and negotiated access, in line with the overall changing UN cross-border response.

4. UNFPA's comparative strength on SRH and GBV has been leveraged; more so on GBV than SRH.

FINDING 3: UNFPA's cross-border operations from Jordan, Turkey and Iraq⁵⁸ have adapted over time due to changing circumstances, security, conflict lines, and negotiated access, in line with the overall changing UN cross-border response. The UNFPA cross-border operations from Jordan and Turkey have adapted over time to numerous challenges, attempting to ensure life-saving SRH and GBV services continue to be delivered.

HUMANITARIAN DELIVERIES IN 2017 (MONTHLY AVERAGE)



https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017_syria_pmr_overview.pdf

The southern Syria context was particularly fluid up until mid-2017, with the first half of 2017 seeing heavy aerial bombardment, changing conflict lines, and mass population movement until a ceasefire was agreed and the De-Escalation Zone (DEZ) established and this impacted on cross-border

⁵⁷ Noting that Iraq UNFPA-UPP cross-border partnership only started in September 2017.

⁵⁸ Noting that Iraq UNFPA-UPP cross-border partnership only started in September 2017.

operations from Amman.⁵⁹ Between 2014 (when cross-border operations first started from Jordan) and 9 July 2017 when the DEZ was established, the context of southern Syria was one of often-changing needs, access, and security.

An example of how UNFPA has sought to adapt its operations to these changing circumstances was the 2017 repositioning of commodities in southern Syria as a contingency plan in case the Security Council Resolution renewal was not passed, to ensure services could continue for some time even if the cross-border operations ceased.

The Gaziantep UNFPA sub-office has also demonstrated evidence of successful adaptation of cross-border response over time to changing circumstances and needs for both the direct UNFPA GBV and SRH interventions *and* through the coordination leadership function. Specifically in relation to the latter, UNFPA Turkey cross-border operations started in 2014, with a GBV Working Group established in August 2014, becoming an official Sub-Cluster at the beginning of 2015. The RH WG commenced activities later after the arrival of the UNFPA Humanitarian Reproductive Health Advisor in late 2015, who established the forum.

Cross-border GBV programming from Turkey changed drastically when two established specialist GBV NGO actors ceased operating in 2015⁶⁰ and the overall GBV programme was obliged to change its modality of operation to working with many small, non-GBV expert Syrian partners. Most of these national actors were unfamiliar with the concept of GBV and so a strategy of “building up from basics” was implemented by UNFPA for both direct partnerships and through the GBV SC. The RH support – through UNFPA directly to partners and through the RH WG – has focused on minimum standards as provided by MISP and updating protocols inside Syria, for example, the guidance note on caesarean sections. The UNFPA / RH WG comprehensive midwives training initiative in Gaziantep is a clear example of an initiative based on a response to changing needs.⁶¹

Particularly in north and north-eastern Syria, the context is one of ever-changing circumstances as there are frequent ‘emergencies within an emergency’ with changing lines, sporadic bombardment and besiegement, and continuous waves of displacement and returns – even more so than in southern Syria since mid-2017. This fluidity of changing lines and access demands effective communication between the interagency hubs, and particularly from interagency hubs outside of Syria with Damascus, as the conflict has been characterised by Syria forces re-taking large areas of the country⁶² and therefore access to those in need switching from cross-border from outside of Syria to programming from SCO. This communication has been challenging, and, from the SCO perspective, has not always been effective which has hindered UNFPA’s ability to adapt responsively to changing lines.⁶³

UNFPA’s Iraq cross-border operations provide evidence of ongoing need for flexibility and adaptability. Even though UNFPA Iraq CO only started cross-border activities in September 2017, between then and mid 2018 partner key informants reported already adapting the response from a

⁵⁹ On 7 July 2017 the US, Russia and Syria (also including Jordan) agreed a ceasefire and a de-escalation zone (DEZ) across south-western Syria: <http://www.securitycouncilreport.org/chronology/syria.php>

⁶⁰ Medical Relief for Syria (MRFS) and IRC were working cross-border from Turkey before the Security Council Resolution authorised UN agencies to work and before formalised coordination was established under UNFPA leadership of the GBV WG and then the GBV SC. However, due to sensitive reasons operations for both organisations ceased for Turkey and cross-border operations in 2015.

⁶¹ UNFPA in conjunction with the RH WG in Gaziantep organised an 18-month training programme for 18 midwives from Syria across 2016/2017 in response to maternal healthcare needs in northern Syria.

⁶² Such as Aleppo in 2016, and more recently in 2018 Eastern Ghouta and Dara’a.

⁶³ UNFPA Syria key informants.

pure emergency response in the first two months when conflict in Ar Raqqa was still intense⁶⁴ and Deir ez Zor was still under attack by ISIS . As the conflict eased and population needs and dynamics changed, UNFPA adapted its approach towards supporting more quality long-term assistance, including the rehabilitation of maternity hospitals in Ras El Ain, Tabqah and Manbij, allowing also for UPP to increase RH services offered from basic to comprehensive emergency obstetric care (BEMoC and CEMoC respectively).⁶⁵

FINDING 4: UNFPA’s comparative strength on SRH and GBV has been leveraged; more so on GBV than SRH. There has been a limited youth response through the cross-border modality. In both Jordan and Turkey, stakeholders highlighted the comparative strength (technical expertise) of UNFPA in SRH and GBV as a key added value for cross-border operations across GBV and SRH services. In Turkey, this was also highlighted as a key added value for the UNFPA leadership of the GBV SC and the RH WG. However, the GBV response from both Turkey and Jordan is viewed by key stakeholders⁶⁶ as more visible than the SRH response. This view was reiterated by respondents from the Regional Office.

The evaluators noted in Turkey that the UNFPA cross-border team demonstrated full appreciation of UNFPA’s agency coordination role in relationship to PSEA – which is not a responsibility of UNFPA (other than within the agency) or the GBV SC – and was sufficiently empowered to be able to resist pressure from OCHA / DRHC office to take this on as a GBV SC responsibility.⁶⁷

⁶⁴ The Raqqa campaign (codenamed Operation Wrath of Euphrates) was Syrian Democratic Forces (SDF) fighting ISIS who held the territory: the June-October 2017 battle was the fifth and final battle with a relatively decisive result in favour of SDF: [https://en.wikipedia.org/wiki/Raqqa_campaign_\(2016–2017\)](https://en.wikipedia.org/wiki/Raqqa_campaign_(2016–2017))

⁶⁵ Implementing partner key informant.

⁶⁶ Donors, other UN Agency key informants.

⁶⁷ UNFPA key informants.

Evaluation Question 3: Coverage

To what extent did UNFPA interventions reach the population groups with greatest need for sexual and reproductive health and gender-based violence services, in particular the most vulnerable and marginalised?

Associated Assumptions:

7. The UNFPA Response systematically reaches all geographical areas in which women, girls and youth are in need and in line with humanitarian principles;
8. The UNFPA Response systematically reaches all demographic populations of vulnerability and marginalisation (i.e. women, girls, and youth with disabilities, those of ethnic, religious or national minority status; Lesbian/Gay/Bisexual/Trans (LGBT) populations etc.).

FINDINGS

5. UNFPA has a well-functioning mapping system for both GBV and (to a lesser extent, SRH) to ensure that geographical coverage is the most comprehensive possible given overall security and access constraints.
6. UNFPA has not been successful in reaching all vulnerable and marginalised populations (such as people with disabilities or LGBT populations) within the cross-border operations.
7. UNFPA has not undertaken any significant youth programming within the cross-border operations.

FINDING 5: UNFPA has a well-functioning mapping system for both GBV and (to a lesser extent, SRH) to ensure that geographical coverage is the most comprehensive possible given overall security and access constraints. From Amman, UNFPA has been successful in reaching those in the hardest-to-reach geographical areas in southern Syria. UNFPA Jordan’s Implementing Partners (SAMS and RI – previously JHAS) – provide RH and GBV services in southern Syria. Stakeholders interviewed widely acknowledged⁶⁸ that UNFPA services are reaching some of the hardest-to-reach areas in southern Syria, going beyond Dara’a where many other humanitarian actors are present, and extending service delivery in Quneitra and rural Damascus which is reported by UNFPA and partner respondents to be a deliberate effort to reach the most vulnerable : *“UNFPA often choose to operate where other people aren’t.”*⁶⁹

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.

The Whole of Syria coordination mechanism is working relatively well within a challenging context to ensure geographical coordination between different partners operating from both the Turkey interagency hub and the Jordan interagency hub in southern Syrian. There are partners operating from the Turkey interagency hub who operate in southern Turkey – specifically rural Damascus, and Dara’a which is also covered by partners from Jordan. This level of geographical reach highlights the efficiency and effectiveness of the overall WoS coordination mechanism, with activities of actors operating from different hubs (Turkey, Jordan, and Damascus) being coordinated through the WoS coordination approach.

However, coordination with SCO has been much more limited and this has significant implication when certain areas shift back to Government control and services switch from Turkey and Jordan-supported partners to Damascus-supported partners. There has been to date a lack of contingency planning for this shift in modality.⁷⁰ Over the years there has been a valid concern with regard to the sensitivity of information concerning cross-border operations in relation to this information becoming available to different parties to the conflict. The safety and confidentiality of partners and facilities is

⁶⁸ UN Agency and Donor key informants.

⁶⁹ UN Agency key informant.

⁷⁰ UNFPA Syria key informants.

of critical importance, and whilst tensions due to lack of open communication between the interagency hubs remain high, there is also the consideration that information shared across hubs could be intercepted by different parties to the conflict and potentially result in targeting of facilities by military forces.⁷¹ The hub was mandated to “collect and synthesise the information”⁷² to assist with these challenges.

Further, it is unclear as to the extent of coordination between the three formalised interagency hubs (Gaziantep, Amman, and Damascus) and the cross-border operations managed by UNFPA Iraq in north-eastern Syria, with some duplication of geographical locations between the UNFPA Iraq partner and partners of UNFPA Turkey. For example, partners in Gaziantep reported that there were still people in need without access to quality services in Hassake and Deir ez-Zor Governorates; both ISIS-held areas until late 2017 and both areas serviced since September 2017 by UNFPA Iraq cross-border partner, UPP. However, these areas are also served by the UNFPA Syria country office and there are plans for SCO to open a field office in Deir ez-Zor later in 2018.⁷³

All cross-border partners from Amman, Gaziantep and Iraq have increasingly utilised mobile clinics / teams – some providing joint GBV and RH services – to expand coverage. There is, to date, limited analysis about the quality vs. coverage and overall effectiveness of mobile clinics as a modality of service provision.

FINDING 6: UNFPA has not been successful in reaching all vulnerable and marginalised populations (such as people with disabilities or LGBT populations) within the cross-border operations. The 2017 DFID Review of the UNFPA WoS programme suggested that “UNPFA 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..”⁷⁴

From Gaziantep, the GBV SC has continually analysed gaps in access to services based on demographic profiles and attempted to address these gaps. The 2015 GBV SC strategy highlighted 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 divorcees⁷⁵ and the GBV SC is also developing a technical note on widows in IDP camps.

The current GBV SC work plan includes a specific WoS strategy for adolescent girls⁷⁶, and a focus on women and girls with disabilities, with specific indicators included within work planning and monitoring and reporting around this. The GBV SC has also facilitated learning centres in relation to working with people with disabilities. Partners within interagency hub UNFPA-led GBV SCs reported some changes already such as moving facilities to ground floors and meeting with Humanity & Inclusion (HI)⁷⁷ for expert support.⁷⁸

⁷¹ Various Jordan and Turkey key informants.

⁷² Ibid.

⁷³ UNFPA key informants.

⁷⁴ DFID, UNFPA Annual Review, 2017.

⁷⁵ Turkey interagency hub GBV SC strategies 2015, 2016, 2017.

⁷⁶ <https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/whole-syria-adolescent-girl-strategy>

⁷⁷ previously Handicap International.

⁷⁸ implementing partner and GBV SC members key informants.

From Amman, the cross-border response has a new focus on adolescent girls and a new focus on disability in 2018, with awareness of other marginalised groups such as widows / divorcees.⁷⁹ From Iraq specific attention is paid female-headed households.⁸⁰

There is no specific LGBTI focus within any of the cross-border operations.

FINDING 7: UNFPA has not undertaken any significant youth programming within the cross-border operations. Whilst youth are, to a certain extent, highlighted as a specific target population for both GBV and SRH work, there is no leveraging of UNFPA’s global work on youth for stand-alone youth programmes, nor is there specific UNFPA leadership on youth for cross-border operations. The UNFPA Strategic Plan 2014-2017 states that “Women, adolescents and youth are the key beneficiaries of UNFPA work...”.⁸¹ The UNFPA Strategic Plan 2018-2021 goes further, emphasising the need to reach “women, adolescents and youth...who are furthest behind, including in humanitarian settings.”⁸² UNFPA (together with ICRC) co-leads the Compact for Young People in Humanitarian Action, launched at the World Humanitarian Summit in May 2016.⁸³ This has further consolidated and operationalised UNFPA’s emerging leadership in the area of adolescents and youth.

⁷⁹ Implementing partner and UNFPA key informants.

⁸⁰ Implementing partner key informant.

⁸¹ UNFPA Strategic Plan, 2014-2017.

⁸² UNFPA Strategic Plan, 2018-2021.

⁸³ <https://agendaforhumanity.org/initiatives/3829>

Evaluation Question 4: Coordination

To what extent has UNFPA’s formal leadership of the GBV AoR (at international, hub, and country levels) and informal leadership of RH WGs and youth WGs (at hub and country levels) contributed to an improved SRH, GBV, and youth-inclusive response?

Associated Assumptions:

9. UNFPA’s support to and use of coordination within the GBV AoR at global level and the GBV Sub-Clusters at Hub and Country level has resulted in improved effectiveness of GBV programming in the Syria Response: Overall GBV response under UNFPA direction through leadership if the GBV SC is based on needs of women, girls, and young people identified at community, sub-national, and national level and is based on coherent and comprehensive gender and inclusion analysis and Human Rights-Based Analysis (HRBA);

10. UNFPA’s support to and use of coordination within the RH WG at Hub and Country level has resulted in improved effectiveness of SRH programming in the Syria Response: Overall SRH response under UNFPA direction through leadership of the RH WG is based on needs of women, girls, and young people identified at community, sub-national, and national level and is based on coherent and comprehensive gender and inclusion analysis and HRBA;

11. UNFPA’s support to and use of coordination within the Youth WG at Country level has resulted in improved effectiveness of youth engagement and empowerment programming in the Syria Response.

FINDINGS

8. UNFPA has a well-functioning GBV sub-cluster coordination system for WoS and cross-border work with the Hub⁸⁴ supporting cross-border GBV coordination overall and specifically from Jordan; and a well-established and credible GBV sub-cluster managed from the Gaziantep (Turkey) hub.

9. The Hub has not established a corresponding SRH WG mechanism thus the SRH coordination function of UNFPA for the cross-border operations within the WoS approach is managed by a double-hatting SRH Adviser out of the Turkey cross-border hub.

10. The Iraq cross-border operations are not fully engaged with WoS mechanisms.

11. UNFPA has no youth coordination function for WoS including cross-border operations.

FINDING 8: UNFPA has a well-functioning GBV sub-cluster coordination system for WoS and cross-border work with the Hub⁸⁵ supporting cross-border GBV coordination overall and specifically from Jordan; and a well-established and credible GBV sub-cluster managed from the Gaziantep (Turkey) hub. UNFPA has invested heavily in GBV coordination for the Whole of Syria Response through the Hub: both staffed with dedicated, experienced, and high-level coordination *and* information management (IM) positions. This has produced high quality evidence – such as *VOICES* – which in turn has supported the GBV WoS response to ensure that GBV is considered as life-saving as other interventions and attains adequate recognition within consecutive WoS Humanitarian Response Plans (HRPs).

In addition to the strong WoS GBV coordination, there is a well-functioning GBV SC which has built up a level of credibility amongst partners, other UN agencies, and interagency coordination groups,⁸⁶ managed from the Gaziantep (Turkey) hub. Notably, this is due to UNFPA investment in the Hub and the subsequent funding opportunities managed by the Hub (particularly the large DFID WoS GBV grant),⁸⁷ rather than corporate UNFPA support to JCO or TCO investment in cross-border GBV

⁸⁴ as noted previously, the UNFPA WoS Hub based in Amman and coordinating UNFPA activities and cluster accountabilities across the WoS response is referred to as ‘the Hub’ in this report. The UN system as a whole refers to Damascus, Gaziantep (Turkey) and Amman (Jordan) hubs (lower case ‘h’) as separate from the UNFPA Hub.

⁸⁵ As noted previously, the UNFPA WoS Hub based in Amman and coordinating UNFPA activities and cluster accountabilities across the WoS response is referred to as ‘the Hub’ in this report. The UN system as a whole refers to Damascus, Gaziantep (Turkey) and Amman (Jordan) hubs (lower case ‘h’) as separate from the UNFPA Hub.

⁸⁶ Other UN agencies, SC Members, OCHA, DHRC office key informants

⁸⁷ DFID Support to the UNFPA for the Syria Crisis, £35 million December 2015 – December 2018.

coordination. According to a range of respondents,⁸⁸ From Turkey, GBV coordination has been robust whilst 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. Therefore, whilst the GBV SC Coordinator in Gaziantep is a (double-hatting) international P3 position, the role in Amman has been intermittently filled by various national or short-term surge staff.⁸⁹ 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 organisation.

Both the WoS GBV Coordinator⁹⁰ and the Gaziantep (Turkey) interagency hub GBV SC were commended by a wide range of stakeholders for having a clear understanding of the purpose of the clusterised coordination forums and how an inter-agency cluster lead role differs from an agency representation role.

The GBV WoS SC has had an annual strategy since 2015 and UNFPA has invested heavily in capacity-building of members across both the Amman (Jordan) and Gaziantep (Turkey) hubs. Various tools have been developed to assist partners, such as:

- Women and Girls Safe Spaces: Documenting Lessons learned, March 2015;
- Reporting on GBV: A Journalist Handbook, March 2015;
- Best practices in reporting on GBV A training manual for Journalists reporting on GBV Women and girls safe space, 2016 ;
- Dignity Kits Guidance, 2015;
- Clinical Management of Rape Protocol
- More than numbers - an overview of the situation of women and girls, 2016
- 2015 Regional Evaluation of GBV Mainstreaming in the Syria Crisis , October 2015
- Voices 2017 Syria HNO GBV Analysis, 2017;
- Adolescent Girl Strategy, 2017
- Voices 2018 Syria HNO GBV Analysis, 2018;

The GBV dashboard and qualitative data (the annual *Voices* report)⁹¹ are well-established, well-functioning, and credible, and 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 (HNO) and the Humanitarian Response Plan (HRP). In addition to this, the GBV SC has been supporting other clusters to integrate GBV mainstreaming by providing training and capacity building on using the IASC Gender-Based Violence Guidelines across the WoS response.⁹²

In Gaziantep (Turkey) hub, the GBV SC also has a good, productive, and supportive relationship with the Child Protection (CP) SC and the umbrella Protection Cluster. This is generally understood by all relevant respondents⁹³ to be based on the length of time the three coordinating colleagues (UNFPA, UNICEF, and UNHCR) have been in Gaziantep (each approximately three years) and respondents noted that collaboration is more “*personality-based*” than systemically driven.⁹⁴ However, respondents highlighted that another factor is the challenging nature of the cross-border response, particularly in

⁸⁸ UNFPA, other UN agency and implementing partner key informants in Jordan and Turkey.

⁸⁹ The Amman GBV SC Coordinator role is currently (from 2018 onwards) being filled by a dedicated international position.

⁹⁰ A position filled – double-hatting as WoS GBV SC Coordinator and WoS UNFPA GBV Adviser until February 2018 when the incumbent became acting Head of Hub and is triple-hatting with this job, cluster coordination, and UNFPA programme technical adviser.

⁹¹ <https://reliefweb.int/sites/reliefweb.int/files/resources/gbv.pdf>

⁹² Other UN agency key informants.

⁹³ UNFPA, other UN agency, implementing partner and GBV SC members key informants (Turkey).

⁹⁴ UNFPA, other UN agency, implementing partners and GBV SC members key informants.

relation to access in northern Syria, that builds synergies when service delivery packages are shared (particularly for mobile clinics operating as first responder emergency units), with shared monitoring highlighted by respondents as a clear benefit.⁹⁵

FINDING 9: The Hub has not established a corresponding SRH working group mechanism, thus the SRH coordination function of UNFPA for the cross-border operations within the WoS approach is managed by a double-hatting SRH Adviser out of the Turkey cross-border hub. There is a clear discrepancy in UNFPA’s investment in WoS RH coordination compared to WoS GBV coordination. There is no RH WG for the WoS response. UNFPA Whole of Syria RH Coordination is currently informally managed by a double-hatting staff member out of the Gaziantep (Turkey) hub.⁹⁶ Some UNFPA respondents reported that this was a deliberate strategy based on the differentiated formalised UNFPA responsibilities for GBV and RH under the IASC cluster architecture, whilst other UNFPA respondents felt that this was an oversight, and something that developed organically based on initial GBV-focused funding received into the Hub.⁹⁷

For the Amman (Jordan) hub cross-border response, JCO has recently invested in SRH Specialists to manage the *UNFPA* cross-border programme but this does not provide any overarching leadership coordination to SRH work undertaken by other agencies.⁹⁸

For the Gaziantep (Turkey) hub, UNFPA cross-border programmes and the RH WG are managed by the Head of Office (triple-hatting) and both the UNFPA direct-support programmes and the RH WG strategy focused on capacity building for the provision of quality RH services. This WG 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 formalised cluster responsibility for RH as for GBV. The RH WG sits under the Health Cluster (led by WHO). At the time of the evaluation research, the RH WG was concluding a comprehensive 18-month training for midwives which was described by respondents as *“very strong with a lot of hands-on leadership from UNFPA”* and operating under *“UNFPA guidance [which is] quite outstanding to partners”*.⁹⁹

The fact that RH is coordinated through an informal WG rather than a formal SC makes a significant difference both in terms of artificially separating RH and GBV activities and in terms of the perceived and actual global commitment of UNFPA to respective coordination functions.¹⁰⁰ Whilst UNFPA’s initial mandate was SRH-focused more than GBV-focused, UNFPA’s assumption of sole GBV AoR leadership in 2016 changed the focus and recognition of formalised leadership responsibility. UNFPA often establish and lead RH WGs under the WHO-led Health Cluster but this is a much more informal responsibility. However, UNFPA’s visibility in leadership of both SRH and GBV impact on perceptions, internally and externally, of UNFPA’s commitment to SRH and GBV. Within the WoS response, the lack of an SRH coordination and programmatic position within the Hub equivalent to the GBV coordination and programmatic position has resulted in the perception – internally and externally – that SRH has been side-lined to GBV in the cross-border operations.¹⁰¹

FINDING 10: The Iraq cross-border operations are not fully engaged with WoS mechanisms. The implementing partner for the cross-border response managed by Iraq CO into north-eastern Syria does not engage within the WoS coordination mechanism, which potentially results in duplication of

⁹⁵ UNFPA, other UN agency, implementing partners and GBV SC members key informants.

⁹⁶ The Evaluation Team will review this further during the Turkey field mission.

⁹⁷ UNFPA key informants, Jordan, Turkey, ASRO, and HQ.

⁹⁸ An international staff member held the position from July 2016 to October 2017, replaced in December 2017 with a new short-term international surge.

⁹⁹ Implementing partners and RH WG members key informants.

¹⁰⁰ UNFPA key informant.

¹⁰¹ UNFPA, other UN agency key informants.

efforts from Iraq CO-supported services and SCO services into the same geographical area as the Gaziantep (Turkey) hub-supported services. The Iraq-supported cross-border activities operate under a strict no-visibility policy¹⁰² which has clearly impacted on coordination with others. Examples of potentially missed coordination opportunities are the Iraq-supported partner's lack of awareness of the adolescent girl's strategy for the WoS, and its lack of participation in the 4W mechanisms for GBV and SRH in northern Syria.¹⁰³

FINDING 11: UNFPA has no youth coordination function for WoS including cross-border operations. Whilst youth are, to a certain extent, highlighted as a specific target population for both GBV and SRH work there is no leverage of UNFPA's global work on youth for stand-alone youth programmes or specific UNFPA leadership on youth for cross-border operations.

¹⁰² Iraq implementing partner key informants.

¹⁰³ Implementing partner 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 HRPs and 3RPs); (ii) UNFPA strategic frameworks; (iii) UNEG gender equality principles; (iv) national-level host Government prioritisation; and (iv) strategic interventions of other UN agencies.

Associated Assumptions:

12. UNFPA is institutionally engaged with, and drives focus on SRH and GBV, at UNCT, HCT and Strategic Steering Group (SSG) levels in all response countries;

13. UNFPA Response is aligned with:

- a. UNFPA global mandate and global humanitarian strategy;
- b. UNFPA Regional Office strategies;
- c. UNFPA CO strategies;
- d. National-level host Government prioritisation (SAR, Turkey, Lebanon, Iraq, Jordan);
- e. International normative frameworks;
- f. UN global development strategies (MDGs, SDGs).

14. The UNFPA Response is aligned to the priorities decided in Cluster Forum; specifically:

- a. The GBV AoR;
- b. The Global RH Coordination Forum (currently IAWG)

FINDINGS

12. UNFPA cross-border activities operate under the mandate of successive UN Security Resolutions and are fully in line with the international frameworks authorising cross-border activities.

Note that for information relating to cross-border operations' alignment with UNFPA global strategies and country office Strategies, please see respective Jordan and Turkey country notes. In relation to cross-border operations with host government priorities: the very nature of cross-border operations under the successive Security Council Resolutions is based on delivery of humanitarian aid into non-government controlled areas within Syria expressly without the permission of the Government of Syria (and hence the need for authorisation through the UN Security Council). Therefore, for this specific case study, the question of coherence is answered in relation to alignment with UN Security Council Resolutions and relevant international legal frameworks.

FINDING 12: UNFPA cross-border activities operate under the mandate of successive UN Security Resolutions and are fully in line with the international frameworks authorising cross-border activities. The nature of the cross-border operation, under the specific and limited mandate of successive Security Council Resolutions, and with strict parameters of delivery modality ensures that UNFPA cross-border operations from both Jordan and Turkey are operationalised under the WoS response and as such have aligned with humanitarian principles. The UNFPA Hub in Amman has been consistently engaged with the Whole of Syria (WoS) Strategic Steering Group (SSG) throughout the Syria Response, with successful efforts to promote SRH and GBV as life-saving interventions within the cross-border response and within the remit of UNFPA's mandate. There is also high level of engagement within UN coordination mechanisms for the promotion of RH / GBV as life-saving within both within the Turkey interagency hub (the DRHC Office).¹⁰⁴ The cross-border GBV SC in Gaziantep sits under the Protection Cluster and so engagement with OCHA (in the DRHC office) is indirect, through the Protection Cluster. However, the Protection Cluster – including both GBV and CP sub-clusters – are viewed by the DRHC office as a “reasonably strong cluster”¹⁰⁵ and specifically, the ‘Voices’ qualitative data produced by the GBV SC is considered useful.¹⁰⁶

¹⁰⁴ UN Agency key informants.

¹⁰⁵ DRHC office key informants.

¹⁰⁶ DRHC office key informants.

The cross-border response is also aligned with the UNFPA Global Strategy and the UNFPA Second-Generation Humanitarian Strategy. UNFPA's Second-Generation Humanitarian Strategy was conceived in 2012 and put continued emphasis on strengthening UNFPA's accountability for advocating for, delivering results on, and coordinating SRH and GBV activities and interventions in emergencies. The Second-Generation Humanitarian Strategy has a focus on UNFPA's core mandate, including capacity-building and advocacy for MISP, MNH services (BEmOC and CEmOC), access to family planning, GBV prevention and response, and services for youth. All of these outputs and outcomes are included within the cross-border programming from Jordan, Turkey, and Iraq. ASRO has a regional accountability framework for harmful practices including FGM and child marriage. There have been efforts to work with the Hub to align this with WoS initiatives such as the WoS Adolescent Girls Strategy, ensuring, for example, that language aligns.

Evaluation Question 6: Connectedness

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

Associated Assumptions:

15. UNFPA is working towards long-term development goals with regards to resilience of refugees when they return to Syria;
16. UNFPA is seeking to integrate in-country humanitarian response with long-term development goals.

FINDINGS

13. UNFPA has not sufficiently provided for continuity of service should cross-border routes be disrupted or considered duty of care issues for partners operating within Syria under UNFPA's funding and direction. This is an issue common to all UN agencies.
14. To date there have been limited linkages or alignment between cross-border responses and the refugee responses in Jordan and Turkey respectively.
15. There has been insufficient engagement between interagency hubs outside of Syria (Gaziantep and Amman) and the Damascus interagency hub which has limited overall contingency planning for shifting front lines and access.
16. There has been limited youth work through cross-border operations, which is important for longer-term resilience and future rehabilitation, recovery, and rebuilding.

FINDING 13: UNFPA has not sufficiently provided for continuity of service should cross-border routes be disrupted or considered duty of care issues for partners operating within Syria under UNFPA's funding and direction. This is similar to all other UN agencies and results from the inherent challenges – operational and political – of the nature of the cross-border work. In the Amman (Jordan) interagency hub, many stakeholders raised concerns as to the fate of facilities, services, and staff as conflict lines shifted and areas came under control of different authorities.¹⁰⁷ There were significant concerns as to the fate of the facilities, services, and staff currently providing SRH and GBV interventions through the cross-border modality. To date, limited contingency plans have been put in place – not just by UNFPA, but across all UN agencies. Duty of care for partner staff is of paramount importance for when authorities change in southern Syria, particularly if authorities re-taking control have specific issues with the type of services UNFPA-supported partners have been offering. Further work is continuing with Amman-based cross-border partners to look at Damascus registration, and other options to allow staff to stay safe and continue to provide life-saving services (which should be in line with humanitarian principles of do no harm).

UNFPA has provided some limited planning. In 2017 UNFPA Jordan prepositioned commodities in southern Syria as a contingency plan in case the renewal was not passed (to ensure services could continue for some time even if the cross-border operations ceased), which was in line with the overall contingency planning for southern Syria.

For northern Syria – managed from the Gaziantep (Turkey) hub – the response inside Syria is still at an acute phase with multiple 'emergencies within an emergency' and no clear stability in sight. This was highlighted by the mid-2018 Eastern Ghouta bombardment and resulting additional hundreds of thousands Syrians internally displaced, many to Idleb in northern Syria. The situation was further complicated by Turkish military action in Afrin and the potential for further Turkish military action and/or a continued and growing Turkish military presence in Syria. The dynamic and unstable nature of the Syrian conflict in general is not one conducive to long-term sustainability strategies. However, such instability has been taken into consideration, in as much as is possible, in GBV SC and RH WG work plans, including developing guidance notes on how to phase out programming and contingency

¹⁰⁷ UNFPA, other UN Agency, implementing partner, and donor key informants.

planning for different scenarios. UNFPA research respondents noted the sensitivity of the topic and that they seek to ensure that the message with regard to contingency planning is passed to partners in a realistic way without causing undue alarm, but with appropriate consideration for all likely (including negative) scenarios.

From Iraq, cross-border operations are relatively recent (starting in September 2017), and “*under the radar*.”¹⁰⁸ Funding from UNFPA to the implementing partner has been provided on emergency short-term basis (funding initially for three months, and then for six months), so no contingency planning has been considered to date.¹⁰⁹ ASRO colleagues have confidence in the remote capacity building provided through cross-border response from both Jordan and Turkey. However, there is no current contingency plan for returnees as far as ASRO are aware.¹¹⁰

FINDING 14: To date there have been limited linkages or alignment between cross-border responses and the refugee responses in Jordan and Turkey respectively (and none in Iraq). This holds true for both UNFPA’s own programming and UNFPA coordination responsibilities. There is a general understanding that this is a missed opportunity¹¹¹ which reduces the impact of both respective refugee responses and cross-border programming and coordination with no leverage of the successes on either side. There is 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 – a remote possibility in the short-term.

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 response in middle-income countries with functioning health and education systems and limited UN and NGO space (but with UNHCR as the lead supporting UN agency). This differs substantially from the cross-border operations which are a specific modality of 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 OCHA rather than UNHCR. Therefore different programming approaches are a clear necessity.

The lack of linkage is across the board – in both Jordan and Turkey OCHA has limited knowledge or understanding of the respective refugee responses.¹¹² In Turkey, UNHCR engages in the cross-border operation only through its cluster lead agency responsibilities (protection, shelter, and camp coordination and camp management – CCCM) but still operate their two programmes (refugee response in Turkey and cluster responsibilities for IDP response in Syria) completely separately. ECHO in Ankara have limited understanding of the cross-border programmes and equally the ECHO representative in Gaziantep has no knowledge of the refugee response.¹¹³

The primary benefit of closer linkages is forward-looking in terms of consideration of alignment of services (particularly through the WGSS model) available in Syria if and when refugees return. However, UNFPA and partners understand that this conversation being raised too early could be

¹⁰⁸ Implementing partner key informant.

¹⁰⁹ Implementing partner key informant.

¹¹⁰ ASRO key informants.

¹¹¹ UNFPA, other UN Agency, implementing partner, and donor key informants.

¹¹² Other UN agency key informants.

¹¹³ Various key informants.

detrimentally suggestive of forced returns for refugees and so timing is critical for discussion around closer linkages. ¹¹⁴¹¹⁵

There are also a number of useful products developed (all in Arabic) through the WoS cross-border response – particularly through the GBV SC but also, to a lesser extent, for SRH through the Gaziantep (Turkey) hub RH WG which could be useful to refugee responses in both Jordan and Turkey and are not currently being utilised to full advantage. For example, the WoS *Voices* produced annually 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 here*’ for Syrian refugees in Turkey, without taking advantage of the FGD methodology, questionnaires, enumerator training, and other materials (all in Arabic) already developed for ‘*Voices*’.

FINDING 15: There has been insufficient engagement between interagency hubs outside of Syria (Gaziantep and Amman) and the Damascus interagency hub which has limited overall contingency planning for shifting front lines and access. Challenges relating to coordination and sharing of information on geographical coverage by Amman and Gaziantep interagency hubs with the SCO were highlighted by respondents in Syria, as were related risks of duplication.¹¹⁶ Many locations accessed from Amman and Gaziantep since 2014 also have services from SCO – either simultaneously or immediately after any changes in control.¹¹⁷

FINDING 16: There has been limited youth work through cross-border operations which is important for longer-term resilience and future rehabilitation, recovery, and rebuilding. UNFPA are one of the global lead organisations (together with ICRC) on the Compact for Young People in Humanitarian Settings¹¹⁸ which recognises the need to “build on the strengths of all young people. Ensuring 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.”¹¹⁹ UNFPA’s emerging leadership role in promoting youth work, as exhibited by leadership of the Compact for Young People, is not evidenced in the cross-border operations for WoS response which is a significant gap.

Note: Evaluation Question 7 relates explicitly to the Hub and will be covered in the Hub Case Study Report.

¹¹⁴ UNFPA and implementing partner key informants, Turkey.

¹¹⁵ Although approximately 77,000 refugees returned to Syria in 2017 so return is already happening - <http://www.unhcr.org/sy/wp-content/uploads/sites/3/2018/02/Syria-Fact-Sheet-2017-2018.pdf>

¹¹⁶ UNFPA Syria key informants.

¹¹⁷ Such as Aleppo in 2016, and more recently in 2018, Eastern Ghouta and Dara’a.

¹¹⁸ https://www.unfpa.org/sites/default/files/event-pdf/CompactforYoungPeopleinHumanitarianAction-FINAL_EDITED_VERSION.pdf

¹¹⁹ Ibid.

Evaluation Question 8: Efficiency

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

Associated Assumptions:

20. UNFPA has maximised efficiency through a series of humanitarian fast-track and support mechanisms for human and financial resources, such as:

- a. Fast Track Policies and Procedures;
- b. Surge
- c. Commodity procurement (particularly dignity kits and RH kits);
- d. Emergency Fund

21. UNFPA has maximised leverage of humanitarian funding – donor, multi-year, and pooled funding – for the response and matched OR and RR appropriately for office sustainability.

FINDINGS

17. Cross-border operations are not fully utilising available flexibility such as FTPs where it is still necessary when the overall country programme within which the cross-border operation is based is no longer using FTPs because the respective CO's are operating in a more stabilised refugee response environment.

18. Duty of care for staff and partners in Gaziantep is complicated by reporting to two Regional Offices: ECCARO as part of the Turkey CO and ASRO as part of the WoS response under the Hub as an extension of ASRO.

FINDING 17: Cross-border operations are not fully utilising available flexibility such as FTPs where it is still necessary when the overall country programme within which the cross-border operation is based is no longer using FTPs because the respective CO's are operating in a more stabilised refugee response environment. For both Jordan and Turkey, the difference in context and level of 'humanitarian' action between the respective refugee responses and the cross-border responses necessitates the cross-border teams having continued flexible access to FTPs and support mechanisms even when the respective COs do not qualify for such waivers. Fast Track Procedures (FTPs) are not applicable in either the Jordan or the Turkey refugee response any more as both situations have stabilised, but the WoS remains an L3 emergency.

The evaluation noted confusion among different UNFPA offices and staff as to whether the Amman (Jordan) hub staff or the Gaziantep (Turkey) hub / sub-office is allowed to use FTPs when the country office as a whole cannot. This has impacted on the functioning of the cross-border operations: for example, UNFPA Turkey contracts a third party monitoring (TPM) partner for monitoring activities inside of northern Syria: when the contract for the partner expired the normal procedures for re-tendering and contracting meant a gap of three months with no TPM partner in place.¹²⁰ The TPM partner (SERO) monitored all UNFPA and associated GBV SC and RH WG activities, visiting primary and mobile health clinics and WGSS and using checklists to monitor services based on MISP standards, and satisfaction exit interviews and FGDs with beneficiaries – these are key data required to ensure appropriate, effective and efficient services in a challenging working environment.

For some stakeholders, there is a sense that UNFPA's systems are more rigid than other UN partners,¹²¹ with less flexibility for fast-track or humanitarian / emergency response requirements. Partners have struggled with reporting burdens although UNFPA has provided Harmonised Approach to Cash Transfers (HACT) training and online reporting – Funding Authorisation and Certificate of Expenditure

¹²⁰ UNFPA and implementing partner key informants.

¹²¹ Implementing partner key informants.

(FACE) form training for some cross-border partners.¹²² Some partners have struggled with delays in disbursement, receiving funding later within the quarter.¹²³

Regional Office key informants noted issues of complexity with reporting cross-border operations in the Strategic Information System (SIS) in relation to how information is reported against CO results (in originating country i.e. Jordan or Turkey) but without being then reported to that CO host Government (i.e. Jordan or Turkey) as actual services have been delivered in Syria. The RO spoke mainly in relation to Jordan cross-border operations (as Jordan is also an ASRO country whereas Turkey is an EECARO country and does not report into the Arab States Regional Office). Therefore funds ‘managed’ as cross-border operations within a particular country (Jordan and Turkey) are not reported under the CPD.¹²⁴

For Syria, there is a challenge working with two programmatic cycles, one for Whole of Syria and one for the 8th Country Programme. This causes a risk for duplication in reporting. For Jordan and Turkey, it is not easy to distinguish cross-border activities from in-country activities within UNFPA financial systems. RO colleagues also highlighted an issue with regards to how to measure and where to attribute results from the WoS cross-border operations. The Hub’s role is coordination and resource mobilisation without direct programming; respective CO’s roles are programming but with the contribution of funds both raised by and coordinated through the Hub. To mitigate this challenge, any future Hub-type management modality should be clearly articulated as an extension of the RO, not an independent business unit or autonomous entity in its own right (see Hub Case Study for more information).

HFCB is viewed as a “*very instrumental business unit in HQ*” which is “*fast, prompt, and supportive to WoS*”,¹²⁵ including with funding from the Emergency Fund and TA support in the form of surge deployments. DHR is also supportive with surge which is viewed as a good example of improving humanitarian response: ASRO respondents expressed a belief that it is appropriate for the surge function to be transitioned from HFCB to DHR.¹²⁶ Some ASRO stakeholders reported that HFCB has prioritised GBV over SRH (linked to the formalised GBV Area of Responsibility leadership commitment assumed by UNFPA and the lack of an equivalent SRH leadership role under the Health Cluster within IASC architecture).

FINDING 18: Duty of care for staff and partners in Gaziantep is complicated by reporting to two Regional Offices: EECARO as part of the Turkey CO and ASRO as part of the WoS response under the Hub as an extension of ASRO. The sub-office in Gaziantep now works exclusively on the cross-border operation, with direct reporting lines to the country office in Turkey (operating under EECARO) but with additional coordination reporting lines to the Hub in Amman (operating under ASRO). ASRO covers security issues for Syria and for Jordan, but not for Turkey or cross-border operations from Gaziantep. EECARO covers security issues for Turkey (as well as all other EECARO countries) including Gaziantep but not for Syria. Currently no UN international staff are allowed to physically cross the border from Turkey to Syria but should this change it is unclear how the reporting lines and duty of care for staff would be coordinated between the two different ROs. Given the constantly changing lines between GoS and opposition-held areas and the recent Turkish military operations in northern Syria, there is not enough clarity around potential duty of care issues for any UNFPA staff and partners operating inside Syria from across the Turkish border – an EECARO responsibility (and how clearly updated are EECARO on Syria security issues) or an ASRO responsibility?

¹²² Implementing partner key informants.

¹²³ Jordan, Turkey, and Iraq implementing partner key informants.

¹²⁴ There is a lack of consistency in relation to highlighting how this is managed and what specific challenges it causes – and solutions to address the problem: this should be followed up again by the evaluation team with HQ colleagues, staff, and follow up with Jordan, Turkey, and EECARO.

¹²⁵ ASRO key informants.

¹²⁶ ASRO key informants.

Evaluation Question 9: Partnerships

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

Associated Assumptions:

22. UNFPA maximises strategic partnerships to leverage comparative strengths of different agencies / actors and promotes humanitarian principles across partnerships;

23. UNFPA has used evidence and data to highlight key needs through a communications, marketing, and fundraising strategy.

FINDINGS

19. UNFPA's partnership strategy has been limited for all cross-border operations due to circumstances. In Turkey in particular, UNFPA has sought to provide significant capacity-building to both SRH and GBV partners (and both as an Agency and through GBV SC and SRH WG).

20. . *Voices* has been successful for advocacy and fundraising purposes, but its potential was not initially realised to full advantage.

FINDING 19: UNFPA's partnership strategy has been limited for all cross-border operations due to circumstances. In Turkey in particular, UNFPA has sought to provide significant capacity-building to both SRH and GBV partners (and both as an Agency and through GBV SC and SRH WG). In Jordan, JHAS was a cross-border partner until compliance issues (related to US Government funding) resulted in UNFPA's donor requesting that JHAS be removed as a partner. JHAS were then replaced by RI (an international NGO) for continuation of cross-border work together with SAMS (also international).

In Turkey, the cross-border team adapted to the specific context of available implementing partners focusing on a capacity-building model within a broader strategy. UNFPA's partnership strategy was forced to change when two large GBV SC partners (MRIS who were the co-lead and IRC) suspended activities in the cross-border operation. UNFPA now has five direct partners (six including the sub-contracted partnership of Syria Relief and Development – SRD – to Care International)¹²⁷ and the GBV SC has a membership of 50-60 partners, with 36 that regularly report and 23 that have signed up to the SOPs.¹²⁸ The RH WG sits under the Health Cluster which has 61 members¹²⁹, with approximately 20 them attending the RH WG meetings.

From the Gaziantep (Turkey) hub, the overall protection cross-border response coordinated by the Protection Cluster and the two main sub-clusters (GBV and CP)¹³⁰ is characterised by high levels of collaboration between the three entities and the three cluster lead agencies (UNHCR, UNFPA, and UNICEF) resulting in a partnership approach to activities. All partners complete the protection 4Ws and various GBV, CP, and protection partners act as focal points for emergency response across all protection activities in different areas of Syria.

FINDING 20: *Voices* has been successful for advocacy and fundraising purposes, but its potential was not initially realised to full advantage. Obtaining robust and timely quantitative GBV data is challenging, ethically complicated to share and, for these reasons, a challenge to present within HNO processes (and thus advocate for resources or policies) to the same extent as other clusters. Therefore, the qualitative aspect of *Voices* both highlights GBV prevalence and mainstreaming of GBV mitigation / prevention needs within other sectors whilst providing a much-needed richness of context and 'voice' to what is often a de-humanising quantitative needs assessment process. '*Voices* has increased attention to GBV across all sectors within the WoS response (specifically from Amman and

¹²⁷ CARE International support Syria Relief and Development and for UNFPA they are a joint partner.

¹²⁸ UNFPA key informants.

¹²⁹ NGO key informants.

¹³⁰ There is no Mine Action SC in Gaziantep due to lack of permission to operate by the GoT. The northern Syria MA SC operates from Amman. There is a Housing Land and Property (HLP) Task Force.

Gaziantep interagency hubs).¹³¹ However, there is limited knowledge of, and no utilisation of *Voices* by the Iraq cross-border partner.¹³²

¹³¹ Other UN agency key informants.

¹³² Implementing partner key informant.

Evaluation Question 10: Effectiveness

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

10b: To what extent does the UNFPA response contribute to access to quality SRH and GBV services as life-saving interventions for Syrian refugee and host community women, girls, and youth in Turkey, Lebanon, Jordan, and Iraq.

Associated Assumptions:

24. UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:¹³³

- a. Syrian women, adolescents and youth access quality integrated SRH and GBV services:
- b. Syrian women, adolescents and youth benefit from prevention, risk reduction and social norm change programming and are empowered to demand their rights;
- c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.

25. UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:

- a. Syrian refugee women, adolescents and youth, and affected host communities in surrounding countries access quality integrated SRH & GBV services:
- b. Syrian refugee women, adolescents and youth, and affected host communities in surrounding countries benefit from prevention, risk reduction and social norm change programming and are empowered to demand rights;
- c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.

FINDINGS

21. UNFPA – as with all other agencies – has been restricted in effectiveness of cross-border operations due to the political, security, access, and partnership environment. Despite these challenges, UNFPA has provided access to women and girls to quality GBV and SRH services in both non-government-held areas in northern Syria and non-government-held areas in southern Syria.

UNFPA – as with all other agencies – has been restricted in effectiveness for cross-border operations due to the political, security, access, and partnership environment. Despite these challenges, UNFPA has provided access to women and girls to quality GBV and SRH services in both non-government-held areas in northern Syria and non-government-held areas in southern Syria.

Accessing Quality Services

From the **Amman (Jordan) inter-agency hub**, the cross-border operation into southern Syria has expanded over the relevant period¹³⁴ to increase services being delivered through six hospitals and 16 WGSS in Quneitra, rural Damascus, and Dara'a. The services include SRH services (ANC, EmOC, PNC and access to family planning and clinical management of rape (CMR)) and GBV services, including psychosocial counselling. Whilst the quality of the services is hard to judge given the remote management operations, there is evidence that 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.¹³⁵

From the **Gaziantep (Turkey) inter-agency hub**, UNFPA cross-border operations into northern Syria include both direct GBV and SRH programming and leadership of the GBV SC and the RH WG. There are four distinct WGSS supported by UNFPA and 32 health facilities (including static and mobile, and

¹³³ See Annex III.

¹³⁴ The period under evaluation is the start of the Syria crisis in 2011 until 2017. Cross-border operations only began in 2014.

¹³⁵ Evidence from cross-border partners, third party monitoring reports, and UNFPA staff.

including Comprehensive Emergency Obstetric Care (CEmOC), Basic Emergency Obstetric Care (BEmOC), primary SRH care – family planning, and syndromic treatment of sexually transmitted infections (STIs) CMR– and with GBV response including incorporated into health facilities. Health Cluster bulletins show 2017 monthly figures averaging 8-10,000 safe deliveries per month by partners within the UNFPA-led RH cluster.

From **Iraq**, UNFPA-supported partner provides direct support to three maternity hospitals (salaries, equipment, and TA for BEmOC and CEmOC services and further direct support to three lower-level clinics for SRH services and awareness-raising, two mobile delivery units for RH services, and to three women’s centres for GBV case management and referral. The Iraq-supported partner has also distributed 7,000 dignity kits.¹³⁶

The WoS response has a useful and effective model dashboard to provide information about services, coverage, and other activities which can be filtered per hub (Jordan, Damascus, Gaziantep and NES – North-Eastern Syria).¹³⁷



This dashboard records cumulative GBV response services data from Jordan, Turkey, and ‘NES’ (north-east Syria which are the services provided from Iraq) – see Annex III for how output (but not outcome) level data is recorded.¹³⁸

¹³⁶ The Iraq cross-border UNFPA-UPP partnership only started in September 2017 and has been implemented sporadically, with activities suspended at the time of evaluation and limited information provided by Iraq UNFPA CO or the partner.

¹³⁷ NES references cross-border operations from Iraq. However, the dashboard shows only IRC services reported from NES: UNFPA’s implementing partner reported that they do not currently feed into any coordination mechanisms.

¹³⁸ This data cannot speak to effectiveness as it is results data without baselines and targets within which to interpret the data but as the vehicle within which results are captured the data is presented within Annex III/

Benefitting from prevention, risk reduction and social norms change programming and empowered to demand their rights.

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. There are third party monitoring assessments which monitor access to services and empowerment benefits of UNFPA-supported services to women and girls inside Syria.

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.¹³⁹ However, WGSS activities include prevention, mitigation and counselling activities. Furthermore, the GBV SC has operated under a clear series of strategic plans, recognising the need to build capacity in GBV basics including psychosocial support and case management, and ensuring all partners are acting without doing any harm. For the Gaziantep (Turkey) hub, this understanding has resulted in the development of the SOPs and a robust capacity-building initiative used to ensure quality of services. It was a strategic decision to do this first and then move onto more sophisticated prevention activities, which will be further developed by the Gaziantep (Turkey) hub GBV SC in 2018 through the recruitment of a GBV awareness-raising consultant.¹⁴⁰

Humanitarian Community is accountable for SRH and GBV mainstreamed across the overall humanitarian response

The humanitarian communities in both the Amman (Jordan) and the Gaziantep (Turkey) hubs are fully aware of GBV and SRH as life-saving interventions. This is partially due to the impact of ‘Voices’ and entirely due to UNFPA’s continuous engagement with SSG in both Amman and Gaziantep. One respondent from the Gaziantep (Turkey) hub highlighted the added value of the GBV Guidelines training, noting “*I had partners who came back waving individual pages [of the GBV Guidelines]*”.¹⁴¹ The increased wide acceptance across the humanitarian community of GBV as a life-saving priority is a direct result of UNFPA influence from the Hub, and the individual cross-border responses in Jordan and Turkey. Whilst many stakeholders feel that less visible effort has been made to ensure SRH – across all aspects of MISP, including FP – is seen as life-saving across the WoS response,¹⁴² the work of UNFPA from the Gaziantep (Turkey) hub through both direct programming and through RH WG coordination has contributed to a broad understanding of the life-saving nature of SRH programming.

¹³⁹ Other UN agency key informants.

¹⁴⁰ <https://reliefweb.int/job/2529454/gbv-awareness-raising-consultant>

¹⁴¹ Other UN agency key informant.

¹⁴² Various key informants.

Key Conclusions

- A. The UNFPA cross-border response from Jordan and Turkey¹⁴³ is aligned with needs and reaches those most based on geographical mapping in need as much as security, political situations and donor priorities will allow although cross-border operations have not been successful in reaching all vulnerable and marginalised populations such as people with disabilities and LGBT populations and has not developed a youth programme. The operation has proven flexible and adaptable to changing external contexts. [*Links to finding 1,3, 5, 6 and 7*]
- B. UNFPA has prioritised GBV in staff resourcing over SRH but this has not impacted on ratio of SRH / GBV services for UNFPA-supported partners. However, SRH staffing and therefore coordination from Amman is lacking. UNFPA has been largely ineffective in relation to their emerging global youth leadership position. [*Links to findings 2, 4*]
- C. The cross-border response functions well despite the lack of proper resourcing for Gaziantep (Turkey) hub and Amman (Jordan) hub coordination functions, with double-hatting positions for coordination and programming functions in both. The Hub has been well-resourced but more so for GBV than for SRH and with limited youth technical capacity or support. UNFPA-supported cross-border work from Iraq into north eastern Syria appears to remain outside of the overall coordination mechanism. [*Links to findings 8,9*]
- D. UNFPA has not yet developed comprehensive contingency plans across all cross-border operations should routes be disrupted or established clear scenario planning for refugee return. The lack of youth programming to date impacts of longer-term resilience building objectives, and the lack of linkages between cross-border programmes and refugee response programmes miss the opportunity to ensure smooth return as and when voluntary returns begin, and miss leveraging the WoS investment across refugee responses respective such as the Arabic GBV materials and products which have been developed. [*Links to findings 13,14,15,16*]
- E. Humanitarian procedures – designed to facilitate operational and programming processes – such as FTPs are not necessarily being used in cross-border operations when they would be a great benefit: there is a lack of clarity as to when FTPs can be used by a sub-office if not being used by the respective country office. [*Links to finding 17*]
- F. *Voices* has been instrumental in increasing visibility of and attention to GBV within the Whole of Syria approach and could be utilised more broadly by UNFPA and the GBV Area of Responsibility. [*Links to finding 21*]

¹⁴³ Given how small, under the radar, and recent the Iraq cross-border response is, with no visibility in the WoS Dashboard (for UNFPA's partner, UPP) and the current suspension of activities at the time of the evaluation, the evaluation was not able to conclude whether the Iraq cross-border work is aligned with needs.

Suggestions for Recommendations

1. The UNFPA WoS cross-border response¹⁴⁴ should review the current SRH-staffing investment level compared to the GBV-staffing investment level in relation to coordination responsibilities and decide if efforts should be adjusted depending on need, donor preferences, and UNFPA's overall mandate. This review should take account of the difference in formality of leadership responsibility vis-à-vis the GBV AoR /SC as a formal IASC responsibility compared to RH WG leadership for which UNFPA has no formal CLA responsibility designated by IASC and also recognising the different investment in GBViE and SRHiE within UNFPA Headquarters *but* whilst also acknowledging UNFPA's stated mandate and successive strategic plans.
2. The UNFPA WoS cross-border response should plan for increased youth work, in line with UNFPA's emerging global leadership through the Compact for Young People in Humanitarian Action and as a clear recognition of the criticality of working with youth for future rehabilitation, recovery, and resilience-building for future generations within Syria.
3. The UNFPA WoS cross-border response should document the effectiveness of mobile clinics and teams compared to static clinics.
4. The UNFPA WoS cross-border response should investigate how linkages between cross-border operations and refugee responses in respective countries can be strengthened.
5. The UNFPA WoS cross-border response should strengthen coordination with SCO as lines shift to ensure smooth transition of provision of services.
6. The UNFPA WoS cross-border response should review engagement with the UNFPA-supported partners from Iraq into north-eastern Syria to ensure (i) no duplication of geographical areas with Gaziantep (Turkey) hub-based partners; (ii) UNFPA Iraq-supported services are included within the WoS 4W dashboard mechanism (for both GBV and SRH); and (iii) UNFPA Iraq-supported partners benefit from all WoS products and information such as the GBV SC Adolescent Girls' Strategy.
7. UNFPA respective regional offices should review clarity of use of FTPs and other humanitarian mechanisms by a sub-office if the main CO is not using them and ensure the process of being able to utilise FTPs remains relevant and useful for cross-border operations.
8. UNFPA respective regional offices (ASRO and EECARO should clarify security accountability and duty of care for the Gaziantep sub-office in relation to the cross-border activities into northern Syria.
9. UNFPA HQ should review corporate commitment to humanitarian operations with a view to fully committing to coordination responsibilities and discharging those responsibilities in line with other cluster lead agencies in terms of staffing hub cluster / WG positions, thus ensuring GBV and SRH receive an equal opportunity for visibility, attention, and funding as other sectors.
10. UNFPA HQ should plan for a comprehensive review of *Voices* as both an advocacy and programmatic tool in order to understand the potential for and viability of institutionalising this in GBV responses globally.

¹⁴⁴ As the WoS response is a collective, multi-country effort with multiple UNFPA stakeholders involved, recommendations aimed at "The UNFPA WoS cross-border response" are targeted initially to the Hub unless otherwise stated but recognising the Hub will consider these recommendations in close coordination with COs, ROs (predominantly ASRO but maybe also EECARO) and HQ.

Annex I: List of Key Informants

Name	Title	Agency	Country	Gender
Dan Baker	Regional Humanitarian Coordinator	UNFPA	Jordan	M
Laila Baker	Country Representative	UNFPA	Jordan	F
Jennifer Miquel	Regional GBV Specialist / WoS GBV Coordinator	UNFPA	Jordan	F
Jafar Irshaidat	Communications Specialist	UNFPA	Jordan	M
Rebecca Sontag	M&E and IM Specialist	UNFPA	Jordan	F
Jason Pronyk	Development Coordinator	UNDP	Jordan	M
Andrew Pearlman	Southern Syria Humanitarian Advisor	DFID	Jordan	M
Nadia Shamroukh	General Manager	JWU	Jordan	F
Mays'a Faraj	Project Manager	JWU	Jordan	F
Waj Al-Samayleh	Project Coordinator	JWU	Jordan	F
Bryn Boyce	Deputy Director of Programs	IRC	Jordan	M
Farrah Zughni	Program Manager	RI	Jordan	F
Emilie Page	Protection Officer	UNHCR	Jordan	F
Zeinab Al Qaudi	Project Coordinator	SAMS	Jordan	F
Melanie Megevand	Regional WPE Technical Advisor	IRC	Jordan	F
Christina Bethke	Health Sector Working Group Coordinator	WHO	Jordan	F
Ali Metleq AlKousheh	Director of Studies and Po	HPC	Jordan	M
Ghaleb Azzeh	Researcher	HPC	Jordan	M
Sawsan.A	Director of Programmes	HPC	Jordan	F
Adam Eltayeb Musa Khalifa	UNHCR Health Coordinator	UNHCR	Jordan	M
Douglas Disalvo	Senior Protection Officer	UNHCR	Jordan	M
Waseem Aldeek	Coordinator	JHAS	Jordan	M
Ezekiel Kutto	M&E Analyst	UNFPA	Jordan	M
Robin Ellis	Deputy Representative	UNHCR	Jordan	F
Holly Berman	Senior Regional Protection Officer	UNHCR	Jordan	F
Ben Farrell	Senior External Relations Officer	UNHCR	Jordan	M
Tiare Eastmond	DART Syria Program Coordinator	OFDA	Jordan	F
Dalia Al Sharif,	Project Manager	IFH	Jordan	F
Dr. Ibrahim Aqel	Director	IFH	Jordan	M
Ahmed Nimreh	Project Manager	QS	Jordan	M
Georgie Wink	Project Officer	QS	Jordan	F
Ahmad Y Bawaeh	Ahmad Y Bawaeh, Director of Programmes	IMC	Jordan	M
Sadia Saeed	RMB & Reporting Specialist	UNFPA	Jordan	F
Rudayna Qasem	IFH Project Coordinator, Zattari,	IFH	Jordan	F
Hiroshi Seto	First Secretary, Embassy of Japan	Gvt Japan	Jordan	M
Dr Malak Al Ouri	Director of Mother and Child Health	MoH	Jordan	F
Manal Al-Fataftah	WPE Manager, Azraq	IRC	Jordan	F
Ola Jundi	Programme Associate	UN Women	Jordan	F
Dr Lina Darras	PSS Unit Manager	IFH	Jordan	F
Israi Shakboua	SGBV Officer	IFH	Jordan	F
Mohammad Qatawheh	Psychologist	IFH	Jordan	M
Duaia Al_Sarhany	Case Manager	IFH	Jordan	F
Sheraz Nsour	Psychologist	IFH	Jordan	F
Mateen Shahhen	former Syria Deputy Representative	UNFPA	Syria	M
Nawal Al-Najjar	Health Specialist	IRD	Jordan	F
Marmar Sharmi	Reporting and Programme Officer	IRD	Jordan	F

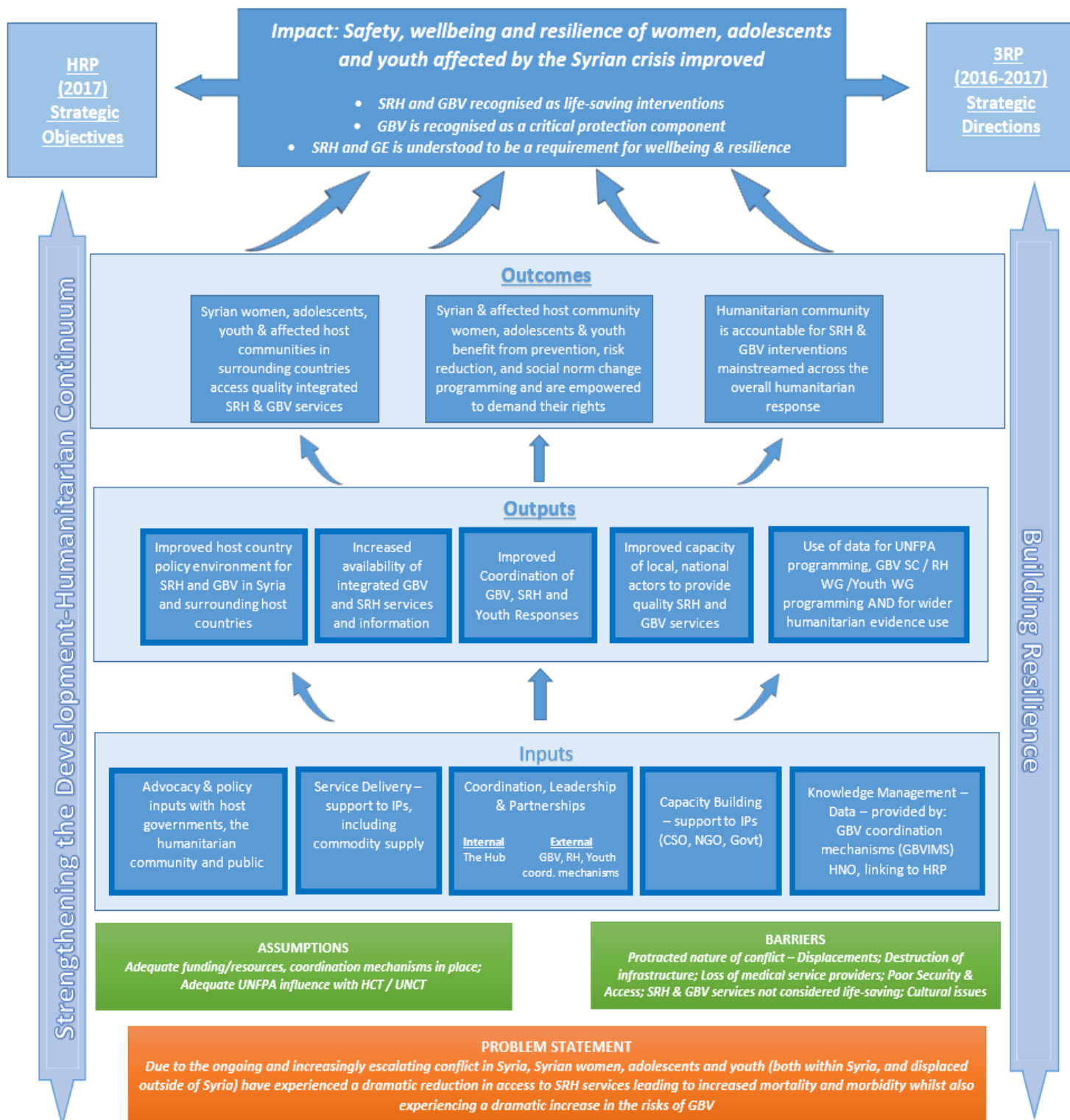
Ane Thea Djuve Galaasen	First Secretary, Royal Norwegian Embassy	Gvt Norway	Jordan	F
Hanan Hani Shasha'a	Program Officer, Royal Norwegian Embassy	Gvt Norway	Jordan	F
Yi Giljae	Consul, First Secretary, Embassy of Korea	Gvt Korea	Jordan	M
Kim Jinu	Researcher, Embassy of Korea	Gvt Korea	Jordan	F
Emmanuel Roussier	Humanitarian Response Specialist	UNFPA	Turkey	M
Katherine Nichol	Humanitarian Analyst	UNFPA	Turkey	F
Duygu Ariğ	Humanitarian Programme Regional Manager	UNFPA	Turkey	F
Altuna Sölyemezoğlu	Istanbul Field Associate	UNFPA	Turkey	F
Karl Kulesa	Country Representative	UNFPA	Turkey	M
Selen Örs	Humanitarian Coordinator	UNFPA	Turkey	F
Fatma Hacıoğlu	Regional Program Manager	UNFPA	Turkey	F
Kemal Ördök	Programme Associate	UNFPA	Turkey	M
Takumi Suemitsu	Second Secretary	Embassy of Japan	Turkey	M
Nadine Cornier	Humanitarian Adviser, Reproductive Health, Head of Gaziantep Office	UNFPA	Turkey	F
Fulvia Boniardi	GBV Sub-Cluster Co-Lead	Global Communities	Turkey	F
Victoria Shepard	Protection Cluster Coordinator	UNHCR	Turkey	F
Ramesh Rajasingham	Deputy Humanitarian Coordinator - DRHC	OCHA	Turkey	M
Annette Hearn	ICCG Coordinator	OCHA	Turkey	F
Abdulwahab Al Ali	Senior GBV Sub-Cluster Support Officer	IHSAN Relief & Development	Turkey	M
Bora Ozbek	GBV Expert	UNFPA	Turkey	M
Behire Ozbek	SRH Expert	UNFPA	Turkey	F
Moaz Akad	Senior Protection Officer	Shafak	Turkey	M
Kinda Alourahi	Senior Protection Coordinator	Shafak	Turkey	F
Basel Khudir	Senior Health Officer	Shafak	Turkey	M
Dr Hani Alaswi	Reproductive Health Program Manager	Physicians Across Continents (PAC)	Turkey	M
Maria Margherita Maglietti	GBV Specialist	UNFPA	Turkey	F
Steve Petit	Information Management Officer	UNFPA	Turkey	M
Cedric Perus	Technical Assistant	ECHO	Turkey	M
Jerrard Langlois	Manging Director	SREO	Turkey	M
Zoran Suto	Research Program Manager	SREO	Turkey	M
Kamol Yakubov	Finance Analyst	UNFPA	Turkey	M
Loai Khamis	Programme Consultant	UNFPA	Turkey	M
Domenica Costa	Protection Programme Manager	Care International	Turkey	F
Amani Kanjo	FP and GBV Project Manager	Syrian Relief and Development (SRD)	Turkey	M
Hussain Assaf	Sexual Reproductive Health Adviser	Care International	Turkey	F
Majd Sawan	Senior Program Officer	IHSAN Relief & Development	Turkey	F
Tareq Akkad	Program Coordinator	IHSAN Relief & Development	Turkey	M
Ayaat Kholani	GBV Specialist	IHSAN Relief & Development	Turkey	F
Feras Fares	Programme Manager	Syrian Expatriate Medical Association (SEMA)	Turkey	M
Nidal Abdulrezzak	GBV Specialist	Syrian Expatriate Medical Association (SEMA)	Turkey	F
Alamir Ali Alawwad	Grants Officer	Syrian Expatriate Medical Association (SEMA)	Turkey	M
Francesca Crabu	GBV subnational coordinator	UNFPA	Syria	F

Hala Al-Khair	RH officer	UNFPA	Syria	F
Yamameh Esmail	M&E Analyst	UNFPA	Syria	F
Khaldoun Al Assad	Head of Aleppo sub-office	UNFPA	Syria	M
Dr Victor Ngange	RH Coordinator	UNFPA	Syria	M
Huda Kaakeh	GBV Programme Analyst	UNFPA	Syria	F
Widad Babikir	GBV Specialist	UNFPA	Syria	F
Omar Ballan	Assistant Rep	UNFPA	Syria	M
Mohammed Zaza	M&E Analyst	UNFPA	Syria	M
Dr. Rewa Dahamn	Health Officer	UNHCR	Syria	F
Pilar Gonzalez Rams	Protection Officer	UNFPA	Syria	F
Elisabetta Brumat	Protection Sector Coordinator	UNHCR	Syria	F
Chamith Fernando	Deputy Representative	UN Habitat	Syria	M
George Qitini	Director	Syrian Enterprise Business Centre	Syria	M
Dr. Lama Moakeaa	Coordinator	Syrian Family Planning Association	Syria	F
Akiko Suzaki	Deputy Country Director	UNDP	Syria	F
Azret Kalmycov	Health Sector Coordinator	WHO	Syria	M
Khawla Akel	Head of Office/GBV Specialist	UNFPA	Syria	F
Dr Yasser Joha	RH Trainer/Consultant	UNFPA	Syria	M
Antria Spyridou	MHPSS Coordinator	IMC	Syria	F
Sara Maliki	GBV subsector IM	UNFPA	Syria	F
Rania Hadra	Coordination Advisor & Head of the UN Coordination Support Office in Syria	RCO	Syria	F
Kehkashan Beenish Khan	Child Protection sub-sector Coordinator	UNICEF	Syria	F
Fadwa Murad	Director	Syrian Computer Society	Syria	F
Dr. Hassan Khansa	Medical Services Advisor	AKF	Syria	M
Dr. Reem Dahman	Head of RH Department	MoH	Syria	F
Kristele Younes	Head of Office	UNOCHA	Syria	F
Alessandra Dentice	Deputy Representative	UNICEF	Syria	F
Massimo Diana	Representative	UNFPA	Syria	M
Wesam Naser	Operations Manager	UNFPA	Syria	M
Nada Naja	Youth and RH Specialist	UNFPA	Syria	F
Radu Adrian Tirlea	Procurement Analyst	UNFPA	Syria	M
Dr. Iman Bahnasi	Child Survival & Development	UNICEF	Syria	F
Mahmound ALKawsa	International Cooperation Manager	MOSA	Syria	M
Mateen Shaheen	Former Syria Deputy Rep	UNFPA	Syria	M
Mona Shaikh	Head of Nutrition	WFP	Syria	F
Marta Perez del Pulgar	Deputy Representative	UNFPA	Syria	F
Grace Hauranieh	Head of POS Unit	UNFPA	Syria	F
Garik Hayrapetyan	International Programme Manager	UNFPA	Syria	M
Mr. Ammar Ghazali	Director of Developmental Media Dep	Ministry of Information	Syria	M

Waddah Rakkad	Director of Policies	Syrian Commission for Family Affairs and Population	Syria	M
Nour Hamouri	Director of Technical Cooperation	Central Bureau of Statistics	Syria	F
Yahia Joumaa	Director of Planning and International Cooperation	Central Bureau of Statistics	Syria	M
Eng. Mamoun Muty	Head of Board	Al Bir Association Hama	Syria	M
Mr. Ibrahim Al Kahlidi	Head of Board	Al Bir Association Qamishly	Syria	M
Fadia Addeh	Head of Organization	Pan Arminian Charitable Association(PACA)	Syria	F
Awad Al Haro	Head of Board	Al Ihsan Charitable Association	Syria	M
Saeed Khider	Head of Board	Al Yamamah Association	Syria	M
Fadi Jresh	Director-General/Senior Programs Manager	Greek Orthodox Patriarchate	Syria	M
Ghader Qara Bolad	Project Coordinator	Islamic Charity Association – Aoun for Relief and Developments	Syria	M
Alaa mahdi	Project coordinator	Al Tamayoz	Syria	F
Samer Alfaqeer	Project Manager	SSSD	Syria	M
Roi Mosally	Executive Director	SSSD	Syria	M
Wassim Mando	Project FP	Aoun	Syria	M
Yara Rostum	Project Manager	Al- Batoul	Syria	F
Mohammed Osama Al-jaber	Chairman	Masyaf Charitable Association (MSF)	Syria	M
Hussein Alkash	Project Manager	Al Bir and Al-Ihsan Charitable Association in Ras Alain (BICA)	Syria	M
Jouma Azzi	Project Manager	Al Bir and Al-Ihsan Charitable Association in Ras Alain (BICA)	Syria	F
Susan Kassam	Deputy Head of Board	Nour Foundation for Relief and Development (NFRD)	Syria	F
Luay Shabaneh	Regional Director	UNFPA	Egypt	M
Adelakin Olugbemiga	M&E Adviser	UNFPA	Egypt	M
Elke Mayrhofer	Regional Humanitarian Adviser	UNFPA	Egypt	F
Dr Isam Taha	Regional Programme Specialist (and Jordan desk officer)	UNFPA	Egypt	M
Dr Hala Youssef	Regional Technical Advisor, Population Data / Policy	UNFPA	Egypt	F
Enshrah Ahmed	Regional Advisor for Gender, Human Rights and Culture	UNFPA	Egypt	F
Valentina Volpe	Programme Specialist, Gender, Human Rights and Culture	UNFPA	Egypt	F
Shible Shabani	Regional Adviser, SRH (previously Jordan CO)	UNFPA	Egypt	M
Mohamed Afifi	Programme Specialist, RH	UNFPA	Egypt	M
Tamara Alrifai	Regional Communications Adviser	UNFPA	Egypt	F
Sella Ouma	International Operations Manager	UNFPA	Egypt	F
Mona Moustafa	Programme Specialist (and Syria desk officer)	UNFPA	Egypt	F
Ghada Diab	Programme Assistant - Youth	UNFPA	Egypt	F
Shatha Elnakib	Humanitarian Coordinator	UNFPA	Egypt	F
Germaine Haddad	Assistant Representative	UNFPA	Egypt	F
Bakhtiar Safi	Regional Security Adviser	UNFPA	Egypt	M

Sherrin SaadAllah	Resource Mobilisation and Partnerships Regional Adviser	UNFPA	Egypt	F
Sarah Craven	Chief Washington Office	UNFPA	USA	F
Rachel Moynihan	Advocacy and Communications Specialist	UNFPA	USA	F
Jeffrey Bates	Editor and Communications Adviser	UNFPA	USA	M
Richard Kollodge	Communications Specialist	UNFPA	USA	M
Omar Gharzeddine	Media Specialist	UNFPA	USA	M
Danielle Engles	Adolescent and Youth Specialist	UNFPA	USA	F
Julie Morizet	Resource Mobilisation Specialist	UNFPA	USA	F
Beatriz de la Mora	Resource Mobilisation Specialist	UNFPA	USA	F
Letizia Motenclovo	Resource Mobilisation Specialist	UNFPA	USA	F
Henia Dakaak	Technical Adviser, SRHR, HFCB	UNFPA	USA	F
Ugochi Daniels	Chief, HFCB	UNFPA	USA	F
Benoit Kalasa	Head, Technical Division	UNFPA	USA	M
Fabrizia Falcione	GBV Capacity Development Specialist	UNFPA	USA	F
Ingo Piegeler	Humanitarian Coordinator Adviser	UNFPA	Switzerland	M
Andres Blasco	Procurement Specialist	UNFPA	Denmark	M
Abubaker Dungus	Chief, Media and Communications Branch	UNFPA	USA	M
Daniela Andries	Inventory Associate	UNFPA	Denmark	F
Luis Mora	Chief, Gender, Human Rights, and Culture Branch	UNFPA	USA	M
Ramiz Alakbarov	Director of Programme Division	UNFPA	USA	M
Raya Alchukr	SRH in Emergencies Specialist	UNFPA	USA	F
Giacomo Lapo Baldini	Project Manager	Un Ponte Per (UPP)	Iraq	M
Leila Zghoul	Technical Adviser for RH and GBV	Un Ponte Per (UPP)	Iraq	F

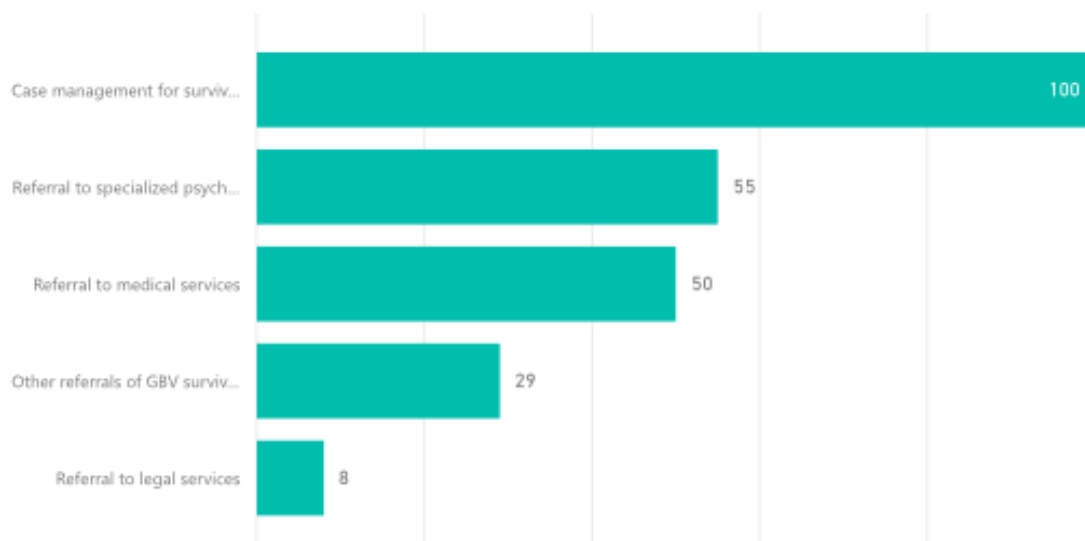
Annex II: Reconstructed Theory of Change



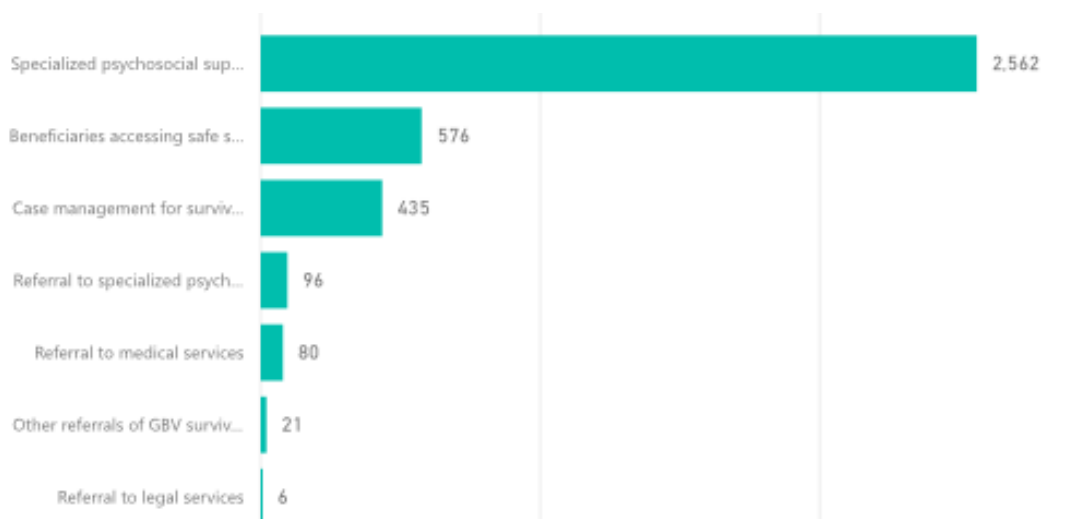
Annex III: GBV response services to date

The charts show cumulative GBV response services to date from Jordan, Turkey, and ‘NES’ (North East Syria – Iraq) output (results) level data.

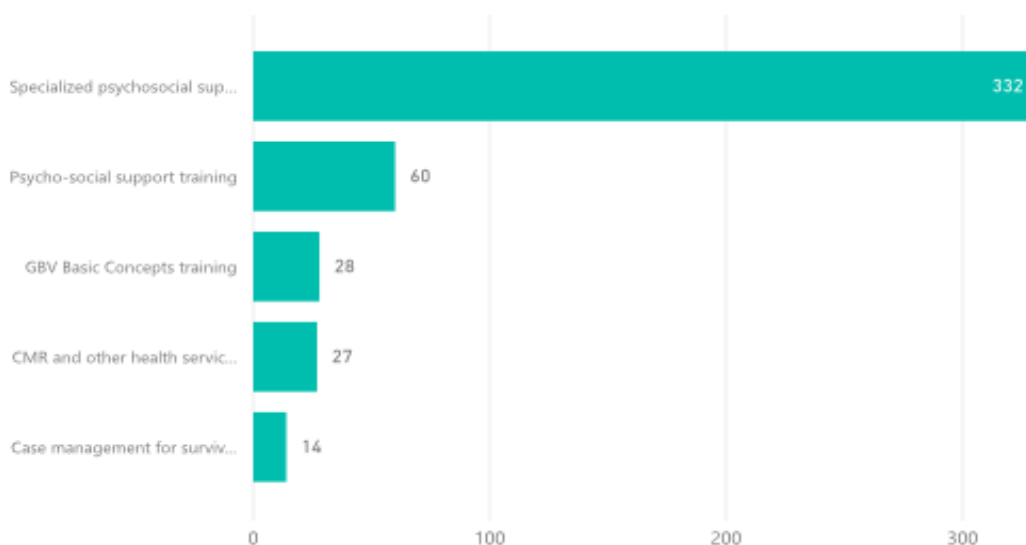
Jordan



Turkey



NES¹⁴⁵



¹⁴⁵ These figures do not reflect UNFPA’s partner, Une Ponte Per services who report they do not feed results into the WoS Dashboard (NGO key informant).