



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

SYRIA REGIONAL RESPONSE HUB CASE STUDY

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UNFPA Evaluation Manager

Hicham Daoudi

Evaluation Team

Brian O Callaghan

Katie Tong

Jeanne Ward

Sinéad Murray

Alexandra Cervini

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Any enquiries about this report should be addressed to evaluation.office@unfpa.org

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Acronyms

3RP	Regional refugee and resilience plan
4Ws	'Who does What, Where and When' Dashboard
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
CM	Child Marriage
CMR	Clinical Management of Rape
CO	country office
COAR	country office annual report
CPAP	country Programme Action Plan
CPD	country Programme Document
CSO	Civil Society Organisation
EECARO	Eastern Europe and Central Asia regional Office
EmOC	Emergency Obstetric Care
FACE	Funding Authorisation and Certification of Expenditure
FGD	Focus group discussion
FP	Family Planning
FTP	Fast-Track Procedures
GBV	Gender-based Violence
GBV AoR	Gender-based Violence Area of Responsibility
GBViE	Gender-based Violence in Emergencies
GBV IMS	Gender-based Violence Information Management System
GoI	Government of Iraq
GoJ	Government of Jordan
GoL	Government of Lebanon
GoS	Government of Syria
GoT	Government of Turkey
HACT	Harmonised Approach to Cash Transfers
HFCB	Humanitarian and Fragile Contexts 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
IFRC	International Federation of the Red Cross
IM	Information Management
IMC	International Medical Corps
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
IP	Implementing Partner
IPV	Intimate partner violence
ISG	International Solutions Group
ISIS	Islamic State of Iraq and Syria
ISP	Information sharing protocols

JCO	Jordan country office
L3	Level 3 (emergency)
LCO	Lebanon country office
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
PLWHA	People living with HIV and AIDS
PNC	Post Natal care
PoA	Programme of Action
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support
PwD	People with Disabilities
RC/HC	Resident Coordinator / Humanitarian Coordinator
RfP	Request for Proposals
RH	Reproductive Health
RO	regional Office
SC	Sub Cluster
SCO	Syria country office
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-based violence
SOPs	Standard Operating Procedures
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
TCO	Turkey country office
TFR	Total Fertility Rate
ToC	Theory of Change
ToR	Terms of Reference
TPM	Third Party Monitoring
TPR	Temporary Protection Regulation
UNDAF	United Nations Development Assistance Framework
UNDCS	United Nations Development Cooperation Strategy
UNCT	United Nations country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
USG	United States Government
WG	Working Group
WGSS	Women and Girl's Safe Space
WHS	World Humanitarian Summit
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 November 2012 at an “inter-division meeting” in Geneva, UNFPA colleagues proposed the establishment of a regional Syria response hub.² The initial purpose of the hub focused on “representation, visibility, and resource mobilisation”.³ The hub was initially co-located with the Iraq country office (ICO) which was based remotely in Amman until 2014. At this point, the hub re-located to new premises, being co-located with the Jordan country office, and was strengthened, in terms of quantity and seniority of human resources based on the “impressive amount of [financial] resources that had been mobilised in 2013”⁴. Specifically, this strengthening included a P4 GBV Specialist and a G6 Finance & Admin Officer, and a G2 Driver, both funded through ASRO regular resources and hub-raised other resources.

Subsequent to UN Security Council resolution 2139 of July 2014 authorising a cross-border modality of operations for the UN system as a whole into northern non-Government controlled Syria from Turkey, and southern non-Government controlled Syria from Jordan, the hub became “increasingly involved in the

delivery of cross-border assistance”.⁵ It was then agreed within UNFPA in January 2015 that the hub would “play the overall coordination role for UNFPA’s cross-border assistance”.^{6,7}

In May 2015 UNFPA mandated that the hub also be involved in coordination and disbursement of WoS funding with responsibility for “coordination, oversight and overall consolidation of programme and financial reporting” for funding provided to Whole of Syria.⁸ The ‘oversight’ aspect of this function included quarterly reviews of whether redistribution of funding (across Syria country office, Jordan cross-border operations, or Turkey cross-border operations) was necessary given the “fluid nature of the situation”: changing lines and access meaning reaching the same populations switched between services originating from and provided by Turkey or Jordan hubs, to services originating from and provided by Damascus.⁹

Findings

1. The creation of the UNFPA regional response hub was based on the needs of women and girls affected by the Syrian crisis across the region and was established in a timely manner.
2. The Syria regional response hub has been more relevant to GBV needs than SRH needs.
3. Over time the Syria regional response hub has adapted to the changing needs by producing a series of tools to support (primarily GBV) programming as contexts and programming priorities changed.
4. Geographically, the Syria regional response hub has facilitated coverage for cross-border operations from Turkey, Iraq, and Jordan into the Syria Arab Republic (SAR) through the Whole of Syria approach.

¹ UNOCHA; Also WoS HNO 2018.

² UNFPA internal document, Meeting to strengthen UNFPA response to the Syria Crisis, November 2012 (Appendix 7).

³ various UNFPA internal documents including Meeting to strengthen UNFPA response to the Syria Crisis, November 2012. (Appendix 7) and Syria hub and role within Iraq response, ICO briefing note, November 2015.

⁴ UNFPA internal document, Syria hub and role within Iraq response, ICO briefing note, November 2015.

⁵ Ibid.

⁶ Ibid.

⁷ The agreement was between the Arab States regional Office (?), relevant COs, and the staffing already within the hub.

⁸ UNFPA internal document, ASRO Director Letter to Representatives WOS01 Arrangements, November 2015.

⁹ Ibid.

5. Demographically, the Syria regional response hub has promoted increased attention to specific vulnerable groups (such as adolescent girls) by responding to needs assessments but responses have been inconsistent across different WoS locations.

6. The Syria regional response hub has provided comprehensive coordination leadership for the WoS GBV Sub-cluster and associated GBV sub-clusters in interagency hubs.

7. The Syria regional response hub has not provided SRH coordination functions in line with UNFPA's mandate and responsibilities: the lack of an RH Specialist / Coordinator in the Amman hub equivalent to the GBV position has resulted in SRH being less prioritised than GBV in terms of resource mobilisation, communications, coordination, and technical assistance.

8. The Syria regional response hub has not provided youth coordination functions in line with UNFPA's emerging leadership role for young people in humanitarian action. Despite the global commitment made at the World Humanitarian Summit in 2016, there is no evidence of a WoS or individual country-level cross border youth coordination function being fulfilled by UNFPA.

9. The Syria regional response hub has been key in UNFPA institutional engagement with WoS arrangements and has increased UNFPA's credibility as a humanitarian actor.

10. The existence of the hub is at odds with the humanitarian-development continuum. With genuine connectedness across development and humanitarian programming, humanitarian responses would be fully integrated within country programmes and be supported through normal UNFPA architecture of CO-RO-HQ, maximising the potential for linking humanitarian and development programmes.

11. The hub has contributed to country-level connectedness by securing multi-year funding.

12. The hub achieved a very high return on Investment in terms of mobilising significant, multi-year resources.

13. The hub has been inadequately endorsed by all relevant stakeholders due to lack of clarity on purpose, scope, lines of

responsibility, authority, communications, and mandate.

14. The hub has not demonstrated adequate flexibility to changing CO circumstances and capacity over the years.

15. The Syria regional response hub has been successful in building and sustaining partnerships with donors for both the benefit of the Syria response and beyond.

16. The Syria regional response hub has been highly successful in providing a gold standard of data and communications for GBV response through the use of standardised tools (such as the GBV Dashboard) and through innovative new approaches (such as *Voices*).

17. The Syria regional response hub has been critical in the effectiveness of UNFPA's response to providing services to Syrian women and girls within the Syrian Arab Republic and, to a lesser extent, to Syrian and host community women and girls in surrounding countries.

18. The Syria regional response hub has not been effective in supporting UNFPA's emerging leadership role for young people in humanitarian action.

Key Conclusions

Key conclusions cut across all findings and are listed as Key Conclusions for Syria Response and Key Conclusions for UNFPA Globally.

Key conclusions for the Syria regional response hub:

A. The establishment of the Syria regional response hub contributed significantly to the relevance and coverage of UNFPA programming within the Syria Arab Republic and within surrounding countries.

B. The Syria regional response hub contributed to UNFPA's credibility as a humanitarian actor.

C. The Syria regional response hub was a coordination necessity for the specific complexity of a crisis involving five COs, two ROs, and a cross-border modality of operations.

D. The Syria regional response hub has contributed to technical quality of GBV programming.

E. The Syria regional response hub has been able to bring attention to specific populations

such as adolescent girls and those living with disabilities for the WoS Response.

F. The Syria regional response hub did not equally support GBV, SRH, and youth programming.

G. The role and scope of responsibilities of the Syria regional response hub has been neither adequately clarified across UNFPA as a time-limited mechanism to support a complex humanitarian context, nor adequately reviewed and adapted over time with planning for handing back some functions (such as technical assistance) to standard UNFPA structural entities (ROs and COs).

Key conclusions for UNFPA Globally:

1. The Syria regional response hub has provided UNFPA with a blueprint of how it is possible to mobilise significant multi-year resources and how a high return on investment can be achieved for both resource mobilisation and representation.

2. The Syria regional response hub has introduced excellent innovative evidence, data, and communications tools for GBV response, particularly *Voices*.

Suggested Recommendations

Suggested recommendations cut across all findings and are listed as Suggested Recommendations for the Syria Response and Suggested Recommendations for UNFPA globally.

Suggested recommendations for the Syria regional response hub).

A. Review role and functions of the hub (donor relationship, resource mobilisation,

communications, coordination, and technical assistance) in light of increased CO capacity.

B. Plan for systematic review and adaptation where necessary of role and function moving forward.

C. Review the balance between GBV and SRH technical support and coordination functions.

D. Consider introducing a youth component, and potentially utilise the ongoing Syrian crisis as a pilot context to develop UNFPA's emerging leadership in working with and for young people in Humanitarian Action under Compact commitments and marrying this to the youth, peace, and security agenda, also an area of UNFPA emerging leadership.

Suggested recommendations for UNFPA globally:

1. Undertake a mapping of other agency hub structures (for Syria and beyond) and use that and this Case to develop a blueprint for potential future hubs.

2. Ensure future hubs are regularly reviewed by a panel of consistent global, regional, and country-level stakeholders to ensure roles and functions adapt and adjust to changing circumstances and the mechanism remains relevant.

3. Measure Return on Investment of future hubs from inception.

4. Set precise criteria and indicators for value-add of the future hubs (distinct from RO and CO indicators) across different functions (resource mobilisation, information management, coordination, and technical assistance).

5. Develop *Voices* into standardised methodology.

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.¹⁰ 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.¹¹

The United Nations Population Fund (UNFPA) has been responding to the escalating crisis since 2011. In 2013, UNFPA established a regional response hub in Amman, Jordan 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 interagency 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:

- Jordan Response Plan (JRP) 2018-2020
- Lebanon Crisis Response Plan (LCRP) 2017-2020 (2018 update)
- Turkey regional Refugee and Resilience Plan (Turkey 3RP) 2018-2019.
- Iraq regional Refugee and Resilience Plan (Iraq 3RP) 2017-2018.¹²

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 establishment and continued operation of the UNFPA regional response hub in Amman, 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

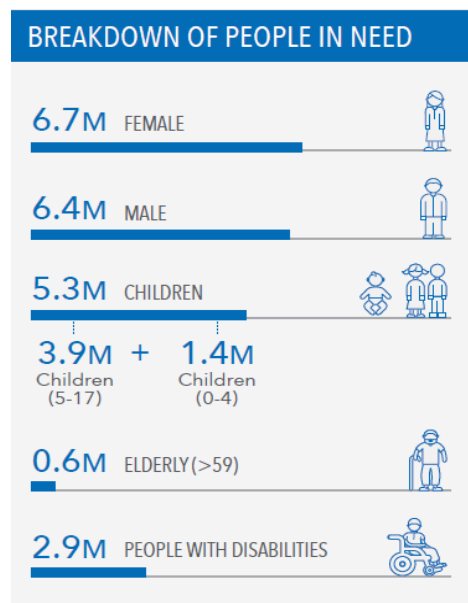


Figure 1: PiN (Source: HNO 2018)

¹⁰ UNOCHA; Also WoS HNO 2018.

¹¹ Ibid.

¹² Note that these are current versions of the country-specific chapters: there is no standardised timeframe and all versions can be found at: <http://www.3rpsyriacrisis.org/key-publications/>

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 the UNFPA **regional Syria response hub** contribution to the Syria response and formulates specific recommendations for the UNFPA regional Syria response hub and the potential for other similar regional hubs.

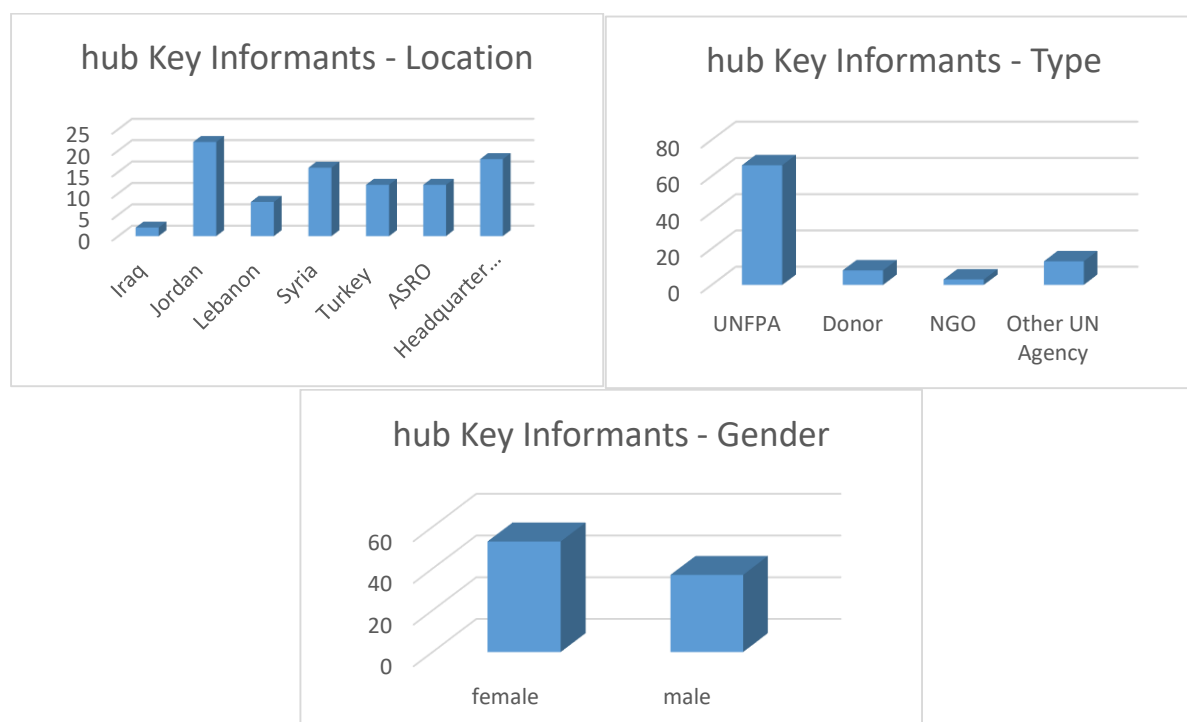
Methodology

Both qualitative and quantitative data and evidence have been collected through a range of methods and tools, including a desk review of documentation and 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 are 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.

The regional response hub Case Study is based on documentary and key informant interview (KII) evidence and data collected across Jordan, Turkey, Iraq, and Lebanon country visits; the Syria remote evaluation; EECARO and ASRO (Istanbul and Cairo) regional Office (RO) visits; and Headquarter KIIs conducted remotely with colleagues in New York, Washington D.C, and Brussels. A total of 344 UNFPA colleagues and external stakeholders were interviewed for the overall evaluation, out of which 90 (53 female and 37 male) contributed to findings pertaining to the UNFPA Syria regional response hub. A list of key informants who provided comments on the hub is available in Annex I.



Background

In November 2012 at an “inter-division meeting” in Geneva, UNFPA colleagues proposed the establishment of a Syria regional response hub¹³ based on the fact that:

“[I]t was evident that UNFPA required the support of an experienced senior humanitarian adviser to represent UNFPA, particularly at the multiple humanitarian forums and meetings that were established in Amman.”¹⁴

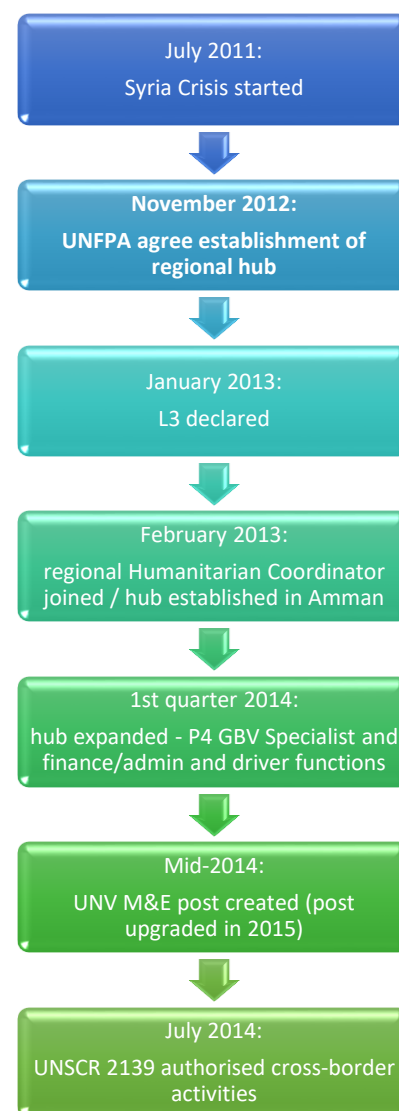
The initial purpose of the hub focused on “representation, visibility, and resource mobilisation”.¹⁵

The hub was initially co-located with the Iraq country office (ICO) which was based remotely in Amman until 2014. At this point, the hub re-located to new premises, being co-located with the Jordan country office (JCO), and was strengthened, in terms of quantity and seniority of human resources based on the “impressive amount of [financial] resources that had been mobilised in 2013”¹⁶. Specifically, this strengthening included a P4 GBV Specialist and a G6 Finance & Admin Officer, and a G2 Driver, both funded through ASRO regular resources and hub-raised other resources.

Subsequent to UN Security Council Resolution 2139 of July 2014 authorising a cross-border modality of operations for the UN system as a whole into northern non-Government controlled Syria from Turkey, and southern non-Government controlled Syria from Jordan, the hub became “increasingly involved in the delivery of cross-border assistance”.¹⁷ It was then agreed within UNFPA in January 2015 that the hub would “play the overall coordination role for UNFPA’s cross-border assistance”.^{18,19}

In January 2015, at a meeting in Istanbul, UNFPA agreed on management arrangements for cross-border operations under the WoS Approach, noting that the UN system “as a whole and each individual agency are having to adapt their management structures to deal with this new reality” and agreed that “the UNFPA office in Damascus must be involved in all decisions affecting the delivery of assistance, no matter what the modality” but whilst recognising that “it is not possible for the Damascus office to directly manage assistance coming from across international borders” and therefore SCO “delegates some of its responsibilities for managing cross-border operations to its sister offices in Turkey and Jordan and, if need be, Lebanon and Iraq.” This

Timeline



¹³ UNFPA internal document, Meeting to strengthen UNFPA response to the Syria Crisis, November 2012 (Appendix 7).

¹⁴ UNFPA internal document, Syria hub and role within Iraq response, ICO briefing note, November 2015.

¹⁵ various UNFPA internal documents including Meeting to strengthen UNFPA response to the Syria Crisis, November 2012. (Appendix 7) and Syria hub and role within Iraq response, ICO briefing note, November 2015.

¹⁶ UNFPA internal document, Syria hub and role within Iraq response, ICO briefing note, November 2015.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ The agreement was between the RO, relevant COs, and the staffing already within the hub.

was formally agreed by all parties within UNFPA as per the “Agreement on UNFPA Management Arrangements for Cross-Border Activities” document of January 2015.^{20,21}

The cross-border assistance is part of the Whole of Syria (WoS) Approach which includes assistance provided within Government-controlled areas of Syria and cross-line assistance provided from Damascus-based offices; and assistance provided through the cross-border modality from Turkey, Jordan, and Iraq. Iraq cross-border operations started much later than those from Turkey and Jordan (Turkey and Jordan starting in 2017, and UNFPA cross-border operations from Iraq only starting in September 2017) and are smaller and have much less visibility within the entire UN system-wide response than operations from Turkey and Jordan. There are OCHA-produced Fact Sheets for Jordan and Turkey cross-border operations²² 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.²³

The Agreement notes that “[t]o date, this delegation of responsibilities has suffered from a lack of information exchange due to the different offices”²⁴ and also 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 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.²⁵ The hub was mandated to “collect and synthesise the information”²⁶ to assist with these challenges.

In May 2015 UNFPA mandated that the hub also be involved in coordination and disbursement of WoS funding with responsibility for “coordination, oversight and overall consolidation of programme and financial reporting” for funding provided to Whole of Syria.²⁷ The ‘oversight’ aspect of this function included quarterly reviews of whether redistribution of funding (across Syria country office, Jordan cross-border operations, or Turkey cross-border operations) was necessary given the “fluid nature of the situation”: changing lines and access meaning reaching the same populations switched between services originating from and provided by Turkey or Jordan hubs, to services originating from and provided by Damascus.²⁸

Note: See Annex IV for 2014 Syria regional response hub Organogram and the 2018 Evaluation Team reconstructed organogram.

²⁰ UNFPA internal document, Agreement on UNFPA Management Arrangements for Cross-Border Activities under the ‘Whole of Syria’ Approach, January 2015.

²¹ There was a suggestion at this January meeting that the Terms of Reference (ToR) of the hub (dating from 2012/2013) should be updated to reflect extant realities, but this appears not to have been done.

²² 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.

²³ For more information, see the Syria regional Evaluation Cross-Border Case Study Report.

²⁴ Ibid.

²⁵ Various Jordan and Turkey key informants.

²⁶ Ibid.

²⁷ UNFPA internal document, ASRO Director Letter to Representatives WOS01 Arrangements, November 2015.

²⁸ Ibid.

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. The creation of the UNFPA regional response hub was based on the needs of women and girls affected by the Syrian crisis across the region and was established in a timely manner.
2. The Syria regional response hub has been more relevant to GBV needs than SRH needs.

FINDING 1: The creation of the UNFPA regional response hub was based on the needs of women and girls affected by the Syrian crisis across the region and was established in a timely manner.

The concept of the Syria regional response hub²⁹ was first discussed within UNFPA in a November 2012 meeting (the Syria Crisis having started in July 2011). The hub was deemed necessary, located in Amman, to focus on “representation, visibility, and resource mobilisation.”³⁰ with the ultimate aim of strengthening UNFPA assistance to Syrian women and girls both inside Syria and the increasing numbers of refugees in surrounding countries. The hub was established prior to the Syria Crisis being declared a Level 3 (L3) emergency in January 2013 and before authorisation of cross-border operations in July 2014 via Security Council Resolution 2139. The initial purpose of the hub was not just to coordinate UNFPA cross-border activities under the Whole of Syria (WoS) Approach but rather to ensure UNFPA presence at the growing number of interagency coordination and decision-making forums in Amman. Before the establishment of the hub, UNFPA was one of few agencies to not have some form of regional presence in Amman.

Within the November 2012 meeting UNFPA management recognised that “[t]he existing contractual modalities in UNFPA do not meet our needs to respond to humanitarian situations”³¹ and the establishment of the hub was intended to ensure UNFPA could become as relevant and effective as possible to the emerging and escalating Syria Crisis.

Research conducted in 2018 by the evaluation team across all WoS response countries found that the majority of UNFPA respondents (across Syria Response countries, ASRO, and HQ) considered that the existence of the hub has been overall beneficial to UNFPA’s ability to respond relevantly to the needs of Syrian women and girls.³²

“It [the creation of the hub] was bold and moved UNFPA in a direction where we want to aspire and where we want to be.”³³

²⁹ Hereafter referred to as ‘the hub’.

³⁰ various UNFPA internal documents including Meeting to strengthen UNFPA response to the Syria Crisis, November 2012. (Appendix 7) and Syria hub and role within Iraq response, ICO briefing note, November 2015.

³¹ UNFPA internal document, Proceedings of Meeting to Strengthen UNFPA’s Response to the Syria Crisis, November 2012.

³² UNFPA JCO SCO TCO ASRO and HQ key informants.

³³ UNFPA Headquarters key informant.

“There is a big added value in the hub...which has a very focussed approach...the hub was a very good way to go.”³⁴

“The hub has, in a way, been good for a unified voice, and unified funding for refugees – this is the main benefit.”³⁵

“We would not have had the same quality with the regional Office as they would be overstretched...this was added value.”³⁶

Some UNFPA stakeholders highlighted perceived shortcomings in the way in which UNFPA established the hub, including:

- (a) the introduction of additional – and not always clarified – reporting lines;
- (b) a lack of overall oversight by the Syria country office (SCO) for the overall response; and
- (c) insufficient investment into RO(s) and CO functions within the normal structure of UNFPA which would have partially negated the role the hub plays (whilst still noting that all investment into the hub was utilised to strengthen the overall UNFPA Syria regional response).³⁷

FINDING 2: The Syria regional response hub has been more relevant to GBV needs than SRH needs.

The hub GBV Specialist (P4) position was created in 2014 with DFID funds under a Syria CO grant with a regional component to it (see Annex VI for a table of fund mobilisation by the hub). Due to the initial senior GBV position being created without an equivalent SRH position within the hub in Amman, the technical assistance, continued resource mobilisation, and coordination responsibilities have been more GBV-focussed than SRHR focussed although subsequent grants mobilised by the hub enabled funding of the position of the Senior SRHR Humanitarian Coordinator based out of the Gaziantep hub (see below).³⁸

The UNFPA Syria Crisis response has integrated GBV and SRH as much as possible and therefore SRH services – support to maternity hospitals, adherence to Minimum Initial Services Package (MISP), and midwifery training – has been an integrated part of the hub-supported GBV programming. However, hub-led resource mobilisation has focused on GBV funding (with SRH components integrated) and on GBV coordination.³⁹

UNFPA has a clear IASC-mandated coordination and provider of last resort (PLR) accountability for GBV as the cluster lead agency (CLA) for the GBV AoR.⁴⁰ There is no formalised equivalent SRH responsibility for UNFPA although UNFPA normally adopts an informal leadership role⁴¹ of SRH in emergencies through the establishment of RH⁴² Working Groups under the WHO-led Health Cluster.

UNFPA key informants report that resource mobilisation from the hub initially focused on GBV and attribute this to hub staff considering that GBV funding was more readily available than SRH funding and, additionally, UNFPA’s formal responsibility for GBV as AoR cluster lead agency necessitated a focus on GBV. UNFPA stakeholders also reported that hub staff believed the regional Offices and country offices to have stronger existing SRH expertise than GBV expertise and therefore the added

³⁴ UNFPA Headquarters key informant.

³⁵ UNFPA ICO key informant.

³⁶ UNFPA SCO key informant.

³⁷ UNFPA JCO SCO TCO ASRO and HQ key informants.

³⁸ UNFPA TCO key informant.

³⁹ It is not possible to extract a breakdown of funding between SRH and GBV activities from Atlas or from UNFPA results data.

⁴⁰ UNFPA took over sole leadership of the GBV AoR (from previous co-leadership with UNICEF) in 2016.

⁴¹ Informal in this case being outside of the formalised IASC cluster system

⁴² Within the international system, Reproductive Health (RH) Working Groups are designated ‘RH’ rather than ‘SRH’. In this report we will use “SRH” and “SRHR” when referencing UNFPA programming and commitments and ‘RH’ only when necessary such as when referencing RH WGs.

value of GBV technical support from the hub was higher than additional SRH support.⁴³ However, this conclusion is not universally supported and a number of respondents⁴⁴ considered that UNFPA's SRH response has suffered from this imbalance:⁴⁵ *"RH could have been stronger if we had a dedicated RH position in the hub and support staff for that."*⁴⁶

In November 2015 (three years after the hub was established) UNFPA recruited a Humanitarian Reproductive Health Coordinator who double-hatted as the Head of Office for the (Gaziantep) Turkey cross-border operations and who then also took on responsibility for internal UNFPA RH coordination across the three interagency hubs of Gaziantep, Amman, and Damascus. Technical SRH support to Damascus has continued to be limited, with the SCO RH Specialist (a national position) seeking support directly from the RO rather than the hub. SCO only gained an international SRH specialist in 2018 which was funded through a Norcap contract⁴⁷ and this new international specialist was only at the time of the evaluation research beginning to establish a stronger working relationship with the UNFPA RH coordination managed out of the Gaziantep interagency hub.⁴⁸ The Humanitarian Reproductive Health Coordinator, who is also the Head of Office for Gaziantep, also leads the Gaziantep interagency hub RH WG (therefore is essentially triple-hatting). Various respondents reported that there should have been a dedicated SRH Specialist equivalent to the GBV Specialist based at the hub:

*"One reason the Whole of Syria reproductive health communications wasn't that fluid and fruitful is because [the Humanitarian RH Coordinator) is in Gaziantep."*⁴⁹

⁴³ UNFPA hub, Headquarters, RO, and CO key informants.

⁴⁴ UNFPA TCO, ASRO and HQ key informants.

⁴⁵ UNFPA Headquarters, ASRO, and Turkey key informants.

⁴⁶ UNFPA Headquarters key informant.

⁴⁷ The Norwegian Refugee Council (NRC) manage a number of Norcap standby roster systems for deployment to various emergencies - <https://www.nrc.no/expert-deployment/our-rosters/>

⁴⁸ UNFPA SCO key informants.

⁴⁹ UNFPA Headquarters key informant.

Evaluation Question 2: Adapted relevance over time

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

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 have 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. Over time the Syria regional response hub has adapted to the changing needs by producing a series of tools to support (primarily GBV) programming as contexts and programming priorities changed.

FINDING 3: Over time the Syria regional response hub has adapted to the changing needs by producing a series of tools to support (primarily GBV) programming as contexts and programming priorities changed based on ongoing assessments and data analysis. Since 2014 (when the Regional Response hub GBV Specialist was recruited), the hub has produced a series of tools and products that have demonstrated adaptation to the escalating and changing nature of the crisis, 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;

Systematic mechanisms that feed into adapting the hub-supported Whole of Syria response based on shifting needs includes WoS focus group discussions (FGDs) with women and girls in safe spaces across Syria (Government-controlled and those accessed through cross-border operations), client feedback forms, key informant interviews (KIIs) with service providers in health facilities and the subsequent analysis of this information to inform and adapt programming.⁵⁰ The majority of UNFPA country office-based respondents to the evaluation research expressed that the information management function of the hub (for GBV) was a clear asset to the programme, with the hub being able to analyse, collate, and package information and data in a way that COs do not have time or resources to undertake.⁵¹ The consensus among stakeholders and examples of programme improvements and changes provided to the evaluation team supports the evaluation conclusion that this has significantly benefitted the adaptation of the response as the use of clear and user-friendly data has been able to inform subsequent programming.

⁵⁰ UNFPA hub key informants.

⁵¹ UNFPA country office key informants.

For example, The GBV SC Adolescent Girls strategy – a collaboration between WoS GBV SC and RH WG under the Health Cluster from the Gaziantep interagency hub – has been developed based on the information collected, collated, and analysed through *Voices*⁵² and other feedback mechanisms, recognising the gap in services and support specifically for adolescent girls. The 2017 HNO included the identification of adolescent girls (aged 10-19) as particularly vulnerable group, based on the information gathered by the GBV SC and the RH WGs across the three interagency hubs (Gaziantep, Amman, and Damascus) through consultations with adolescent girls themselves, their communities, and GBV, RH, and youth practitioners. The adolescent girls' strategy includes quotes from girls themselves gathered during consultations which has subsequently informed the new strategy for programme adaptation.⁵³

Feedback from Adolescent Girls:

"I feel that I am bursting with good intentions, yet I cannot unleash them because my parents won't allow me. They tell me that their daughter shouldn't be so outgoing."

"I am afraid of having a heart attack, as my friend did, because of sadness."

"Since I left Aleppo and came here, everything has changed. My parents are more concerned for me, and they even made me quit school."

"Most of my friends are getting married while they are still at school, and I feel that my parents are encouraging me to do the same. My mother keeps telling me that my ultimate goal in life should be marriage and becoming a housewife."

WoS Adolescent Girls Strategy:

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wos_adolescentgirlstrategy_final.pdf

⁵² See Evaluation Question 9 on data, communications and advocacy for more information.

⁵³ WoS GBV SC and Turkey RH WG under Health Cluster Adolescent Girls Strategy: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wos_adolescentgirlstrategy_final.pdf

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

4. Geographically, the Syria regional response hub has facilitated coverage for cross-border operations from Turkey, Iraq, and Jordan into the Syria Arab Republic (SAR) through the Whole of Syria approach.
5. Demographically, the Syria regional response hub has promoted increased attention to specific vulnerable groups (such as adolescent girls) by responding to needs assessments but responses have been inconsistent across different WoS locations.

FINDING 4: Geographically, the Syria regional response hub has facilitated coverage for cross-border operations from Turkey, Iraq, and Jordan into the Syria Arab Republic (SAR) through the Whole of Syria approach. Geographic access routes to, and locations of, vulnerable populations in Syria have continually changed since the beginning of the crisis in 2011, with shifting lines of fighting, military operations from various parties leading to besiegement or displacement in different areas at different times and shifting population movements as a response to conflict and aerial bombardments. The evaluation concludes that the hub has been critical in allowing UNFPA to manage, review and adjust allocation of WoS resources (funding earmarked for the Syria Arab Republic and coded under WoS – see EQ 7, *Efficiency* for more details) but which can be utilised either in government-controlled areas or non-government-controlled areas depending on shifting lines and priorities). Most UNFPA respondents reported that without the hub, the regional Offices (both ASRO and EECARO working together) and/or country offices would have struggled to manage the fluctuating allocation of resources based on shifting lines.⁵⁴

The hub has also been instrumental in ensuring geographical coordination between partners operating from both the Turkey hub and the Jordan hub in southern Syria, although with limited coordination with SCO (as noted previously in the introduction section) when lines change and areas fall under the control of a different party to the conflict. There are partners operating from the Turkey hub who operate in southern Syria – specifically rural Damascus, and Dara’a which is also covered by partners from Jordan (and more recently the SCO). This level of geographical reach highlights the efficiency of the hub.

“...whilst UNFPA have prioritised consolidating existing services over opening new ones, the geographical reach of Gender Based Violence (GBV) and Sexual and Reproductive Health (SRH) services remains extensive. UNFPA are delivering in 10 of 14 governorates and in some of the most Hard-to-Reach areas of western Syria, including Eastern Ghouta, Northern Rural Homs, and most recently Deir-ez-Zor. The Damascus hub are engaged in contingency planning with the Gaziantep and Amman hubs to maintain continuity of service areas where conflict lines are forecast to change in 2018, such as Damascus and the South.”⁵⁵

⁵⁴ UNFPA hub, CO, and RO key informants.

⁵⁵ DFID Annual Review 2017.

Due to changing lines there has been, over time, a diminishing role for operations managed by Gaziantep and Amman interagency hubs with an increasing coverage of Syrian territory from the Syria country office out of Damascus, and sub-offices in Aleppo and Homs. As SCO coverage in Da'ara increased in 2018⁵⁶ there has been increased coordination between SCO in Damascus and JCO in Amman, facilitated and supported by the hub.⁵⁷ In Iraq, there is no formal Iraq cross-border hub that is supported by the UNFPA regional response hub (*please see Syria Evaluation Cross-Border Case Study for more information about the Iraq cross-border operation*).

FINDING 5: Demographically, the Syria regional response hub has promoted increased attention to specific vulnerable groups (such as adolescent girls) by responding to needs assessments but responses have been inconsistent across different WoS locations. Findings from research among WoS GBV sub-cluster (SC) stakeholders indicates that the 2017 Syria Humanitarian Needs Overview (HNO) identified adolescent girls as a particularly vulnerable group, and specifically in relation to GBV and child marriage. The Whole of Syria GBV sub-cluster, in partnership with different interagency hub RH working groups (WGs), and with support and engagement of UNFPA and UNICEF youth specialists, subsequently developed a strategic framework to address the needs of adolescent girls. This strategy was largely based upon the findings of a review of literature on adolescent girls and a number of consultations with GBV and RH actors within Syria and across the region with Syrian refugee girls. It is aimed at increasing more effective and comprehensive targeting of adolescent girls and increasing provision of more adolescent-friendly SRH services.⁵⁸ An example of this is increased provision of training by the SCO to the Ministry of Health in Syria to provide adolescent-friendly SRH services.⁵⁹

To date, there has been limited specific attention to women and girls with disabilities. The DFID 2017 Annual Review (of a DFID-supported programme managed directly by the hub)⁶⁰ states:

“In line with DFID’s commitment to the Grand Bargain and the Leave No one Behind principle, UNFPA have demonstrated extensive monitoring of beneficiaries who are fully disaggregated by gender, activity, and located right down to city/village level in all Quarterly Reports. Having said this, there is currently no information available even of a sample size to indicate whether there are any commonalities - socio-economic, age-related, or otherwise - amongst those being reached by UNFPA’s services. We therefore cannot be sure that UNFPA’s services are accessible to GBV survivors across all sub-categories of Syrian society.”⁶¹

However, the GBV SC 2018 Results Framework specifically highlights “an additional focus on GBV and disabilities” and has mainstreamed disability into indicator descriptions and additional notes. This is part of a wider focus on inclusion within the 2018 Results Framework that states “services must be inclusive and take into consideration the specific needs and vulnerabilities of people living with disabilities, the specific needs of women, and girls, female-headed households, widows, divorcees.”⁶² Thus, while the historical attention to women and girls with disabilities has been poor, there is evidence to suggest good awareness of shortcomings in this area on the part of the UNFPA hub and efforts to address it for the future. Being more than an advisory office, and within the parameters of

⁵⁶ <https://www.bbc.co.uk/news/world-middle-east-44806045>

⁵⁷ SCO key informants.

⁵⁸ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wos_adolescentgirlstrategy_final.pdf

⁵⁹ SCO key informant.

⁶⁰ ⁶⁰ Support to the United Nations Population Fund (UNFPA) for the Syria Crisis, December 2015 – November 2018, £25 million.

⁶¹ Ibid.

⁶² https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hrp_2018_wos_gbv_results_framework.pdf

programmatic development and support, the hub has contributed to improving the UNFPA's WoS response in relation to specific populations.

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.

6. The Syria regional response hub has provided comprehensive coordination leadership for the Whole of Syria GBV sub-cluster and associated GBV sub-clusters in interagency hubs.

7. The Syria regional response hub has not provided SRH coordination functions in line with UNFPA’s mandate and responsibilities.

8. The Syria regional response hub has not provided youth coordination functions in line with UNFPA’s emerging leadership role for young people in humanitarian action.

FINDING 6: The Syria regional response hub has provided comprehensive coordination leadership for the Whole of Syria GBV sub-cluster and associated GBV sub-clusters in interagency hubs. Due to the investment in GBV technical capacity in the hub since 2014 (GBV Specialist, and GBV information management Specialist) the hub has successfully led an active Whole of Syria GBV Sub Cluster, with extremely strong UNFPA technical representation and continued presence at high UN levels that enables strong advocacy on GBV and consistent input to interagency products such as HNOs and HRPs. 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). Both the WoS GBV Coordinator⁶³ 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 dashboard and qualitative data (the annual *Voices* report)⁶⁴ are well-established, well-functioning, extremely 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

⁶³ 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.

⁶⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/gbv.pdf>

mainstreaming by providing training and capacity building on using the IASC Gender-Based Violence Guidelines across the WoS response.⁶⁵

The WoS GBV SC has more than 70 partners and is operating in all 14 Syrian governorates and across 133 (out of 281) sub-districts.⁶⁶ Stakeholder feedback is extremely positive about the WoS GBV SC.

FINDING 7: The Syria regional response hub has not provided RH coordination functions equal to GBV coordination functions or in line with UNFPA’s mandate and responsibilities. UNFPA programming itself is highly integrated, with SRH components embedded within GBV programmes. For example, the large DFID-funded programme⁶⁷ describes its purpose as “to strengthen the prevention of and response to GBV and provide SRH services for women and girls. The project aims to ensure that women and girls, boys and men in Syria are safer, and that survivors of GBV receive the vital medical, social and security services they need.”⁶⁸ So whilst SRH components are integrated within the overall programme, the main focus of the grant is on GBV.

In a July 2017 the WoS GBV SC reported to the GBV AoR that:

“GBV and SRH have been integrated (programmatically and financially). We have been able to link safe spaces with reproductive health services and sometimes a reproductive health unit may have a safe space. Accessing SRH services is not taboo in Syria. The response has many new organisations but also long-standing ones such as the Syria Family Planning Association has been operating in Syria for many years and has been a strong responder for service provision for RH but their capacity has been built to also respond to GBV.”⁶⁹

However, this is for UNFPA programming rather than the overall GBV and SRH responses. The evaluation findings indicate that the lack of an RH Specialist / Coordinator in the Amman hub - equivalent to the GBV position - has resulted in SRH being less prioritised than GBV in terms of resource mobilisation, communications, coordination, and technical assistance.⁷⁰ Within Syria there was no dedicated UNFPA SRH coordinator and no RH WG until 2018 (SRH was a standing item in the Health Cluster SC) and across the Whole of Syria the evaluation has noted challenges stemming from the lack of coordinated and comprehensive RH coordination equivalent to GBV coordination: e.g. challenges with consistent Clinical Management of Rape (CMR) protocols across the response from the three interagency hubs which has not been adequately addressed by the WHO-led Health Cluster and in the absence of a strong comprehensive RH WoS Approach coordination forum has been relegated to GBV. In the 2017 HRP CMR is recognised as a necessary part of the response strategy within Protection with a goal to “expand clinical management of rape services in collaboration with the health sector” but there is no corresponding reference to CMR within the (WHO-led) Health section.⁷¹

FINDING 8: The Syria regional response hub has not provided youth coordination functions in line with UNFPA’s emerging leadership role for young people in humanitarian action. UNFPA took on the leadership role (co-chairing with the International Federation of the Red Cross – IFRC) of the Compact for working with and for Young People in Humanitarian Action after the World Humanitarian Summit

⁶⁵ Other UN agency key informants.

⁶⁶ <https://www.humanitarianresponse.info/en/operations/whole-of-syria/gender-based-violence-gbv>

⁶⁷ Support to the United Nations Population Fund (UNFPA) for the Syria Crisis, December 2015 – November 2018, £25 million.

⁶⁸ *ibid.*

⁶⁹ http://gbvaor.net/wp-content/uploads/2017/08/Minutes_AOR_Call_07.02.17.final_.pdf

⁷⁰ UNFPA RO, CO, and Headquarters key informants.

⁷¹ 2017 Syria HRP.

(WHS) in 2016.⁷² Despite this global-level commitment, there is no evidence of a WoS or individual country-level cross-border youth coordination functions being fulfilled by UNFPA or any other actors. UNFPA lead on a youth working group in Za'atari camp in Jordan, and in Syria UNFPA and UNICEF co-lead a youth taskforce (noting that this is a highly politicised issue in Syria with resistance from the Government of Syria to establishment of a youth working group).⁷³ However, there is no youth leadership function and the hub has not been supported by ROs or HQ to develop youth coordination leadership under the emerging UNFPA global role.

⁷² <https://www.agendaforhumanity.org/initiatives/3829>

⁷³ SCO key informants.

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

9. The Syria regional response hub has been key in UNFPA institutional engagement with WoS arrangements and has increased UNFPA's credibility as a humanitarian actor.

FINDING 9: The Syria regional response hub has been key in UNFPA institutional engagement with WoS arrangements and has increased UNFPA's credibility as a humanitarian actor. The evaluation has identified sufficient evidence to conclude that, overall, the hub has been critical at the UN interagency representational level.⁷⁴ UNFPA successfully advocated for attendance at the Strategic Steering Group (SSG) in 2017 to provide GBV leadership which otherwise would not be represented and also at the Inter-Sector / Cluster Coordination Group (ISCCG) level. Whilst UNFPA do not have a formal seat on the SSG the hub has facilitated UNFPA representation to provide GBV briefings; and in 2017 the SSG produced a Centrality of Protection policy which has increased UNFPA's space for contribution to this body.⁷⁵ A regional presence in Amman was a determining factor in appropriately representing UNFPA's interests across all three Whole of Syria interagency hubs (in Gaziantep, Amman, and Damascus). The hub has successfully advocated for increased attention to GBV, with successful advocacy contributing to the 2017 WoS HRP highlighting within the overarching Objectives that:

"More efforts will also be made to systematically mainstream Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk mitigation measures into all humanitarian sectors."⁷⁶

There was evidence that the specific mix of personnel in the UNFPA hub contributed to this level of engagement. For example, UNHCR in Jordan reported that "UNFPA has a very strong voice here due to a senior person backstopped by highly skilled technical staff".⁷⁷ Respondents also reported that the specific UNFPA humanitarian coordinator (the Head of the regional response hub) in place 2012-2017

⁷⁴ Various internal (UNFPA) and external key informants.

⁷⁵ <http://www.globalprotectioncluster.org/assets/files/ssg-whole-of-syria-protection-strategy.final.july11.2017.pdf>

⁷⁶ WoS HRP:

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017_hrp_syria_17_0320_ds.pdf

⁷⁷ Other UN agency key informant, Jordan.

had “the charisma to engage and challenge effectively with senior staff, such as the Resident Coordinator”.⁷⁸ Thus, engagement was relatively personality-based and would need to be continued with an equally senior presence and a similar skill-set in order to maintain the same level of influence:⁷⁹

“Agencies in Amman are quite stocked up with senior people – so need to get a seat at the appropriate levels.”⁸⁰

As discussed above, SRH has not received similar attention as GBV: in essence, SRH is not a mainstreaming theme. Reproductive Health (and maternal health) are highlighted in the 2017 HRP within the overarching strategic objective (2 – Provide increasingly integrated life-saving health, nutrition and water and sanitation services to crisis-affected populations”:

“At any point in time , 360,000 women in Syria are estimated to be pregnant and require reproductive and maternal health services.”⁸¹

However, this focus is limited to reproductive and maternal health rather than a full range of sexual and reproductive health rights.

⁷⁸ Ibid.

⁷⁹ Various key informants.

⁸⁰ Ibid.

⁸¹ WoS HRP:

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017_hrp_syria_17_0320_ds.pdf

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

10. The existence of the hub is at odds with the humanitarian-development continuum. With genuine connectedness across development and humanitarian programming, humanitarian responses would be fully integrated within country programmes and be supported through normal UNFPA architecture of CO-RO-HQ, maximising the potential for linking humanitarian and development programmes.

11. The hub has contributed to country-level connectedness by securing multi-year funding.

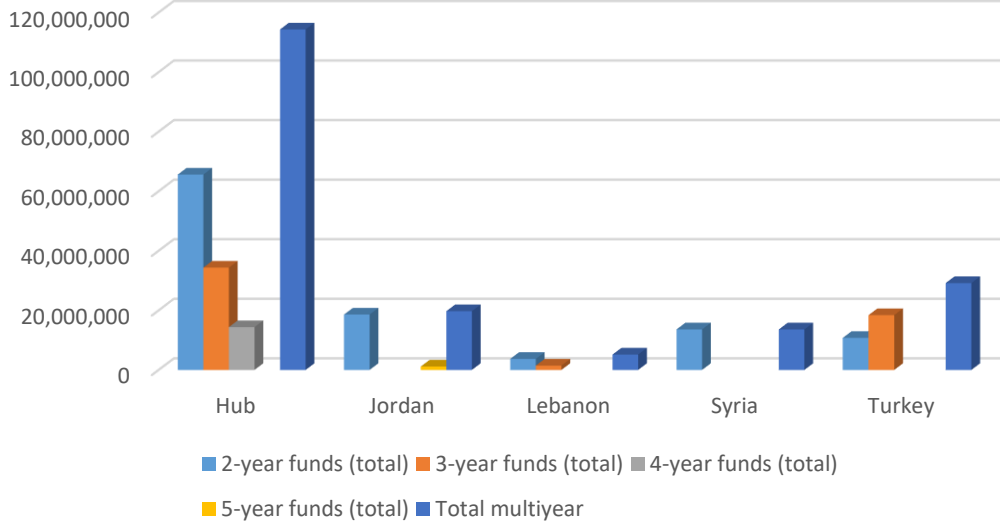
FINDING 10: The existence of the hub is at odds with the humanitarian-development continuum. With genuine connectedness across development and humanitarian programming, humanitarian responses would be fully integrated with country programmes and be supported through normal UNFPA architecture of CO-RO-HQ, maximising the potential for linking humanitarian and development programmes. The hub has supported capacity building efforts within each of the three interagency hubs (e.g. on midwifery, clinical management of rape (CMR), and survivor-centred approaches) which contribute to connectedness. The hub also organised regional capacity-building initiatives for CMR, inter-Agency Standing Committee (IASC) GBV Guidelines, and training for journalists – for country refugee responses as well as WoS responsibilities, also contributing to broader connectedness.

However, the hub is by its nature a temporary humanitarian additional structure outside of normal UNFPA architecture established specifically because UNFPA architecture could not deliver the necessary support to a multi-country / cross-regional office, large-scale, high visibility crisis such as the Syrian Crisis. This does not detract from the utility of the hub for all purposes it was initially envisioned (representation, resource mobilisation, advocacy, and the vehicle for WoS coordination) but the hub is a humanitarian mechanism and longer-term future of the hub (beyond WoS) would need to reconsider how best to utilise the hub within standard UNFPA structures of COs and ROs to support the development-humanitarian continuum.

FINDING 11: The hub has contributed to country-level connectedness by securing multi-year funding. Multi-year funding allows humanitarian response programming to become more forward-looking and recovery / development in nature and the hub has been successful within resource mobilisation functions in securing large multi-year funding. The hub has also nurtured relationships with donors and built a good foundation for COs to continue to integrate their humanitarian programming into longer-term development approaches.⁸²

⁸² hub, CO, and HQ donor relations UNFPA key informants.

Multiyear Funds Mobilisation



Evaluation Question 7: Efficiency

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

Associated Assumptions:

17. The hub has been allocated sufficient resources and uses them effectively in the furtherance of improved coordination, programming and resource mobilisation;

18. The hub has been adequately mandated by all relevant stakeholders across the region to undertake response coordination;

19. The hub has demonstrated a level of organisational flexibility to the evolving crisis.

FINDINGS

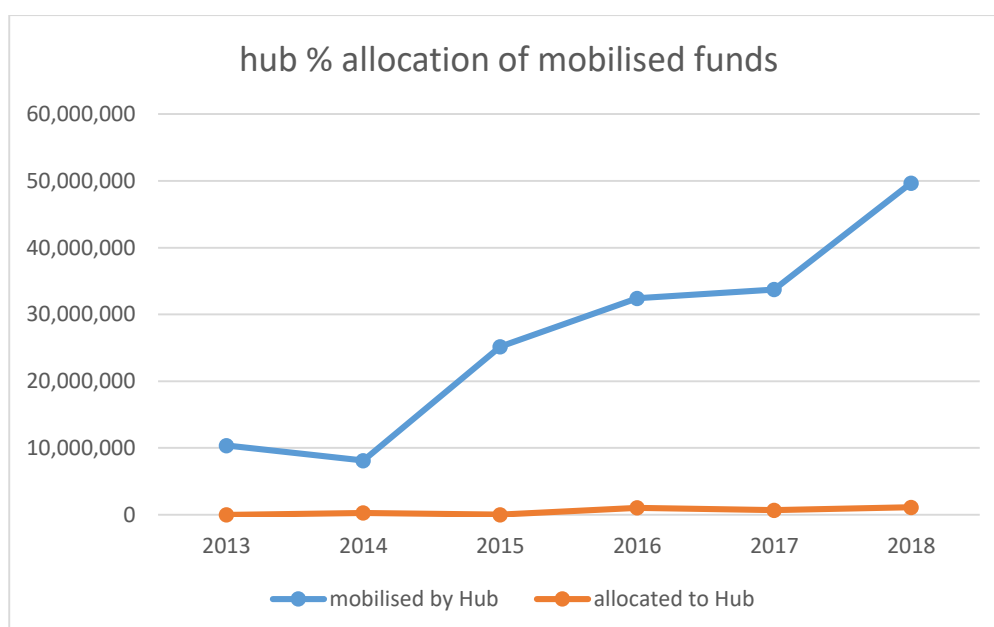
12. The hub achieved a very high return on Investment in terms of mobilising significant, multi-year resources.

13. The hub has been inadequately endorsed by all relevant stakeholders due to lack of clarity on purpose, scope, lines of responsibility, authority, communications, and mandate.

14. The hub has not demonstrated adequate flexibility to changing CO circumstances and capacity over the years.

FINDING 12: The hub achieved a very high return on Investment in terms of mobilising significant, multi-year resources. The hub was established initially in 2012 ASRO contributions for the regional Humanitarian Coordinator position and office costs absorbed by the ICO in Amman and then continued (but reduced) ASRO support and EECARO support in 2013.⁸³ In 2013 the hub secured a \$5 million 2-year grant from Kuwait⁸⁴ and secured CO agreement to use CO donor funds to also support the hub.

Over the period of the Syria Crisis humanitarian response, the hub has directly raised resources or contributed to raising resources from Canada, Denmark, Finland, Kuwait, Sweden, Switzerland, and the United Kingdom, and the USA.⁸⁵⁸⁶



⁸³ UNFPA key informant, but not recorded in Atlas financial data.

⁸⁴ See Annex VI: Table of hub-mobilised resources.

⁸⁵ Financial data extracted from Atlas: all grants with a % contribution to regional hub have been included.

⁸⁶ US BPRM and OFDA funds received until USG de-funding of UNFPA.

The hub has retained 3% or less as running costs of resources mobilised per year. The multi-year nature of the funding has allowed some senior staff to be in position for more than two years which has been highly beneficial to the response, and unlike many UNFPA humanitarian responses which rely on a succession of surge and short-term contract staff, a dynamic inimical to retention of institutional memory and maintenance of relationships with national-level actors (such as NGO partners, service providers and government stakeholders).

Some internal respondents questioned the expense of the hub as an adjunct to normal UNFPA architecture – “...the hub is expensive, particularly if staffed with the high-level staff that appear to be necessary to drive its effectiveness”⁸⁷ but the preponderance of evidence from CO, RO, and Headquarters respondents, and thus the conclusion of this evaluation, is that the return on investment of the hub has been extremely good.

FINDING 13: The hub has been inadequately endorsed by all relevant stakeholders due to lack of clarity on purpose, scope, lines of responsibility, authority, communications, and mandate. The initial purpose of the hub was representation, resource mobilisation, and communications.⁸⁸ The hub was not initially intended to provide technical assistance or support operations which clearly differentiated functions of the hub compared to functions of country offices. However, the hub was also established when there was a vacuum of strong leadership across different Syria response countries, particularly in Jordan where the international community had established Syria response interagency coordination mechanisms and where until 2013 no country Representative was in place. Between 2013 and 2016 the Head of the regional response hub was also acting as Jordan country office country Representative (before 2013 Jordan had an Assistant Representative rather than a country Representative) and a dedicated Jordan international Director-level country Representative only started in December 2016.⁸⁹ In Syria, the Representative changed three times between 2013 and 2015.⁹⁰ Lebanon has never had a country Representative.⁹¹

UNFPA located the hub in Amman, (the nexus of the interagency response) which ensured a physical proximity necessary for representation and which could not have been achieved to the same degree from the RO based in Cairo, Egypt (notwithstanding that the Syria response straddled two regions for UNFPA, involving both ASRO in Cairo and EECARO in Istanbul).

In terms of *representation* at inter-agency fora in Amman, the hub was considered useful and necessary by most UNFPA respondents⁹² with comments such as “it has been helpful for UNFPA to have and to multiply its weight and voice and amplify it at regional response level”.⁹³ The hub was established in 2012 with the Jordan country office lacking a country Representative, and therefore the high-level D1 regional Humanitarian Coordinator put in place within the hub structure was crucial to UNFPA’s engagement at regional response inter-agency level.

⁸⁷ UNFPA key informant.

⁸⁸ UNFPA internal document, Meeting to strengthen UNFPA response to the Syria Crisis, November 2012 (Appendix 7) and UNFPA internal document, Syria hub and role within Iraq response, ICO briefing note, November 2015.

⁸⁹ JCO and hub key informants.

⁹⁰ SCO key informants.

⁹¹ UNFPA Lebanon key informants.

⁹² UNFPA key informants.

⁹³ ASRO key informant.

In terms of *resource mobilisation*, there is good evidence that hub has provided a significant return on investment, with a total portfolio of \$165,672,819 funds generated through and / or managed by the hub since 2012.⁹⁴

An issue raised by many internal UNFPA respondents, however, was in relation to how resources and related results were accredited to different entities. The hub itself is neither an operational nor programmatic business unit within UNFPA; and all programmatic funding (beyond resources mobilised for staffing and resourcing of the hub itself) ultimately had to be accounted for within country Programmes. In this sense, the hub was an extension of the RO as a business unit and this created confusion at the beginning when the hub was “managed as an independent business unit even though they were not”.⁹⁵ This issue became more challenging when funding was mobilised for the WoS response and allocated to, for example, Jordan country office (through the hub) for cross-border work: within the JCO country programme and overall reporting to the Government of Jordan, funding can only be reported for what is spent within Jordan. Therefore the resources spent by the JCO but within Syria had results that should be accredited to JCO but also recognised as Syria country results.⁹⁶

One of the main challenges (raised by SCO) was related to the fact that the CO is working with two programmatic cycles, one for Whole of Syria (WOS01) and one for the 8th country Programme (SYR08). SCO respondents reported that this creates a risk of duplication in reporting. Given the priorities of the donors, it is not always feasible to fund each implementing partner (IP) or each facility from one single fund code or programmatic cycle. In order to address this challenge, the SCO has typically worked very closely with IPs, WoS hub, and the donor community through a careful planning and tracking of expenditures. The resources allocated from each project cycle also have implications in the number of people reached that are attributable to each. SCO has tried, as much as possible, to fund each facility by a single donor. If this is not possible, then SCO tries to ensure that each IP should, as much as possible be funded by one or more donors that fall within the same programme cycle (SYR08 or WOS01). This allows the CO to minimize the risk of duplications and improve transparency and accuracy in monitoring and reporting.⁹⁷

In relation to *communications*, evidence from research respondents indicates that the hub also proved invaluable: “*the response was so fragmented that having someone [the hub] who could tie it all together was really important.*”⁹⁸ Data management / information management in the hub – for GBV – has been excellent (see Evaluation Question 9 for more information) and has enabled UNFPA to provide cohesive yet contextualised reporting.

The hub’s communication role evolved when UNSCR 2139 authorised cross-border operations in 2014 and the hub took on further roles of technical assistance and coordination for the Whole of Syria Approach, with a series of communication products being produced by both the hub as an entity on behalf of UNFPA and the UNFPA-led WoS GBV SC, specifically for GBV. The additional coordination and technical assistance role from 2014 onwards was predominantly viewed as a positive addition to the UNFPA overall response.⁹⁹ Some negative impacts were highlighted, for example, from one CO where staff expressed a perception that their office had been marginalised/diminished in terms of authority as a result of the hub’s overall coordination role.¹⁰⁰ Also, SCO respondents highlighted

⁹⁴ See Annex VI: Table of hub-mobilised resources: financial data provided by hub and including all mobilised funds 2013 to 2019.

⁹⁵ ASRO key informants.

⁹⁶ ASRO key informants.

⁹⁷ SCO key informants and SCO 2017 country office annual report (COAR).

⁹⁸ ASRO key informant.

⁹⁹ ASRO, HQ, and CO key informants.

¹⁰⁰ UNFPA key informants.

challenges with regard to a coordination and resource management function related to operations within the Arab Syrian Republic but being managed outside of the Arab Syrian Republic. Respondents from SCO reported that the hub made decisions with regard to reporting documentation that changed the reflections from the field and that sometimes the hub felt as an extra layer and an extra, unnecessary burden to the response.¹⁰¹ Evidence suggests that sharing of data and lack of clarity (particularly on locations of services in non-governmental controlled areas across the three interagency hubs (Damascus, Amman, and Gaziantep) has proved problematic, with SCO reporting 80% coverage of the country but the hub reporting 51% coverage by cross-border operations and the documenting data issues emerging that result in HNO and HRP evidence are “*harmful and unnecessary*” and result in SCO “*paying the price inside Syria*” when justifying UNFPA’s regional position to the Government of Syria (GoS).¹⁰²

These reported tensions are based on a lack of information about cross-border activities shared with SCO by the hub. This was not due to lack of coordination efforts but rather a shared approach taken by all UN agencies in order to provide a measure of information security to protect partners working from the Amman and Gaziantep hubs, and whilst UNFPA stakeholders expressed understanding of this important and necessary constraint at all levels, this understanding does not dilute or alleviate the challenges this causes for SCO in Damascus when working in partnership with the Government of Syria.

Whilst the SCO did not fully endorse the added value of the hub in terms of coordination, some added value is recognised in terms of technical support for UNFPA programming for both GBV and GBV Information Management (IM), and development and support on remote IM.¹⁰³ For example, UNFPA SCO respondents cited support for implementing the Adolescent Girls Strategy under the GBV SC and support for Standard Operating Procedures (SOPs) finalisation as added value. Overall, the perspective of SCO is one of mixed feelings towards the utility of the hub; perspectives from JCO and ICO have become less positive over time; and perspectives from JCO, TCO, ASRO, and HQ are much generally more positive.

A further concern raised by respondents was that of the hub adding an extra layer that was somewhat detached from the regional Office.¹⁰⁴ It was not fully clear to many ASRO respondents how the hub fits within the structure of the regional Office with some respondents reporting that the hub “don’t share information” and concerns raised that the hub, as vanguard for the WoS Approach, was “developing guidelines for GBV in humanitarian response without consulting the RO” and that “this might happen for SRH too”.¹⁰⁵ Respondents raised a further concern as to how the establishment of the hub aligned with UN reform and particularly the SG proposal to decrease country-level presence and focus on strengthening ROs.¹⁰⁶

¹⁰¹ SCO key informants.

¹⁰² SCO key informants.

¹⁰³ SCO key informants – although other SCO key informants reported soliciting technical support directly from ASRO, not from the hub.

¹⁰⁴ ASRO, ICO

¹⁰⁵ ASRO key informants.

¹⁰⁶ <https://www.universal-rights.org/blog/un-secretary-generals-reform-agenda-important-address-human-rights-pillar/>

Respondents reported that many of the challenges have eased over time¹⁰⁷ with a more recent generalised understanding of the hub as an extension of the RO¹⁰⁸ as a business unit rather than an independent entity in its own right.¹⁰⁹

The tension between COs and the hub remains to a degree, with comments such as the crisis has been “extremely polarised between the [interagency hubs]” and caused by a continuing challenging information flow, balancing sensitivity of information and protection / duty of care of cross-border partners with support to SCO with their relationship with the GoS. One example provided was a UNFPA consignment to Syria from Iraq (not a formally established interagency hub) without the knowledge of the SCO.¹¹⁰ However, it was also widely acknowledged that the hub has added “neutrality” and “oversight from the oversight” which has been overall beneficial to the response.¹¹¹

FINDING 14: The hub has not demonstrated adequate flexibility to changing CO circumstances and capacity.

“Looking now retrospectively at the hub over the last few years I think there was a need for an entity within the UN set-up, the crisis called for that kind of set-up; with the evolution of the Syria crisis and the fact that, for instance, the Jordan country office has acquired a Representative rather than an Assistant Representative, I think that the hub should be on its way to having several functions removed.”¹¹²

The initial mandate of the hub – representation, resource mobilisation, and communications – was clear to internal UNFPA stakeholders across the board and during the initial years of the crisis, the hub provided a strong overall coordination function as COs struggled to catch up with the escalating crisis in terms of human resources, resource mobilisation, and humanitarian technical capacity

However, with changing hub responsibilities *and* increasing CO capacity the mandate and de-facto rationale for the hub may be diminishing. Whilst the hub continues to provide a strong technical support function leading to more effective programming, the need for this has reduced as CO’s have increased capacity, partially due to the support of the hub.

Certainly the strong data management (WoS collation, analysis, and presentation / communicating and reporting of results) capacity of the hub has effectively created a positive feedback loop for programming-reporting-funding and still outstrips the equivalent capacities within any of the involved COs. This includes both the GBV 4W dashboard and the *Voices* report. The need to have a centralised coordination of the WoS intervention for both resource mobilisation, programming, interagency coordination responsibilities, and reporting remains clear. However, Syrian Arab Republic territory under control of the GoS is expanding and therefore the role of the two cross-border interagency hubs (Amman and Gaziantep) are diminishing and this changing reality must be considered when reviewing the future of the regional response hub and its mandate, responsibilities, and functions.

In terms of support to refugee response programmes, the support from the hub is less necessary now than at the beginning of the crisis as CO’s have increased capacity at representation, resource mobilisation and programmatic technical expertise than in the initial days of the crisis and there is no

¹⁰⁷ UNFPA Jordan, Turkey, Syria key informants.

¹⁰⁸ Noting that this is understood as an extension of ASRO even though the Gaziantep interagency hub is part of TCO which is part of EECARO.

¹⁰⁹ ASRO, JCO, ICO key informants.

¹¹⁰ SCO key informants.

¹¹¹ ASRO, JCO, TCO, HQ key informants.

¹¹² ASRO key informant.

evidence of planning for a natural ‘handing back’ of functions and responsibilities to COs as capacity has increased – a plan which would have to be agreed between the hub, COs, and ROs, and across a defined timescale.

*“At one point we should have been able to say ‘this is no longer making sense, let’s step back and see how to change it’”.*¹¹³

Many respondents commented on the inequality between SRH and GBV staffing at hub level and reported that there should have been an RH coordinator at the hub level in the early years of the crisis, but also felt that at this point in time it would not be sensible. However, an RH Coordinator at the hub would have made the SRH response “stronger and bigger from the beginning”.¹¹⁴ A suggested model for future hubs would include strong RH, GBV and data management experts, a donor relation expert, and a communications expert from the beginning.

Note: Evaluation Question 8 relates to areas of efficiency of general UNFPA systems and is not relevant to this report; all areas of efficiency related to the hub are discussed within EQ7.

¹¹³ SCO key informant.

¹¹⁴ TCO key informant.

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

15. The Syria regional response hub has been successful in building and sustaining partnerships with donors for both the benefit of the Syria response and beyond.

16. The Syria regional response hub has been highly successful in providing a gold standard of data and communications for GBV response through the use of standardised tools (such as the GBV Dashboard) and through innovative new approaches (such as *Voices*).

FINDING 15: The Syria regional response hub has been successful in building and sustaining partnerships with donors for both the benefit of the Syria response and beyond. UNFPA resource mobilisation respondents have specifically highlighted the hub in terms of building, sustaining, and improving relations with UNFPA donors:

“From our perspective the hub was extremely helpful and responsive to donors, knowing exactly what was working and what was not....the hub was the most important one-stop shop as far as reporting on programming was concerned.”¹¹⁵

“The hub was very advantageous...in the beginning it [the UNFPA response] was simply not coherent”¹¹⁶

“Our impression is super positive, most of our interaction is with the hub and it is extremely convenient when we need to get information quickly to donors.”¹¹⁷

Respondents drew attention to both the benefit of the hub as a mechanism of coherence – a ‘one-stop shop’ for information across the WoS (systematic benefits of the hub) and then also highlighted specific personalities involved including frankness and honesty in terms of successes and challenges; a clear understanding of expenditure and allocation of resources across lines; and technical expertise on programming. By harmonising and streamlining reporting formats including consistent indicators for the Syria regional response for all major donors – DFID, SIDA, Canada, and Italy for example – the hub has provided an extra quality assurance layer of reassurance to donors.¹¹⁸

FINDING 16: The Syria regional response hub has been highly successful in providing a gold standard of data and communications for GBV response through the use of standardised tools (such as the GBV Dashboard) and through innovative new approaches (such as *Voices*). The WoS GBV SC-produced *Voices* report has been described as one of the greatest contributions to GBV data within the HNO for both programming and advocacy purposes: “Hands down this is the most significant contribution that UNFPA has made to Syria..[the information] is very rich.”¹¹⁹

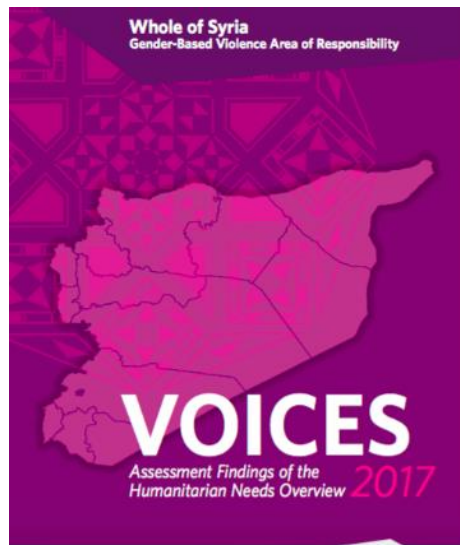
¹¹⁵ HQ resource mobilisation key informant.

¹¹⁶ HQ resource mobilisation key informant.

¹¹⁷ HQ resource mobilisation key informant.

¹¹⁸ hub key informant.

¹¹⁹ Jordan other agency key informant.



Voices is referenced consistently by other interagency documents and strategies, such as the Protection Sector Strategy 2018¹²⁰ (being explicitly referenced) and successive HNOs with ‘voices’ of women and girls being highlighted under GBV coming from the *Voices* Report.¹²¹

“I arranged my two daughters’ marriages’ one is 15 and the other is 14...this is because they are a big responsibility and there’s no father. The best for me is for my daughters to get married in this situation. I had to.”

Quoted in the 2017 HNO, from *Voices*

The hub, through leadership of the WoS GBV SC, has also facilitated implementation of the GBV Dashboard which is a key tool for programming and reporting. This cumulative and real-time information management function of the hub (for GBV data) has become a proven programming and coordination tool which allows for easily accessible and readable high-level results data whilst still maintaining confidentiality and adhering to safety concerns for partners across Syria. Partners are allocated a code and from this it is possible to search by partner (coded) or hub to see what GBV services are being provided across the whole of Syria. This is arguably among the best databases / dashboards for GBV programming.¹²²

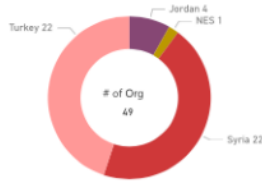
¹²⁰ WoS 2018 Protection Needs Overview, November 2017.

¹²¹ It is noted that the Government of Syria does not always agree with the information presented in *Voices* – particularly that coming out of non-Government held areas: SCO key informants.

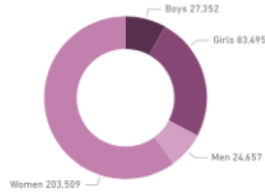
¹²² Various GBV (UNFPA and non-UNFPA) key informants.

correct

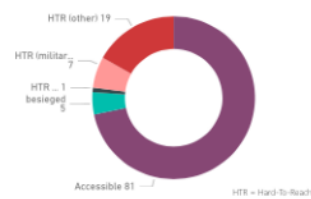
Number of organizations in GBV response per Hub



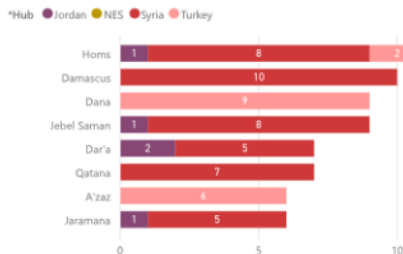
Number of beneficiaries by sex and age



Access: number of sub-districts



Number of organizations per hub and sub-district



Number of assessment and advocacy initiatives and products



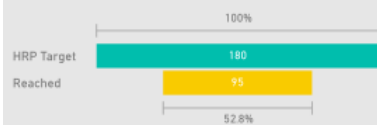
Whole of Syria | Gender-Based Violence (GBV) Area of Responsibility | 2017 4Ws | Cumulative Data



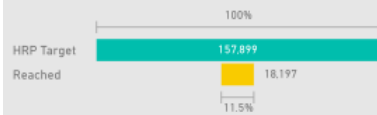
SELECT HUB TO SEE STATUS ON 2017 HRP GBV INDICATORS IN THE GREY SECTION BELOW: *SELECT

Hub: All | Indicator progress as of: May 2017

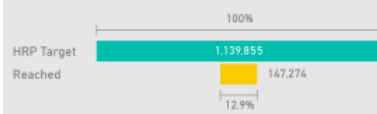
3.1.1: Number of communities that have at least one type of specialized GBV service



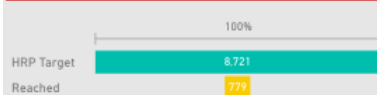
3.1.2: Number of specialized GBV services provided



3.2.1: Number of beneficiaries reached with women and girls empowerment and GBV prevention activities



3.3.1: Number of humanitarian actors trained on GBV



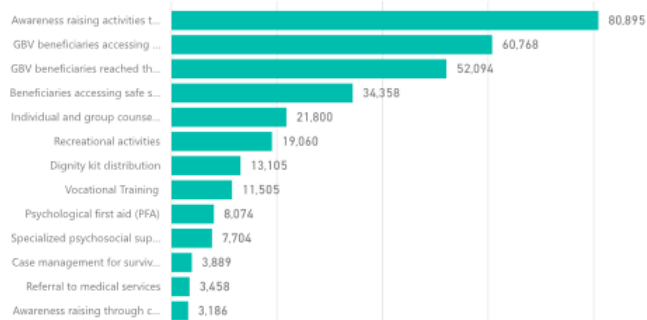
SELECT ONE OR MORE OF THE FOLLOWING FILTERS BELOW: 1) WHOLE OF SYRIA HUB, 2) TYPE OF GBV INTERVENTION, 3) AREAS OF CONTROL, 4) SEVERITY SCALE, 5) GEOGRAPHICAL AREA, 6) ORGANIZATION AND IMPLEMENTING PARTNER AND/OR 7) GBV ACTIVITY OR SERVICE.

- *Hub: Select All, Jordan, NES, Syria, Turkey
- *Intervention: Select All, Advocacy, Assessments, Capacity buildinGBV, Prevention and Risk Mitigation, Response services
- Areas of Control: Select All, Contested Areas, Government (SAA), ISIS-affiliated groups, Kurdish Forces, Multiple influence, Non-state armed groups
- Protection severity scale - HNO 2017: Select All, 0-No problem, 1-Minor problem, 2-Moderate problem, 3-Major problem, 4-Severe problem, 5-Critical problem, 6-Catastrophic problem

*Governorate: All | *District: All | *Sub District: All

Organizations: All | Implementing Partners: All

Cumulative beneficiaries' activities services receiving modalities (hour minus over it for full phrase)



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:¹²³

- 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

17. The Syria regional response hub has been critical in the effectiveness of UNFPA's response to providing services to Syrian women and girls within the Syrian Arab Republic and, to a lesser extent, to Syrian and host community women and girls in surrounding countries.

18. The Syria regional response hub has not been effective in supporting UNFPA's emerging leadership role for young people in humanitarian action.

FINDING 17: The Syria regional response hub has been critical in the effectiveness of UNFPA's response to providing services to Syrian women and girls within the Syrian Arab Republic and, to a lesser extent, to Syrian and host community women and girls in surrounding countries.

Syrian Women and Girls inside the Syrian Arab Republic

From the **Amman (Jordan) hub**, the cross-border operation, with the support of the hub in terms of resource mobilisation, programmatic technical expertise, and coordination, into southern Syria has expanded since 2014 to increase services being delivered through six hospitals and 16 WGSS in Quneitra, rural Damascus, and Dara'a. From the **Gaziantep (Turkey) hub**, these services are provided through four distinct WGSS supported by UNFPA and 32 health facilities. From **Iraq (NES-referenced informal hub on the GBV 4W Dashboard)**, UNFPA-supported partner provides direct support to three maternity hospitals and further 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 WoS response has an extremely useful and effective model dashboard for GBV to provide information about services, coverage, and other activities which can be filtered per hub (Jordan,

¹²³ see Annex III

Damascus, Gaziantep and NES – North-Eastern Syria)¹²⁴ which is managed directly by the hub-based WoS GBV SC Coordination Team (GBV Specialist and IMO Specialist). The hub has also led on donor-specific WoS impact assessments for DFID in 2016 and 2017, and SIDA and Canada in 2017 and 2017.¹²⁵

Resource and logistical constraints, together with low-capacity partners, have resulted in UNFPA placing less emphasis on prevention inside Syria than on response services. 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. However, WGSS activities do include prevention, mitigation and counselling activities.

Syrian Women and Girls in surrounding countries

The hub was established before cross-border operations commenced under UNSCR 2139 in 2014 with an initial mandate of representation, resource mobilisation, and communications for the regional Syria response including both inside Syria and the refugee responses in surrounding countries. When the WoS Approach came into force with the commencement of cross-border operations, the hub quickly transitioned into being the main fundraising, donor relations, communications, and technical programmatic support resource for the WoS, but still did not abandon previous responsibilities for the wider Syria regional response hub.

The resources available at the hub (communications, fundraising, GBV Specialist, and Information Management expertise) have continued to be availed of by country offices for fundraising and technical support for refugee programmes. For example, LCO reported that the longer-term regional funding raised by the hub (see EQ 6, Connectedness) have been “*really helpful*”.¹²⁶ LCO also reported that the hub contributed to structuring results-reporting to donors in a methodical and consistent manner and that the hub helps to “*ensure quality reporting*”.¹²⁷ In relation to the hub, LCO reported that it was “*really comforting not to be by ourselves*”.¹²⁸

*“It [the hub] has been absolutely critical to where we are today and where we will be tomorrow”*¹²⁹

*“HFCB is compensating in other regions for what the hub provides for the Syria response.”*¹³⁰

FINDING 18: The Syria regional response hub has not been effective in supporting UNFPA’s emerging leadership role for young people in humanitarian action. Respondents generally reported that UNFPA has not programmed or coordinated interventions for youth in line with its recent Compact for Young People in Humanitarian Action leadership commitments – noting that this is an emerging area for UNFPA globally and the hub both predates global youth commitments and received no HQ support or guidance for developing youth leadership functions.

One respondent reported that UNFPA is impeding itself and whilst it “*talks the talk it cannot walk the walk*” in relation to this – relatively newly assumed – youth leadership role.¹³¹ UNFPA has invested time and effort in the Compact for Young People in Humanitarian Action since the World Humanitarian Summit (WHS) in 2016 at the global level, and this has resulted in a vibrant global community of

¹²⁴ 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.

¹²⁵ UNFPA key informant.

¹²⁶ LCO key informant.

¹²⁷ Ibid.

¹²⁸ Ibid.

¹²⁹ UNFPA HQ key informant.

¹³⁰ Ibid.

¹³¹ UNFPA HQ key informant.

organisations working with adolescents and youth but has not translated into UNFPA leadership at field level: UNFPA has “*created a lot of energy for the Compact at global level but this has not translated into action*”.¹³² SCO has been active in youth work, establishing a youth taskforce (co-chaired by UNICEF) and utilising \$3 million in youth programming¹³³ across development and humanitarian spheres, building on youth capacity. However, with the exception of SCO, youth programming in surrounding countries (for refugee response and cross-border response) is irregular and therefore individual projects, such as UNFPA’s youth work in Za’atari camp in Jordan become “an excellent one-off example of what can be achieved, but UNFPA has not moved forward with this becoming a signature for standard youth programming across the board.”¹³⁴

UNFPA is also globally leading on youth and peace-building¹³⁵ and therefore the Syrian context would have been an excellent context to develop linkages between these strands and, by “marry[ing] these two agendas”¹³⁶, contributing to increased connectedness across the development, humanitarian, and peace-building nexus but the hub has not been effective in supporting this.

¹³² Ibid.

¹³³ SCO key informant.

¹³⁴ Ibid.

¹³⁵ Note UNFPA ED remarks on UNFPA’s leadership role for and commitment to youth, peace and security: <https://www.unfpa.org/press/shifting-paradigms-role-young-people-building-peace-and-security>

¹³⁶ UNFPA HQ key informant.

Conclusions

Key conclusions cut across all findings and are listed as Key Conclusions for Syria Response and Key Conclusions for UNFPA Globally.

Key conclusions for the Syria regional response hub:

- A. The establishment of the Syria regional response hub contributed significantly to the relevance and coverage of UNFPA programming within the Syria Arab Republic and within surrounding countries.
- B. The Syria regional response hub contributed to UNFPA's credibility as a humanitarian actor.
- C. The Syria regional response hub was a coordination necessity for the specific complexity of a crisis involving five COs, two ROs, and a cross-border modality of operations.
- D. The Syria regional response hub has contributed to technical quality of GBV programming.
- E. The Syria regional response hub has been able to bring attention to specific populations such as adolescent girls and those living with disabilities for the WoS Response.
- F. The Syria regional response hub did not equally support GBV, SRH, and youth programming.
- G. The role and scope of responsibilities of the Syria regional response hub has been neither adequately clarified across UNFPA as a time-limited mechanism to support a complex humanitarian context, nor adequately reviewed and adapted over time with planning for handing back some functions (such as technical assistance) to standard UNFPA structural entities (ROs and COs).

Key conclusions for UNFPA Globally:

- 1. The Syria regional response hub has provided UNFPA with a blueprint of how it is possible to mobilise significant multi-year resources and how a high return on investment can be achieved for resource mobilisation and for representation.
- 2. The Syria regional response hub has introduced excellent innovative evidence, data, and communications tools for GBV response, particularly *Voices*.

Suggestions for Recommendations

Suggested recommendations cut across all findings and are listed as Suggest Recommendations for the Syria Response and Suggested Recommendations for UNFPA Globally.

Suggested recommendations for the Syria regional response hub.

- A. Review role and functions of the hub (donor relationship, resource mobilisation, communications, coordination, and technical assistance) in light of increased CO capacity.
- B. Plan for systematic review and adaptation where necessary of role and function moving forward.
- C. Review the balance between GBV and SRH technical support and coordination functions.
- D. Consider introducing a youth component, and potentially utilise the ongoing Syrian crisis as a pilot context to develop UNFPA's emerging leadership in working with and for young people in Humanitarian Action under Compact commitments and marrying this to the youth, peace, and security agenda, also an area of UNFPA emerging leadership.

Suggested recommendations for UNFPA globally:¹³⁷

- 1. Undertake a mapping of other agency hub structures (for Syria and beyond) and use that and this case study to develop a blueprint for potential future hubs.
- 2. Ensure future hubs are regularly reviewed by a panel of consistent global, regional, and country-level stakeholders to ensure roles and functions adapt and adjust to changing circumstances and the mechanism remains relevant.
- 3. Measure Return on Investment of future hubs from inception.
- 4. Set precise criteria and indicators for value-add of the future hubs (distinct from RO and CO indicators) across different functions (resource mobilisation, information management, coordination, and technical assistance).
- 5. Develop *Voices* into standardised methodology.

¹³⁷ The global recommendations are directed to senior management, to be delegated to Programme Division, HFCB, or other departments as appropriate.

Annex I: List of Key Informants

Name	Title	Agency	country	Gender
Bora Ozbek	GBV Expert	UNFPA	Turkey	M
Behire Ozbek	SRH Expert	UNFPA	Turkey	F
Emmanuel Roussier	Humanitarian Response Specialist	UNFPA	Turkey	M
Karl Kulessa	country Representative	UNFPA	Turkey	M
Benoit Kalasa	Head, Technical Division	UNFPA	USA	M
Henia Dakaak	Technical Adviser, SRHR, HFCB	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
Julie Morizet	Resource Mobilisation Specialist	UNFPA	USA	F
Beatriz de la Mora	Resource Mobilisation Specialist	UNFPA	USA	F
Letizia Motenclavo	Resource Mobilisation Specialist	UNFPA	USA	F
Adelakin Olugbemiga	M&E Adviser	UNFPA	Egypt	M
Elke Mayrhofer	regional Humanitarian Adviser	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
Luay Shabaneh	regional Director	UNFPA	Egypt	M
Sella Ouma	International Operations Manager	UNFPA	Egypt	F
Mona Moustafa	Programme Specialist (and Syria desk officer)	UNFPA	Egypt	F
Shatha Elnakib	Humanitarian Coordinator	UNFPA	Egypt	F
Germaine Haddad	Assistant Representative	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
Lionel Laforgue	GBV Coordinator	UNFPA	Iraq	M
Nestor Owomuhangi	Deputy Representative	UNFPA	Iraq	M
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
Yara Deir	GBV Programme Analyst	UNFPA	Jordan	F
Ibitsam Dababneh	Operations Manager	UNFPA	Jordan	F
Sadia Saaed	RMB & Reporting Specialist	UNFPA	Jordan	F
Yi Giljae	Consul, First Secretary, Embassy of Korea	Gvt Korea	Jordan	M
Kim Jinu	Researcher, Embassy of Korea	Gvt Korea	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
Christina Bethke	Health Sector Working Group Coordinator	WHO	Jordan	F
Melanie Megevand	regional WPE Technical Advisor	IRC	Jordan	F
Ahmad Y Bawaeh	Ahmad Y Bawaeh, Director of Programmes	IMC	Jordan	M
Jafar Irshaidat	Communications Specialist	UNFPA	Jordan	M
Rebecca Sontag	M&E and IM Specialist	UNFPA	Jordan	F
Eziekiel Kutto	M&E Analyst	UNFPA	Jordan	M
Tiare Eastmond	DART Syria Program Coordinator	OFDA	Jordan	F
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
Jason Pronyk	Development Coordinator	UNDP	Jordan	M
Jason Hepps	Senior regional Protection Coordinator	UNHCR	Jordan	M
Abubaker Dungus	Chief, Media and Communications Branch	UNFPA	USA	M
Ugochi Daniels	Chief, HFCB	UNFPA	USA	F
Sarah Craven	Chief Washington Office	UNFPA	USA	F
Rachel Moynihan	Advocacy and Communications Specialist	UNFPA	USA	F
Alexia Nisen	GBV Coordinator	UNFPA	Lebanon	F
Asma Kurdanhi	Head of Office	UNFPA	Lebanon	F
Christelle Mousallem	Field Coordinator	UNFPA	Lebanon	F
Manar Sarsam	Admin and Finance Associate	UNFPA	Lebanon	F
Sabine Piccard	Child Protection Officer	UNFPA	Lebanon	F

Francois Landiech	Humanitarian Affairs Officer	SIDA	Lebanon	M
Lara Babbie	First Secretary	Canada	Lebanon	F
Julien Buha Collette	Technical Assistant	ECHO	Lebanon	M
Kristele Younes	Head of Office	OCHA	Syria	F
Akiko Suzaki	Deputy country Director	UNDP	Syria	F
Elisabetta Brumat	Protection Sector Coordinator	UNHCR	Syria	F
Kehkashan Beenish Khan	Child Protection sub-sector Coordinator	UNICEF	Syria	F
Francesca Crabu	GBV subnational coordinator	UNFPA	Syria	F
Hala Al-Khair	RH officer	UNFPA	Syria	F
Yamameh Esmail	M&E Analyst	UNFPA	Syria	F
Dr Victor Ngange	RH Coordinator	UNFPA	Syria	M
Widad Babikir	GBV Specialist	UNFPA	Syria	F
Omar Ballan	Assistant Rep	UNFPA	Syria	M
Mohammed Zaza	M&E Analyst	UNFPA	Syria	M
Massimo Diana	Representative	UNFPA	Syria	M
Nada Naja	Youth and RH Specialist	UNFPA	Syria	F
Mateen Shaheen	Former Syria Deputy Rep	UNFPA	Syria	M
Marta Perez del Pulgar	Deputy Representative	UNFPA	Syria	F
Garik Hayrapetyan	International Programme Manager	UNFPA	Syria	M
Paul Zubeil	Senior Policy and Strategic Partnerships Adviser	UNFPA	Belgium	M
Pernille Fenger	Chief, Nordic Office	UNFPA	Denmark	F
Fabrizia Falcione	GBV Capacity Development Specialist	UNFPA	USA	F
Luis Mora	Chief, Gender, Human Rights, and Culture Branch	UNFPA	USA	M
Ramiz Alakbarov	Director of Programme Division	UNFPA	USA	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
Maria Margherita Maglietti	GBV Specialist	UNFPA	Turkey	F
Steve Petit	Information Management Officer	UNFPA	Turkey	M
Kamol Yakubov	Finance Analyst	UNFPA	Turkey	M
Loai Khamis	Programme Consultant	UNFPA	Turkey	M

Annex II: Master List of Key Informant Interview Questions

Introduction – to all:

Introduce interviewer; introduce evaluation; ensure interviewee is clear that confidentiality will be maintained and we will not be attributing any particular comment to any particular individual within the report.

Q1 – Please can you tell me a little bit about your role and how your work relates to UNFPA's Response.

Relevance – how well does the UNFPA Response address the stated needs of people, and how well does it align to humanitarian principles and a human rights approach?

Q2 – How well do you think the UNFPA response addresses stated needs of individuals and communities. How do you know this? Evidence?

Q3 – How has the UNFPA response included gender and inclusion analysis? Evidence?

Q4 – How does the UNFPA response adhere to humanitarian principles, and IHL / IRL? Evidence?

Q5 – How has UNFPA directed or supported the overall SRH response to be based on identified needs? Evidence?

Q6 – How has UNFPA directed or supported the overall GBV response to be based on identified needs? Evidence?

Relevance – how well has the UNFPA Response adapted since 2011 based on changing needs and priorities?

Q7 – How has the UNFPA response adapted to changing needs and priorities of people? How do you know this? Evidence?

Q8 – How has the UNFPA response built upon UNFPA's comparative strengths compared to other actors? How do you know this? Evidence?

Q9 – Is there evidence that the UNFPA response has adapted over time based on its comparative strengths compared to other (changing) actors? Evidence?

Coverage – how well has UNFPA reached those with greatest need – geographically and demographically?

Q10 – How well has the UNFPA response reached those most in need – geographically? Evidence?

Q11 – How well has the UNFPA response reached those most in need – demographically? Evidence? – (ask specifically about adolescent girls, people with disabilities, LGBT populations).

Coordination – how well has UNFPA led, directed, supported coordination mechanisms for SRH and GBV?

Q12 – How has UNFPA led and supported the RH WG? Evidence?

Q13 – How has UNFPA led and supported the GBV SC? Evidence?

Q14 – How has UNFPA led and supported the youth WG? Evidence?

Coherence – alignment with UNCT / HCT / Government / UNFPA HQ, RO, CO strategies, national government strategies, SC and WG strategies, and normative frameworks

Q15 – How does UNFPA drive focus on SRH and GBV at UNCT and HCT levels? Evidence?

Q16 – How does the UNFPA response align with global UNFPA strategy? Evidence?

Q17 – How does the UNFPA response align with EECARO / ASRO strategies? Evidence?

Q18 – How does the UNFPA response align with the CPD? Evidence?

Q19 – How does the UNFPA response align national Government prioritisation? Evidence?

Q20 – How does the UNFPA response align with MISP and with GBV guidance?

Q21 – How does the UNFPA response align with RH WG / GBV SC strategies? Evidence?

Connectedness – humanitarian-development nexus

Q22 – How does the UNFPA response promote resilience, sustainability, and working towards the humanitarian-development continuum? Evidence?

Efficiency – hub and other aspects (Fast-Track Procedures (FTP), surge, commodity supply, multi-year funding) and partnerships

Q23 – How has the hub contributed to the UNFPA response? What are the benefits? What challenges have there been?

Q24 – How have FTP been used? What are the benefits? What challenges have there been?

Q25 – Has surge been used? What were the benefits? What challenges have there been?

Q26 – How has commodity procurement (i.e. dignity kits, and RH kits) contributed to the overall response? What are the benefits? What challenges have there been?

Q27 – What impact has multi-year funding opportunities had on the UNFPA response?

Q28 – How has UNFPA used partnerships strategically? Evidence?

Effectiveness – outcomes across WoS and regional refugee and resilience response

Q29 – How effectively has UNFPA; provided quality MNH, SRH, GBV, and HIV services inside SAR, increased the capacity of Syrian providers, integrated SRH and GBV into life-saving structures, and used robust data to inform programming? Evidence?

Q30 –How effectively has UNFPA: provided quality MNH, SRH, GBV and HIV services to refugee and host community populations in the regional response, increased the capacity of local providers, integrated SRH and GBV into life-saving structures, and used robust data to inform programming? Evidence?

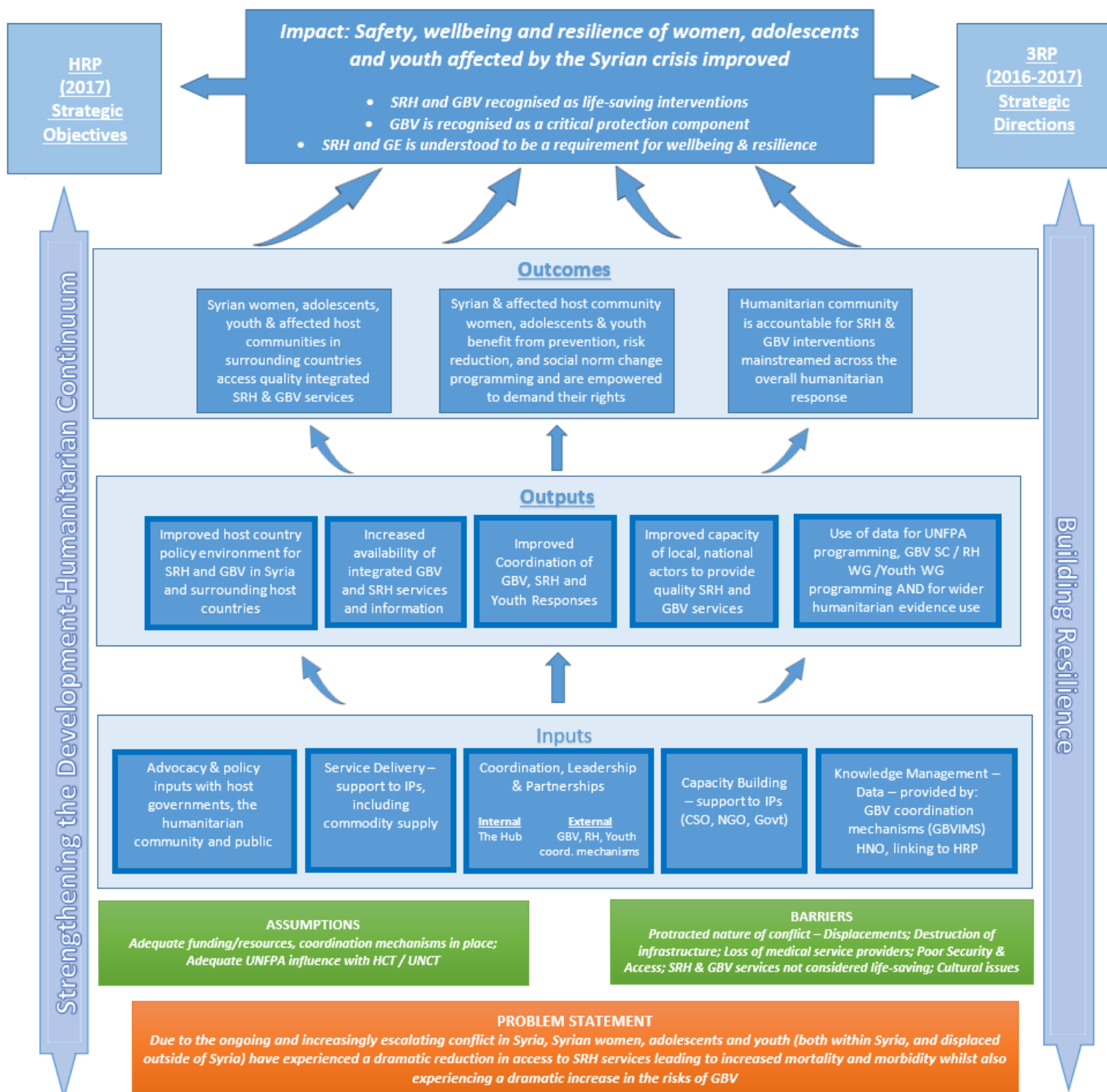
Notes:

Questions are not defined as a formalised interview process with all questions being asked in order. The key informant interview is a semi-structured process with the questions providing

Evaluation Team Members should select questions as per relevant to specific KII, grouped as:

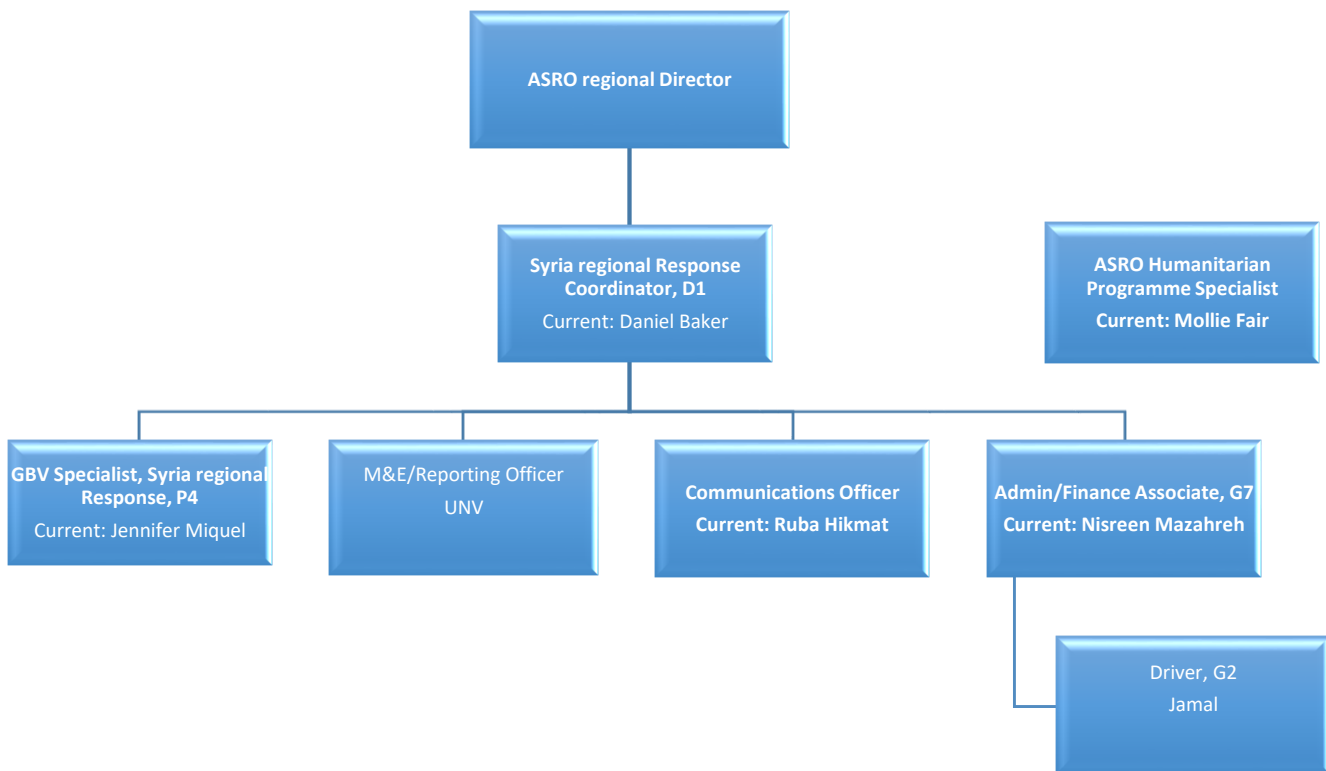
- UNFPA Global Colleagues
- UNFPA regional Colleagues
- UNFPA hub / country Colleagues
- Other UN Agency Global Colleagues
- Other UN Agency regional Colleagues
- Other UN Agency hub / country Colleagues
- NGO Global Colleagues
- Implementing Partner country Colleagues
- Other NGO country Colleagues
- CSO Colleagues
- Government Partners
- Donor Partners
- Academic Partners

Annex III: Reconstructed Theory of Change

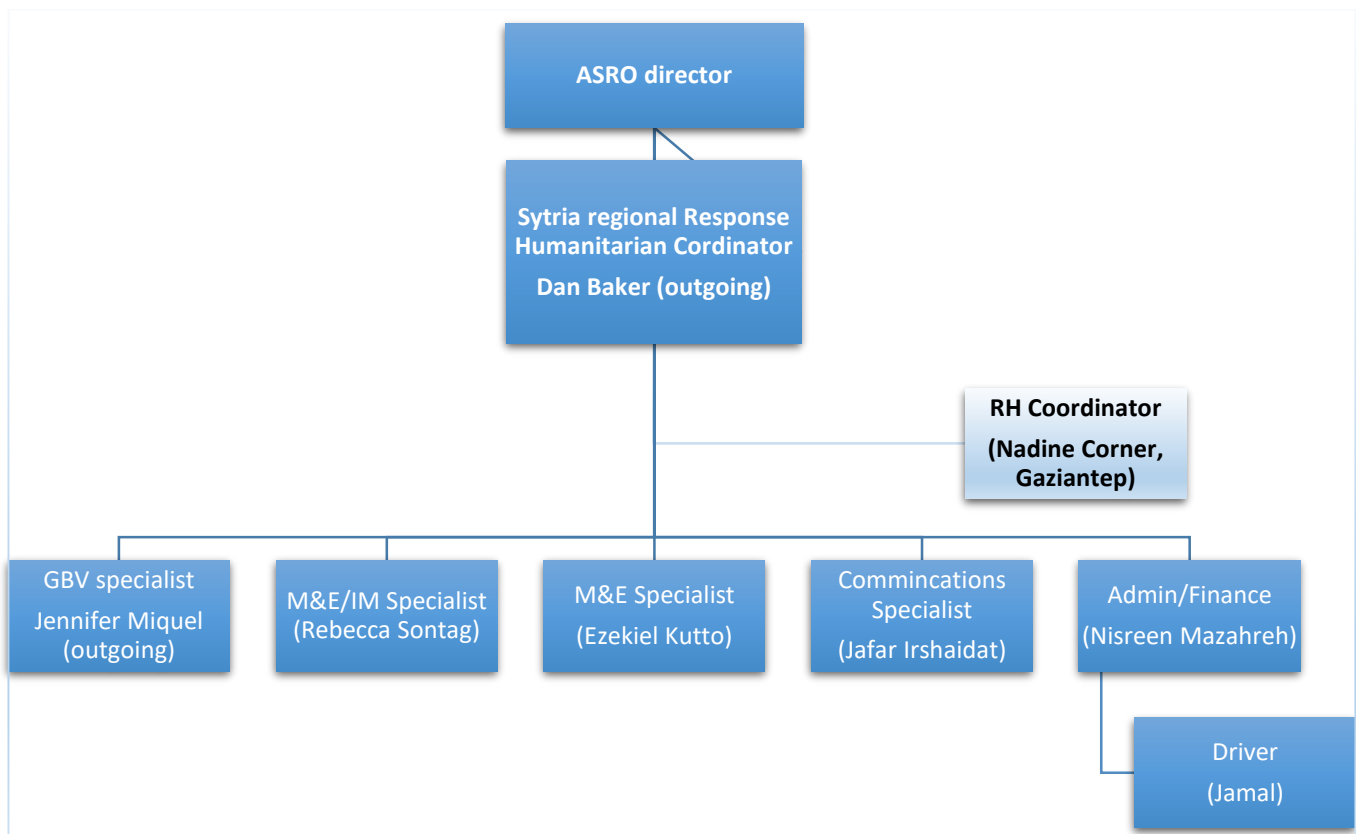


Annex IV: Original 2014 hub organogram and 2018 reconstructed organogram

2014 Syria regional response hub Organogram¹³⁸



2018 hub Structure reconstructed by Evaluation Team¹³⁹

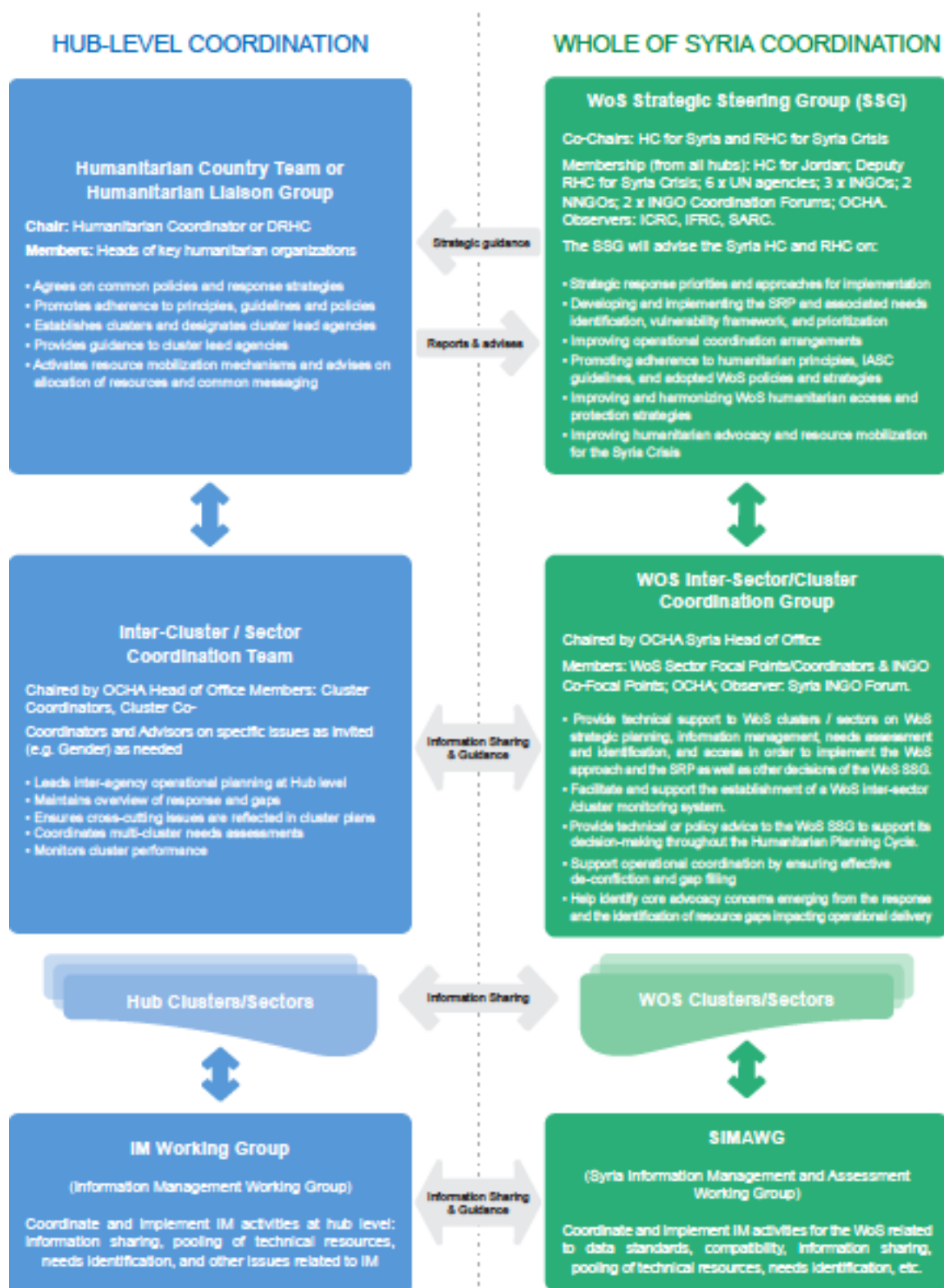


¹³⁸ UNFPA internal document, 2014 Syria regional Response Cell/hub Organogram for 2014.

¹³⁹ This is the hub structure reconstructed with hub colleagues whilst on mission to Jordan in January 2018.

Annex V: Whole of Syria Coordination Arrangements

COORDINATION ARRANGEMENTS FOR THE WHOLE OF SYRIA



Annex VI: hub Resource Mobilisation Table

Note: this data is extracted from Atlas and was provided by the Syria regional response hub (last updated June 2018).

HUB MOBILISED FUNDS

Donor	2011	2012	2013	2014	2015	2016	2017	2018	2019	Total
Canada				937,207	708,372	4,750,221	10,915,429	14,851,925	3,451,135	35,614,290
Denmark					1,423,501	1,400,099	115,741	4,000,000		6,939,341
European Commission			3,216,942		-	1,293,975	1,013,006	3,722,640	2,722,640	11,969,202
Finland							947,452	2,532,356		3,479,808
Kuwait			3,369,464	1,630,536						5,000,000
MBC FZ LLC					199,960	128,783	-			328,743
Sweden*						228,770	5,630,348	12,595,507		18,454,625
UNFPA-EECARO					-	50,000	40,000			90,000
United Kingdom				1,346,000	4,761,423	9,146,100	3,609,313	11,975,000		30,837,836
USA (BPRM)			3,793,000	4,191,298	10,287,702	8,780,377	6,215,227			33,267,604
USA (USAID/OFDA)					7,794,160	6,642,855	5,254,355			19,691,370
Grand Total (USD)			10,379,406	8,105,041	25,175,118	32,421,179	33,740,871	49,677,428	6,173,775	165,672,819

*Note: Swedish funds in 2017-2018 include 20,000,000 SEK (approx. 2,384,160 USD) that were mobilised by country, but included here in the regionally-mobilised funds, as they have the same fund code (SEA86).

COUNTRY MOBILISED FUNDS

Donor	2011	2012	2013	2014	2015	2016	2017	2018	2019	Total
Australia				907,441	1,787,310					2,694,751
Austria							523,013	523,013		1,046,025
Canada					105,492	155,581				261,073
Denmark					25,338	164,580	151,200			341,118
European Commission			1,288,061		6,302,147	11,076,542	19,115,126	14,344,511	4,009,434	56,135,821
France							271,444	542,888	271,444	1,085,776
Friends of UNFPA							100,080			100,080
Germany				140,485	-	71,877	495,016			707,379
Italy				1,324,503						1,324,503
Japan					-	1,487,391	2,596,389	1,225,664	289,931	5,599,376
Misc. small contribution				15,137	5,923	3,646	60,574	165,912		251,192
Norway			231,520	267,614	832,983	1,022,550	2,944,598	535,986		5,835,251
OCHA/CERF	248,794	1,362,696		2,937,102	3,467,198	321,873	4,830,331	1,173,103		14,341,097
Republic of Korea								1,500,000	1,000,000	2,500,000
Samsung Electronics					-	114,000	-			114,000

Saudi Arabia					-	989,451	2,203,974			3,193,425
Switzerland								889,893		889,893
UN Women					-	200,000	-			200,000
UNDP					297,196	595,920	1,005,769	93,206		1,992,091
UNFPA Emergency Funds	140,067	1,303,577	992,700	500,000	568,700	590,842	402,043	329,783		4,827,712
UNHCR							997,283	454,932		1,452,214
UNICEF					143,333	156,667	2,565,671			2,865,671
USA (USAID/OFDA)			400,000							400,000
WHO				110,000						110,000
Grand Total (USD)	388,861	2,666,273	2,912,281	6,202,283	13,535,619	16,950,920	38,262,512	21,778,891	5,570,809	108,268,449