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

Volume 2

UNFPA Evaluation Office

2019

Evaluation Management

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Annex I: Approach and Methodology

Overview of the Evaluation Process

The evaluation consisted of four phases as shown in **Figure 1** below:

Phases of the Evaluation



1. Preparation phase (November 2017 – January 2018)

This phase further specified the approach and methodology for the evaluation. A global document review was conducted to develop the framework, questions, detailed approach and methodology. An inception report was delivered and validated by the evaluation reference group and a pilot field visit was conducted in Jordan to validate the reconstructed theory of change and refine the data collection tools and inception report.

2. Data Collection and Field Work phase (January – June 2018)

This phase included field visits to five countries (Jordan, Turkey, Lebanon, Iraq, Egypt) and remote data collection in Syria and collection of data/drafting of individual country notes, consultations with key informants at global and country level, further literature and document review.

3. Analysis and Report Drafting (February – September 2018)

This phase, overlapping with the data collection phase (as the evaluation team completed individual country visits) focused on developing evaluation findings, formulating conclusions and recommendations, and drafting/finalising individual country notes, case studies for cross-border work and the Amman regional response hub, and the final synthesis report. Data contributing to the synthesis report was presented and analysed at a three-day findings workshop held at UNFPA Headquarters in New York in July 2018. The draft synthesis report was shared with the evaluation reference group during August 2018, and the finalized version was presented and discussed with all members of the evaluation team, members of the evaluation reference group and other UNFPA stakeholders at UNFPA HQ on 17 September.

4. Final Reporting (September – December 2018)

Comments on the synthesis report and from the findings workshop are incorporated and presented in this final evaluation report. This report is accompanied by an *evaluation brief* that summarizes the key findings.

5. Dissemination and Follow-up (October 2018 – January 2019)

Any remaining feedback will have been incorporated into the final deliverables of the evaluation, and the synthesis report and Brief will be translated into French and Arabic for formal publication by UNFPA to add to global learning.

Overall Approach

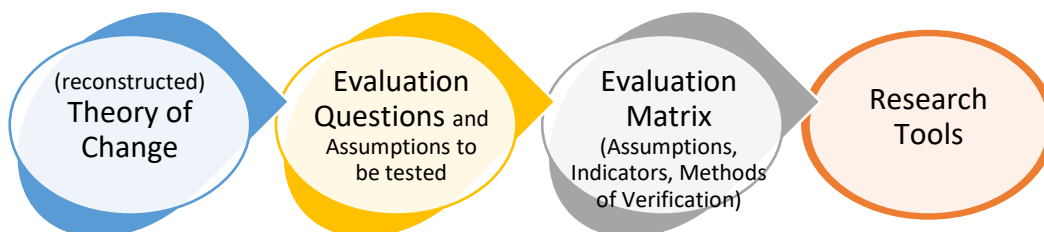
Consultation and utilization focused: During the inception phase the evaluation team consulted with the evaluation reference group¹ to ensure focus from the outset on interim and final country notes, case studies and synthesis report of maximum value and utility to end users. Throughout the research the evaluation team consulted with key stakeholders at global and country level to share and validate emerging findings, conclusions and recommendations from country notes and case studies, and drafts of the final evaluation report.

Gender and human rights responsive and culturally sensitive: The evaluation is guided by UNFPA's *Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA*, the UN Evaluation Group's (UNEG) *Norms and Standards for Evaluation in the UN System* and the (2017 Draft) *Guidance for Evaluating Humanitarian Principles for UNEG/HEIG*. Other reference points are the UNEG guidance document on integrating human rights and gender equality perspectives in evaluations in the United Nations system, and the UNFPA guidance document *Concept Note on Integrating Gender, Human Rights and Culture in UNFPA programmes*.

Mixed Methods: The evaluation team utilized a mix of data-collection and data analysis methods. The quality and credibility of findings and conclusions is enhanced through the triangulation and overlapping of different data sources and methods of data collection by the evaluation team. These are outlined in detail below.

Syria Humanitarian Response Reconstructed Theory of Change

As part of the initial scoping and inception process of the evaluation, the research team, with iterative consultation from members of the evaluation reference group, developed the following theory of change (ToC) for UNFPA's humanitarian programming in response to the Syrian crisis. While UNFPA has not applied an overall ToC to its previous or current programming in Syria and surrounding countries, the evaluation team – in collaboration with key stakeholders, particularly in the Jordan Country Office (JCO) and the regional response hub, were able to reconstruct the intervention logic of the UNFPA response to the Syria crisis. From this, the evaluation team derived the **evaluation questions** which set out the key areas of research and assumptions which were tested by the evaluators. Each of these questions has associated **assumptions** which were tested by the evaluators via **indicators** for which primary and secondary data was collected and analysed via the **research tools**. A diagrammatic representation of the analytical process is presented below:



The final evaluation questions and assumptions are shown in the evaluation matrix which includes all coded evidence and data gathered (see Annex X).

¹ The ERG membership included key UNFPA staff across all of the relevant programme countries, and HQ. A full list of members is presented at the start of the report.

Methods and Tools used for Data Collection

The evaluation involved both secondary (desk-based) and primary (field-based) research via document and data review, key informant interviews (KIIs), focus group discussions (FGDs), site observation and a self-administered online survey (for Syria-based respondents). This combination of methods enhanced the quality and credibility of findings and conclusions through the convergence and overlapping of different data sources and methods of data collection.

Country Notes and Case Studies

The evaluation included field visits comprising approximately ten working days to each of four countries: Lebanon, Iraq, Jordan, and Turkey (Syrian cross-border, Gaziantep hub). The original methodology planned for direct field work to take place within Syria itself, but restrictions on visa approvals by the Government of Syria meant that research team members were unable to undertake in-person data collection in Syria. An alternative strategy for data collection was therefore implemented whereby UNFPA independently contracted a research team to conduct remote interviews with key informants based within Syria, complemented by an online survey.

A member of the evaluation team conducted further short (1-3 day) field visits in Egypt (ASRO) and New York to interview key stakeholders.

The first field visit (Jordan) was used as a pilot to test the data collection methodology and tools, collect primary data related to the Jordan country programme and the Amman regional response hub, and to validate the reconstructed theory of change for UNFPA's humanitarian programming in Syria and surrounding countries. The evaluation team members in each country made short presentations of emerging findings to UNFPA country teams on conclusion of the field research (to validate finding and identify errors/gaps). The evaluation team then prepared country notes subsequent to each field visit as a means of documenting and sharing country-specific findings with the evaluation reference group and UNFPA country teams. These reports were used in the final analysis phase.

The evaluation team jointly conducted the field visits in close partnership with UNFPA-assigned focal points in each location. The in-country focal points assisted in determining sites for observation of programme/project activities or supported infrastructure, meeting with programme/project beneficiaries, identifying key informants and organizing the schedule for the visits. A general outline of the field visit itineraries was:

- Introductory meetings with UNFPA focal points and staff;
- Data collection via KIIs & FGDs and collection of documentation for review;
- Debriefing session (prior to the departure of the evaluation team) in each country to corroborate the emerging findings, fill in any information gaps, cross check information gathered and explore the feasibility of the recommendations.

Document Review

The evaluation team undertook a detailed review of documents² which included UNFPA global level guidelines, policies, strategies, databases³, standards and training materials; and country level programme/project and other relevant documents and data (including organizational policies, procedures and strategies; project/programme proposals, reports, sit-reps and technical outputs; and monitoring data related to humanitarian interventions and coordination). UNFPA focal points and other key informants provided most these documents, with additional documents obtained by the evaluation team through independent research. The document review guided initial development of the research tools but was ongoing throughout the evaluation and used to inform country notes/case study reports and the final synthesis report.

Key Informant Interviews

Key informant interviews (KII) were conducted with a **total of 332 people, 23 at global level and 309 at country level**. The interviews focussed on the specific evaluation questions and assumptions that were of most relevance to the individual, given their position and organization. Most interviews were held with a single respondent, but a few included up to five people. Where key individuals were unavailable for in-person interviews, the project team conducted interviews by Skype. Interview guides for the various stakeholders can be found in Annex Ia.

² A full list of documents reviewed at global and country levels is in Annex B

³ Specifically UNFPA's online ATLAS financial data tracking tool, to which the evaluation team were provided access to determine resource flows over time and across countries, stakeholders/partners and initiatives.

Global level interviews: The UNFPA evaluation manager and evaluation reference group members put forward key informants including both senior management and relevant specialists.

Country level interviews: Country level respondents were selected in accordance with the specific nature of the humanitarian interventions that took place within each country since the start of programming related to the Syria crisis. Specifically, the evaluation team interviewed donors, humanitarian coordinators, humanitarian country team members, protection lead agencies, cluster lead agencies, government officials and non-governmental organizations (NGOs) – both national and international - as key actors within the humanitarian system with responsibility engage in response.

Interview questions were not defined as a ‘formal’ interview process with all questions being asked in order. Rather, interviews were a semi-structured process with the questions providing ‘talking points’ whereby specific themes were introduced and explored at the depth and detail relevant to the quantity/quality of information held by the interviewee. Some topics were not relevant to the interviewees expertise, area of authority, or the interviewee did not have information of substance to contribute, whereas other areas

Focus Group Discussions

Focus group discussions allow a group of people to reflect on a series of questions and share their perspectives. This helps the team to prioritize certain interview questions for certain respondents, as well as probe in more depth on some questions where perspectives useful for specific evaluation questions or assumptions.

Evaluation team members facilitated 25 FGDs in the four direct field visit countries. They asked a set of questions with respect to their experience as refugees within the host country, their specific challenges in the areas of health/SRH, GBV and youth and the positive or negative outcomes, if any, of UNFPA-supported activities.

The evaluation team undertook FGDs among a representative cross-section (in terms of ethnic, language and religious group backgrounds) of beneficiaries of UNFPA-implemented (or supported) initiatives. The groups were sex and age-disaggregated groups, thus allowing for sensitive topics to be addressed - individuals are more likely to share their perceptions/opinions in a group setting with others of a similar background/experience.

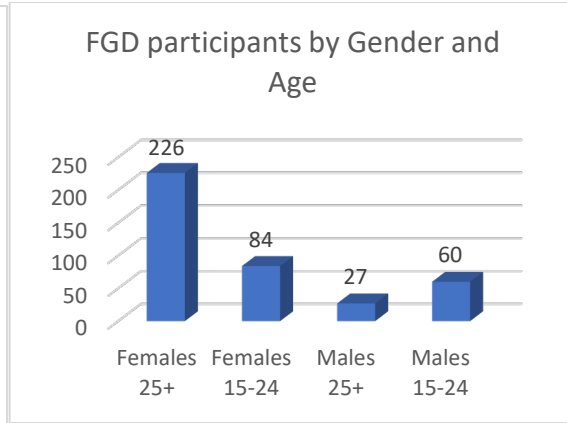
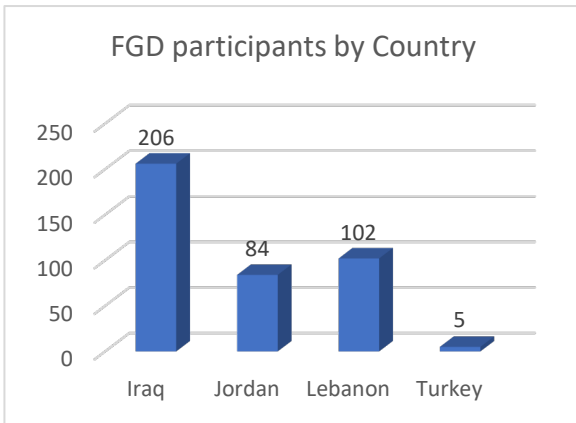
The general objectives of the FGD methodology within the evaluation were:

- a) To gain an understanding of community needs with respect to SRH and GBV programming, and if responses have been adapted over time addressing changing priorities and needs, against which UNFPA responses can be mapped – aligning with relevance / appropriateness (EQ1 and 2);
- b) to gain an understanding of community perspectives of the quality of UNFPA supported services – aligning with effectiveness (EQ10 and 11)

The FGDs took place with the following sex and age disaggregated groups, with appropriate translation and facilitation services provided in each context:

- Male Youth: 15-18/19-24 (collect ages)
- Female Youth: 15-18/19-24 (collect ages)
- Male Adults: 25+ (do not collect ages)
- Female Adults: 25+ (do not collect ages)

The FGDs were attended by between 8 and 20 people; in a safe space; with a gender-appropriate translator familiar with the research topics and materials; and lasted approximately one hour. The evaluation team recorded responses by detailed note-taking (in English).



Quantitative Survey

As noted above, the challenges to collection of primary data presented by the inability of the research team to gain physical access to Syria meant that multifaceted approach was adopted to enable the team triangulate findings to the extent possible. To enable this, the research team implemented an online survey to be completed by stakeholders who were also interviewed via Skype.

A similar spread of questions to the KIIs, grounded in the overall evaluation tools, but presented in a more structured format permitted the team to cross-check responses for internal consistency and cover areas that may have been missed during the interviews.

Respondents were directed to rate the performance of UNFPA’s humanitarian response within Syria with respect to the evaluation question/assumption areas. Responses (mandatory) were on a *Likert*-type scale i.e. the extent to which they have met the standard in their current programming, if at all.

The survey itself was designed, in English and Arabic, using the *Google Survey* online platform. All Syria KII respondents were invited to complete the survey on completion of their interviews, with one follow-up email to remind and request completion. In total, 28 responses to the survey were received.

A copy of the survey questions and a link to the online version is provided in Annex Ib.

UNFPA Syria Humanitarian Programme Evaluation

Thank you for completing this quick survey as part of our interview with you. Responses will be kept confidential.

What is your organisational role in the Syria Humanitarian Response?

- UNFPA Staff
- Other UN agency staff
- International NGO staff
- Government Agency Staff
- National NGO Staff
- Other: _____

3. How well has the UNFPA response adapted OVER TIME based on the needs of people?

- Very well - UNFPA has adapted in response to changing circumstances
- Moderately well - UNFPA has adapted sometimes but not always or not enough
- Not well - UNFPA is slow to adapt
- Not at all - UNFPA has not adapted its approach on the basis of changing needs
- I do not know

Site Visits and Direct Observations

Observation of direct activities and facilities supported by UNFPA provided the opportunity to document activities/mechanisms, behaviour and physical features of programming without having to depend upon stakeholders' willingness and ability to respond to questions. The main added value of the site visits and observations was to review first-hand how UNFPA and its partners work together in terms of coordination, and the response programming in implementation. Site visits also assisted in triangulation of findings and validating other data sources, notably what was verbally reported in interviews and qualitative information available from secondary research.

The following table summarizes the specific programme/project sites visited by the evaluation team during the field research. In all cases, KIIs/FGDs were conducted with staff of partner organizations, supported facilities and/or refugees or community member beneficiaries as part of these site visits.

Country	Sites Visited
Iraq	7 refugee camps, 11 WGSS, 4 youth centres, 1 survivors centre, 9 PHCs
Jordan	2 refugee camps, 2 youth centres, 3 PHCs, 2 youth centres
Lebanon	1 mobile medical unit, 3 PHCs, 3 WGSS
Turkey	2 WGSS, 1 youth centre

Sampling Plan/Data Collection Schedule

Key Informant Interviews

Initially, the evaluation team solicited key informants from ERG members, and as part of planning for individual country liaised with focal points to identify an appropriate sample of individuals across all relevant stakeholder groups for interview in advance.

The evaluation team also utilized UNFPA databases – notably the *Atlas* financial/administrative database to identify potential partners in individual country contexts.

The list of stakeholders identified in preparation for the field visits was reviewed on an iterative basis with country focal points during the field research to include important stakeholders not identified via this preparation process.

Finally, the evaluation team used a *snowball sampling* technique whereby interviewees were requested to identify further informants who could present a useful perspective on programming.

Site Visits and Focus Group Discussions

Similarly, the evaluation team utilized the in-country experience and expertise of ERG members and country focal points to identify a shortlist of sites that could serve as examples of UNFPA-supported programming (e.g. clinics, camps). General criteria for selection of these sites were:

- Representative of a long-term continuum of substantial UNFPA support;
- Relevant to the objectives of this evaluation and the reconstructed ToC;
- Logistically feasible (travel time, security).

On selection of the specific sites for visits, the evaluation team reached out to the relevant partners involved to assist in the development of schedules for the site visits and identification of programme stakeholders and beneficiaries to participate in FGDs.

The below table presents figures for team structure, time in-country and individual research activities.

	Jordan Pilot	ASRO	Turkey (Ankara & Gaziantep)	Iraq	Lebanon
Days in country	15	2	10	10	10
Team	All team + evaluation manager	One intl team member	Two intl team members	Two intl team members	Two intl team members
Projected KIIs	20-30	5-10	15-20	15-20	15-20
Projected FGDs	4-5	0	2-3	2-3	2-3
Site Visits	2-3	0	2	2	2

Methods and Tools used for Data Analysis

The following analytical methods were applied to this evaluation:

Descriptive analysis was used to understand the contexts in which the UNFPA and its partners are operating

and to describe their understanding of their roles and responsibilities and programmatic activities.

Content analysis constituted the core of the qualitative analysis. The evaluation team analysed documents, interview transcripts, and observations from the field to identify common trends, themes, and patterns for each of the key evaluation criteria. Content analysis was also used to highlight diverging views and opposite trends. Emerging issues and trends constituted the basis for developing preliminary observations and evaluation findings.

Comparative analysis was used to examine findings across different countries, themes, or other criteria; it was also used to identify best practices, innovative approaches, and lessons learned. This type of analysis was used throughout the process to examine information and data from stakeholder consultations and document review.

The evaluation team undertook **triangulation** of findings across data collection methods (document review, KII, FGD and survey) where possible to corroborate and increase the quality and credibility of the evaluation findings and conclusions.

Qualitative Data: The evaluation team completed detailed transcripts of each interview, which were subsequently coded in a spreadsheet format to facilitate the allocation of themes across the full datasets. The team then undertook analysis of the qualitative KII data by analysing trends within the coded data and integrated findings and lessons obtained through the other data collection methods discussed below.

Quantitative Data (Syria only): Data was analysed within the online format into simple percentage scores for a specific question. While these values provide a potentially useful 'snapshot' of aggregate performance, they lack nuance, and were interpreted only in accompaniment with the more detailed analysis of KII data from the Syria KII research.

Evaluation Matrix/Evidence Tables

All findings from the data collection process were aggregated into an extensive database and coded across all evaluation questions (10), assumptions (25) and indicators (30) to provide draft evidence table that provided a repository of all of the evidence available to the evaluation team for analysis and drawing findings/conclusions. On conclusion of the data collection phase of the evaluation, the evaluation team undertook a process of data cleaning and focused coding of all evidence within the tables into a more concise evaluation matrix. Analysis of the cleaned, coded and anonymized data with reference to its congruence or divergence from the evaluation questions and assumptions provided the evaluation team with the basis for the evaluation findings as presented in the synthesis report.

Quality Assurance

The evaluation team ensured that its work complies with standards set by UNFPA’s evaluation office, specifically 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 principles of independence and impartiality, credibility, and utility,⁴ UNEG, and professional associations, such as ALNAP.⁵

Further, the evaluation team ensured the quality of all deliverables through the following means:

“An evaluation is an assessment, conducted as systematically and impartially as possible, of an activity, project, programme strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using appropriate criteria such as relevance, effectiveness, efficiency impact and sustainability. An evaluation should provide credible, useful evidence-based information that enables the timely incorporation of its findings, recommendations and lessons into the decision-making process of organizations and stakeholders”¹

Principle	How the evaluation has put principles into practice
Independence and impartiality	<p><i>A transparent and inclusive evaluation process:</i></p> <p>The evaluation team visited Jordan, Turkey, Iraq, Lebanon, Egypt (Regional Office) and New York and conducted a remote evaluation of Syria, consulting with 339 stakeholders from UNFPA and other United Nations agencies, governments, partners, NGOs, and donors. All responses have been systematically recorded against evaluation questions and coded appropriately. Each interviewee was provided with a background of the evaluation; what the purpose and intended use of the evaluation was to be; how the information provided would be used; and the confidentiality of information provided between the respondent and the evaluation team.</p>
Clarity	<p>During the inception phase the evaluation team clarified the needs and expectations of the UNFPA via the ERG and evaluation manager. Data collection tools were developed from the key evaluation questions and the reconstructed ToC, discussed and reviewed to ensure appropriateness, and finally piloted in Jordan.</p>
Communication	<p>The evaluation team met regularly to review progress on the assignment and critiqued draft briefs and reports as required. The evaluation team provided regular status progress briefings to the UNFPA evaluation manager to share information on work completed, next steps, as well as any areas of concern such as difficulties, possible solutions, and important events affecting the evaluation.</p>
Credibility	<p><i>Design and methodological rigour</i></p> <p>The evaluation inception phase developed an evaluation matrix consisting of ten evaluation questions (covering humanitarian-adapted OECD-DAC evaluation criteria, as best pertains to the specific Syria regional response evaluation) and 24 associated assumptions. All data received (qualitative and quantitative, and primary and secondary) has been coded against the 24 assumptions.</p> <p>Country level analysis was performed after each country mission (or remote evaluation in the case of Syria) and provided the basis for findings, conclusions, and recommendations in country notes. Consolidated data was analysed by the team at a three-day workshop in New York and potential synthesis findings were then tested against the data reviewing each data point for support to proposed finding, neutrality, or contradictory to proposed finding. Findings were then verified or adapted as necessary.</p> <p><i>Integration of human rights and gender equality and ethics</i></p> <p>The evaluation team has conducted the evaluation in an ethical manner and taking into account WHO <i>Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies</i> and other generalized ethical guidelines. All</p>

⁴ UNFPA Internal Document: Concept Note: Dimensions of Evaluation Quality, February 2017.

⁵ See <http://www.alnap.org>

	<p>interviews have been kept confidential within the evaluation team, with respondents being coded with type of organizational affiliation. The evaluation has disaggregated respondents by gender.</p> <p>In terms of community engagement, focus group discussions (FGDs) were disaggregated by gender and age, with age categories being 15-24 or 25 and above: no children under 15 were interviewed as per <i>Child Protection Minimum Standards</i> guidance. All FGD participants were informed of the purpose of the discussion, the intended use of the data, the confidentiality of the discussion, and that no person had to answer any question they did not want to answer, and everyone was free to leave at any time (see Annex Ia for FGD methodology).</p>
Timing	<p>The timeline for the evaluation allowed sufficient time for review of all draft deliverables and for revisions to these deliverables to make sure that feedback was acted upon.</p>
Utility	<p><i>Continuous consultation with and participation by key stakeholders (see Annex Ic).</i></p> <p>The UNFPA evaluation manager joined the evaluation team on the pilot mission to Jordan (including all evaluation team members) from which the inception report, including the evaluation matrix of evaluation questions and assumptions, the evaluation methodology, including interview questionnaires and FGD methodology, and the reconstructed TOC were finalized after discussion with Jordan country office and regional response hub staff.</p> <p>All country visits have culminated in a verification debriefing session where emerging findings were discussed and then validated by CO colleagues. Country Offices were then provided with a second option to review reports before wider feedback was received from key stakeholders within the ERG only after which reports were finalized.</p> <p>Final recommendations and a final ex-post ToC have been developed in a participatory manner between the evaluation team and a range of key stakeholders with a range of key internal UNFPA stakeholders.</p>

Annex Ia: Research Tools

DATA COLLECTION CONSULTATION TOOLS

- Key Informant Interviews
- Focus Group Discussions
- Clinic Rapid Assessments/ Service Provider Questionnaires

(1) Master List of Questions – Key Informant Interviews

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 (ie 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

(2) Community Focus Group Discussions

Community Focus Group Discussions should take place in sex and age disaggregated groups:

- Male Adolescents/Youth: 15-24 (collect ages)
- Female Adolescents/Youth: 15-24 (collect ages)
- Male Adults: 25+ (do not collect ages)
- Female Adults: 25+ (do not collect ages)

Focus Group Discussions should have between 8 and 15 people; in a safe space; *with a gender-appropriate translator who is familiar with the materials before the FGD starts*; and should last for no longer than 1 hour.

The general purpose of the FGD methodology within the UNFPA Response Evaluation is:

- a) To understand community needs with respect to SRH and GBV programming, and if responses have been adapted over time addressing changing priorities and needs, against which UNFPA responses can be mapped – aligning with relevance / appropriateness (EQ1 and 2)
- b) To gain an understanding of community perspectives of the quality of UNFPA supported services – aligning with effectiveness (EQ10 and 11)

Introductions: team (all facilitators within the group, including the translators) and a summary of what we would like to talk about, and how the data will be used. The following to be included:

- the FGD is voluntary and nobody will be forced to answer any question they are uncomfortable with (although we encourage everyone to tell us what they would like to tell);
- everything is confidential – participants are also urged to keep the responses of others confidential;
- we cannot promise any further services or programming based on responses today (not raising expectations).

Introductions: participants to introduce themselves (for younger cohorts, ask for names and ages; for older cohorts ask just for names).

- Record ages for 15-18 and 19-24-year-old groups but no need to record names for either group.

Question Areas:

(1) General Situation / Priority Concerns

Suggested prompts – how are things here right now? Are there specific concerns for women and girls? Do men / boys have the same concerns? How have things changed over the last few years?

(2) RH services

Suggested prompts – what access do you have to health services? So, for example, how about services for pregnant women, and when women give birth? Do you have access to family planning? Are there services available for HIV? What type of services do you want / need? – NOTE CHECK WITH LOCAL COLLEAGUES RE SENSITIVITY OF FP, HIV/STIs/ACCESS TO MISCARRIAGE ABORTION/POST-ABORTION CARE SERVICES

(3) GBV issues – prevention and response

Suggested prompts – how safe is it here for women / girls / men / boys? Is there family member violence within the home? What types (probe for sexual violence) Is there anyone helping people stay safe from this type of violence? What services are available for those who experience this type of violence (clinical, PSS, legal, justice, shelter, economic)? How has this changed since the crisis began? What type of services do you want / need?

(4) Harmful Practices – child marriage

Suggested prompts – some other people have said that because of the conflict there are more girls having to marry at a younger age, is this true? If so, what is causing it? Is there anyone helping girls to stay at school and not get married? What kind of support do you want / need around this?

(3) Rapid Clinic Checklists

Record –

Facility name, type (tertiary hospital, clinic, health post, outreach/mobile clinic etc), operating agency (UNFPA, Government etc), location, date, name and designation (Dr, midwife) of interviewee

- What time does the facility open / close?
- Is this time posted?
- What MNH, RH and GBV services are provided?

- Ante-natal care
- BEmOC
- CEmOC
- Post-natal care
- Family Planning – what methods?
- HIV services (Voluntary Counselling & Testing (VCT), ARV therapy)
- STI services
- Reproductive health commodity security provision and supply chain
- CMR
- Does the facility provide RH services to:
 - Unmarried women
 - Adolescents (if so, with or without consent of parents)
- Does the facility address the needs of people with disabilities?
 - How?
- Do the staff at the facility know about MISP?
- Have staff had MISP training?
- Is there confidentiality for survivors of sexual violence?
 - A private consultation room?
 - Female service providers with training on CMR?
 - What are the confidentiality protocols?

Annex 1b: Online Survey

UNFPA Syria Humanitarian Programme Evaluation

Thank you for completing this quick survey as part of our interview with you. Responses will be kept confidential

What is your organisational role in the Syria Humanitarian Response?

Mark only one oval.

UNFPA Staff

Other UN agency staff

International NGO staff

Government Agency Staff

National NGO Staff

Other:

1. How does your organisation's humanitarian work relate to UNFPA?

Mark only one oval.

My organisation is a direct implementing partner funded by UNFPA

My organisation undertakes GBV, Reproductive Health or Youth humanitarian work but is NOT funded by UNFPA

My organisation is funded by UNFPA but implements activities indirectly (i.e. via partners/subcontractors)

My organisation does NOT undertake GBV, Reproductive Health or Youth humanitarian work

Other:

2. How well do you think the UNFPA response addresses stated needs of individuals and communities? (Please indicate on the scale)

Mark only one oval.

Very well - UNFPA address most or all needs related to its work

Moderately well - many needs are met, but there are still many remaining

Not well/not at all - most or all needs related to UNFPA's work are unmet

I do not know

3. How well has the UNFPA response adapted OVER TIME based on the needs of people?

Mark only one oval.

Very well - UNFPA has adapted in response to changing circumstances

Moderately well - UNFPA has adapted sometimes but not always or not enough

Not well - UNFPA is slow to adapt

Not at all - UNFPA has not adapted its approach on the basis of changing needs

I do not know

4. How well has UNFPA reached those most in need – geographically?

Mark only one oval.

Very well - UNFPA works in geographical areas that are most in need

Moderately well - UNFPA works in some needy locations but not all or not enough

Not well - UNFPA works in few locations of greatest need

Not at all - UNFPA does not reach areas where the need is greatest

I do not know

5a. How well has UNFPA reached vulnerable adolescent girls?

Mark only one oval.

Very well - UNFPA has specifically focused on and reached adolescent girls

Moderately well - UNFPA has some focus on girls, but not enough

Not well - UNFPA does not focus specifically on these girls

I do not know

5b. How well has UNFPA reached vulnerable people with disabilities?

Mark only one oval.

Very well - UNFPA has specifically focused on and reached people with disabilities

Moderately well - UNFPA has some focus on people with disabilities, but not enough

Not well - UNFPA does not focus specifically on people with disabilities

I do not know

6. How well has UNFPA led and supported the Reproductive Health Working Group?

Mark only one oval.

Very well - UNFPA takes the lead and is very active in coordination and support

Moderately well - UNFPA leads and supports the group, but should do more

Not well - UNFPA shows little or no leadership or support in this group

I do not know

7. How well has UNFPA led and supported the GBV Subcluster?

Mark only one oval.

Very well - UNFPA takes the lead and is very active in coordination and support

Moderately well - UNFPA leads and supports the group, but should do more

Not well - UNFPA shows little or no leadership or support in this group

I do not know

Annex Ic: Stakeholder Consultation Process.

The evaluation process entailed successive rounds of consultation with the primary stakeholders of the evaluation, as represented by the Evaluation Reference Group (ERG) and the UNFPA Evaluation Manager. The evaluation team solicited consultation from the ERG at several key points of the evaluation, as follows:

Date	Participants	Purpose/Outcome
December 2017 (virtual)	All ERG, core evaluation team, evaluation manager	Introduction of the evaluation team, the evaluation approach and the draft reconstructed theory of change
January 2018 (Amman, Jordan)	Amman Regional Response Hub staff, core evaluation team, evaluation manager	Presentation and revision/finalization of the reconstructed theory of change
January 2018 (Amman, Jordan)	Jordan country office staff, Regional Response Hub staff core evaluation team, evaluation manager	Debriefing on findings from Jordan (pilot) data collection
February 2018 (Gaziantep, Turkey)	Turkey country office/Gaziantep Hub staff, 2 x evaluation team members	Debriefing on findings from Turkey data collection
May 2018 (Beirut, Lebanon)	Lebanon country office staff, 2 x evaluation team members	Debriefing on findings from Lebanon data collection
May 2018 (Erbil, Iraq)	Iraq country office staff, 2 x evaluation team members	Debriefing on findings from Iraq data collection
July 2018 (UNFPA New York)	Evaluation manager, core evaluation team	Workshop for initial analysis of all findings
September 2018 (UNFPA New York)	All ERG, core evaluation team, evaluation manager, representatives from key business units concerned with the recommendations of the evaluation	Stakeholder workshop for the presentation of the evaluation findings, preliminary conclusions and the co-development of the evaluation recommendations

Annex II: Overview of UNFPA Responses by Country

Below are brief overviews of the context and UNFPA response for each of the five countries included in the evaluation – Iraq, Jordan, Lebanon, Syria, and Turkey.

Iraq

Since the fall of the Saddam Hussein regime in 2003, Iraq underwent a prolonged period of internal political and social instability that has led to significant insecurity and displacement of populations. The commencement of the conflict in Syria in 2011 exacerbated instability within Iraq, with armed groups representing Shia and Sunni factions in increasing conflict with each other. The ongoing conflict in Syria and the massive displacement caused by the ISIS incursions have resulted in 248,092 registered Syrian refugees in Iraq as of March 2018⁶ with an additional 3,317,698 Iraqis displaced and 3,511,602 IDP returnees.⁷

Iraq ranks in the *medium development* range in the *Human Development Index* (HDI) placement (2016 ranking 121 out of 188 countries – down from #118 in 2010).⁸ Iraq has its own chapter of the 3RP which notes that as 97% of the refugee population is located in the KRI, the coordination structure is located at the KRI level and not replicated nationally. However, the 3RP states that the response is implemented under the overall leadership of the Government of Iraq, the Kurdistan Regional Government, and United Nations Agencies, in close coordination with the donor community.⁹ Most of the Syrian refugee population in Iraq fled violence in 2012 and 2013, and nine camps exclusively for refugees have been established by the KRG. The KRG implements a relatively benign protection policy towards refugees (the overwhelming majority of whom are of Kurdish ethnicity), providing them residency permits, freedom of movement and the right to work. At the time of research, movements of refugees took place at the Iraqi/Syrian border, with 7-8,000 returnees (to Syria) reported annually in 2016 and 2017, though over the same time-period almost 50,000 Syrians were recorded as moving into Iraq (over 30,000 of which were readmissions).¹⁰

UNFPA began its assistance to Iraq in 1971, via a range of population and family planning projects. These interventions were suspended in 1991 under the United Nations sanctions regime and resumed in 1995. Subsequent to the 2003 bombing of the United Nations premises in Baghdad, the UNFPA office was based in Amman, Jordan, with a limited presence in Iraq. From 2011, however, UNFPA increased its presence year-on-year, in accordance with the 2011-2014 CPD, which indicated a gradual UNFPA move back to Baghdad, with a sub-office in the city of Erbil, capital of the KRI. UNFPA's first CPAP for Iraq covered the period 2011-2014, and thus its development predated and did not anticipate the Syrian conflict. Due to the emerging protracted nature of the Syrian refugee crisis, the 2011-2014 CPD was extended in 2014 for one year, and in 2015 a new CPD for 2016-2019 was published, with significant attention to the ongoing crisis and the likelihood of it extending for the foreseeable future. Since the start of the Syrian crisis and the advent of the IDP crisis, the Iraq Country Office budget increased substantially from \$900,000 in 2012/2013 to \$44 million in 2017¹¹. This combines IDP and Syrian refugee programming. UNFPA provides support to eight of nine Syrian refugee camps within the KRI, with additional support provided to government partners who operate facilities and deliver services within and outside camps. In addition to government partners, UNFPA currently has four direct national NGO implementing partners running WGSS and youth centres.

⁶ UNHCR Iraq Factsheet, March 2018, see [here](#).

⁷ Ibid.

⁸ <http://hdr.undp.org/en/2016-report>.

⁹ Iraq Chapter 3RP 2018-2019.

¹⁰ Ibid.

¹¹ ATLAS data, 2014-2017

Jordan

The escalating Syrian crisis, has resulted in 655,056 registered Syrian refugees in Jordan, out of a total of 1.3 million estimated refugees living in Jordan by 2017 with an additional impact on 520,000 Jordanian women, girls, men and boys within host communities receiving direct humanitarian assistance. There are two main Syrian refugee camps in Jordan: Za'atari (current population 79,559¹²) and Azraq (current population 35,065¹³),¹⁴ with the rest of the refugee population residing in urban areas.

Jordan is classified as a middle-income country.¹⁵ In the 2011 HDI, Jordan ranked 95 out of 179 countries. In the 2016 HDI Jordan had shifted its rank to 86 out of 188 countries.¹⁶ Jordan was re-classified by the World Bank in July 2017 from an upper-middle-income country to a lower-middle-income country.¹⁷ The downward revision in 2017 was based on three predominant factors: an increased population estimate; a slowdown in real gross domestic product (GDP) growth; and low inflation. The Syrian crisis has impacted on this downward revision as refugee figures are included in the calculation of de facto population as per United Nations Population Division estimates.

UNFPA started work in Jordan in 1976 under the umbrella of the UNDP. From 1976 until the start of the Syria crisis in 2011, the JCO remained a small development-focussed entity, supporting the Government of Jordan in policy development and undertaking advocacy initiatives. Until the start of the Syria crisis, JCO consisted of a staff of ten people, with no international country representative, and a budget almost entirely from regular resources amounting to under \$1 million per annum. Between 2011 and 2017 the JCO grew substantially, and by the end of 2017 consisted of an office of 37 staff, with an international country representative, and an annual budget of approximately \$13 million per year, of which 94% is derived from other resources. In addition to the expansion of JCO in terms of resources – financial and human – the Syria crisis has also necessitated a change in programming modalities. Since the start of the Syria crisis in 2011 UNFPA Jordan has expanded programme entry points: from existing policy and development with government partners, to service delivery through international and national NGO partners, capacity building, coordination for GBV and RH, promotion of GBV and RH as necessary life-saving humanitarian interventions within the wider humanitarian community, and continued partnership with government counterparts. JCO has eight partners providing humanitarian services across three distinct humanitarian operations of (a) refugee (camp and urban) response; (b) the cross-border response into southern Syria; and (c) the Berm operation.

¹² <https://data2.unhcr.org/en/documents/download/53298>

¹³ <https://reliefweb.int/sites/reliefweb.int/files/resources/AzraqFactSheetJANUARY2017.pdf>

¹⁴ There are two other very small camps, King Abdullah Park Refugee Camp (KAP) with a UNHCR 2015 population of 670 people; and Emirati Jordanian Camp, with no UNHCR updated information since 2013.

¹⁵ <https://data.worldbank.org/country/jordan>

¹⁶ <http://hdr.undp.org/en/content/human-development-index-hdi>

¹⁷ <http://www.worldbank.org/en/country/jordan/brief/qa-jordan-country-reclassification>

Lebanon

Lebanon is an upper middle-income country,¹⁸ ranking 76/188 on the 2016 HDI and currently has the highest per capita concentration of refugees worldwide. With a Lebanese population of 4.2 million living in Lebanon, the country also hosts just over 1 million registered Syrian refugees, and an estimated additional half million who are unregistered. In line with the Government of Lebanon's (GoL) "no camp" policy, there are no formal UNHCR-run refugee camps.¹⁹ An estimated 82 percent of refugees live among host communities in 1,700 locations across the country, many of which are among the poorest areas in Lebanon. The remaining refugees live in informal collective and tented settlements.²⁰ Initially reluctant to engage in or recognise the severity of the refugee crisis, the government of Lebanon has taken an increasingly significant role in facilitating humanitarian response. The Government of Lebanon's *Crisis Cell* is the highest national authority for international partners supporting the crisis response inside Lebanon, including through the LCRP. The Ministry of Social Affairs is mandated by the Crisis Cell to oversee the government's humanitarian response in Lebanon. An LCRP steering committee is co-chaired by the MOSA and the United Nations Resident Coordinator/Humanitarian Coordinator, and includes participation of Crisis Cell ministries, humanitarian and stabilisation partners across the United Nations, national and international NGOs, and donors.²¹ Since 2017, the response to the Syrian crisis has been guided by a revised LCRP (updated again for 2018), jointly developed by the humanitarian partners and the GoL and covering a multi-year period up to 2020. It provides an integrated humanitarian and stabilization framework, aimed at tackling Lebanon's challenges holistically, taking into account the vulnerability of all people affected by the crisis.²²

UNFPA started work in Lebanon in 1993 under the umbrella of UNDP. From 1993 until the start of the Syria crisis in 2011, LCO remained a small development-oriented entity, initially with two staff members that, by 2011, had scaled up to seven. In response to the Syria crisis, staffing increased to 16 by 2017, and with approval of a realignment in November 2017 is anticipated to expand to 22 in 2018/2019. The office has never had a country representative and is instead managed by an assistant representative/head of office, with the HC/RC as the designated representative. In 2011, the office had five NGO and government IPs and by 2017, this increased to 26 IPs. Approximately 50% of funding was from regular resources in 2011, whereas in 2017, only 8.5 percent of funding was from regular resources. With the exception of a downturn in 2016, funding has increased, most markedly in 2017, to 6.6 million USD per annum, due primarily to increased funding to UNFPA's GBV programming.

¹⁸ World Bank categorisation - <https://data.worldbank.org/country/lebanon>

¹⁹ https://reliefweb.int/sites/reliefweb.int/files/resources/lebanon_syrian_crisis_en.pdf

²⁰ UNHCR (2015) "Refugees from Syria: Lebanon", available from: <https://data.unhcr.org/syrianrefugees/download.php?id=8649>

²¹ LCRP 2015-2016.

²² Even before the eruption of the Syrian conflict in March 2011, Lebanon was grappling with a depleted infrastructure and inadequate public services. Over the last seven years, Lebanon's public finances, service delivery, and the environment have further deteriorated, with the crisis worsening poverty incidence among Lebanese as well as widening income inequality. The World Bank estimates that as a result of the Syrian crisis, some 200,000 additional Lebanese have been pushed into poverty, adding to an existing 1 million poor. <http://www.worldbank.org/en/country/lebanon/overview>.

Syria

Prior to 2011, the Syrian Arab Republic was a fast-growing, middle-income country with one of the highest growth rates in the world at 2.4% and the pre-conflict population was an estimated 20.7 million in 2010.²³ The country descended into civil war in 2011 as pro-democracy protests escalated rapidly into a multi-party conflict between the Government of Syria against a range of armed opposition groups. In 2014 the Islamic State of Iraq and Syria seized control of large parts Syria further escalating the crisis.²⁴ Now in its seventh year, the Syrian conflict is unquestionably the worst humanitarian crisis of the twenty-first century with more than 500,000 dead, 1.2 million injured, 6.3 million internally displaced and 5.5 million refugees worldwide. Over 13.1 million people in Syria require humanitarian assistance with 5.6 million in acute need.²⁵ The social and economic impacts of the conflict are also immense and the lack of sustained access to health care, education, housing, and food have exacerbated the impact of the conflict and pushed millions of people into unemployment and poverty.²⁶ Rates of return are increasing with an estimated 721,647 people returning to their areas of origin in 2017.²⁷ The complex and volatile nature of the conflict, with rapidly shifting frontlines and alliances, resultant insecurity and limited humanitarian makes for an acutely challenging operating environment in Syria.

The first Syria Humanitarian Action Response Plan (SHARP) was developed in 2012 jointly with the GoS and raised 62% or \$215.9 million of the \$348.3 million²⁸ requested for the response inside Syria. The situation was declared a Level 3 in January 2013 which changed the tone, scale and pace of the response including raising the profile of the crisis globally, creating the Emergency Response Fund and resulting in some existing United Nations country leadership positions been replaced by individuals with more humanitarian expertise among a number of key agencies.²⁹ The 2013 SHARP initially estimated a request of \$519 million but this was revised up to \$1.41 billion in mid-2013 to reach 6.8 million people in need. The revised request received \$959.3 million of the total request.³⁰ The 2014 SHARP increased the total number of people in need to 9.3 million and requested \$2.26 billion in funding but only received \$1.15 billion.³¹

Prior to 2014 it was challenging (for all actors) to assess needs in many parts of Syria and no comprehensive inter-agency needs assessments were conducted from Damascus until late 2014 due to lack of support from the GoS and access/security constraints. In November 2014, the first comprehensive HNO was produced, combining areas accessible from GoS control and areas outside of GoS control and this informed the 2015 humanitarian plan for Syria. The SHARP evolved into the Syria Response Plan in 2015, incorporating all aspects of the Syria response (including cross border operations) targeting 13.5 million with a \$2.89 billion requirement that was only funded at 43% (\$1.24). Subsequent HRPs 2016-2018 have continued at these levels, increasing to \$3.5 billion in 2018 targeting 13.1 million. Funding appeals have been chronically underfunded, often less than 50%, with humanitarian needs considerably eclipsing available resources.

UNFPA began operations in Syria in 1971 and, until the outbreak of the conflict in 2011, predominately focused on policy and advocacy.³² Since the start of the Syrian crisis, the SCO budget has increased from \$5.03 million in 2011 to over \$32 million in 2017 and staffing has increased to has increased from 24 in 2011 to 56 in 2017. Additionally, UNFPA contracted 17 third-party monitoring staff in 2017 bringing total staffing to 73 in 2017. Until 2015, UNFPA worked mostly with an existing pool of 8-10 partners and this has expanded to 20 in 2017. Since 2016, UNFPA programming, coverage and funding has expanded substantially and currently SCO support services in 12 out of the 14 governorates (excluding Idlib and Quneitra which are under opposition control). The SCO has increased its physical footprint from one office in Damascus to (2016 onwards) two sub-offices in Homs and Aleppo and a field presence (through UNFPA sub-office or TPM staff³³) in 8 out of 14 governorates.

²³ World Development Indicators (2010) <https://data.worldbank.org/country/syrian-arab-republic>

²⁴ <https://www.acaps.org/country/syria/country-profile>

²⁵ UNOCHA (2018) Syria Humanitarian Response Plan (HRP).

²⁶ The Toll of War: The Economic and Social Consequences of the Conflict in Syria (2017) World Bank.

²⁷ UNOCHA (2018) Syria HRP.

²⁸ <https://fts.unocha.org/appeals/396/summary>

²⁹ Sida I., Trombetta L., and Panero V., (2016) Evaluation of OCHA response to the Syria crisis

³⁰ <https://fts.unocha.org/appeals/421/summary>

³¹ <https://fts.unocha.org/appeals/442/summary>

³² <https://www.unfpa.org/data/transparency-portal/unfpa-syrian-arab-republic>

³³ TPMs are located in Derizor, Sweida, Latakia, Tartous, Hama, Aleppo and Homs.

Turkey

The Republic of Turkey is an upper middle-income country³⁴ straddling Eastern Europe and Western Asia and bordering Greece, Bulgaria, Georgia, Azerbaijan, Armenia, Iran, Iraq, and Syria. The escalating Syrian crisis has resulted in 3,588,877 Syrian refugees registered under temporary protection in Turkey with an additional 330,000 non-Syrian refugees.³⁵ The 21st century has seen Turkey make progress in HDI placement (2016 ranking 71 out of 188 countries – up from #84 in 2007)³⁶ and solidify its position as an upper-mid income country.³⁷ The last decade was underscored by an influx of Syrian refugees resulting in Turkey hosting the world's largest refugee population – with official estimates from the Ministry of Interior being over 3.7 million refugees by the end of 2017.^{38 39} The vast majority (94%) of refugees in Turkey live outside of camps.⁴⁰ Turkey is unique in that its development relationship with the international system falls under a United Nations Development Cooperation Agreement (UNDCS) rather than the more common United Nations Development Assistance Framework (UNDAF). The United Nations considers the first 2011-2015 UNDCS as a “pioneering effort with a view to serving as a proto-type for appropriate replication in other upper Middle-Income Countries.⁴¹” Turkey has its own chapter of the 3RP which is situated fully under the authority and control of the GoT: “The overall protection and assistance response in Turkey is firmly run by the Government.⁴²”

With the initial influx of refugees in 2011, 21 camps were established by the GoT Disaster and Emergency Management Agency (AFAD), predominantly in the south-east of the country. By October 2014 the vast majority of refugees were living outside of camps and camps were gradually shut down, with less than 6% of the current refugee population in camps. In 2014 Turkey passed a new legislative act for *Temporary Protection* status specifically for Syrian refugees (as opposed to international protection status under which other refugees apply for asylum).⁴³ In January 2016 Turkey passed the *Regulation on Work Permit of Refugees under Temporary Protection* – giving Syrians a right to work.⁴⁴ The GoT also established the *Emergency Social Safety Net* for those under temporary protection.⁴⁵

UNFPA began operations in Turkey in 1971.⁴⁶ Since the start of the Syrian crisis, the TCO budget has increased from \$1.9 million in 2012 to \$22.9 million in 2017. The humanitarian refugee response programme and the cross-border response into northern Syria as part of the Whole of Syria response are run as two entirely separate programmes. UNFPA started with supporting five WGSS in 2015 (previous to this work support had been provided to GoT within camps) and this number rose to 41 centres by the end of 2017 – 38 WGSS and 3 youth centres.⁴⁷ The Gaziantep sub-office was established in 2013. After the SCR authorising cross-border operations in 2014, the Gaziantep sub-office established the cross-border programme, coordinating through the UNFPA Regional Response Hub in Amman with the Jordan and Damascus interagency hubs and instigating coordination functions for GBV and SRH with additional direct support to implementing partners.

³⁴ World Bank categorisation - <http://www.worldbank.org/en/country/turkey/overview>

³⁵ Figures provided by UNFPA TCO as of May 2018.

³⁶ <http://hdr.undp.org/en/2016-report>.

³⁷ World Bank categorisation - <http://www.worldbank.org/en/country/turkey/overview>.

³⁸ http://ec.europa.eu/echo/files/aid/countries/factsheets/turkey_syrian_crisis_en.pdf

³⁹ However, note that official estimates from the Government of Turkey are different from official figures from UNHCR. All figures quoted in this report will be clearly referenced with source.

⁴⁰ http://ec.europa.eu/echo/files/aid/countries/factsheets/turkey_syrian_crisis_en.pdf

⁴¹ UNDCS 2016-2020.

⁴² Turkey Chapter 3RP 2015-2016.

⁴³ Ibid.

⁴⁴ Turkey Chapter 3RP 2017-2018.

⁴⁵ Ibid.

⁴⁶ <https://www.unfpa.org/data/transparency-portal/unfpa-turkey>.

⁴⁷ In 2018 one of the WGSS was converted to a youth centre and 2 WGSS were transferred to UNHCR: therefore from January 2018 onwards UNFPA are supporting 35 WGSS and 4 youth centres.

Annex III: Terms of Reference

EVALUATION OF THE UNFPA RESPONSE TO THE SYRIA CRISIS

27 JULY 2017

A. Introduction

1. Evaluation at the United Nations Population Fund (UNFPA) serves three main purposes:

(a) demonstrate accountability to stakeholders on performance in achieving development results and on invested results;

(b) support evidence-based decision making; (c) contribute key lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD).

2. Although it was not initially included in its quadrennial budgeted evaluation plan for 2016-2019, the Evaluation Office (EO) decided to launch an evaluation of the UNFPA response to the Syrian crisis in view of the increased focus and funding for sexual and reproductive health and gender-based violence interventions in Syria, Jordan, Lebanon and Turkey. The decision to launch an evaluation of the UNFPA response to the Syria crisis was announced in the Evaluation Office report on evaluation for 2016, which was formally presented to the UNFPA Executive Board at the annual session 2017.

3. The primary intended users of the evaluation are:

(i) the UNFPA country offices in Syria, Lebanon, Jordan and Turkey;

(ii) the UNFPA Syria Regional Response Hub;

(iii) the UNFPA Arab States Regional Office (ASRO) and the UNFPA Eastern and Central Asia Regional Office (EECARO);

(iv) the UNFPA Humanitarian and Fragile Contexts Branch (HFCB);

(v) UNFPA Senior Management.

4. The results of the evaluation should also be of interest to a wider group of stakeholders, such as:

(i) beneficiaries of UNFPA interventions and affected populations;

(ii) national governments of Syria, Jordan, Lebanon and Turkey;

(iii) humanitarian actors involved in the regional response to the Syrian crisis;

(iv) Inter-Agency Standing Committee (IASC) Principals and Directors; UNFPA Executive Board members.

B. Background and context

5. Already in its seventh year, the Syria crisis is still characterized by extreme levels of suffering, destruction and disregard for human lives. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), as of July 2017, approximately 13.5 million people were in need of humanitarian assistance, including 6.3 million internally displaced persons and 4.9 million people in hard-to-reach and besieged areas. The number of Syrian who have fled their country and were registered as refugees by the Office of the United Nations High Commissioner for Refugees (UNHCR) has reached 5.1 million in July 2017. In Syria and neighbouring countries, there are 5.3 million women of reproductive age, 440,000 of whom are pregnant.

6. UNFPA works closely with its partners to address the needs of affected populations within Syria, but also in neighbouring countries which host most of Syrian refugees (Egypt, Iraq, Jordan, Lebanon and Turkey). Since 2014, pursuant to United Nations Security Council resolutions n°2139, 2165 and 2191, UNFPA has become increasingly involved in the delivery of cross-border assistance from Jordan and Turkey through the Whole of Syria (WoS) approach.

7. In response to the need to scale up the UNFPA Syrian humanitarian crisis response, UNFPA established a regional response hub in 2013. The hub was meant 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. As from 2014, within the framework of the WoS approach, the hub was assigned the overall coordination role of cross-border assistance.

8. As part of its response to the Syria crisis, UNFPA activities include:

- Support to life saving reproductive health, including maternal health and family planning, services including provision of necessary RH commodities (RH kits, medical equipment, contraceptives, RH drugs, etc);
- Engagement in programs that seek to mitigate and prevent the occurrence of gender-based violence - particularly child marriage - and support survivors of this violence, including through clinical management of rape services and psychosocial support for women and girls at risk of or survivors of violence;
- Distribution of specialized, customized and culturally sensitive hygiene or dignity kits (containing various sanitary items) targeting primarily women and girls;
- Deployment of medical and specialized personnel to assist affected communities;
- Deployment of trained personnel to support and encourage the participation of affected youth in society through the facilitation of recreational and educational programs, rehabilitation and psychosocial interventions, and life skills education.

C. Purpose, objectives and scope of the evaluation

9. The purpose of this evaluation is to assess the contribution of UNFPA to the Syria humanitarian crisis response. This exercise will generate findings and lessons that will be of use for UNFPA (at global, regional and country level) but also for humanitarian actors, partner countries affected by the Syria crisis, donors, and the civil society.

10. The specific objectives of the evaluation are:

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

11. The scope of the evaluation covers all UNFPA humanitarian interventions targeting populations affected by the conflict in Syria, as well as in neighbouring countries (Egypt, Iraq, Jordan, Lebanon and Turkey), including cross-border operations.

12. The evaluation aims to assess the UNFPA humanitarian response to the Syria crisis across the sub-region (i.e., Syria and neighbouring countries). It is not intended to evaluate separately each country programme response.

13. The period covered by the evaluation is 2011-2017.

D. Evaluation criteria and indicative areas for investigation

14. The evaluation will use internationally agreed evaluation criteria, drawn from UNEG norms and standards, OECD/DAC and the ALNAP criteria for the evaluation of humanitarian action (See **Annex 1**, Humanitarian Action Evaluation Criteria).

15. **Attention will be given to gender**, protection and accountability to affected populations.

16. The below list of indicative areas for investigation, structured around the above-mentioned evaluation criteria, will form the basis for the formulation of evaluation questions by the evaluation team at inception stage⁴⁸. The final list of evaluation questions will be limited to a maximum of ten. Based on the agreed list of

⁴⁸ Criteria should only be used if they directly relate to questions to be answered. What matters are the questions, not the criteria. The latter are tools to think with and help devise additional relevant questions where necessary

evaluation questions, the evaluation team will prepare an evaluation matrix⁴⁹, linking questions with associated assumptions to be assessed, indicators, data sources and data collection tools.

- **Relevance/Appropriateness**
 - To what extent were the objectives of the UNFPA humanitarian response to the Syria crisis adapted to identified humanitarian needs inside Syria and amongst Syrian refugees in neighbouring countries?
 - To what extent was UNFPA able to adapt its strategies and programmes over time to respond to changes in the context?
- **Coverage**
 - To what extent did UNFPA interventions reach the population groups with greatest need for reproductive health and gender-based violence services, in particular, the most vulnerable?
- **Effectiveness**
 - To what extent did the UNFPA response to the Syria crisis contribute to an increased access to and utilization of quality reproductive health, including family planning and maternal health services, for: (i) the affected population in Syria; (ii) Syrian refugees in neighbouring countries?
 - To what extent did the UNFPA response to the Syria crisis contribute to the prevention of and response to gender based violence (particularly child marriage) for the affected population, both within Syria and among Syrian refugees, in neighbouring countries?
 - To what extent did the implementation of the UNFPA response to the Syria crisis take into account gender equality and human rights principles?
- **Efficiency**
 - To what extent did UNFPA make good use of its human, financial and technical resources, as well as of different partnerships, including multiyear humanitarian commitments, in pursuing the achievement of the results expected from its humanitarian response to the Syria crisis?
 - To what extent did the establishment of the UNFPA Syria Regional Response Hub contribute to enhanced coordination, organizational flexibility, and the achievement of the intended results of the UNFPA humanitarian response?
- **Coherence**
 - To what extent was the UNFPA response to the Syria crisis aligned with: (i) the priorities of the wider humanitarian system (as set out in the successive Syria Humanitarian Response Plans and the Regional Refugee Response Plan); (ii) strategic interventions of other UN agencies; (iii) and the UNFPA mandate and policies?
- **Connectedness**
 - To what extent did UNFPA humanitarian activities support, and plan for, longer-term (i.e., developmental and/or resilience-related) goals of the affected countries?

E. Methodology and approach

17. The evaluation team will design the evaluation methodology (including data collection methods and tools), which will be presented in the inception report.

18. The evaluation will use secondary qualitative and quantitative data, complemented with primary data collection as necessary and feasible.

19. At a minimum, the approach will comprise:

- A reconstruction of the **theory of change** underlying the UNFPA response to the Syria crisis;
- A **document review** as well as an **analysis of the available administrative and financial data** pertaining to the portfolio of activities conducted by UNFPA within the framework of its response to the Syria crisis;
- A thorough gender responsive **stakeholder analysis**, including a beneficiary typology;
- The conduct of **key informant interviews** and **focus group discussions**;
- Direct observation through **field visits** (covering Syria, Jordan, Turkey, Lebanon and Iraq), including a **pilot mission** (in Jordan) at inception stage;

⁴⁹ See **Annex 2**, Outline of the evaluation matrix

- Two **case studies**, respectively focused on the UNFPA Syria Regional Response Hub and the engagement of UNFPA in cross-border interventions.

20. Particular attention will be paid to triangulation of information, both in terms of data sources and methods and tools for data collection.

F. Evaluation process, timeline and deliverables

21. The evaluation will unfold in five phases and lead to the production of associated deliverables as follows:

- **Preparatory phase**

This phase, which is led by the EO evaluation manager, includes: the initial documentation review; the drafting of terms of reference for the evaluation; supplier selection under the guidance of the Procurement Services Branch of UNFPA; the constitution of an evaluation reference group.

- **Inception phase**

The evaluation team will conduct the inception phase, in consultation with the evaluation manager and the evaluation reference group. This phase includes:

- a **document review** of all relevant documents available at UNFPA headquarters, regional office and country office levels;
- a **stakeholder mapping** to be developed by the evaluation team, and displaying the relationships between different sets of stakeholders;
- a **reconstruction of the intervention logic** of the UNFPA response to the Syria crisis, i.e. the theory of change meant to lead from planned activities to the intended results of UNFPA interventions;
- the development of the **list of evaluation questions**, the identification of the assumptions to be assessed and the respective indicators, sources of information and methods and tools for the data collection (cf. Annex 2, Outline of the evaluation matrix);
- the development of a **data collection and analysis strategy** as well as a concrete **workplan** for the field and reporting phases.
- the **pilot mission** (max 15 working days) to test and validate core features such as the evaluation matrix (in particular the evaluation questions, assumptions and indicators) and data collection tools, in addition to collecting and analysing the data required in order to answer the evaluation questions. The pilot mission will take place in **Jordan**, allowing also for the conduct of the **case study** on the UNFPA Syria regional response hub.

The outputs of this phase are:

- the **inception report**, which will display the results of the above-listed steps and tasks, along the structure set out in **Annex 3**;
- a **country note**, synthesizing lessons learned from the country visit in Jordan;
- the **case study report** of the UNFPA Syria regional response hub.

The structure of the country notes and case study reports will be determined during the inception phase.

The evaluation team will present a draft version of the inception report, the Jordan country note and the case study report on the hub to the evaluation reference group (this will entail a travel mission of the whole evaluation team to New York, for **3 working days**).

The inception report, the Jordan country note and the case study report on the Syria regional response hub will be considered final upon approval by the evaluation manager.

- **Data collection phase**

During this phase, the evaluation team will conduct:

- an in-depth document review,
- interviews at UNFPA HQ (taking advantage of the presence of the team in New York at the end of the inception phase), in the UNFPA regional office for the Arab States (through a mission to Cairo – **2**

working days for the whole evaluation team) and the regional office for Eastern Europe and Central Asia (combined with the country visit in Turkey);

- field work in Syria, Turkey, Lebanon and Iraq, including the conduct of the case study on cross-border operations.

Each in-country mission will last a minimum of **10 working days**. At the end of each mission, the evaluation team will provide the country office with a debriefing presentation on the preliminary results of the mission, with a view to validating preliminary findings.

The evaluation team will present the results of the data collection, including preliminary findings and lessons learned from the two case studies, to the evaluation reference group (this will require a mission travel to New York for **2 working days** for the evaluation team leader).

For each country visit, the evaluation team will proceed to prepare a **country note** (five in total). The two case studies will lead to the production of corresponding **case study reports** (two in total). Country notes and case study reports will be annexed to the final report.

- **Reporting phase**

The reporting phase will open with a **2-day analysis workshop** bringing together the evaluation team and the evaluation manager to discuss the results of the data collection (in New York, or another location proposed by the bidder). The objective is to help the evaluation team to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the **first draft final report**.

This first draft final report will be submitted to the evaluation manager for comments. The evaluation manager will control the quality of the submitted draft report. If the quality of the draft report is satisfactory (form and substance), the manager will circulate it to the reference group members. In the event that the quality is unsatisfactory, the evaluators will be required to produce a new version of the draft report.

The report, and in particular the tentative conclusions and recommendations, will be presented by the evaluation team during a stakeholder workshop (attended by the ERG as well as other relevant stakeholders), in New York (entailing a mission travel to New York for the whole evaluation team for **2 working days**).

On the basis of comments expressed, the evaluation team will make appropriate amendments to the report, finalize the recommendations and submit the **final report**. For all comments, the evaluation team will indicate how they have responded in writing ("trail of comments").

The report is considered final once it is formally approved by the evaluation manager in consultation with the reference group.

The final report will follow the structure set out in Annex 4.

- **Dissemination phase**

The evaluation team will assist the evaluation manager in dissemination activities. In particular, they will prepare an **evaluation brief**.

The evaluation report, along with the management response (by UNFPA management), will be published on the UNFPA evaluation webpage.

A presentation of the evaluation results to the UNFPA Executive Board (requiring the presence of the team leader in New York for **1 working day**) may take place at the annual session of the Executive Board, in January 2019.⁵⁰

22. All deliverables will be in English, except for the evaluation brief, which the firm/company will also need to provide in French and Spanish versions.

23. The final report and the evaluation brief should both be professionally copy edited; the layout should be professionally designed (using Adobe InDesign software) for printing. Covers for the inception and final report should follow the indications provided in **Annex 8**.

⁵⁰ The exact date of the presentation, in case it is confirmed, will be communicated to the evaluation team in due course

24. The table below recapitulates the phases, deliverables and timeline of the evaluation.

Phase/milestone	Deliverables	Location	Timing
Preparatory phase 1. Drafting of ToR 2. Establishment of the evaluation reference group (ERG) 3. Procurement 4. Contract signature			July-October 2017
Inception phase 1. Initial document review 2. Stakeholder analysis 3. Initial key informant interviews (KIIs) 4. Submission of 1st draft inception report 5. Pilot mission (Jordan) 6. Debriefing meeting at the end of the inception mission 7. Submission of draft Jordan country note 8. Submission of draft case study report on the Syria response hub 9. 1st ERG meeting , followed by interviews at HQ 10. Submission of final inception report, final Jordan country note and final case study report on the hub.	<ul style="list-style-type: none"> • First draft inception report • Powerpoint presentation for the debriefing of the pilot mission • Draft Jordan country note • Draft case study report on the Syria response hub • Powerpoint presentation for the 1st ERG meeting • Final inception report • Final Jordan country note • Final case study report on the response hub 	<ul style="list-style-type: none"> • Pilot mission: 15 working days in Jordan (evaluation team) • 1st ERG meeting and interviews at HQ: 3 working days in New York (evaluation team) 	October-December 2017
Data collection phase 1. Extended desk review 2. KIIs at UNFPA HQs (see above, end of the inception phase) 3. KIIs at ASRO and EECARO 4. 4 country visits 5. Debriefing meetings at the end of each field visit 6. Submission of draft country notes (Syria, Lebanon, Turkey, Iraq) 7. Submission of draft case study report on cross border operations 8. 2nd ERG meeting 9. Submission of final country notes and final case study report on cross-border operations learned from the case studies	<ul style="list-style-type: none"> • 4 draft country notes (Syria, Lebanon, Turkey, Iraq) • Draft case study report on cross-border operations • Powerpoint presentation of preliminary results of the data collection, including preliminary findings and lessons • 4 final country notes • Final case study report on cross-border operations (evaluation team) 	<ul style="list-style-type: none"> • Cairo: 2 working days (evaluation team) • Syria: 10 working days (evaluation team) • Lebanon: 10 working days (evaluation team) • Turkey: 10 working days • Iraq: 10 working days (evaluation team) • New York: 2 working days (team leader) 	January-June 2018
Reporting phase 1. Analysis workshop 2. Submission of draft final report	<ul style="list-style-type: none"> • 1st draft final report (with tentative conclusions and recommendations) 	<ul style="list-style-type: none"> • Analysis workshop: 2 working days in New York⁵¹ or other 	July-September 2018

⁵¹ The analysis could take place in New York, just after the 2nd ERG meeting

<p>3. Stakeholder workshop (focusing on recommendations)</p> <p>4. Submission of final evaluation report</p>	<ul style="list-style-type: none"> • Powerpoint presentation for the stakeholder workshop • Final evaluation report 	<p>location proposed by the bidder</p> <ul style="list-style-type: none"> • Stakeholder workshop in New York: 2 working days (evaluation team) 	
<p>Dissemination and follow up phase</p> <p>1. Preparation of evaluation briefs in EN, FR and SP</p> <p>2. Professional copy editing and design of the final report and the evaluation briefs</p> <p>3. Presentation to the UNFPA Executive Board (TBC)</p>	<ul style="list-style-type: none"> • Evaluation briefs in EN, FR and SP • Professional copy edited and designed evaluation report (by November 2018) • Professional copy edited and designed evaluation briefs in EN, FR and SP (by November 2018) • Powerpoint presentation for the Executive Board (TBC) 	<ul style="list-style-type: none"> • New York: 1 working day (team leader) 	<p>September 2018 - January 2019</p>

G. Management and governance

25. The responsibility for the management and supervision of the evaluation will rest with the EO evaluation manager. The EO evaluation manager (who will also act as a team member) will have overall responsibility for the management of the evaluation process. The evaluation manager is responsible for ensuring the quality and independence of the evaluation (in line with UNEG Norms and Standards and Ethical Guidelines – see **Annex 5**). The main responsibilities of the evaluation manager are:

- prepare the terms of reference in consultation with other stakeholders
- participate in the procurement process conducted by the Procurement Services Branch of UNFPA as part of the technical evaluation committee
- chair the reference group and convene review meetings with the evaluation team
- supervise and guide the evaluation team all through the evaluation process
- participate in the data collection process (conduct interviews, facilitate group discussions and focus groups) both at inception and data collection phases including in field missions
- review, provide substantive comments and approve the inception report
- review and provide substantive feedback on the country notes and case study reports, as well as draft and final evaluation reports, for quality assurance purposes
- approve the final evaluation report
- disseminate the evaluation results and contribute to learning and knowledge sharing at UNFPA.

26. The progress of the evaluation will be followed closely by the evaluation reference group consisting of members of UNFPA services who are directly interested in the results of this evaluation. The main responsibilities of the reference group are to:

- provide feedback and comments on the terms of reference of the evaluation;
- provide feedback and comments on the inception report
- provide comments and substantive feedback from a technical expert perspective on the draft and final evaluation reports;
- act as the interface between the evaluators and key stakeholders of the evaluation, notably to facilitate access to informants and documentation;
- participate in review meetings with the evaluation team as required;
- play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the results of the evaluation as well as to the completion and follow-up of the management response.

H. Composition of the team

27. The evaluation team is expected to be composed of 4-5 people, as follows:

- 1 experienced **team leader**, with at least 15 years of experience working in the humanitarian sector, including previous experience leading major evaluations of humanitarian assistance
- 2-3 **evaluators**, with at least 10 years of experience working in the humanitarian sector, as well as significant evaluation experience
- 1 **research assistant**, capable of organizing and analyzing large sets of data in support of the rest of the evaluation team.

28. The evaluation team will collectively bring the below expertise and experience:

- Extensive evaluation experience of humanitarian policies, strategies and programmes and of complex conflict situations, internal displacement, refugee programmes and transition settings;
- Experience with and institutional knowledge of humanitarian UN and NGO actors, the inter-agency mechanisms, such as OCHA and CERF funding, and the IASC;
- Familiarity with the Transformative Agenda (Leadership, Coordination, Accountability to Affected Populations);
- Extensive knowledge of humanitarian law and principles, and experience with using human rights and gender analysis in evaluations;
- Good understanding of UNFPA mandate and processes;
- Technical expertise in (i) sexual and reproductive health; (ii) gender equality; (iii) emergency preparedness and response;
- Extensive regional expertise, and solid knowledge of the regional issues;
- Excellent analytical skills;
- Excellent communication skills (written, spoken) in English;
- Good communication skills (written, spoken) in Arabic and/or languages spoken in the region and countries covered is desirable.

I. Quality assurance

29. The evaluation team will conduct the first level of quality assurance for all evaluation products prior to the submission to the UNFPA Evaluation Office.

30. The firm/company is expected to dedicate specific resources to quality assurance efforts that are independent from the evaluation team, and must consider all time, resources, and costs related to this in their technical and financial bid. The bidder must present the quality assurance mechanisms which will be applied throughout the evaluation process as part of the technical offer.

31. The Evaluation Office recommends that the evaluation quality assessment checklist (**Annex 6**) is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report. The main purpose of this checklist is to ensure that the evaluation report complies with evaluation professional standards.

32. The evaluation manager, with the support of the reference group, will provide a second level of quality assurance.

33. The draft final report will be subject to a third level of quality assurance, through a review by the EO external quality assurance panel.

34. The Director of the Evaluation Office maintains an oversight of the final evaluation reports.

35. Finally, the thematic evaluation report will be subject to assessment by an independent evaluation quality assessment provider using an evaluation quality assessment grid (see **Annex 7**). The evaluation quality assessment grid will be published along with the evaluation report on the Evaluation Office website.

J. Budget and payment modalities

36. The budget range for the overall cost of the evaluation is USD 400,000 - USD 450,000. The costs of the evaluation include:

- The evaluation as defined in the Terms of Reference, including other expenses as defined in the Terms of Reference associated with the editing, design (final evaluation report and evaluation briefs) and translation (evaluation brief);

- The travel related costs for the participation in the reference group meetings, the stakeholder workshop and the presentation to the executive board as well as all field missions.

37. The vendor will be responsible for the full cost of all travel, including in-country travel for case study country missions (site visits will be determined during the inception phase), accommodation to/from during the full mission period (s) of the consultants, including for national consultants, and security related costs.

38. All travel should be costed for economy class based on the most economical and direct route. Standard daily subsistence allowances should not exceed the UN DSA rates/diem. National consultants residing in the destination city will not be entitled to the payment of travel costs and daily subsistence allowance fees.

39. The maximum cost for travel will be used in the financial evaluation and will be included in the contract. UNFPA reserves the right to request less than the maximum number of visits and/or visits shorter than the indicated number of days, should the project needs change as work progresses. Should this occur, UNFPA will pay only for the actual number of visits and actual duration of visits requested.

40. The payment modalities will be as follows:

- 30% upon acceptance of the draft inception report;
- 10% upon acceptance of the final inception report;
- 5% upon acceptance of the final Jordan country note;
- 5% upon acceptance of the final case study report on the Syria regional response hub;
- 30% upon acceptance of the draft final evaluation report;
- 10% upon acceptance of 4 final country notes (Iraq, Lebanon, Syria, Turkey) and 1 final case study report (on cross-border operations);
- 10% upon acceptance of the final evaluation report (designed and formatted, in English) and evaluation briefs (designed and formatted, in English, French, and Spanish).

Note that no payment will be processed until the corresponding deliverables are formally approved by the evaluation manager.

Annex 1: Humanitarian Action Evaluation Criteria

Criterion	Definition of criterion
Appropriateness	The extent to which humanitarian activities are tailored to local needs, increasing ownership, accountability and cost-effectiveness accordingly. (Replaces the relevance criterion used in development evaluations.)
Effectiveness	The extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs.
Efficiency	The outputs – qualitative and quantitative – achieved as a result of inputs.
Impact	The wider effects of the project – social, economic, technical, and environmental – on individuals, gender- and age-groups, communities and institutions. Impacts can be intended and unintended, positive and negative, macro (sector) and micro (household). (This is not exactly the same thing as ‘Impact’ in the results chain.)
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account. Replaces the sustainability criterion used in development evaluations.
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.
Coherence	The extent to which security, developmental, trade, and military policies as well as humanitarian policies, are consistent and take into account humanitarian and human rights considerations. (More focused on donor policy, but can also be applied to individual agencies on their own policy coherence.)
Coordination	The extent to which the interventions of different actors are harmonised with each other, promote synergy, avoid gaps, duplication, and resource conflicts. (Often folded into effectiveness.)

Source: Adapted from Buchanan-Smith, M., Cosgrave, J. and Warner, A. (2016) Evaluation of Humanitarian Action Guide. ALNAP. Pp.113-114.

Annex 2: Outline of the evaluation matrix

<u>Eval Question 1 : To what extent ...</u>			
<u>Assumptions to be assessed</u>	<u>Indicators</u>	<u>Sources of information</u>	<u>Methods and tools for the data collection</u>
<u>Assumption 1 ...</u>			
<u>Assumption 2</u>			

Annex 3: Outline of the inception report

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

1 Introduction

Should include: objectives of the evaluation; scope of the evaluation; overview of the evaluation process; purpose of the inception report

2 Background and context

Should include: a description of the context (e.g. key social, political, economic, demographic, and institutional factors) as well as the main programmes and interventions constituting the UNFPA response. Information on any relevant reviews, assessments, audits and/or evaluations previously conducted should be mentioned. This section should detail strategies or approaches to programming as well as discuss cross-cutting issues, including particularly issues relating to human rights and gender equality.

3 Intervention logic

Should include: an in-depth analysis of the intervention logic, i.e., assumptions, causality links and risks underlying UNFPA interventions.

4 Methodology

Should include: rationale for methodological choices description of the methods and tools for data collection, analysis, as well as validation techniques. Detailed information on the instruments for data collection and analysis such as: interview protocols per type of informant; protocol for focus groups; structure and lines of enquiries for the case studies; etc. Description of how the data should be cross-checked and limitations of the exercise and strategies to mitigate them.

5 Proposed Evaluation Questions

Should include: a set of evaluation questions with explanatory comments (rationale; coverage of the issues raised in the ToR); detailed approach to answering the evaluation questions (including assumptions to be assessed, indicators, sources of information and associated data collection methods and tools) in the form of an evaluation matrix (cf. annex 2)

6 Next Steps

Should include: a detailed work plan for the next phases/stages of the evaluation, including detailed plans for the field visits, including the list of interventions for in-depth analysis in the field (explanation of the value added for the visits); team composition for the cases studies including distribution of tasks; logistics for the field phase; the contractor's approach to ensure quality assurance of all evaluation deliverables.

8 Annexes

Should include: portfolio of relevant interventions; evaluation matrix; stakeholder map; interview and focus group protocols; detailed structure of the case studies; bibliography; list of persons met; terms of reference

(*) Tables, graphs and diagrams should be numbered and have a title.

Annex 4: Outline of the final report

Number of pages: 50-70 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

Executive Summary: 3-5 pages: objectives, short summary of the methodology and key conclusions and recommendations

1 Introduction

Should include: purpose of the evaluation; mandate and strategy of UNFPA in the response to the Syria crisis

2 Methodology

Should include: overview of the evaluation process; methods and tools used for data collection and analysis; evaluation questions and assumptions to be assessed; limitations to data collection; approach to triangulation and validation

3 Findings

Should include for each response to evaluation question: evaluation criteria covered; summary of the response; detailed response

4 Conclusions

Should include for each conclusion: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion

5 Recommendations

Should include for each recommendation: summary; priority level (very high/high/medium); target (business unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized; accompanied by timing for implementation; useful and operational

Annexes shall be confined to a separate volume

Should include: country notes; case study reports; evaluation matrix; portfolio of interventions; methodological instruments used (survey, focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

(*) *Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

The final version of the evaluation report shall be presented in a way that enables publication (professionally designed and copy edited) without need for any further editing (see section below). Please note that, for the final report, the company should share the files in Adobe Indesign CC software, with text presented in two columns with no hyphenation. Further details on design will be provided by UNFPA Evaluation Office in due course.

Annex 5: Code of conduct and norms for evaluation in the UN system

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous and evaluators must demonstrate personal and professional integrity. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**. The members of the evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject under evaluation, nor should they expect to be in the near future. Evaluators must have no vested interest and should have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. The evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. At times, evaluations uncover **evidence of wrongdoing**. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to, and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the dignity and self-worth of all stakeholders.
5. Evaluators are responsible for the **clear, accurate and fair** written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

A **declaration of absence of conflict of interest must be signed by each member of the team and shall be annexed to the offer**. No team member should have participated in the preparation, programming or implementation of UNFPA interventions on GBV during the period under evaluation

Annex IV: Bibliography & Secondary Data Sources

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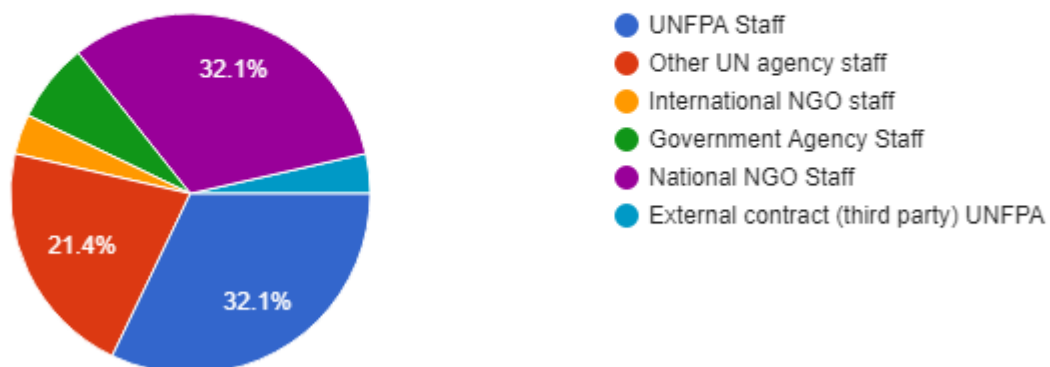
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Annex V: SYRIA Survey Results

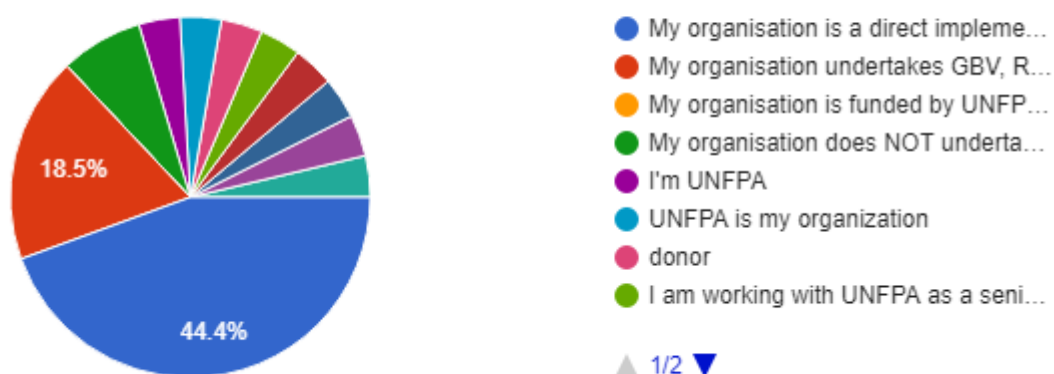
What is your organisational role in the Syria Humanitarian Response?

28 responses



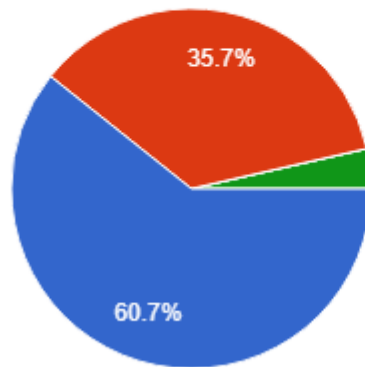
1. How does your organisation's humanitarian work relate to UNFPA?

27 responses



2. How well do you think the UNFPA response addresses stated needs of individuals and communities? (Please indicate on the scale)

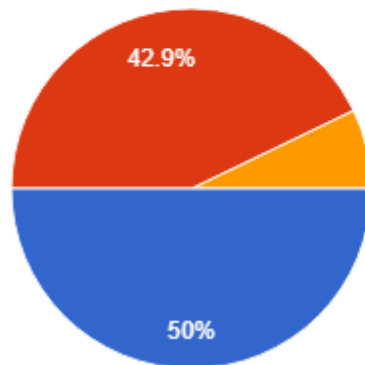
28 responses



- Very well - UNFPA address most or all needs related to its work
- Moderately well - many needs are met, but there are still many remaining
- Not well/not at all - most or all needs related to UNFPA's work are unmet
- I do not know

3. How well has the UNFPA response adapted OVER TIME based on the needs of people?

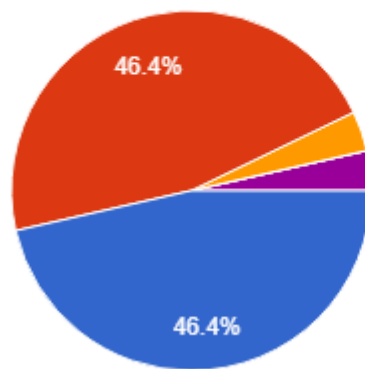
28 responses



- Very well - UNFPA has adapted in response to changing circumstances
- Moderately well - UNFPA has adapted sometimes but not always or not enough
- Not well - UNFPA is slow to adapt
- Not at all - UNFPA has not adapted its approach on the basis of changing needs
- I do not know

4. How well has UNFPA reached those most in need – geographically?

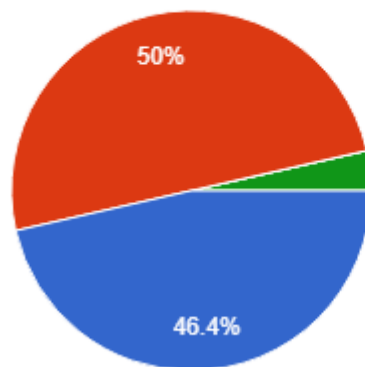
28 responses



- Very well - UNFPA works in geographical areas that are most in need
- Moderately well - UNFPA works in some needy locations but not all or...
- Not well - UNFPA works in few locations of greatest need
- Not at all - UNFPA does not reach areas where the need is greatest
- I do not know

5a. How well has UNFPA reached vulnerable adolescent girls?

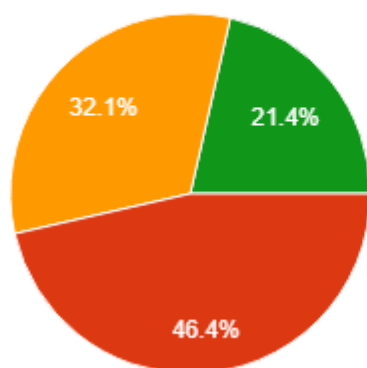
28 responses



- Very well - UNFPA has specifically focused on and reached adolescent girls
- Moderately well - UNFPA has some focus on girls, but not enough
- Not well - UNFPA does not focus specifically on these girls
- I do not know

5b. How well has UNFPA reached vulnerable people with disabilities?

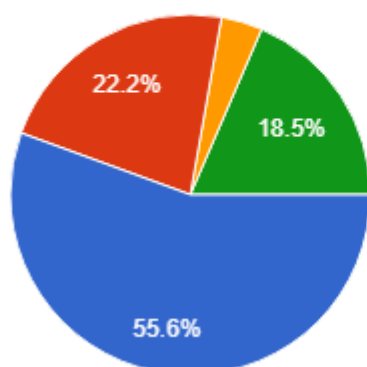
28 responses



- Very well - UNFPA has specifically focused on and reached people with disabilities
- Moderately well - UNFPA has some focus on people with disabilities, but not enough
- Not well - UNFPA does not focus specifically on people with disabilities
- I do not know

6. How well has UNFPA led and supported the Reproductive Health Working Group?

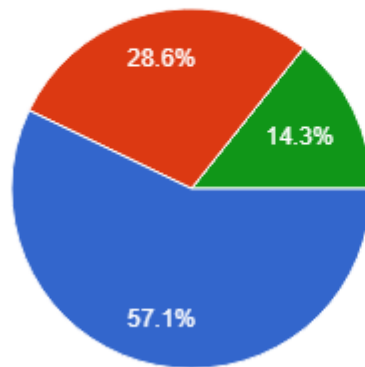
27 responses



- Very well - UNFPA takes the lead and is very active in coordination and support
- Moderately well - UNFPA leads and supports the group, but should do more
- Not well - UNFPA shows little or no leadership or support in this group
- I do not know

7. How well has UNFPA led and supported the GBV Subcluster?

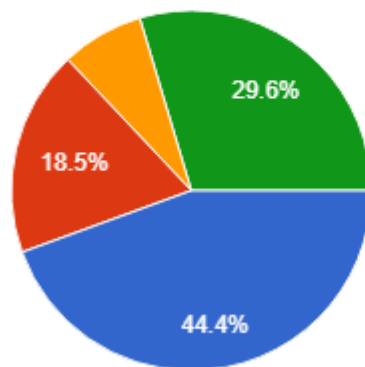
28 responses



- Very well - UNFPA takes the lead and is very active in coordination and support
- Moderately well - UNFPA leads and supports the group, but should do more
- Not well - UNFPA shows little or no leadership or support in this group
- I do not know

8. How well has UNFPA led and supported the Youth Working Group?

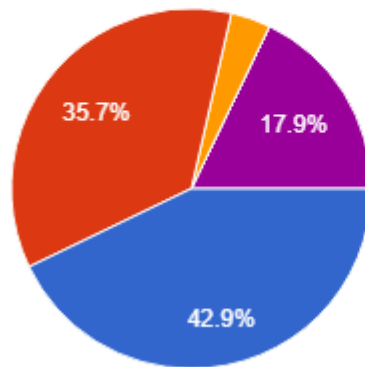
27 responses



- Very well - UNFPA takes the lead and is very active in coordination and support
- Moderately well - UNFPA leads and supports the group, but should do more
- Not well - UNFPA shows little or no leadership or support in this group
- I do not know

9a. How well does the UNFPA response align with national Government priorities?

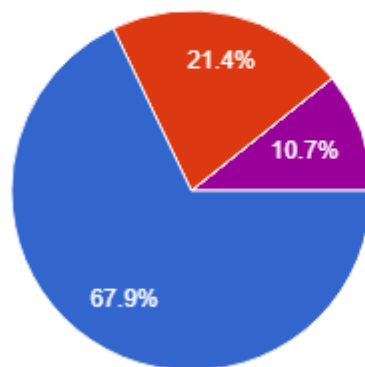
28 responses



- Very well - all activities are in line with Government priorities
- Moderately well - most, but not all, activities are in line with Government priorities
- Not very well - some are in line with Government priorities, but most are...
- Not at all - none of UNFPA's activities are in line with Government priorities
- I do not know

9b. How well does the UNFPA response align with wider UNFPA priorities?

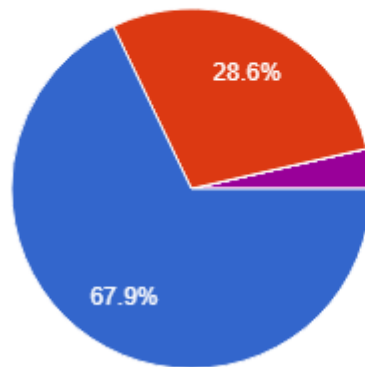
28 responses



- Very well - all activities are in line with UNFPA's mandate and strategic priorities
- Moderately well - most, but not all, activities are in line with UNFPA's m...
- Not very well - some are in line with UNFPA's mandate and strategic pri...
- Not at all - none of UNFPA's activities are in line with UNFPA's mandate a...
- I do not know

9c. How well does the UNFPA response align with the humanitarian system and other UN agencies?

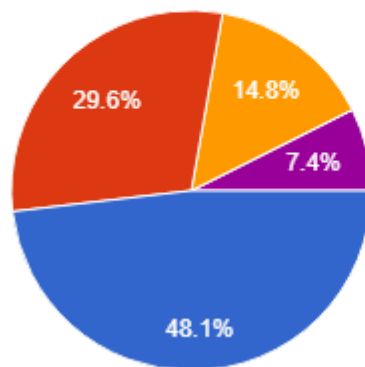
28 responses



- Very well - all activities are in line with the humanitarian system and other UN agencies
- Moderately well - most, but not all, activities are in line with the humanitarian system and other UN agencies
- Not very well - some are in line with the humanitarian system and other UN agencies
- Not at all - none of UNFPA's activities are in line with the humanitarian system and other UN agencies
- I do not know

10. How well does the UNFPA response promote resilience, sustainability, and working towards the humanitarian-development continuum?

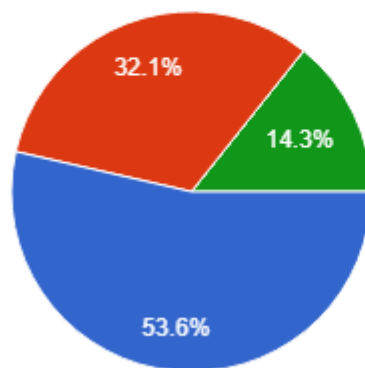
27 responses



- Very well - UNFPA's work always seeks to build resilience and long-term sustainability
- Somewhat - long-term sustainability and resilience are taken into account
- Not well - long-term sustainability and resilience are only occasionally taken into account
- Not at all - UNFPA's work is not sustainable nor building long-term resilience
- I do not know

11. Has UNFPA's distribution of commodities (Dignity kits, Reproductive Health kits) been a good use of resources?

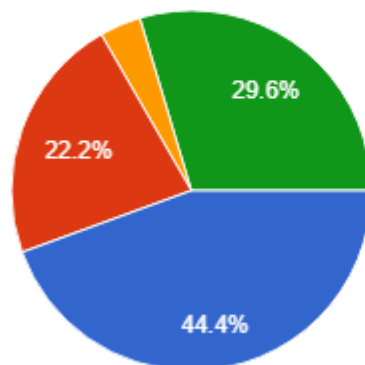
28 responses



- Definitely - commodity distributions supported by UNFPA reached those in significant need
- Somewhat - distributions reach some in need, but not enough
- Not at all - commodity distributions did not reach those who needed them or were not needed
- I do not know

12. Has multi-year funding affected UNFPA's humanitarian response?

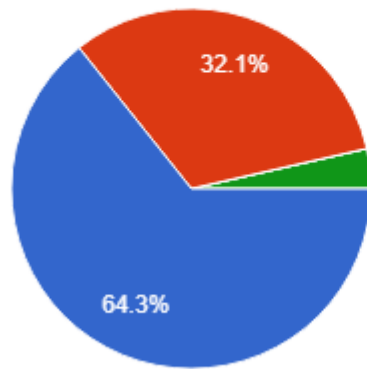
27 responses



- Multi-year funding has significantly improved UNFPA's response
- Multi-year funding has had moderate positive impacts on UNFPA's response
- Multi-year funding has had little or no impact on UNFPA's programming
- I do not know

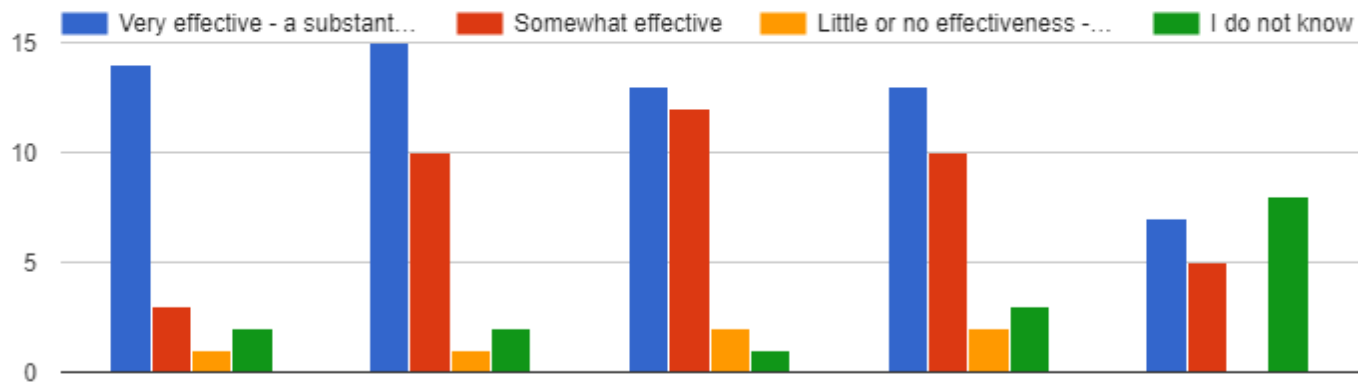
13. Has UNFPA used partnerships strategically?

28 responses



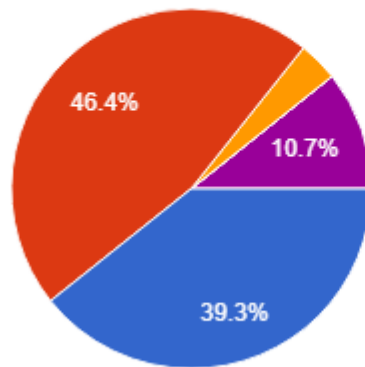
- Definitely - UNFPA's partnership choices have been strategic and added significant value to its response
- Somewhat - UNFPA's partnerships have added some value to its response
- Not really - UNFPA's partnerships have not been strategic nor added value to its response
- I do not know

14. How effectively has UNFPA provided quality services inside the Syrian Arab Republic?



15a. Has UNFPA increased the capacity of Syrian service providers?

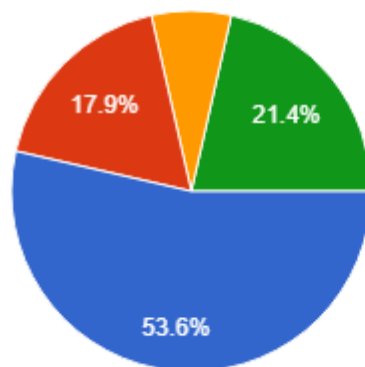
28 responses



- Capacity has STRONGLY increased due to UNFPA's contributions
- Capacity has increased MODERATELY due to UNFPA's contributions
- Capacity improvements due to UNFPA's contributions are SMALL
- UNFPA's contributions have NOT led to any improved capacity
- I do not know

15b. Has UNFPA used robust data to inform programming?

28 responses



- Yes - UNFPA's data collection and analysis has driven programming decisions
- Somewhat - data collection/analysis drives some but not all programming decisions
- Limited/Not at all - UNFPA rarely or never collects or uses data to drive programming decisions
- I do not know

Annex VI: Key Informants Interviewed

Type	Name	Title	Agency	Office	Country	Gender
Donor	Aly Khan Rajani	Head of Development Section	GAC Canadian Embassy	Beirut	Lebanon	M
Donor	Andrew Pearlman	Southern Syria Humanitarian Advisor	DFID		Jordan	M
Donor	Ane Thea Djuve Galaasen	First Secretary, Royal Norwegian Embassy	Gvt Norway		Jordan	F
Donor	Cedric Perus	Technical Assistant	ECHO	Gaziantep	Turkey	M
Donor	Christian Kirchen	Humanitarian Affairs and Economic Development	German Embassy	Beirut	Lebanon	F
Donor	Hanan Hani Shasha'a	Program Officer, Royal Norwegian Embassy	Gvt Norway		Jordan	F
Donor	Hiroshi Seto	First Secretary, Embassy of Japan	Gvt Japan		Jordan	M
Donor	Kim Jinu	Researcher, Embassy of Korea	Gvt Korea		Jordan	F
Donor	Matthew Totilo	Refugee and IDP Affairs coordinator	BPRM	Erbil	Iraq	M
Donor	Raymond Tarabay	Humanitarian Affairs and Economic Development	German Embassy	Beirut	Lebanon	M
Donor	Reza Kasrai	Technical Assistant	ECHO	Ankara	Turkey	M
Donor	Sabrina Aubert	Premiere Secretary	French Embassy	Beirut	Lebanon	F
Donor	Takumi Suemitsu	Second Secretary	Embassy of Japan		Turkey	M
Donor	Tiare Eastmond	DART Syria Program Coordinator	OFDA		Jordan	F
Donor	Yi Giljae	Consul, First Secretary, Embassy of Korea	Gvt Korea		Jordan	M
Donor	Youssef Boutros	Refugee Program Specialist	US Embassy	Beirut	Lebanon	M
Donor	Francois Landiech	Humanitarian Affairs Officer	SIDA	Beirut	Lebanon	M
Donor	Julien Buha Collette	Technical Assistant	ECHO	Beirut	Lebanon	M
Donor	Lara Babbie	First Secretary	Canada	Beirut	Lebanon	F
Government	Bahia Sleiman	Director of the National Program For Reproductive Health	Ministry of Social Affairs	Beirut	Lebanon	F
Government	Chantal Bou Akl	Project Coordinator	NCLW	Beirut	Lebanon	F
Government	Dr Kanuní Kelkík	Head of Department of Migration Health	Ministry of Health	Ankara Office	Turkey	M
Government	Dr Malak Al Ouri	Director of Mother and Child Health	MoH		Jordan	F
Government	Dr Nezar Ismet Teyip	Head of Department	Directorate of Health	Dahuk	Iraq	M
Government	Dr Roshgar	Focal Point	Directorate of Health	Sulaymaniyah	iraq	F
Government	Dr. Reem Dahman	Head of RH Department	MoH	Damascus	Syria	F
Government	Íbrahim Toros	Section Chief	Directorate General for Family and Community Services, Ministry of Family and Social Policies	Ankara	Turkey	M
Government	Mahmound ALKawsa	International Cooperations Manager	MOSA	Damascus	Syria	M
Government	Mr. Ammar Ghazali	Director of Developmental Media Dep	Ministry of Information	Damascus	Syria	M
Government	Nour Hamouri	Director of Technical Cooperation	Central Bureau of Statistics	Damascus	Syria	F
Government	Rita Chemaly	Projects Manager	NCLW	Beirut	Lebanon	F
Government	Waddah Rakkad	Director of Policies	Syrian Commission for Family Affairs and Population	Damascus	Syria	M

Government	Wafa Kanaan	Primary Health Centre, Chief Central Coordinator	Ministry of Public Health	Beirut	Lebanon	F
Government	Yahia Joumaa	Director of Planning and International Cooperation	Central Bureau of Statistics	Damascus	Syria	M
NGO	Abdulwahab Al Ali	Senior GBV Sub-Cluster Support Officer	IHSAN Relief & Development	Gaziantep	Turkey	M
NGO	Ahmad Y Bawaeh	Ahmad Y Bawaeh, Director of Programmes	IMC		Jordan	M
NGO	Ahmed Nimreh	Project Manager	QS		Jordan	M
NGO	Aisha Kinç	Health Mediator	Huksam / Hacettepe University Research and Implementation Center on Women's Issues	Alemdağ WGSS, Ankara	Turkey	F
NGO	Alaa mahdi	Project coordinator	Al Tamayoz	Damascus	Syria	F
NGO	Alamir Ali Alawwad	Grants Officer	Syrian Expatriate Medical Association (SEMA)	Gaziantep	Turkey	M
NGO	Ali Metleq AlKousheh	Director Of Studies and Po	HPC		Jordan	M
NGO	Amani Al Ammar	Midwife	Amel	Bekaa	Lebanon	F
NGO	Amani Kanjo	FP and GBV Project Manager	Syrian Relief and Development (SRD)	Gaziantep	Turkey	M
NGO	Angela Mutunga	GBV PROGRAMME MANAGER	IMC	Erbil	Iraq	F
NGO	Antria Spyridou	MHPSS Coordinator	IMC	Damascus	Syria	F
NGO	Awad Al Haro	Head of Board	Al Ihsan Charitable Association	Qamishly /Hassakeh	Syria	M
NGO	Ayaat Kholani	GBV Specialist	IHSAN Relief & Development	Gaziantep	Turkey	F
NGO	Ayten Yaket	Coordinator	Kamer	Diyarbakir	Turkey	F
NGO	Basel Khudir	Senior Health Officer	Shafak	Gaziantep	Turkey	M
NGO	Bjorn Betzler	Area Manager, Bekaa Valley&South Lebanon	DRC	South	Lebanon	M
NGO	Bryn Boyce	Deputy Director of Programs	IRC		Jordan	M
NGO	Cecilia Chami	Program's Director	LFPADDE	South	Lebanon	F
NGO	Chiman Salih	Head of Relations	JCCC	Suly	Iraq	f
NGO	Claire Pillier	Intern	Amel	Bekaa	Lebanon	F
NGO	Dalia Al Sharif,	Project Manager	IFH		Jordan	F
NGO	Diana Taher	Project Manager	Al Masalah	Erbil	iraq	F
NGO	Dima Bou Daher	Project Coordinator	Makassed	Beirut	Lebanon	F
NGO	Domenica Costa	Protection Programme Manager	Care International	Gaziantep	Turkey	F
NGO	Dr Hani Alaswi	Reproductive Health Program Manager	Physicians Across Continents (PAC)	Gaziantep	Turkey	M
NGO	Dr Lina Darras	PSS Unit Manager	IFH		Jordan	F
NGO	Dr. Hassan Khansa	Medical Services Advisor	AKF	Hama	Syria	M
NGO	Dr. Ibrahim Aqel	Director	IFH		Jordan	M
NGO	Dr. Lama Moakeaa	Coordinator	Syrian Family Planning Association	Damascus	Syria	F
NGO	Duaia Al_Sarhany	Case Manager	IFH		Jordan	F

NGO	Ece Beyazit	Project Coordinator WGSS	Association for Solidarity with Aslym Seekers and Migrants (ASAM)	Ankara Office	Turkey	F
NGO	Elizabeth Hughess	GBV Programme Manager	IRC	Erbil	iraq	f
NGO	Eng. Mamoun Muty	Head of Board	Al Bir Association Hama	Hama City	Syria	M
NGO	Fadi Jresh	Director-General/Senior Programs Manager	Greek Orthodox Patriarchate	Damascus	Syria	M
NGO	Fadia Addeh	Head of Organization	Pan Arminian Charitable Association(PACA)	Qamishly /Hama	Syria	F
NGO	Fadwa Murad	Director	Syrian Computer Society	Damascus	Syria	F
NGO	Farrah Zughni	Program Manager	RI		Jordan	F
NGO	Feras Fares	Programme Manager	Syrian Expatriate Medical Association (SEMA)	Gaziantep	Turkey	M
NGO	Florence Adiyio	Co-coordinator GBV Subcluser	IMC	Erbil	iraq	f
NGO	Florence Mahiya	GBV Specialist	Harikar	Dahuk	Iraq	F
NGO	Fulvia Boniardi	GBV Sub-Cluster Co-Lead	Global Communities	Gaziantep	Turkey	F
NGO	George Qitini	Director	Syrian Enterprise Business Centre	Damascus	Syria	M
NGO	Georgie Wink	Project Officer	QS		Jordan	F
NGO	Ghader Qara Bolad	Project Coordinator	Islamic Charity Association – Aoun for Relief and Developments	Homs	Syria	M
NGO	Ghaleb Azzeh	Researcher	HPC		Jordan	M
NGO	Giacomo Lapo Baldini	Project Manager	Un Ponte Per (UPP)	Syria (Iraq cross-border programme)	Iraq	M
NGO	Gizem Demirci Alkadah	Marmara Regional Coordinator at ASAM (IP)	Association for Solidarity with Aslym Seekers and Migrants (ASAM)	Istanbul Office	Turkey	F
NGO	Hiba Hamza	Program Coordinator	NABAA	South	Lebanon	F
NGO	Hiba Kassir	Livelihood Coordinator	Amel	Bekaa	Lebanon	F
NGO	Hiba Kchour	Project Coordinator (HQ)	Amel	Bekaa	Lebanon	F
NGO	Hussain Assaf	Sexual Reproductive Health Adviser	Care International	Gaziantep	Turkey	F
NGO	Hussein Alkash	Project Manager	Al Bir and Al-Ihsan Charitable Association in Ras Alain (BICA)	AlHasakeh	Syria	M
NGO	Íbrahim Vurgun Kalak	General Coordinator	Association for Solidarity with Aslym Seekers and Migrants (ASAM)	Ankara Office	Turkey	M
NGO	Iman Khalil	Health Coordinator	IMC	Beirut	Lebanon	F
NGO	Israa Ammar	Social Worker	Amel	Bekaa	Lebanon	F
NGO	Israi Shakboua	SGBV Officer	IFH		Jordan	F
NGO	Jad Youssef Hussein Chouman	Programe Manager	Nabad	Bekaa	Lebanon	M
NGO	Jerrard Langlois	Manging Director	SREO	SREO	Turkey	M
NGO	Jouma Azzi	Project Manager	Al Bir and Al-Ihsan Charitable	AlHasakeh	Syria	F

			Association in Ras Alain (BICA)			
NGO	Juahina Marsri	Health Mediator	Huksam / Hacettepe University Research and Implementation Center on Women's Issues	Alemdağ WGSS, Ankara	Turkey	F
NGO	Kerem Renda	Istanbul WGSS Centers' Supervisor at ASAM (IP)	Association for Solidarity with Aslym Seekers and Migrants (ASAM)	Istanbul Office	Turkey	M
NGO	Kinda Alourahi	Senior Protection Coordinator	Shafak	Gaziantep	Turkey	F
NGO	Lana Kala, Shaheen Qaher	Programme Coordinator, Outreach Worker	Al Masalah	Erbil	Iraq	2F
NGO	Leila Zghoul	Technical Adviser for RH and GBV	Un Ponte Per (UPP)	Syria (Iraq cross-border programme)	Iraq	F
NGO	Lemi Karoca	Youth Centre Coordinator, Ankara	Community Volunteers Foundation (CVF)	Ankara Centre	Turkey	M
NGO	Lora Makhlof	Intern	Amel	Bekaa	Lebanon	F
NGO	Lt Aram Aroshi	Head of Office	DCVAW	Duhok	iraq	M
NGO	Majd Sawan	Senior Program Officer	IHSAN Relief & Development	Gaziantep	Turkey	F
NGO	Manal Al-Fataftah	WPE Manager, Azraq	IRC		Jordan	F
NGO	Manal Kassem	GBV Coordinator	IMC	Beirut	Lebanon	F
NGO	Marmar Sharmi	Reporting and Programme Officer	IRD		Jordan	F
NGO	Mays'a Faraj	Project Manager	JWU		Jordan	F
NGO	Melanie Megevand	Regional WPE Technical Advisor	IRC		Jordan	F
NGO	Moaz Akad	Senior Protection Officer	Shafak	Gaziantep	Turkey	M
NGO	Mohammad Qataweh	Pyschologist	IFH		Jordan	M
NGO	Mohammed Osama Al-jaber	Chairman	Masyaf Charitable Association (MSF)	Mesyaf	Syria	M
NGO	Mr Payma	Camp Manager, Barika	JCCC	Suly	Iraq	M
NGO	Mr. Ibrahim Al Kahlidi	Head of Board	Al Bir Association Qamishly	Qamishly /Hassakeh	Syria	M
NGO	Muhammed Bahri Telli	Project Coordinator	Community Volunteers Foundation (CVF)		Turkey	M
NGO	Muna El Jabi	Project Supervisor	Makassed	Beirut	Lebanon	F
NGO	Najla Makar	Data Entry (part time)	CDO	Barika	Iraq	f
NGO	Nada Hanna	GBV Programme Manager	HAI	North	Lebanon	F
NGO	Nadia Shamroukh	General Manager	JWU		Jordan	F
NGO	Nahla Muhammad	Health Mediator	Huksam / Hacettepe University Research and Implementation Center on Women's Issues	Alemdağ WGSS, Ankara	Turkey	F
NGO	Nasreen Muhmmmed	Social Worker	Al Masalah	Basirma Camp	iraq	f
NGO	Nawal Al-Najjar	Health Specialist	IRD		Jordan	F
NGO	Nawal Mdallaly	Director	Sawa Association for Development	Bekaa	Lebanon	F

NGO	Nebahat Akkoc	General Director	Kamer	Diyarbakir	Turkey	F
NGO	Neshwa Salaa	Project Manager	CDO	Barika	iraq	f
NGO	Nidal Abdulrezzak	GBV Specialist	Syrian Expatriate Medical Association (SEMA)	Gaziantep	Turkey	F
NGO	Olca Sahan	Project Assistant	Huksam / Hacettepe University Research and Implementation Center on Women's Issues	Alemdağ WGSS, Ankara	Turkey	F
NGO	Olivia Spilli	Programme Director	Intersos	Bekaa	Lebanon	F
NGO	Professor Dr Ü Şevkat Bahar Özvarış	Director	Huksam / Hacettepe University Research and Implementation Center on Women's Issues	Alemdağ WGSS, Ankara	Turkey	F
NGO	Raghida Younes	Head of Centers	Amel	Bekaa	Lebanon	F
NGO	Rana Asalis Ahmed; Nezha Ali Omer; Rokstan Suliman	Volunteers	Al Masalah	Basirma Camp	iraq	f
NGO	Rania Zattari	Head of Makassed Communal Healthcare Bureau	Makassed	Beirut	Lebanon	F
NGO	Roi Mosally	Executive Director	SSSD	Damascus	Syria	M
NGO	Rudayna Qasem	IFH Project Coordinator, Zattari,	IFH		Jordan	F
NGO	Saad Abou Chahime	Project Coordinator	Intersos	Bekaa	Lebanon	M
NGO	Saeed Khider	Head of Board	Al Yamamah Association	Hassakeh	Syria	M
NGO	Saja Michaem	Founder and Director	Abaad	Beirut	Lebanon	F
NGO	Salah Yaseen Majid	Executive Officer	Harikar	Dahuk	Iraq	M
NGO	Salima Hamoud	Social Worker	Amel	Bekaa	Lebanon	F
NGO	Samer Alfaqeer	Project Manager	SSSD	Damascus	Syria	M
NGO	Sana (case manager), Nisha (social worker), Layla (social worker)	4 Programme Staff, Women's Social Space,	Harikar	Domiz 1	iraq	f
NGO	Sawsan. A	Director of Programmes	HPC		Jordan	F
NGO	Sevian Sürmeli	Psychologist	Huksam / Hacettepe University Research and Implementation Center on Women's Issues	Alemdağ WGSS, Ankara	Turkey	F
NGO	Sheraz Nsour	Pyscholoist	IFH		Jordan	F
NGO	Sinem Aydin	Project Coordinator	Huksam / Hacettepe University Research and Implementation Center on Women's Issues	Alemdağ WGSS, Ankara	Turkey	F
NGO	Susan Kassam	Deputy Head of Board	Nour Foundation for Relief and	Damascus	Syria	F

			Development (NFRD)			
NGO	Suzan Mahmut	Doctor	Huksam / Hacettepe University Research and Implementation Center on Women's Issues	Alemdağ WGSS, Ankara	Turkey	F
NGO	Tareq Akkad	Program Coordinator	IHSAN Relief & Development	Gaziantep	Turkey	M
NGO	Tracey Khoury	GBV Programme Officer	HAI	North	Lebanon	F
NGO	Tugae Uyğun	Social Worker	Huksam / Hacettepe University Research and Implementation Center on Women's Issues	Alemdağ WGSS, Ankara	Turkey	F
NGO	Various	4 Programme Staff, Women's Social Space,	Harikar	Gawilan	Iraq	F
NGO	Various	Idrees, Layla, Dr. Rosheen & Mr. Baravan, Programme staff, BRHA (Board of Relief and Humanities Affairs)	BRHA	Dahuk	Iraq	2F, 2M
NGO	Various	Bahtyar Ahmed Gen Director, Nashwakan PM, Dira Project Coordinator – Tablo Reporting	CDO	Sulaymaniyah	Iraq	2F, 2M
NGO	Various	Kawa (PM), Qasim (Chairman), Mumtaz (Finance)	Zihan	Erbil	Iraq	M
NGO	Various	9 programme staff - youth center - Domiz 1	Harikar	Dahuk	Iraq	4M, 5F
NGO	Waj Al-Samayleh	Project Coordinator	JWU		Jordan	F
NGO	Waseem Aldeek	Coordinator	JHAS		Jordan	M
NGO	Wassim Mando	Project FP	Aoun	Homs	Syria	M
NGO	Yara Rostum	Project Manager	Al- Batoul	Tartus	Syria	F
NGO	Yonca Sağaltıcı	Pyschologist	Community Volunteers Foundation (CVF)	Ankara Centre	Turkey	F
NGO	Zeinab Al Qaudi	Project Coordinator	SAMS		Jordan	F
NGO	Zoran Suto	Research Program Manager	SREO	SREO	Turkey	M
NGO	Zoya Rouhana	Director	KAFA	Beirut	Lebanon	F
Other	Dr. Jinan Usta	UNFPA SRH and GBV Consultant	Independent	Beirut	Lebanon	F
Other	Myriam Sfeir	Associate Director	IWSAW	Beirut	Lebanon	F
Other UN agency	Adam Eltayeb Musa Khalifa	UNHCR Health Coordinator	UNHCR		Jordan	M
Other UN agency	Akiko Suzaki	Deputy Country Director	UNDP	Damascus	Syria	F
Other UN agency	Alessandra Dentice	Deputy Representative	UNICEF	Damascus	Syria	F
Other UN agency	Alissar Rady	National Professional Officer, Head technical team	WHO	Beirut	Lebanon	F
Other UN agency	Amal Obeid	Adolescent and Youth Programme Specialist, Youth Programme	UNICEF	Beirut	Lebanon	F
Other UN agency	Anne France White	Humanitarian Affairs Officer	OCHA	Beirut	Lebanon	F
Other UN agency	Annette Hearn	ICCG Coordinator	OCHA	Gaziantep	Turkey	F

Other UN agency	Azret Kalmycov	Health Sector Coordinator	WHO	Damascus	Syria	M
Other UN agency	Ben Farrell	Senior External Relations Officer	UNHCR		Jordan	M
Other UN agency	Carol Sparks	Intersector Coordinator	UNHCR	Beirut	Lebanon	F
Other UN agency	Celine Moyroud	Country Director	UNDP	Beirut	Lebanon	F
Other UN agency	Chamith Fernando	Deputy Representative	UN Habitat	Damascus	Syria	M
Other UN agency	Christina Bethke	Health Sector Working Group Coordinator	WHO		Jordan	F
Other UN agency	Douglas Disalvo	Senior Protection Officer	UNHCR		Jordan	M
Other UN agency	Dr Serap Şener	Public Health Officer	WHO	Ankara Office	Turkey	F
Other UN agency	Dr. Gabriel Riedner	Representative	WHO	Beirut	Lebanon	F
Other UN agency	Dr. Iman Bahnasi	Child Survival & Development	UNICEF	Damascus	Syria	F
Other UN agency	Dr. Rewa Dahamn	Health Officer	UNHCR	Damascus	Syria	F
Other UN agency	Dr. Wail	Health Cluster Coordinator	WHO	Erbil	iraq	m
Other UN agency	Elif Selen Ay	Head of Office	UNHCR	Istanbul Regional Office	Turkey	F
Other UN agency	Elisabetta Brumat	Protection Sector Coordinator	UNHCR	Damascus	Syria	F
Other UN agency	Emese Kantor	Protection Officer, SGBV	UNHCR	Erbil	Iraq	F
Other UN agency	Emilie Page	Protection Officer	UNHCR		Jordan	F
Other UN agency	Gaëlle Kibranian	Governance Programme Officer	UNDP	Beirut	Lebanon	F
Other UN agency	Gwyn Lewis	Deputy Director Programmes	UNRWA	Beirut	Lebanon	F
Other UN agency	Hagop Kouyoumijian	Coordination Officer	RCO	Beirut	Lebanon	M
Other UN agency	Hala Abou Farhat	Interagency Health Coordinator	UNHCR	Beirut	Lebanon	F
Other UN agency	Holly Berman	Senior Regional Protection Officer	UNHCR		Jordan	F
Other UN agency	Ivana Chapcakova	GBV Specialist	UNICEF	Erbil	iraq	f
Other UN agency	Jason Pronyk	Development Coordinator	UNDP		Jordan	M
Other UN agency	Jihane Latrous	Child Protection and GBV Specialist	UNICEF	Beirut	Lebanon	F
Other UN agency	Katarzyna Kot Majewska	Protection Cluster Lead at KRI level	UNHCR	Erbil	Iraq	f
Other UN agency	Kehkashan Beenish Khan	Child Protection sub-sector Coordinator	UNICEF	Damascus	Syria	F
Other UN agency	Kristele Younes	Head of Office	UNOCHA	Damascus	Syria	F
Other UN agency	Iayla Hransnica	Senior Operations Manager	UNHCR	Erbil	Iraq	F
Other UN agency	Lorenza Trulli	GBV Inter Sector coordinator	UNHCR	Beirut	Lebanon	F
Other UN agency	Margunn Indrebo	Inter-agency Coordinator	UNDP	Beirut	Lebanon	F
Other UN agency	Matteo Dembech	Report Officer, Refugee Health Programme	WHO	Ankara Office	Turkey	M
Other UN agency	Mohammed Khan	Protection Cluster Lead at National level	UNHCR	Erbil	Iraq	M

Other UN agency	Mona Shaikh	Head of Nutrition	WFP	Damascus	Syria	F
Other UN agency	Nizar Al Muhyedin	Asst Programme Officer	UNHCR	erbil	Iraq	M
Other UN agency	Ola Jundi	Programme Associate	UN Women		Jordan	F
Other UN agency	Philippe Lazzarini	Representative	UNRC&UNDP	Beirut	Lebanon	M
Other UN agency	Pinar Oktem	Child Protection Officer	UNICEF	Ankara	Turkey	F
Other UN agency	Ramesh Rajasingham	Deputy Humanitarian Coordinator - DRHC	OCHA	Gaziantep	Turkey	M
Other UN agency	Rania Hadra	Coordination Advisor & Head of the UN Coordination Support Office in Syria	RCO	Damascus	Syria	F
Other UN agency	Rebaz Lak	Assistant Public Health Officer	UNHCR	Erbil	Iraq	M
Other UN agency	Rita Neeves	Child Protection Specialist	UNICEF	Ankara	Turkey	F
Other UN agency	Robin Ellis	Deputy Representative	UNHCR		Jordan	F
Other UN agency	Sebastian der Kinderen	Senior Interagency Protection Coordinator	UNHCR	Ankara	Turkey	M
Other UN agency	Toni-Anne Vinell Stewart	GBV Coordinator	UNRWA	Beirut	Lebanon	F
Other UN agency	Victoria Shepard	Protection Cluster Coordinator	UNHCR	Gaziantep	Turkey	F
Other UN agency	Violet Seek-Warnery	Dep Rep	UNICEF	Beirut	Lebanon	F
UNFPA	Abeer Shraiteh	Za'atari Camp Coordinator	UNFPA	Jordan Country Office	Jordan	F
UNFPA	Abubaker Dungus	Chief, Media and Communications Branch	UNFPA	NY HQ	USA	M
UNFPA	Adelakin Olugbemiga	M&E Adviser	UNFPA	RO	Egypt	M
UNFPA	Alexia Nisen	GBV Specialist	UNFPA	Beirut	Lebanon	F
UNFPA	Ali Zedan	GBV Programme Analyst	UNFPA	Erbil	Iraq	M
UNFPA	Alisher Ayunov	M&E Specialist	UNFPA	Erbil	Iraq	M
UNFPA	Altuna Sölyemzoğlu	Istanbul Field Associate	UNFPA	Ankara Country Office	Turkey	F
UNFPA	Andres Blasco	Procurement Specialist	UNFPA	Copenhagen	Denmark	M
UNFPA	Asma Kurdanhi	Head of Office	UNFPA	Beirut	Lebanon	F
UNFPA	Azhee Amin	GBV Programme Analyst	UNFPA	Erbil	Iraq	F
UNFPA	Bahaa Mohedat	The Berm Camp Coordinator	UNFPA	Jordan Country Office	Jordan	M
UNFPA	Bakhtiar Safi	Regional Security Adviser	UNFPA	RO	Egypt	M
UNFPA	Beatriz de la Mora	Resource Mobilisation Specialist	UNFPA	NY HQ	USA	F
UNFPA	Behire Ozbek	SRH Expert	UNFPA	Ankara Country Office	Turkey	F
UNFPA	Benoit Kalasa	Head, Technical Division	UNFPA	NY HQ	USA	M
UNFPA	Bora Ozbek	GBV Expert	UNFPA	Ankara Country Office	Turkey	M
UNFPA	Bouthaina Qamar	Youth Programme Analyst	UNFPA	Jordan Country Office	Jordan	F
UNFPA	Christelle Mousallem	Field Coordinator	UNFPA	Beirut	Lebanon	F
UNFPA	Dan Baker	Regional Humanitarian Coordinator	UNFPA	Syria Response Hub	Jordan	M
UNFPA	Dana Dib	GBV IMS Coordinator	UNFPA	Beirut	Lebanon	F
UNFPA	Daniela Andries	Inventory Associate	UNFPA	Copenhagen	Denmark	F

UNFPA	Danielle Engles	Adolescent and Youth Specialist	UNFPA	NY HQ	USA	F
UNFPA	Deif Allah Al Shaikh	Azraq Camp Coordinator	UNFPA	Jordan Country Office	Jordan	M
UNFPA	Dereje Wordofa	UNFPA Deputy Executive Director	UNFPA	Headquarters	New York	M
UNFPA	Dr Hala Youssef	Regional Technical Advisor, Population Data / Policy	UNFPA	RO	Egypt	F
UNFPA	Dr Haydar Al-Tawela	Program Analyst, RH	UNFPA	Erbil	Iraq	M
UNFPA	Dr Isam Taha	Regional Programme Specialist (and Jordan desk officer)	UNFPA	RO	Egypt	M
UNFPA	Dr Omer Habib	Head of Sub-Office/Programme Specialist	UNFPA	Sulaymaniyah	Iraq	M
UNFPA	Dr Victor Ngange	RH Coordinator	UNFPA	Damascus	Syria	M
UNFPA	Dr Yasser Joha	RH Trainer/Consultant	UNFPA	Damascus	Syria	M
UNFPA	Duygu Ariğ	Humanitarian Programme Regional Manager	UNFPA	Ankara Country Office	Turkey	F
UNFPA	Elke Mayrhofer	Regional Humanitarian Adviser	UNFPA	RO	Egypt	F
UNFPA	Emmanuel Roussier	Humanitarian Response Specialist	UNFPA	Istanbul Regional Office	Turkey	M
UNFPA	Enshrah Ahmed	Regional Advisor for Gender, Human Rights and Culture	UNFPA	RO	Egypt	F
UNFPA	Enver Şahin	Ankara and Konya Field Associate	UNFPA	Ankara Country Office	Turkey	M
UNFPA	Ezekiel Kutto	M&E Analyst	UNFPA	Syria Response Hub	Jordan	M
UNFPA	Fabrizia Falcione	GBV Capacity Development Specialist	UNFPA	NY HQ	USA	F
UNFPA	Faeza Abo Al-Jalo	RH Technical Advisor	UNFPA	Jordan Country Office	Jordan	F
UNFPA	Fatma Hacıoğlu	Regional Program Manager	UNFPA	Ankara Country Office	Turkey	F
UNFPA	Francesca Crabu	GBV subnational coordinator	UNFPA	Damascus	Syria	F
UNFPA	Garik Hayrapetyan	International Programme Manager	UNFPA	Damascus	Syria	M
UNFPA	Germaine Haddad	Assistant Representative	UNFPA	CO	Egypt	F
UNFPA	Gertrude Mubiru	Head of Office, GBV specialist	UNFPA	Duhok	iraq	f
UNFPA	Ghada Diab	Programme Assistant - Youth	UNFPA	CO	Egypt	F
UNFPA	Grace Hauranieh	Head of POS Unit	UNFPA	Damascus	Syria	F
UNFPA	Hala Al-Khair	RH officer	UNFPA	Damascus	Syria	F
UNFPA	Henia Dakaak	Technical Adviser, SRHR, HFCB	UNFPA	NY HQ	USA	F
UNFPA	Huda Kaakeh	GBV Programme Analyst	UNFPA	Aleppo	Syria	F
UNFPA	Ibitsam Dababneh	Operations Manager	UNFPA	Jordan Country Office	Jordan	F
UNFPA	Ingo Piegeler	Humanitarian Coordinator Adviser	UNFPA	Geneva	Switzerland	M
UNFPA	Jafar Irshaidat	Communications Specialist	UNFPA	Syria Response Hub	Jordan	M
UNFPA	Jeffrey Bates	Editor and Communications Adviser	UNFPA	NY HQ	USA	M
UNFPA	Jennifer Miquel	Regional GBV Specialist / WoS GBV Coordinator	UNFPA	Syria Response Hub	Jordan	F
UNFPA	Julie Morizet	Resource Mobilisation Specialist	UNFPA	NY HQ	USA	F
UNFPA	Kamol Yakubov	Finance Analyst	UNFPA	Gaziantep	Turkey	M
UNFPA	Kara Agha	Hum Programme analyst - GBV, RH and Youth	UNFPA	Sulaymaniyah	Iraq	F
UNFPA	Karl Kulesa	Country Representative	UNFPA	Ankara Country Office	Turkey	M

UNFPA	Katherine Nichol	Humanitarian Analyst	UNFPA	Istanbul Regional Office	Turkey	F
UNFPA	Kemal Ördök	Programme Associate	UNFPA	Ankara Country Office	Turkey	M
UNFPA	Khaldoun Al Assad	Head of Aleppo sub-office	UNFPA	Aleppo	Syria	M
UNFPA	Khawla Akel	Head of Office/GBV Specialist	UNFPA	Homs	Syria	F
UNFPA	Laila Baker	Country Representative	UNFPA	Jordan Country Office	Jordan	F
UNFPA	Layali Abu Sir	Pop and Development Analyst JCO	UNFPA	Jordan Country Office	Jordan	F
UNFPA	Leila Baker	Representative	UNFPA	Jordan Country Office	Jordan	F
UNFPA	Lena Islam	Emergency Youth Officer	UNFPA	Jordan Country Office	Jordan	F
UNFPA	Lena Islam	Emergency Youth Officer	UNFPA	Jordan Country Office	Jordan	F
UNFPA	Letizia Motenclavo	REsource Mobilisation Specialist	UNFPA	NY HQ	USA	F
UNFPA	Lionel Laforgue	GBV Coordinator	UNFPA	Erbil	Iraq	M
UNFPA	Loai Khamis	Programme Consultant	UNFPA	Gaziantep	Turkey	M
UNFPA	Luay Shabaneh	Regional Director	UNFPA	RO	Egypt	M
UNFPA	Luis Mora	Chief, Gender, Human Rights, and Culture Branch	UNFPA	NY HQ	USA	M
UNFPA	Manar Sarsam	Admin and Finance Associate	UNFPA	Beirut	Lebanon	F
UNFPA	Maria Margherita Maglietti	GBV Specialist	UNFPA	Gaziantep	Turkey	F
UNFPA	Marta Perez del Pulgar	Deputy Representative	UNFPA	Damascus	Syria	F
UNFPA	Massimo Diana	Representative	UNFPA	Damascus	Syria	M
UNFPA	Mateen Shaheen	Former Syria Deputy Rep	UNFPA	Damascus	Syria	M
UNFPA	Mohamed Afifi	Programme Specialist, RH	UNFPA	RO	Egypt	M
UNFPA	Mohammed Kirkuklizada	Youth Analyst	UNFPA	Erbil	iraq	M
UNFPA	Mohammed Walid	RH/HIV Program Specialist	UNFPA	Beirut	Lebanon	M
UNFPA	Mohammed Zaza	M&E Analyst	UNFPA	Damascus	Syria	M
UNFPA	Mona Moustafa	Programme Specialist (and Syria desk officer)	UNFPA	RO	Egypt	F
UNFPA	Murad Ahmad	Finance Officer	UNFPA	Erbil	Iraq	M
UNFPA	Nada Naja	Youth and RH Specialist	UNFPA	Damascus	Syria	F
UNFPA	Nadine Cornier	Humanitarian Adviser, Reproductive Health, Head of Gaziantep Office	UNFPA	Gaziantep	Turkey	F
UNFPA	Nestor Owomuhangi	Deputy Representative	UNFPA	Erbil	Iraq	M
UNFPA	Nicia El Dannawi	UNFPA GBVSC Coordinator	UNFPA	Erbil	Iraq	F
UNFPA	Noushig Etyemezian	GBV Coordinator	UNFPA	Beirut	Lebanon	F
UNFPA	Omar Ballan	Assistant Rep	UNFPA	Damascus	Syria	M
UNFPA	Omar Gharzeddine	Media Specialist	UNFPA	NY HQ	USA	M
UNFPA	Paul Zubeil	Senior Policy and Strategic Partnerships Adviser	UNFPA	Brussels	Belgium	M
UNFPA	Pernille Fenger	Chief, Nordic Office	UNFPA	Copenhagen	Denmark	F
UNFPA	Pilar Gonzalez Rams	Protection Officer	UNFPA	Damascus	Syria	F
UNFPA	Rachel Moynihan	Advocacy and Communications Specialist	UNFPA	Washington D.C	USA	F
UNFPA	Radu Adrian Tirlea	Procurement Analyst	UNFPA	Damascus	Syria	M

UNFPA	Ramiz Alakbarov	Director of Programme Division	UNFPA	NY HQ	USA	M
UNFPA	Raya Alchukr	SRH in Emergencies Specialist	UNFPA	NY HQ	USA	F
UNFPA	Rebecca Sontag	M&E and IM Specialist	UNFPA	Syria Response Hub	Jordan	F
UNFPA	Richard Kollodge	Communications Specialist	UNFPA	NY HQ	USA	M
UNFPA	Sadia Saaed	RMB & Reporting Specialist	UNFPA	Jordan Country Office	Jordan	F
UNFPA	Salwa Musa	Communications Specialist	UNFPA	Erbil	iraq	F
UNFPA	Sameer Midi, Seepal Afwan	Programme Analysts	UNFPA	Dahuk	Iraq	1F, 1M
UNFPA	Sara Maliki	GBV subsector IM	UNFPA	Damascus	Syria	F
UNFPA	Sarah Craven	Chief Washington Office	UNFPA	Washington D.C	USA	F
UNFPA	Selen Örs	Humanitarian Coordinator	UNFPA	Ankara Country Office	Turkey	F
UNFPA	Sella Ouma	International Operations Manager	UNFPA	RO	Egypt	F
UNFPA	Shatha Elnakib	Humanitarian Coordinator	UNFPA	CO	Egypt	F
UNFPA	Sherrin SaadAllah	Resource Mobilisation and Partnerships Regional Adviser	UNFPA	RO	Egypt	F
UNFPA	Shible Shabani	Regional Adviser, SRH (previously Jordan CO)	UNFPA	RO	Egypt	M
UNFPA	Steve Petit	Information Management Officer	UNFPA	Gaziantep	Turkey	M
UNFPA	Tamara Alrifai	Regional Communications Adviser	UNFPA	RO	Egypt	F
UNFPA	Ugochi Daniels	Chief, HFCB	UNFPA	NY HQ	USA	F
UNFPA	Valentina Volpe	Programme Specialist, Gender, Human Rights and Culture	UNFPA	RO	Egypt	F
UNFPA	Wesam Naser	Operations Manager	UNFPA	Damascus	Syria	M
UNFPA	Widad Babikir	GBV Specialist	UNFPA	Damascus	Syria	F
UNFPA	Yamameh Esmail	M&E Analyst	UNFPA	Damascus	Syria	F
UNFPA	Yara Deir	GBV Programme Analyst	UNFPA	Jordan Country Office	Jordan	F

Annex VII: Table of predicted and actual limitations

The below table shows initial risks/limitations as anticipated at the beginning of the evaluation (and suggested mitigation strategies) compared to actual limitations and actual mitigation strategies.

Original Risk / Limitation	Likelihood	Mitigation Strategy	Actual Limitation	Actual Mitigation Strategy
Incompleteness of reconstructed theory of change	Medium	Preparation of ToC with due reference to extant UNFPA strategic plans, and wider humanitarian strategies from the outset. Extensive consultation between evaluation team and members of the ERG to iterate and revise the ToC to ensure best fit.	No limitation.	The ex-ante ToC was reconstructed in collaboration with UNFPA evaluation office, JCO, and Hub colleagues.
Limited records/documentation/ institutional memory (due to staff turnover) for earlier elements of evaluation timeframe (2011-2014)	Medium	Extensive, ongoing and iterative desk review searches throughout evaluation phases 1 and 2 via online/offline databases and from key stakeholders to fully populate the data ecosystem	High: The evaluation team has struggled to access quantitative data documents in particular, even after additional requests have been made.	After analysis of evidence and data collected across all country visits and a recognition that quantitative data was weak: (a) the Evaluation Office granted the evaluation team direct access to Atlas to try and extract usable financial data and (b) a request from the Evaluation Office was sent to Country Offices asking for further assistance in providing access to results data.
Challenging security contexts and limited time for country visits place a limit on the quantity of primary data collected. Further, data with respect to programming is partially reliant upon the reporting of some stakeholders that are not actually directly involved in the field, but	High	The evaluation team will triangulate data from multiple sources (both primary and secondary) to enhance robustness of conclusions, including verification of reported outcomes via site visits. If required, interviews with respondents based in field sites may be held via Skype to mitigate inability to travel.	High in relation to limited access but no limitation in relation to limited time.	The evaluation team were not able to physically access Syria: In terms of government-held areas, all members of the evaluation team were denied visas to travel to Syria and therefore a remote data collection of Syria was conducted. In terms of non-government held areas reached by cross-border operations from Jordan and Turkey, this was due to security concerns and no permission to cross borders. Data was gathered from cross-border partners and other UN agencies in Amman and Gaziantep.

rather sit at a capital-city level.				
Limited time in-country (and scheduling conflicts) may preclude all stakeholders being accessed, particularly government stakeholders	High	Two-person teams will visit each field location to maximize access to available stakeholders, including interviewing stakeholders separately, thus doubling reach. Some stakeholders not available during the field visit may be interviewed via Skype	No limitation.	Field visits were of a suitable duration. Evaluation teams of two conducted visits (after Jordan which was a whole-of-team pilot evaluation) and split up where necessary to cover all available stakeholders. For Syria, extensive data interviews were conducted remotely with a wide range of stakeholders including government.
Flow of information in the interviews and FGDs is inadequate (due to sensitivity of the subject matter or other constraints)	Low	Skilled facilitation by the international team members supported by local expertise and appropriate translation ensures that a good rapport is built up between participants and sensitive issues are appropriately addressed.	No limitation.	Respondents were generally very forthcoming and the evaluation collected an immense database of rich, qualitative evidence and perspectives from a wide range of stakeholders.
Security forces withhold permission to collect data/conduct meetings with stakeholders inside camps	Medium	The evaluation team will work carefully through the UNFPA country office/hub to ensure all permissions are sought and obtained in good time, with all question schedules being shared in advance with the relevant authorities if required. Alternative sites will be held as backups.	No limitation for Jordan, Turkey, Lebanon and Iraq.	Visas were denied for all team members to travel to Syria, necessitating remote data collection for the Syria Country Office (SCO).

Annex VIII: Financial Information

Syria Crisis Funding | 2011 - 2019 by Country/Hub

Updated 03 June 2018 (Source: Amman Regional Response Hub)

Country	Donor	Whole of Syria Hub	Funds Mobilized (USD) 2011	Funds Mobilized (USD) 2012	Funds Mobilized (USD) 2013	Funds Mobilized (USD) 2014	Funds Mobilized (USD) 2015	Funds Mobilized (USD) 2016	Funds Mobilized (USD) 2017	Funds Mobilized (USD) 2018
Egypt	Denmark	N/A							\$75,600	\$350,000
	EC	N/A						\$302,682	\$292,391	\$429,295
	Japan	N/A						\$225,148	\$119,852	
	USA (BPRM)	N/A			\$100,000	\$32,244	\$282,889	\$190,000	\$0	
Egypt Total				\$100,000	\$32,244	\$282,889	\$717,830	\$487,843	\$779,295	
Iraq	Denmark	N/A					\$474,500			\$200,000
	Japan	N/A								\$200,000
	Kuwait	N/A			\$573,924	\$426,076				
	OCHA/CERF	N/A				\$199,999	\$249,985			
	Sweden	N/A						\$228,770	\$1,304,546	\$3,615,002
	USA (BPRM)	N/A			\$500,000	\$723,527	\$700,318	\$1,260,000	\$427,500	
Iraq Total				\$1,073,924	\$1,349,602	\$1,424,803	\$1,488,770	\$1,732,046	\$4,015,002	

Jordan	Austria	N/A							\$523,013	\$523,013
	Canada	N/A				\$234,302	\$213,244	\$1,302,565	\$5,954,747	\$4,466,061
	Denmark	N/A						\$367,405	\$0	
	EC	N/A			\$3,461,979		\$6,302,147	\$4,894,397	\$2,633,187	
	Friends of UNFPA	N/A							\$100,080	
	Japan	N/A					\$0	\$1,262,243	\$976,482	
	Kuwait	N/A			\$1,240,411	\$136,282				
	MBC FZ LLC	N/A					\$199,960	\$9,210	\$0	
	Norway	N/A			\$231,520	\$267,614	\$832,983	\$298,299	\$222,768	\$519,495
	OCHA/CERF	N/A				\$340,704		\$321,873	\$1,305,549	
	Saudi Arabia	N/A					\$0	\$503,405	\$1,160,666	
	Sweden	N/A							\$1,035,490	\$1,199,525
	UNDP	N/A						\$26,304	\$131,521	
	UNFPA Emergency Funds	N/A		\$298,907		\$250,000			\$100,390	
	USA (BPRM)	N/A			\$1,100,000	\$1,535,686	\$4,843,990	\$3,190,377	\$2,365,227	
WHO	N/A				\$110,000					
Jordan Total			\$298,907	\$6,033,909	\$2,874,588	\$12,392,324	\$12,176,078	\$16,509,119	\$6,708,093	

Lebanon	Canada	N/A				\$234,302	\$161,358	\$768,753	\$1,642,689	\$1,232,017
	Denmark	N/A					\$474,500	\$134,259	\$191,341	\$250,000
	France	N/A							\$271,444	\$542,888
	Germany	N/A				\$140,485	\$0	\$71,877	\$495,016	
	Kuwait	N/A			\$500,879	\$499,121				
	MBC FZ LLC	N/A						\$119,573	\$0	
	Misc. small contribution	N/A				\$15,137	\$5,923		\$60,574	\$48,172
	Norway	N/A					\$0	\$201,191	\$989,464	\$16,491
	OCHA/CERF	N/A		\$381,562		\$502,398	\$1,003,740			
	Saudi Arabia	N/A					\$0	\$486,046	\$1,043,309	
	Sweden	N/A							\$989,590	\$1,783,963
	UNDP	N/A						\$31,069	\$124,275	\$93,206
	UNFPA Emergency Funds	N/A		\$286,070	\$175,000					
	UNICEF	N/A					\$143,333	\$156,667	\$0	
USA (BPRM)	N/A			\$900,000	\$1,343,145	\$1,554,441	\$1,330,000	\$1,235,000		
Lebanon Total			\$667,632	\$1,575,879	\$2,734,588	\$3,343,296	\$3,299,435	\$7,042,702	\$3,966,738	

Syria	Australia	Syria CO				\$907,441	\$1,787,310			
	Canada	Amman Hub						\$100,000	\$315,000	\$2,302,957
		Gaziantep Hub						\$200,000	\$716,667	\$2,148,257
		Iraq Hub								\$250,000
		Syria CO				\$468,604	\$439,262	\$2,534,484	\$2,286,326	\$4,313,704
	Denmark	Amman Hub					\$0	\$382,595	\$0	\$700,000
		Gaziantep Hub								\$325,000
		Iraq Hub								\$950,000
		Syria CO					\$499,838	\$680,420	\$0	\$750,000
	European Commission	Gaziantep Hub					\$0	\$1,293,975	\$2,058,626	\$1,314,344
		Iraq Hub							\$1,089,955	\$1,653,973
		Syria CO			\$1,043,025		\$0	\$2,117,165	\$2,660,224	\$3,631,803
	Finland	Amman Hub							\$151,667	\$303,333
		Iraq Hub							\$277,083	\$672,917
		Syria CO							\$480,769	\$1,442,308
	Italy	Syria CO				\$1,324,503				
	Japan	Syria CO							\$1,066,825	\$869,794
	Kuwait	Syria CO			\$460,000	\$40,000				
	Misc. small contribution	Syria CO					\$0	\$3,646	\$0	\$117,740
	Norway	Syria CO						\$523,059	\$1,732,366	
OCHA/CERF	Syria CO	\$248,794	\$981,134		\$1,894,001	\$1,340,573		\$3,524,781	\$1,173,103	
Republic of Korea	Amman Hub								\$500,000	
	Syria CO								\$1,000,000	
Sweden	Syria CO							\$1,124,590	\$4,196,936	

	Switzerland	Syria CO								\$889,893
	UN Women	Syria CO					\$0	\$200,000	\$0	
	UNDP	Syria CO					\$297,196	\$538,547	\$749,974	
	UNFPA Emergency Funds	Amman Hub					\$250,000	\$299,537	\$0	
		Gaziantep Hub					\$318,700	\$291,305	\$0	
		Syria CO	\$250,000	\$507,700					\$301,653	\$329,783
	UNICEF	Syria CO							\$2,565,671	
	United Kingdom	Amman Hub					\$628,039	\$1,793,969	\$663,572	\$2,270,000
		Gaziantep Hub				\$246,000	\$1,706,299	\$3,238,692	\$1,080,080	\$4,150,000
		Syria CO				\$1,100,000	\$2,427,085	\$3,724,232	\$1,684,549	\$4,850,000
	USA (USAID/OFDA)	Amman Hub					\$327,228	\$2,382,956	\$1,047,771	
		Gaziantep Hub					\$233,697	\$1,003,335	\$1,172,260	
		Syria CO		\$400,000			\$7,228,091	\$2,986,707	\$3,034,324	
Syria Total			\$248,794	\$1,231,134	\$2,410,725	\$5,980,549	\$17,483,317	\$24,294,625	\$29,784,734	\$41,105,845

Annex IX: Presentation of Strength of Evidence of Findings

EQ	Finding	Strength: KII Evidence	Strength: Predicted Doc Evidence
EQ1	FINDING 1: Overall UNFPA GBV and SRHR interventions are based on both assessed and stated needs of women and girls, with evidence of systematic mechanisms for collecting feedback. There are no systematic or consistent mechanisms for assessing needs of youth.		
	FINDING 2: There is a lack of documented evidence that UNFPA has consistently based interventions on a comprehensive gender and inclusion analysis.		N/A – Finding references lack of documentation
	FINDING 3: There is no consistency in referencing International Humanitarian Law, International Human Rights Law and International Refugee Law although there is an overall sense of commitment to these principles, with specific exceptions.		N/A – Finding references lack of documentation
EQ2	FINDING 4: The UNFPA response was slow to start within an overall context of underestimating the scale, scope, complexity and duration of the crisis in the early years and from 2014 onwards UNFPA’s response became increasingly strong and coherent.		Referencing financial trends showing low levels of UNFPA financing across countries in 2011 / 2012.
	FINDING 5: UNFPA has many programmatic mechanisms in place to systematically adapt interventions to changing needs but overall operational systems are inadequate within normal UNFPA architecture.		
	FINDING 6: Overall the Syria regional response has effectively leveraged UNFPA’s comparative advantage across both standalone and integrated GBV and SRHR programming.		
	FINDING 7: UNFPA’s inconsistent understanding and application of inclusion of men and boys within GBV responses across different contexts has negatively impacted on leveraging a comparative advantage based on a clear and consistently coherent organizational policy on this issue.		
EQ3	FINDING 8: There is evidence of UNFPA consistently and strategically prioritising hard-to-reach areas and most vulnerable populations and coordinating this across different COs to a certain extent.		

	FINDING 9: UNFPA has an acknowledged limited focus on people with disabilities but have made increasing efforts in recent years to address this, together with other issues of exclusion and marginalization.		
EQ4	FINDING 10: The WoS GBV SC has been effective across all cluster coordination responsibilities but GBV WGs for refugee responses in surrounding countries have been inconsistent across geography and time.		
	FINDING 11: The WoS SRHR coordination function has not been invested in or supported to the same degree as GBV coordination and this represents a missed opportunity for UNFPA.		
	FINDING 12: UNFPA has not assumed leadership of youth and coordination functions in line with their global leadership role within the Compact for Young People in Humanitarian Action.		
EQ5	FINDING 13: There is evidence of UNFPA being highly institutionally engaged with and driving focus for GBV at UNCT, HCT and SSG levels, and to a lesser extent, SRHR.		
	FINDING 14: Overall UNFPA has achieved a high level of coherence with strategy documents both internally and externally: The UNFPA Syria Regional Response programming is aligned with UNFPA’s Strategic Plan and Second-Generation Humanitarian Strategy. Overall the UNFPA response has not only been aligned with interagency strategic plans and national responses, but have helped to shape and drive them. Overall the UNFPA response has been aligned with international normative standards.		
EQ6	FINDING 15: The UNFPA WoS and refugee responses have found windows of opportunity to build resilience where possible.		
	FINDING 16: UNFPA has not consistently developed contingency planning or linking refugee responses with cross-border or SCO responses to aid contingency planning.		N/A – Finding references lack of documentation
	FINDING 17: UNFPA refugee responses are aligned with host Government development priorities through the vehicle of country-level 3RP chapters.		

EQ7	FINDING 18: The Hub has generated high returns despite initial low levels of investment from UNFPA in terms of: mobilising significant multi-year funding; advocacy and representation at WoS SSG level, increasing UNFPA’s credibility as a humanitarian actor; raising the profile of GBV as a life-saving intervention; coordination for the WoS Approach.		
	FINDING 19: The Hub has not been consistently mandated by all relevant stakeholders due to a lack of clarity and agreement on purpose, scope, and lines of responsibility, authority, and communications. However, there is a clear consensus that the Hub was a necessary mechanism for a response to the crisis which normal UNFPA architecture would not have adequately managed.		
	FINDING 20: UNFPA has not adequately reviewed and revised where necessary the responsibilities and authorities of the Hub vis à vis CO’s over time, which has reduced stakeholder support over the years.		
EQ8	FINDING 21: FTPs have been used to a greater or lesser extent across all responding countries but there is still an uncertainty around the proper application and benefits of FTPs.		
	FINDING 22: Surge is highlighted as a major support although there is a question as to how appropriately it is relied upon as a human resource mechanism compared to longer-term more sustainable options. Likewise, the UNFPA response has heavily utilized UNFPA stock commodities such as RH Kits although there is a question as to how appropriately commodities are planned for and procured and used.		Difficult to get confirmed numbers of kits received / distributed from COs or even from Copenhagen
	FINDING 23: UNFPA raised significant Other Resources (OR) for the Syria Regional Response (both multi-country and country-specific) but the rapid change in ratio between OR and core funds / regular resources (RR) negatively impacted on programmes and operations in a number of countries.		
EQ9	FINDING 24: UNFPA COs have strategic and contextualized partnerships across Government, NGO (international and national) and other UN Agencies as best benefits the situation, adapting partnership strategies where necessary.		

	FINDING 25: GBV data management by Hub has been excellent and effectively used for both programming and advocacy, and should be considered as a model blueprint for GBV data management. However, success this has not consistently or comprehensively transferred to country-level refugee responses.		
EQ10	FINDING 26. UNFPA has not effectively used its population dynamics / statistics expertise to provide a comprehensive monitoring of results at outcome level by providing a denominator for the numerator results.	N/A for KII and Documentation: This is main EQ10 finding and underpins the other 2 – without the data as highlighted we cannot evidence the indicators (i.e. % increase in services) as no baselines of results as a numerator over pop profile as denominator exists.	
	FINDING 27: Within Syria, UNFPA has successfully increased provision of GBV and SRHR services, despite severe restrictions in the effectiveness of delivery of services due to political, security, access and partnerships' issues. Prevention activities have been less of a focus for the cross-border work although are an emerging priority for SCO. UNFPA has been successful within the WoS Approach at promoting GBV and SRHR (although predominantly MNH) as lifesaving interventions and the Regional Response Hub and strong country leadership have been instrumental in this.		
	FINDING 28. In surrounding country refugee response, UNFPA has successfully delivered services in coordination with government and NGO partners, supporting existing structures and filling gaps where possible. Prevention activities have been inconsistent across refugee responses. GBV and SRHR being fully promoted as life-saving interventions has also been inconsistent across refugee responses.		

Annex X: Evaluation Matrix

NOTE: This evaluation matrix presents a summary of evidence from primary and secondary sources. The full coded, cleaned and anonymized dataset of interview/focus group discussion/desk review findings from which these summaries are drawn can be accessed via the following link: <https://goo.gl/NRPC13>

RELEVANCE			
EQ1: To what extent have the specific defined outputs and outcomes of the UNFPA Syria crisis response [hereafter referred to as UNFPA response] been based on identified actual needs of Syrians within whole of Syria and within the 3RP countries?			
Assumption 1	Indicators	Sources	Data collection
The UNFPA response has been based on needs of women, girls, and young people identified at community, sub-national, and national level.	<ul style="list-style-type: none"> - Proportion of UNFPA interventions based on clear needs assessments (UNFPA, partners, HNO); - Proportion of UNFPA interventions aligned with stated needs from affected populations. 	<ul style="list-style-type: none"> • Country office programme documentation • Syria regional response hub guidance notes / resources / evaluations • HNO / HRP / 3RP documentation • KII Notes • FGD notes • Field visit notes • Clinic visit notes 	<ul style="list-style-type: none"> Document Review Interviews FGD Field Site Observation
<p>Needs Assessments:</p> <p>Interview respondents across all countries provided information on formal and informal needs assessments conducted by UNFPA at country level and also joint assessment via the Amman hub.</p> <p>In some countries (e.g. Jordan), UNFPA conducts population monitoring as part of its development activities (e.g. contributing to the DHS), and this data can form the basis of assessments of need for humanitarian programming.</p> <p>UNFPA also contributes to assessments of needs under the 3RP process – UNFPA feeds into interagency assessment mechanisms, and the countries develop their own response plans for the 3RP</p> <p>UNFPA has also contributed via the clusters/sub-clusters/sector working groups, proposing of indicators etc.</p> <p>Needs assessments form the basis for strategies with government, UN sister agencies and NGOs to be developed in partnership; Needs are assessed and communicated via annual assessments and the <i>Voices</i> report. Due to the challenging nature of cross-border implementation of programming, UNFPA – both through direct partners and through coordination responsibilities – has invested heavily in assessment of needs, conducted in many locations, and with information systematically analysed and triangulated.</p> <p>Secondary research indicates that UNFPA has been leading and supporting assessments since the start of the crisis to inform programming responses. This includes GBV needs and SRH needs, e.g. assessment of family planning and contraceptive use, quality of emergency obstetric care, assessing and evaluating the SRH vouchers.</p> <p>Some challenges in needs assessment also noted, specifically monitoring in a crisis in order to identify the needs of the population – multiple and changing displacements make needs a constantly shifting target. Further, restricted humanitarian access, fluctuating security along access routes, and the difficulties in getting government travel authorizations to some locations impede needs assessments.</p> <p>Early in the crisis, senior UNFPA management noted a lack of coordination at interagency level around all the data collection. Only recently with vulnerability assessment for Syria was there more coordination.</p> <p>Alignment with population stated needs:</p> <p>Stakeholders across all countries submitted strong evidence of how UNFPA interacts with communities to solicit needs, for example:</p> <ul style="list-style-type: none"> - Peer to Peer network/trainings for men on SRH/GBV – then they set up a small committee to come up with projects on protection in their areas (Lebanon) - Partnerships with universities, governments and national NGOs to collect information directly from communities (all countries) - Use of Health Mediators to reach out to community members/refugees/seasonal migrant workers. identify community leaders and have them play a practical part - build a bridge between health centers and communities (Turkey) - Assessments at community level to feed into the <i>Voices</i> report (Syria) - Safety audits in camps and risk mapping in communities conducted by INGOs (Syria) - GBV assessment in 2016 in camps and non-camps, across Kurdistan (Iraq) 			

- Regional beneficiary satisfaction survey in camps and host communities with refugees. Covering all interventions from all donors. Covering GBV, RH and Youth (Jordan).
- Client feedback forms, KIIs (service providers, medical specialists) - FGDs with beneficiaries broken out by age groups (Jordan)

All country programmes reported use of national partners to solicit direct feedback from communities and refugees to tailor responses.

While the majority of respondents noted positive practices related to this indicator, some issues were noted, as follows:

- While UNFPA seeks to target activities based on assessments and talking to communities, targeting actual needs (vs perceived) is more complicated (Syria).
- Groups of beneficiaries stated that while the type of activities provided are good, and based on solicitation of needs, the depth of activities were sometimes insufficient e.g. in terms of duration (Iraq)
- Some refugee groups – such as those outside camps – are not being reached for solicitation of needs (Iraq)
- Difficulties in accessing communities due to security issues (Syria)
- Feedback from women and girls can be poor from some partners (Syria, Iraq)

Assumption 2	Indicators	Source	Data collection
The UNFPA response is based on coherent and comprehensive gender and inclusion analysis.	- Proportion of needs assessments, proposals, and programme design documents showing clear gender and inclusion analysis.	<ul style="list-style-type: none"> •Country office documentation •Syria regional response hub guidance notes / resources / evaluations •KII Notes 	Document Review Interviews

There was limited primary or secondary information available to support this assumption. Reviews of the suite of UNFPA programme documentation received by the evaluation team identified only a few specific instances of gender analysis taking place, specifically:

- A Turkey country office refugee programme working with LGBTI and sex worker groups that was conceptualised from a needs assessment in 2016 undertaken by Red Umbrella (and funded by UNFPA) among sex workers across nine cities in Turkey
- Safety Audits in refugee camps in Iraq in 2013 and again in 2016 to determine the potential SGBV risks to women and girls
- Iraq external GBV survivors assessment (ongoing as of mid-2018) to assess quality of services, accessibility of services, and overall perceptions of beneficiaries
- Jordan SGBV 2015-2017 Strategy (co-led by UNFPA) references the concept of inclusion – “It is believed that enhancing inclusion of people with specific needs in psychosocial services will increase the opportunities to disclose SGBV incidents and access to specialized services
- Jordan 2017 Youth Task Force Action Plan (led by UNFPA) also references inclusion – “Individual and group home visits for youth with disabilities: Activating youth initiatives that ensure gender balance and inclusion of youth with disabilities within their communities.

Primary data collection was similarly limited with regard to instances of coherent or comprehensive gender/inclusion analysis. Key informants across UNFPA, IPs, and other actors articulated a UNFPA focus on women and girls aligned with principles of gender equality and empowerment. Further, in some countries (Lebanon, Jordan) UNFPA aligns its programming with the gender marker—and supports other humanitarian and development partners to do the same through the SGBV Task Force and the Gender Working Group. A donor respondent (Lebanon) noted, however, that with reference to the gender marker UNFPA do not automatically score highly by virtue of working with women – their projects need to demonstrate systematically how they promote gender equality and UNFPA needs to better understand the coding system for future projects.

Assumption 3	Indicators	Source	Data collection
UNFPA response is based on clear human rights-based approaches and aligned with humanitarian principles of humanity, impartiality, neutrality and independence, and with IHL, IHRL, and IRL.	- Proportion of needs assessments, proposals, and programme design documents showing clear adherence to IHL, IHRL, and IRL.	<ul style="list-style-type: none"> •Country office documentation •Syria regional response hub guidance notes / resources / evaluations •KII Notes 	Document Review Interviews

There was some, but limited evidence among primary and secondary data to clearly demonstrate adherence to IHL/IHRL/IRL by UNFPA projects or programmes across the region. Most respondents to qualitative questions on this topic noted a general adherence to or compliance with human rights standards, or specifically referenced UNSCR 2139, the 3RP or HRP as evidence of adherence to IHL/IHRL/IRL, without providing specifics. This was common to all countries and across UNFPA, NGO partners and (one) donor. Issues were noted by UNFPA stakeholders (specifically in Iraq and Turkey) regarding the requirement of UNFPA to be bound by its partnership with national governments and thus must work within the framework of existing legislation covering humanitarian, human rights and refugee issues.

Programme design documentation was not comprehensive so the indicator, as proposed, could not be measured. Instead, the evaluation used qualitative evidence within the programme documentation that was available, triangulated with responses from stakeholders interviewed during the evaluation, as a proxy measure of achievement of the assumption.

Some examples of adherence to IHL/IHRL/IRL are:

- UNFPA's work with the Lebanese Order of Midwives in support of a protocol for FP that meets human rights standards including freedom from discrimination, coercion and violence. The protocol was piloted with in 2017 and is being rolled out in 2018.
- Cross border work in Turkey that UNFPA states is In line with DFID's commitment to the *Grand Bargain* and the *Leave No One Behind* principle - commitments which incorporate humanitarian principles.

Two specific instances of potential *lack* of adherence to IHL/IHRL/IRL were:

- Secondary data from a Human Rights Watch report on the EU-funded Government of Turkey response to refugees is less based on pure humanitarian and human rights' principles and more politically motivated on the part of the EU. This then has consequences for the UNFPA ECHO-funded refugee response.
- The 3RP notes that Iraq lacks a consistent and comprehensive refugee policy or law, leading to ad-hoc treatment of refugees by authorities, and risks of repatriation, different standards of treatment and ad hoc policy changes affecting the realization of their rights.

EQ2: To what extent is UNFPA using all evidence, sources of data, and triangulation of data to able to adapt its strategies and programmes over time to respond to rapidly changing (and deteriorating) situations, in order to address the greatest need and to leverage the greatest change?

Assumption 4	Indicators	Source	Data collection
<p>The UNFPA response reacts flexibly to rapidly changing situations (of displacement, besiegement, movement) based on overall UN and UNFPA-specific information.</p>	<ul style="list-style-type: none"> - Proportion of UNFPA interventions showing clear adjustments and revisions based on changing conditions. - Contingency plans in place to inform UNFPA response to changing situations. 	<ul style="list-style-type: none"> •Country office documentation •IP documentation •Syria regional response hub guidance notes / resources / evaluations •M&E Frameworks, Third Party Monitoring reports, Impact Assessments •KII Notes •FGD Notes •Field Visit Notes 	<p>Document Review Interviews FGDs Field Site Observation</p>
<p>UNFPA interventions showing clear adjustments and revisions based on changing conditions: While the lack of comprehensive documentation made it not possible to calculate a strict proportion of interventions that demonstrated the indicator, there was substantial qualitative primary evidence from 60+ respondents to support the assumption. Assertions of confidence in UNFPA’s ability to adjust to changing circumstances and positive examples were received across all countries and modalities, and from all stakeholders – donors, governments, implementing partners, sister UN agencies and UNFPA itself.</p> <p>All country offices provided extensive details of how they have scaled and tailored their programming over the course of the response in line with increasing capacity, resources, partnerships and experience in the response. The findings from UNFPA stakeholders (approximately 40% of respondents) were triangulated with findings from partners and other stakeholders, and with secondary data from UNFPA’s reports, strategy documents and evaluations which provided specific examples of responses to changing circumstances and provided data on the basis of which subsequent programming was/is based.</p> <p>The most commonly asserted criticism with respect to UNFPA’s response was that of delays in shifting into emergency mode and developing adequate humanitarian response capacity and systems to meet the needs of the crisis, e.g. being unable to absorb the funding to scale up sufficiently (Lebanon). This was acknowledged across all countries, though presented in the context of delays among all humanitarian actors, and a widespread underestimate of the likely scale and duration of the crisis. Challenges were also noted around more recent changes in humanitarian dynamics that UNFPA may have difficulty in adjusting to, e.g. the needs of youth (Lebanon, Jordan, Iraq, HQ), or in adjusting to deteriorating economic circumstances in host countries (Jordan, Iraq).</p> <p>Contingency plans in place: There was limited data to measure this indicator outside of Syria, where the presence of UNFPA contingency planning (e.g. via prepositioning of commodities) for rapid response to changes in areas of need due to shifting lines of conflict was noted by several UNFPA and non-UNFPA stakeholders.</p>			
Assumption 5	Indicators	Source	Data collection
<p>UNFPA have systematic mechanisms for adapting interventions based on shifting needs and in line with humanitarian principles.</p>	<p>- Existence of humanitarian systems / processes / procedures for programme adaptation.</p>	<ul style="list-style-type: none"> •Global documentation •Country office documentation •Syria regional response hub guidance notes / resources/evaluations •KII Notes 	<p>Document Review Interviews</p>
<p>Evidence from primary research among key informants is variable with respect to the existence of systematic mechanisms in UNFPA for adapting interventions based on shifting needs and in line with humanitarian principles. The evaluation team sought to determine evidence of the adequacy of overall operational planning among country programmes and institutionally to respond to changing circumstances and needs. In contrast to the many examples of individual programme adaptations to changing circumstances, there was less evidence available to establish the existence of institutional capacity within UNFPA architecture to adequately respond to the scale of the crisis. The need for the regional response hub, attested to by stakeholders in all countries (most consistently with respect to its added value in the early years of the crisis) reflected this lack of systematic mechanisms for fast response within normal UNFPA architecture. Issues with this architecture were noted by internal stakeholders, donors, and implementing partners.</p> <p>Evidence was found of the following mechanisms which are or could be used to adapt interventions:</p>			

- Populations most in need/locations of interventions are chosen based on several mechanisms including: meetings with stakeholders, UNHCR vulnerability mapping, responses of protection monitoring (e.g. identification of regions with high rates of early marriage and school dropouts), and data on lack of existing services (Lebanon).
- Safety audits: One respondent reported that GBV service providers complete standardised safety audits twice a year (not just those funded by UNFPA but by various donors) (Iraq).
- Needs assessments and beneficiary satisfaction surveys: UNFPA’s needs assessments (including survivors needs assessments) are undertaken to focus programming on actual needs (Iraq, Jordan).
- Rapid assessments: undertaken when camps are set up (Iraq).
- Document sharing: documents are available via the UNHCR portal and RH sub-working group, as well as circulated throughout the office (e.g. a key informant had just received a study from the youth team which will be saved for the next ECHO proposal) (Jordan).
- Annual Work Plans: The AWP completed between IPs and UNFPA as an example of how plans are updated annually to respond to different needs. However, there is scrutiny of the government on data collection in that women and girls will not feel free to share their true stories which places a limitation on the data used to inform programming (Syria).
- Partner reports: The Jordan hub reported that UNFPA relies on partner reports and evidence which is unverifiable.
- Impact assessments: One impact assessment has been completed using a DFID model (qualitative data collection with service providers, community members) for the whole of Syria, with plans to complete impact assessments on a yearly basis for Iraq, Lebanon, and Turkey beginning this 2018.

Examples of the flexibility and adaptability of the UNFPA response include:

- Recognising the increased risks for girls as displacement continues and, therefore, fostering an emergence of work targeting adolescent girls (whole of Syria, Lebanon, Iraq).
- Adapting cross-border operations over time in response to changing circumstances (Jordan and Turkey), in line with the changing UN cross-border response. For example, when two GBV-focused INGOs ceased operation in 2015, GBV programming changed its modality of operation and began working with smaller non-GBV focused Syrian NGOs. Due to this change, UNFPA shifted its strategy and began ‘building up from basics’ through the GBV sub cluster to support new IPs.

Assumption 6	Indicators	Source	Data collection
The UNFPA response is based on its comparative strengths with relation to other actors for SRH, GBV and youth.	- Proportion of UNFPA country programmes demonstrating clear analysis of SRH, GBV and youth actors and a clear causality between this and UNFPA’s specific interventions.	<ul style="list-style-type: none"> •Country office documentation •Country-level response documents •Partner & other SRH/GBV actor docs •KII Notes 	Document Review Interviews

The evaluation team identified instances from all Syria response countries of specific analyses of vulnerable groups, e.g. analyses of vulnerable young girls/adolescents (Lebanon), identification of girls and women with disabilities, widows and divorcees (Turkey), and some disaggregation of beneficiaries per vulnerability criteria (there is widespread acknowledgement that UNFPA has been, and continues to be, a technical and operational leader in SRH and GBV, despite their smaller footprint as an actor, compared to other UN agencies. The evidence related to this is consistent across all stakeholders, in particular with donors in Jordan, Turkey, Syria and Iraq noting their experience of UNFPA as a lead in these areas.

This evidence attests to UNFPA’s effective leveraging of its comparative advantage across both standalone and integrated GBV and SRHR programming.

There is evidence, however, of gaps in UNFPA’s programming. Some specific areas are:

- Gaps related to programming with adolescents and youth in general;
- Challenges around clear establishment of UNFPA’s responses to and role with respect to PSEA – lack of clarity (or overemphasis) in disassociating PSEA from GBV (Iraq and Syria);
- Lack of clarity around the participation of men and boys in UNFPA’s programming resulting in lack of coherency in programming (Jordan, Syria, Iraq).

COVERAGE			
EQ3: 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 marginalized?			
Assumption 7	Indicators	Source	Data collection
The UNFPA response systematically reaches all geographical areas in which women, girls and youth are in need and in line with humanitarian principles.	- Proportion of UNFPA interventions showing clear strategy for reaching hardest-to-reach areas and people.	<ul style="list-style-type: none"> •Country office documentation •IP documentation •Donor reports •GBV sub cluster dashboard/ info. management tools •KII Notes 	Document Review Interviews
<p>All respondents agree that the UNFPA response reaches geographic areas in which women, girls, and youth are in need and that the response is in line with humanitarian principles, however, reaching all geographic areas may not be possible with current conditions (political, financial, etc.).</p> <p>Further, a majority of respondents in all countries agree that UNFPA's efforts are concentrated in areas with the highest numbers of refugees and areas with the great need. Specific examples of evidence supporting this are:</p> <ul style="list-style-type: none"> • Respondents across all stakeholder groups in all countries note that UNFPA effectively uses implementing partners to gain access to hard-to-reach areas. • A respondent from Syria noted that by working with MoH and MoE UNFPA is covering 12 out of 14 governorates with UNFPA commodities (including hard-to-reach and besieged locations). • Respondents in Syria note that UNFPA were the first to respond to some areas or are one of the only organizations currently operating in hard-to-reach or difficult areas. • As the out-of-camp populations became larger than camp populations, UNFPA restructured response to out-of-camp populations through establishment of WGSS with partners in five provinces of Turkey. <p>There is some evidence that contradicts the assumption, specifically multiple respondents (in Jordan and Iraq) that expressed that UNFPA's response is too camp-focused and that support to host communities is lacking. Respondents (Iraq, Syria) shared the view that providing services to out-of-camp populations was a difficult undertaking and not always well executed due to many constraints including accurate location/population data.</p>			
Assumption 8	Indicators	Source	Data collection
The UNFPA response systematically reaches demographic populations of vulnerability and marginalization (i.e. women, girls, and youth with disabilities; those of ethnic, religious, or national minority status; LGBT populations etc.).	- Proportion of UNFPA interventions showing clear strategy for reaching hardest-to-reach / most marginalized populations and disaggregating beneficiaries by gender, age, disability, and other factors of exclusion.	<ul style="list-style-type: none"> •Country office documentation •Donor reports •Monitoring tools •KII Notes •FGD Notes •Field Visit Notes •Clinic Visit Notes 	Document Review Interviews FGDs Field Site Observation
<p>Evidence was gathered across all countries of a <u>recognition of the need</u> to work with vulnerable and marginalized groups. Most primary data from UNFPA, partners and other stakeholders referred to a general focus on women, girls/adolescents, with some, but limited, reference to other vulnerable groups. Evidence of specific and clear strategies to work with vulnerable/marginalized groups were primarily related to work with adolescents, e.g.</p> <ul style="list-style-type: none"> - Adolescent Girls Strategy (Turkey) - Reporting on adolescent data (SRH and child marriage) in 4Ws reporting (Syria) - Sex and age disaggregated data in reporting (Syria) - Whole of Syria GBV sub cluster work plan includes a specific strategy for adolescent girls: Listen, Engage and Empower: A strategy to address the needs of adolescent girls in the whole of Syria - The whole of Syria HRP discusses how to increase focus on adolescent girls <p>Other groups that are highlighted in UNFPA-supported interventions or strategies are</p> <ul style="list-style-type: none"> - Iraq GBV sub cluster 2016 strategy highlighted vulnerability of female-headed households. The 2017 strategy highlighted specific vulnerabilities for widows and divorcees and is developing a technical note on widows in IDP camps. - In Turkey, UNFPA supports specific programmes that create an environment for LGBTI work - Voices 2018 identifies widows and divorcees as specific vulnerable group and so GBV sub cluster engaged in advocacy and technical work around this specific group - messages developed on widows specifically - shared with OCHA and included in advocacy and consultations. 			

- The current whole of Syria GBV sub cluster work plan notes a focus on women and girls with disabilities, with specific indicators included within work planning and monitoring and reporting around this.
- UNFPA Lebanon working with NGOs on LGBTI via the national programme on HIV.

There is also a considerable amount of evidence around gaps in vulnerability/marginalization-targeted programming. The most widely acknowledged gap by stakeholders - across all countries and stakeholder groups - is with respect to people with disabilities. Primary research among beneficiaries and programming locations triangulate with this evidence, e.g.

- Facilities supported by UNFPA (e.g. youth centres, WGSS) are not proactively seeking participation of people with disabilities
- UNFPA programming location are not disability friendly, making facilities inaccessible
- There is no specific targeting of resources or programming to people with disabilities

Additional evidence of shortfalls in targeting marginalized/vulnerable groups was also identified via key informants across all stakeholder groups, i.e.

- LGBTI populations – identified as a gap by stakeholders in all research countries
- Widows and divorcees that may be discriminated against due to allegations of association with combatants (Iraq)
- Ethnic minorities (Iraq, Lebanon)
- Elderly people (Syria, Turkey)

COORDINATION			
EQ4: To what extent has UNFPA’s formal leadership of the GBV AoR (at international, hub, and country levels) and informal leadership of RH WGs (at hub and country levels) and youth WGs (at hub and country levels) contributed to an improved SRH, GBV, and youth-inclusive response?			
Assumption 9	Indicators	Source	Data collection
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 sub cluster 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.	- Number of GBV sub cluster members reporting GBV sub cluster as useful functioning forum for improved coordination and programming and UNFPA support to this.	<ul style="list-style-type: none"> •GBV sub cluster documentation •KII Notes 	Document Review Interviews
<p>A considerable body of evidence was gathered via primary stakeholder research and secondary desk research under this assumption, but the evaluation team deemed measurement of the specific indicator related to the assumption as not being extensively illuminating – the overwhelming majority of GBV sub cluster members interviewed for the research endorsed the GBV sub cluster as a useful forum, despite specific issues they may have had with its functioning and/or with UNFPA’s leadership in this regard. Therefore, the evaluation sought to more deeply explore the dynamics of the GBV sub cluster in its coordination across whole of Syria and at country levels, via in-country sub clusters and via WGs.</p> <p>Evidence from over one hundred stakeholders across all countries and stakeholder groups was predominantly positive with regard to UNFPA’s current leadership and coordination role of the GBV sub cluster at whole of Syria/hub level and at country level via sub cluster/working groups, facilitating triangulation of findings across groups and locations. Examples of evidence in this regard are:</p> <ul style="list-style-type: none"> - UNFPA’s leadership role in GBV coordination was widely recognised (by NGOs, governments, UN agencies) in all countries. - Much of the positive evidence highlighted the role of specific coordinators and their capacities as key determinants of success. - Emphasis on the effectiveness of cooperation and collaboration in round-table formats, i.e. good partnership. - The development and usefulness of the GBV sub cluster dashboard for whole of Syria and information tools such as the <i>Voices</i> report. <p>Primary data also identified evidence that the positive performance of the GBV sub cluster/WGs has varied across time and locations. Examples of evidence in this regard were:</p> <ul style="list-style-type: none"> - The small comparative size of UNFPA vs. other protection actors and competition between UN agencies (all countries). - Insufficient human resources to devote adequate time to coordination responsibilities (double/triple hatting) (all countries). - Gaps in recruitment or high turnover among coordination staff (Syria, Iraq) 			
Assumption 10	Indicators	Source	Data collection
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.	- Number of RH WG members reporting RH WG as useful functioning forum for improved coordination and programming and UNFPA support to this.	<ul style="list-style-type: none"> •RH WG / Health Cluster documentation •KII Notes 	Document Review Interviews

A majority of respondents across all countries agree that UNFPA's support and coordination (whether through a formal RH WG, under the Health WG, or through less formal mechanisms) have resulted in improved SRH programming, however, there are areas for improvement

In Jordan, multiple respondents expressed that while the RH SWG under the Health WG allows for some better RH coordination, there were several areas for improvement identified by respondents including: 1) the need to increase information sharing amongst WG member; 2) the need to operate in local languages (respondents drew attention to the fact that WG was conducted in English; and 3) the need for more experienced UNFPA field staff.

In Lebanon, regular meetings of the RH WG (coordinated by MOPH and UNFPA as co-leads) were reported. Further, RH service delivery guidelines were developed in 2015 and one respondent shared that the WG played a major role in rolling out the trainings and ensuring RH service delivery guidelines are maintained as a standard.

In Syria, two respondents shared that RH is integrated into Health WG and is a standing agenda item on the Health WG. One respondent expressed possible challenges to establishing a dedicated RH WG. Another shared that having RH fall under the Health WG is an acceptable option and that an RH WG is not necessary. Multiple respondents expressed that UNFPA is active in RH through the Health WG and other activities.

In Turkey, of the nine respondents who spoke about the RH WG, all but one had a positive opinion of the WG. These respondents agreed that the RH WG is effective, exhibits good relations amongst partners, and has had a positive impact on coordinating RH-related matters.

Assumption 11	Indicators	Source	Data collection
UNFPA's support to and use of coordination within the Youth WG at hub and country level has resulted in improved effectiveness of youth engagement and empowerment programming in the Syria Response.	- Number of youth WG members reporting youth WG as useful functioning forum for improved coordination and programming and UNFPA support to this.	<ul style="list-style-type: none"> • Youth WG documentation • KII Notes 	Document Review Interviews

Interview respondents across all countries agreed that focusing on youth as its own element is an important area, however, little has been done in terms of creating a Youth WG at hub and country levels.

That said, informants expressed that UNFPA is well placed to take on a leadership role regarding youth (as they had taken on the leadership role co-chairing with IFRC for the Compact for Young People in Humanitarian Action at the 2016 World Humanitarian Summit).

In Jordan, a key informant stated that a youth task force was established in 2012.

In Iraq, a key informant shared that while there is no youth coordination mechanism, there is an adolescent girl task force (with UNFPA and IMC as co-chairs) which meets monthly.

In Syria, a key informant reported that there has been some activities related to youth specifically through the Youth Taskforce.

COHERENCE			
<p>EQ5: 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 prioritization; and (iv) strategic interventions of other UN agencies.</p>			
Assumption 12	Indicators	Source of	Data collection
<p>UNFPA is institutionally engaged with, and drives focus on SRH and GBV, at UNCT, HCT, and SSG levels in all response countries.</p>	<p>- Evidence of UNFPA engagement at UNCT and HCT levels across countries.</p>	<ul style="list-style-type: none"> •UNFPA Country office documentation •UNCT, HCT, and reports •KII Notes 	<p>Document Review Interviews</p>
<p>There is evidence in all countries that UNFPA have engaged with and driven focus on SRH and GBV at various levels including UNCT, HCT, and SSG, but the degree to which this has been done varies by country.</p> <p>At the hub level, while UNFPA does 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.</p> <p>In Syria, a majority of respondents highlighted UNFPA’s active role in the UNCT and HCT but noted that UNFPA does not have a seat at the SSG. Examples of UNFPA’s active role at UNCT and HCT levels include: contributions to the HRP including working on gender mainstreaming; advocating for issues related to GBV at the level of the HCT;</p> <p>In Lebanon, a majority of respondents agreed that UNFPA was not very engaged, vocal, or visible within the UNCT and HCT structures.</p>			
Assumption 13	Indicators	Source of	Data collection
<p>The UNFPA response is aligned with:</p> <ul style="list-style-type: none"> ○ UNFPA global mandate and global humanitarian strategy; ○ UNFPA Regional Office strategies; ○ UNFPA Country Office strategies; ○ National-level host Government prioritization (SAR, Turkey, Lebanon, Iraq, Jordan);⁵² ○ International normative frameworks. ○ UN global development strategies (MDGs, SDGs). 	<p>- Proportion of UNFPA interventions aligned with:</p> <ol style="list-style-type: none"> (1) UNFPA mandate, SP and humanitarian strategy (2) UNFPA regional office strategies; (3) CPDs; (4) National Government priorities; (5) Global frameworks. 	<p>Documentation and KII notes at different levels:</p> <ul style="list-style-type: none"> •Country office and global UNFPA level documentation and KII Notes •Country office and regional office level docs and KII Notes •Syria regional response hub guidance notes / resources/evaluations •Country office and government policy / HRP / national-specific 3RP chapter documentation and KII Notes •Country office and normative global frameworks documentation 	<p>Document Review Interviews</p>
<p>Secondary research of UNFPA policy, strategy and programmatic documentation provides evidence of UNFPA’s alignment with its mandate across the response countries. The UNFPA Second-Generation Humanitarian Strategy states a focus on UNFPA’s core mandate, including capacity-building and advocacy for MISIP, MNH services (BEmOC and CEmOC), access to family planning, GBV prevention and response, and services for youth. These outputs and outcomes align with GBV AoR and IAWG SRHR priorities and all of these outputs and outcomes are included – contextualised to specific needs and realities.</p> <p>UNFPA cross-border activities operate under the mandate of successive UNSCRs and are thus nominally in line with the international frameworks authorising cross-border activities. Primary research in the relevant countries (Turkey and Jordan) indicated that stakeholders are aware of the mandate and frameworks and design programming and interventions in line with same.</p>			

⁵² For whole of Syria, not all strategies are aligned with SAR government prioritization, particularly in areas not under the control of the SAR Government.

Evidence from primary qualitative data collection among stakeholder groups indicates further that:

- UNFPA is aligned with both internal and external strategy documents (all countries).
- UNFPA strives to align programming to government priorities and strategies (all countries).
- Implementation stakeholders (UNFPA, NGOs, government) indicate that UNFPA programming is aligned with the HRP, UNDAF, 3RP, and government priorities (Jordan, Syria and Turkey).
- UNFPA maintains close collaboration with relevant ministries to reach areas and establish services (e.g. UNFPA and MoH working to establish migrant health centres in Turkey).
- UNFPA programming across countries is aligned with *some* international normative standards. E.g., in Jordan UNFPA SRHR programming was being revised at the time of research to include new WHO standards

Evidence that challenges this assumption includes:

- Evidence from some countries (Syria, Iraq) that UNFPA is not totally aligned with government priorities. For example, in Syria the government wanted UNFPA to support existing RH services, however, UNFPA insisted on implementing MISP. Additionally, UNFPA are advocating for best-practice CMR (in Syria), in disagreement with Syrian Government policies in this regard. Further, CMR in Jordan and Iraq is not yet aligned with survivor-centred international normative standards regarding mandatory reporting creating a conflict in terms of alignment with both national priorities and international standards.
- One respondent from Turkey shared that UNFPA are not fulfilling the RH component of its mandate as UNFPA are much more GBV focused.
- Evidence from (one) significant donor to UNFPA was that UNFPA (in Lebanon) has a global mandate for GBV and SRHR but are unable to meet it or link to the specific donor country policies in this regard.
- Some country offices are permitting utilization of WGSS for male activities which is not aligned with global guidance produced by UNFPA itself, on how WGSS or the equivalent is a space should be used exclusively for women and girls (Jordan, Iraq).

Assumption 14	Indicators	Source of	Data collection
<p>The UNFPA response is aligned to the priorities decided in Cluster Forum; specifically,</p> <ul style="list-style-type: none"> a. The GBV AoR b. The Global RH Coordination Forum (currently IAWG) 	<p>- Evidence of UNFPA programming interventions aligned with GBV sub cluster / RH WG / Youth WG strategies and priorities.</p>	<ul style="list-style-type: none"> •Country office documentation •GBV sub cluster documentation •RH WG documentation •Youth WG documentation •KII Notes 	<p>Document Review Interviews</p>

Although there is considerable evidence to indicate that UNFPA has undertaken effective coordination at GBV sub cluster/WG level, alignment of programming with GBV sub cluster/ RH WG/Youth WG strategies and priorities is evidenced by the following:

- Integration of programming with strategies in the 3RP and the HRP (including the individual country chapters) (all countries).
- UNFPA assessment of activities and alignment of programming via contributions to the 4Ws (Syria).
- Adherence of UNFPA to normative standards promulgated by the GBV AoR and IASC strategic working group such as on WGSS and MISP (all countries).

Primary data from interview respondents has demonstrated the following: evidence of UNFPA's alignment with sub cluster/working group priorities and strategies,

- UNFPA's coordination and leadership of the GBV sub cluster/working group a vehicle for information-sharing and driving alignment (all countries)
- Linkages with other clusters (e.g. health) to drive holistic and integrated programming (Iraq, Jordan, Syria).

However, there is also evidence that supports a lack of alignment in some contexts, specifically:

- UNFPA's lack of linkages between SRH and GBV, e.g. on the issue of clinical management of rape, best practice for which UNFPA has not consistently advocated for, notably in the area of mandatory reporting (Iraq, Jordan).
- Inconsistently applied practices for GBV programming, such as the use of WGSS for men and boys (Jordan, Iraq)

CONNECTEDNESS			
EQ6: To what extent does the UNFPA response promote the humanitarian-development nexus?			
Assumption 15	Indicators	Source	Data collection
UNFPA is working towards long term development goals with regards to resilience of refugees when they return to Syria	- Evidence that UNFPA interventions have longer-term strategies for building resilience, connecting humanitarian response to longer-term development, and building back better strategies within humanitarian programming.	<ul style="list-style-type: none"> •Country office documentation •Syria regional response hub guidance notes / resources / evaluations •KII Notes •FGD Notes •Field Visit Notes 	Document Review Interviews FGDs Field Site Observation
<p>There is considerable evidence across primary and secondary sources that UNFPA seeks to identify opportunities for building resilience and connecting the ongoing humanitarian response to longer-term strategies. Such issues have been discussed regional and headquarters levels and have been present on an ongoing basis across all country programmes. However, the evidence supports a conclusion that such efforts have been ad-hoc rather than systematic – this is likely due to the changing nature of the conflict and the complex environment of each of the surrounding countries, which presents a challenge to longer-term planning. Evidence supporting the assumption includes:</p> <ul style="list-style-type: none"> - Discussions on return issue at regional directors board (Egypt), concluding that it is premature (at the time of research) to push refugees to return despite impetus for this from governments of Lebanon, Jordan, Turkey. - Exploration of opportunities to work with additional partners when new areas of Syria become accessible due to changes in conflict (Syria, Turkey). - Anticipation that conflict will reduce in 2019, and planning for windows of opportunity being discussed with partners (Lebanon) - Actual cessation of conflict that is spurring transition to development as refugees/IDPs return (Iraq) - Extensive relationship-building and work with long-term development actors, such as government stakeholders and national-level civil society organizations such as NGOs or academic institutions (all countries). - Concrete handover strategies/deadlines with government partners (Turkey). <p>Some of the evidence identified that points to specific challenges to developing and implementing longer-term resilience are:</p> <ul style="list-style-type: none"> - Military control of the region makes it difficult for UNPFA to penetrate this modality (Syria). - Donor insistence of elements of sustainability in humanitarian initiatives, but without provision of funding for the longer-term development aspects of responses (Lebanon). - Lack of formal government acknowledgement that many refugees in host countries will likely not return to Syria, precluding the development of long-term strategies (Jordan, Iraq). - Complex political and cultural environments (All response countries). - The short-term nature of funding due to repeated emergency triggers, thus limiting action plans, despite the need for long-term programmes to create sustainable change in GBV (Iraq). - Required long-term resilience initiatives (such as relating to economy) being outside the stated remit of UNFPA (Iraq). <p>Additionally, there is limited evidence to support the presence of contingency planning for the return of refugees to home countries. To the contrary, the evaluation collected data from implementation stakeholders (UNFPA and partners) from all countries other than Syria to indicate that such contingency planning is not taking place in a meaningful way currently. As the conflict abated in mid-2018, approximately 50% of stakeholders interviewed who were familiar with UNFPA’s programme planning noted that while such planning was not taking, the intention to commence such planning was present.</p>			
Assumption 16	Indicators	•Source	Data collection
UNFPA is seeking to integrate in-country humanitarian responses with long-term development goals	- Evidence that UNFPA interventions refer to and attempt to align with national development priorities	<ul style="list-style-type: none"> •Country office/hub/regional office documentation •KII notes •Field visit notes 	Document Review Interviews FGDs Field Site Observation
<p>The substantial majority of evidence collected regarding this assumption acts in support of UNFPA’s attempts to integrate it’s in-country responses with longer-term development goals within all relevant countries, and additionally in the ASRO regional office. Specific evidence includes:</p> <ul style="list-style-type: none"> - Efforts to align with national strategic development plans/compacts/frameworks (Jordan, Lebanon) 			

- Alignment of UNFPA programming with the HRP country chapters and the 3RP – which themselves are the vehicle through which United Nations Interagency Frameworks align with national priorities and contribute to longer-term resilience building
- Acknowledgement by donors that UNFPA seeks to work closely and effectively with government (Lebanon)
- Testimony from government stakeholders that UNFPA works to integrate with government plans, priorities and concerns (all countries).
- Acknowledgement (by UNFPA and NGO stakeholders) of the strategic and historic long-term development focus of UNFPA that has supported and will supplant the current humanitarian response work, e.g. demographic and health research in host countries (Jordan, Iraq).
- Some evidence of joint programming on longer-term initiatives that promote resilience (Syria, Turkey).
- Capacity-building and policy work undertaken with health and social infrastructure that will pay longer-term dividends in host countries (all countries).

There was some evidence from stakeholders highlighting concerns around integration with government plans, specifically:

- The focus (in Jordan) of the humanitarian community on refugees in camp settings, to the exclusion of the needs of host communities and a lack of middle-ground national partners in responses.
- Concerns around the lack of planning for the aftermath of conflict in Syria – irrespective of the final outcome – in terms of facilities supported, people trained, staff retained.
- Work within UNFPA’s mandate that is not in line with the priorities of national governments, specifically work with LGBTI groups, work on women’s sexual health and rights (Turkey, Iraq).

EFFICIENCY			
EQ7: To what extent does the UNFPA Syria regional response hub contribute to enhanced coordination, organizational flexibility, and the achievement of the intended results of the UNFPA response?			
Assumption 17	Indicators	Source	Data collection
The hub has been an effective use of resources for improved coordination, programming, and resource mobilization.	- Evidence that the hub has positively contributed to an improved UNFPA response within Syria and across the 3RP countries.	<ul style="list-style-type: none"> •Country office documentation •Syria regional response hub guidance notes / resources / evaluations •KII Notes 	Document Review Interviews
<p>The evaluation has identified a considerable amount of evidence to support the assumption that the hub has effectively used resources for an improved UNFPA response within Syria and across the 3RP countries. This evidence was gathered directly from UNFPA stakeholders at all levels of the organization, from country office through regional office and HQ levels, and other stakeholder groups with which the hub has interacted. Overall, approximately 85% of respondents to the evaluation question provided positive feedback regarding the hub, and there was considerable secondary evidence (via publications, successful fundraising proposals, technical products and general reporting) to support the assumption. Specific evidence supporting the assumption is:</p> <ul style="list-style-type: none"> - Widespread acknowledgement of the hub’s role in securing funding from a range of donors, particularly multi-year funding (all countries). - Recognition by UNFPA stakeholders of the lack of technical and human resources capacity early on in the crisis and the role of the hub in mitigating this, particularly with respect to coordinating activities and pursuing fundraising opportunities. - The hub has successfully raised the profile of GBV within the crisis not only cross-border but also the refugees in Jordan (Egypt, Jordan, Turkey). - Centrally located in the region (Amman) permitting efficient interaction with other agency hubs/regional offices and with donors (all countries, regional office, HQ). - Presence of a senior level staffer that provided access to interagency/donor forums to ensure voice of UNFPA and capitalize on relevant opportunities (all countries, regional office, HQ). - Provision of robust and much-needed technical assistance in GBV and IM particularly from the beginning of the crisis (all countries) but ongoing at the time of research (Jordan, Turkey, Lebanon, Syria). <p>Evidence contrary to the assumption was primarily predicated on the <i>current</i> value-add of the hub to the ongoing response, rather than previous value, which was unanimously acknowledged. There was some (~15% of respondents) evidence that indicated that the hub is not currently contributing to improved responses, as follows:</p> <ul style="list-style-type: none"> - Increasingly improved capacity among country offices has outstripped the need for the hub (Syria, Jordan, Iraq). - The hub as a contribution to burdensome, centralised, expensive and inefficient bureaucracy (Jordan, Turkey, Iraq) - The hub increasing competition for resources and confusion around data within UNFPA (across country offices) instead of creating synergies (Jordan, Syria). 			
Assumption 18	Indicators	Source	Data collection
The hub has been adequately mandated by all relevant stakeholders across the region to undertake response coordination.	- Evidence that the hub utilised as a coordinating mechanism across the Syria Response.	<ul style="list-style-type: none"> •country office documentation •Syria regional response hub guidance notes / resources / evaluations •KII Notes 	Document Review Interviews
<p>The evidence from secondary and primary research strongly supports the assumption of sufficient mandate being provided to the hub to undertake coordination from its inception, specifically:</p> <ul style="list-style-type: none"> - November 2012 UNFPA high-level meeting in Geneva to establish mandate and address operational bottlenecks in responding to the crisis. Country-level stakeholders were present at this meeting and endorsed the hub establishment “[t]he existing contractual modalities in UNFPA do not meet our needs to respond to humanitarian situations”. - Agreement within UNFPA from 2012 that the hub was necessary, located in Amman, to focus on “representation, visibility, and resource mobilization.” - Acknowledgement among all countries of the useful coordination function of the hub from its establishment. - Recognition by all relevant stakeholder groups (UNFPA, UN agencies, Donors) that the hub has added value through provision of technical expertise, neutrality among different/competing country offices. <p>However, as the crisis has progressed, and to the time of research, much primary data (from key informants) indicates that the mandate of the hub is no longer recognised or desired by a significant proportion of relevant stakeholders (approximately 50% of respondents). Evidence to support this diminishment of its mandate includes:</p>			

- Conflict between hub and country offices around responsibility/opportunities for fundraising (Jordan, regional office)
- country office technical capacity outstripping the need for a hub (all countries)
- The hub not sufficiently meeting needs for technical capacity and coordination in RH (vs. GBV) (Turkey)
- Concerns among UNFPA stakeholders that the bureaucracy involved with the hub is excessive (Turkey, Lebanon, Iraq)
- Lack of clarity of the role of the hub/insufficiently communicated (Egypt, Syria)

Assumption 19	Indicators	Source	Data collection
The hub has demonstrated a level of organizational flexibility to the evolving crisis.	- Evidence that the hub has adapted to changing contexts across 2013 to 2017, based on analysis of context.	<ul style="list-style-type: none"> •Country office documentation •Syria regional response hub guidance notes / resources / evaluations •KII Notes 	Document Review Interviews
<p>Evidence in support of the assumption:</p> <ul style="list-style-type: none"> - Changes in dynamics between the Syria country office and the hub that have improved relationships and coordination activities (regional office, Syria) - The growth of the hub in terms of its staffing, capacity, products (e.g. Voices, training materials) over the course of the crisis (all countries) - hub initially provided technical services within a regional architecture, but when it became more well-resourced it focused more on reporting and IM/communications that improved quality rather than just availability (HQ). <p>Evidence contrary to the assumption</p> <ul style="list-style-type: none"> - Diminishing role of the hub in fundraising for country offices – in some cases country offices consider the hub a hindrance (Syria, Jordan, Iraq) - The current (as of 2018) role in coordination and representation creates a risk of confrontation and “power grabs” (Syria) 			

EQ8: To what extent does UNFPA make good use of its human, financial and technical resources and maximise the efficiency of specific humanitarian / Syria Response systems and processes.

Assumption 20	Indicators	Source	Data collection
<p>UNFPA has maximised efficiency through a series of humanitarian fast-track mechanisms for human and financial resources, such as:</p> <p>a. Fast Track Policies and Procedures; b. Surge; c. Commodity procurement (particularly dignity kits and RH kits); d. Emergency Fund.</p>	<ul style="list-style-type: none"> - UNFPA global fast-track procedures are in place, being used, and having a positive effect on the UNFPA response. - UNFPA humanitarian support (such as surge) have been utilised 	<ul style="list-style-type: none"> •UNFPA global documentation •Country office documentation •KII Notes 	<p>Document Review Interviews</p>

Primary and secondary evidence from UNFPA documentation and from stakeholder groups indicates that the use of fast-track procedures, surge, commodity procurement and the emergency fund have been used over the course of the crisis response. Specific evidence in support of the assumption and indicators is:

- Testimony that FTP mechanisms were used to put programming in place quickly (Egypt/regional office, Iraq, Jordan, Syria).
- The speed of FTP allows country offices to respond faster and absorb funding effectively. Surge staff, if they obtain appropriate visas, brings experience to the teams at the level of the sub-offices and have a good impact (Syria).
- Extensive use of procurement processes to obtain materials (dignity, hygiene, RH kits) across all countries over the entire course of the response to date – attested to by a majority of relevant respondents.
- A flexible procurement process whereby some kits/items are obtained nationally/regionally, and others via the PSB in Copenhagen (all countries).
- Direct, albeit few, accounts (Syria, Lebanon, Egypt/regional office) of use of emergency funding to ensure prompt programming when needed.

Evidence that these processes did not positively contribute to programming or efficiency was also identified, specifically:

- FTP processes leading to high turnover of staff, undermining institutional and person-to-person relationships and creating inefficiencies in recruitment, training and time required to establish working relationships with partners (Lebanon, Syria).
- Donor concerns (Lebanon) that UNFPA did not get the right people at the right time and this is still the case. UNFPA’s meeting of its mandate is limited by staffing to expand based on needs.
- Lack of knowledge during the initial phase of the emergency on how to apply FTPs, an insufficient number of operations personnel with adequate humanitarian experience and FTPs not utilised to their potential (Syria).
- Periodic miscommunications/inefficiencies regarding the nationally permitted contents of specific kits (e.g. RH kit medications) or expiry of contents that led to delays, refusals of entry or necessitating repacking of kits (Jordan, Iraq, Syria).

Assumption 21	Indicators	Source	Data collection
<p>UNFPA has maximised leverage of humanitarian funding – donor, multi-year, pooled funding – for the response and matched OR and RR appropriately for office sustainability.</p>	<p>- % funding from pooled funds 2011-2017;</p>	<ul style="list-style-type: none"> •UNFPA global documentation •Country office documentation •Syria regional response hub guidance notes / resources / evaluations •KII Notes 	<p>Document Review Interviews</p>

Evidence from secondary data indicates a substantially increasing reliance on other resources over the course of the crisis. UNFPA regular resources across countries (data for Jordan, Lebanon, Syria and Turkey was made available) have remained static since 2011/2012, but other resources have increased to many multiples of this. As such, there is an imbalance of funding – an over-reliance on other resources, much of which is tied to specific programmes/projects and outputs, some of which are not in line with UNFPA’s entire mandate or insufficiently account for the infrastructure required to implement effectively (notably for longer-term staffing). Other specific evidence related to this assumption is:

- Short-term nature of funding (e.g. three or six months) presented major challenges, especially in terms of staffing and planning (all countries).
- As the Syria crisis developed, UNFPA didn’t allocate timely funding required to scale up nor meet ongoing AoR responsibilities (Lebanon, Egypt, Turkey).
- Securing multi-year funding enabled better planning, less of a chance of interruption in service delivery, and allowed for some level of impact (Jordan, Lebanon, and Syria).
- Lack of a dedicated fundraising staff member presents a challenge to country office (Lebanon).
- Presence of financial analyst in UNFPA country office allows for donor tracking and allows for tracking funds to split between units for implementation by programme to ensure compliance with donors and handle bottlenecks (Syria).

- Other resources have been reasonably flexible for direct costs, allowing for smoother operation (e.g. staff has gone from 14 to over 50 within three years) (Turkey), but are still an impediment to responsive programming as they tie programmes to specific and restricted pre-planned activities (Jordan, Iraq, Lebanon).
- Even though donors provide year-on-year funding, not all can provide a multi-year commitment, precluding embedding longer-term programme management infrastructure (Turkey).
- Short-term funding cycles and concomitant delays in renewals negatively impact on implementing partner effectiveness, capacity and morale (Lebanon, Jordan, Iraq, Turkey)
- Financial management procedures/reporting among implementing partners are onerous. Most partners understand the rationale and have received training/support for these obligations but find it negatively impacts efficiency/effectiveness.

EQ9: To what extent does UNFPA leverage strategic partnerships, within its Response?

Assumption 22	Indicators	Source	Data collection
<p>UNFPA maximises strategic partnerships to leverage comparative strengths of different agencies / actors and promotes humanitarian principles across partnerships.</p>	<p>- Evidence of achieved or expected results through partnerships that UNFPA could not have achieved / expect to achieve on its own.</p>	<ul style="list-style-type: none"> •Country office documentation •Partner documentation •Syria regional response hub guidance notes / resources / evaluations •KII Notes •FGDs Notes •Field Visit Notes 	<p>Document Review Interviews FGDs Field Site Observation</p>
<p>A majority of relevant respondents agree that UNFPA have maximised strategic partnerships to leverage comparative strengths of different actors and promotes humanitarian principles across partnerships. Specific evidence includes:</p> <ul style="list-style-type: none"> - In all countries, a majority of respondents expressed positive views of their partnerships with UNFPA, however, challenges were voiced (outlined below). - Inter-agency coordination reported (e.g. directive from HQ by executive directors of UNHCR and UNFPA in Iraq regarding backstopping). - Different actors contribute based on expertise (e.g. CVF provide youth expertise and UNFPA provide SHR/GBV experience in Turkey; technical expertise of UNFPA in PSS and SRHR are used to raise awareness and build capacity within MoH in Turkey). - Respondents reported that UNFPA leveraged partnerships with relevant government ministries: - Partnership with MoH on integrating WGSS into migrant health centres (Turkey). - Undertaking training of trainers for CMR (Iraq). - Appointment of focal point for MOSA has allowed for cooperation to move faster (Syria). - One respondent identified that developing the capacity of a local actor to develop hygiene kits as one way to remedy the fact that UNFPA does not have a huge proposition section (Turkey). - Utilising national NGOs for knowledge of local context and relationship with government, and as cost-saving measure in terms of logistics (Iraq). - Respondent noted that the cross-border response leverages strategic partnerships by utilising IPs via convoys and receiving information on how things are received, stored, and distributed. These IPs are also responsible for interviewing beneficiaries inside Syria. <p>Evidence of challenges identified by respondents regarding UNFPA’s partnerships:</p> <ul style="list-style-type: none"> - Solely working with government agencies may be less risky but one respondent claimed it is hurting civil society in terms of accountability/transparency (Turkey). - Coordination and partnership made difficult due to human resource gaps but improving as positions are filled (Iraq). - Respondents reported that working relationships with UNFPA sometimes exhibit micromanagement, difficult reporting requirements, and lack of training on SOPs, codes of conduct, etc. as well as delays in payment of grants by UNFPA (Jordan, Lebanon). 			
Assumption 23	Indicators	Source	Data collection
<p>UNFPA has used evidence and data to highlight key needs through a communications, marketing, and fundraising strategy</p>	<p>- % funding from sources outside pooled funding 2011-2017;</p>	<ul style="list-style-type: none"> •UNFPA global documentation •Country office documentation •Syria regional response hub guidance notes/ resources/evaluations •KII Notes 	<p>Document Review Interviews</p>
<p>The indicator suggested for this assumption has been more comprehensively measured via assumption 21, but there is considerable evidence from secondary and primary sources that UNFPA has positioned itself within the humanitarian community in a way that allows for visibility and good communication, as well as delivering on this with respect to use of evidence and data to increase the profile of GBV and RH among targeted populations and stakeholders, and of UNFPA itself:</p> <ul style="list-style-type: none"> - The whole of Syria GBV sub cluster-produced <i>Voices</i> report has used evidence and data to contribute to programming and advocacy efforts. Key informants expressed that the <i>Voices</i> report has played an invaluable role in advocacy, specifically when it came to promoting GBV as lifesaving within the whole of Syria response. - The whole of Syria GBV sub cluster has facilitated the implementation of the GBV Dashboard which includes interactive maps and data related to 4Ws. 			

- Several respondents expressed that good communications during the crisis (e.g. through the whole of Syria communications strategy, including SitReps, infographics, reporting on return on investment) and positive evaluations/audits of UNFPA's actions attracted donors to renew funds or donate to UNFPA. Further, monthly reports from implementing partners feed into reporting to donors as well as the SitReps compiled by the hub.
- A 2016 assessment of UNFPA Syria's M&E systems commissioned by DFID awarded a compound attainment score of 90% (100% representing an "ideal" M&E system) for UNFPA's whole of Syria M&E system noting "it is remarkable taking into consideration the difficult working environment in which UNFPA is operating." However, the same assessment noted the lack of standardization of the data collection across other projects or donors, and a general focus on outputs, with a lack of outcome data.
- GBVIMS data is used in donor briefings and has been marketed (e.g. on the news in Lebanon for 16 days).
- Testimony from country office-level stakeholders and partners (and direct review by the evaluation team) of the increasing capacity of staff and country offices in the collection, analysis and reporting of data (all countries).

There is also limited evidence of the need for improvements related to this assumption:

- Informants noted high competition for resources and lamented the fact that the UNFPA country office does not have a dedicated staff to perform fundraising activities (Jordan, Lebanon).
- UNFPA could increase visibility without incurring substantial additional costs via a more active social media strategy (HQ).
- Lack of systematic IM capacity across all countries, with IM staff being viewed as 'non-essential' (Jordan, Iraq, Turkey).

EFFECTIVENESS			
EQ10a: 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 Syrian Arab Republic			
Assumption 24	Indicators	Source	Data collection
<p>UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:</p> <p>a. Syrian women, adolescents and youth access quality integrated SRH and GBV services;</p> <p>b. Syrian women, adolescents and youth benefit from prevention, risk reduction and social norm change programming and are empowered to demand their rights</p> <p>c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.</p>	<ul style="list-style-type: none"> - % increase access to MNH, SRH, GBV and HIV services based on UNFPA contribution for Syrian women & girls; - Evidence of increased capacity of Syrian implementing partner organizations; - Evidence of increased in capacity of Syrian women and youth to demand services and rights; - Evidence of MNH, SRH, GBV and HIV being integrated into life-saving structures; - Evidence of Sex and age-disaggregated data (SADD) routinely, ethically, and robustly being collected, collated, analysed, utilised, and shared; - Evidence of gender equality as a foundational principle throughout programming and interventions; - Proportion of proposals scoring 2a or 2b on the Gender Marker; - Evidence of protection as a foundational principle throughout programming and interventions; - Proportion of programme documentation referencing centrality of protection; - Evidence of reproductive rights as a foundational principle throughout programming and interventions; - Proportion of programme documentation referencing reproductive health services as rights-based entitlement. 	<ul style="list-style-type: none"> •Country office documentation •Partner and other SRH/GBV actor documentation •IP documentation •HNO / HRP / 3RP documentation •KII Notes •FGDs Notes •Field Visit Notes •Clinic Visit Notes 	<ul style="list-style-type: none"> Document Review Interviews FGDs Field Site Observation
<p>There was little secondary evidence (e.g. robust quantitative data) that UNFPA programming outputs have contributed to the outcomes articulated in the reconstructed ToC for women, girls, and youth in the Syrian Arab Republic. This is due to the limited data collection activities related to outcomes or results among the country offices – most monitoring mechanisms focused on input/output tracking. A 2016 DFID review of UNFPA Syria’s M&E systems, while largely positive with respect to systems for monitoring DFID-funded activity, noted issues with generalizability of systems across projects/donors, and a focus on output-related data. However, <i>qualitative</i> primary evidence collected by the evaluation team among UNFPA, implementing partners and other institutional stakeholders, was unanimously in favour of the assumption that UNFPA-supported activities are having a positive impact on women, girls and youth in Syria. Specific evidence to support this includes:</p> <ul style="list-style-type: none"> - Use of mobile teams in addition to static clinics allows UNFPA efforts to respond to the high mobility of refugees (Syria) and reach areas that other agencies are unable to (NGO implementing partners). - Expansion of youth portfolio since 2017, including formalising a partnership with the government working with CSFA and MoH. - WGSS serves as a space to receive many services (e.g. psychological counselling, legal consultations, support for women’s services and their empowerment through training). - Life-saving frontline work in the Northeast Hazikah region and in the Berm in Southeast Syria (via cross-border from Jordan), despite significant access challenges due to security restrictions on the Jordanian side. - Recognition at HTF in Geneva for being among first to respond in rural Raqqa which proved to donors that UNFPA programming was a good investment. - Increased in supported services since 2014 in southern Syria through six hospitals and 16 WGSS in Quneitra, rural Damascus, and Dara’a. - High satisfaction from evaluation conducted by third-party monitors in March 2018 with post-distribution monitoring raised as an area needing further development. The 2016 DFID evaluation also underscored the value of third-party monitoring for obtaining useful beneficiary feedback. 			

- Satisfaction expressed by government stakeholders as a result of UNFPA’s RH and GBV work, including creation of “competence and expertise” among health workers and institutions.

There is also evidence of challenges in meeting the assumption, as follows:

- A 2017 SRH evaluation found that while mobile services were useful and effective in covering large/un-served areas, follow up was weaker and risk of duplication of services higher. Additionally, some services were unavailable and levels of satisfaction among service users, while still high, were lower for mobile services (81%) as compared to static clinics (95%).
- Limited/inadequate ongoing monitoring and evaluation mechanisms that focus on inputs/outputs rather than outcomes.
- Access issues in hard-to-reach areas such as the Berm
- Concern that the WGSS model excludes men and boys which are essential components when carrying out prevention work.
- Challenges to effectiveness caused by limited funding and poor internal communications e.g. lack of communication between GBV and RH partners making it harder to plan
- Further, one donor representative noted the need for more impact assessments and that UNFPA is poor in this. They specified a need for greater focus on the outcomes of the resources provided.

EQ10b: 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.

Assumption 25	Indicators	Source	Data collection
<p>UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:</p> <p>a. Syrian refugee women, adolescents and youth, and affected host communities access quality integrated SRH and GBV services;</p> <p>b. Syrian refugee women, adolescents and youth and affected host community women, adolescents and youth benefit from prevention, risk reduction and social norm change programming and are empowered to demand their rights</p> <p>c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.</p>	<ul style="list-style-type: none"> - % increase access to MNH, SRH, GBV and HIV services based on UNFPA contribution for Syrian refugees and affected host communities; - Evidence of increased in capacity of Syrian women and youth to demand services and rights; - Evidence of MNH, SRH, GBV and HIV being integrated into life-saving structures; - Evidence of SADD routinely, ethically, and robustly being collected, collated, analysed, utilised, and shared; - Evidence of gender equality as a foundational principle throughout programming and interventions; - Proportion of proposals scoring 2a or 2b on the Gender Marker; - Evidence of protection as a foundational principle throughout programming and interventions; - Proportion of programme documentation referencing centrality of protection; - Evidence of reproductive rights as a foundational principle throughout programming and interventions; - Proportion of programme documentation referencing reproductive health services as rights-based entitlement. 	<ul style="list-style-type: none"> •Country office documentation •Partner and other SRH/GBV actor documentation •IP documentation •HNO / HRP / 3RP documentation •KII Notes •FGDs Notes •Field Visit Notes •Clinic Visit Notes 	<ul style="list-style-type: none"> Document Review Interviews FGDs Field Site Observation

There was little secondary evidence (e.g. robust quantitative data) that UNFPA programming outputs have contributed to the outcomes articulated in the reconstructed ToC for women, girls, and youth in the refugee-hosting countries. This is due to the limited data collection activities related to outcomes or results among the country offices – most monitoring mechanisms focused on input/output tracking.

One available secondary source indicate that in 2016 (latest consolidated figures available) UNFPA directly provided SRH and GBV services to 262,442 women and girls, through 30 WGSS (in and out of camp) and associated health clinics, and supported 5 service delivery points for CMR (in Za’atari and Azraq camps) (Jordan).

However, qualitative primary evidence collected by the evaluation team among UNFPA, implementing partners and other institutional stakeholders, and community/camp-level beneficiaries, was significantly in favour of the assumption that UNFPA-supported activities are having a positive impact on women, girls and youth in countries surrounding Syria. Specific evidence to support this includes:

- Respondents noted that UNFPA efforts were addressing the needs of women and girls regarding SRHR and GBV through WGSS (Jordan, Turkey)

- Multiple respondents from Iraq (including refugees themselves) reported GBV (including IPV) and early marriage/extra-judicial marriage are decreasing due to increased knowledge through campaigns (although several other informants contradicted this assertion). Other specific examples from Iraq include
 - o Awareness campaigns in all camps of the dangers and illegality of early marriage;
 - o Coordination with different stakeholders to create and implement an integrated strategy on early marriage via the KRI Child Marriage Taskforce
 - o Support (via the Taskforce) to the production of a key 2015 study of early marriage in the KRI Inter-Agency Guidance Note: Prevention of and Response to Child Marriage and an associated fact sheet;
 - o Ongoing support to the KRG via the High Council of Women Affairs which has implemented public awareness campaigns on the dangers of early marriage;
 - o Ongoing work (with ASRO) on a survey of child marriage among Syrian refugees in KRG, which was to be completed in July 2018.
- UNFPA support provided to JHAS *hospitainer* in Jordan that services the Berm in Syria
- Use of mobile teams in addition to static clinics allows UNFPA efforts to respond to the high mobility of refugees (Syria).
- Strong provision/implementation of MISP services and distribution of RH dignity and hygiene kits (Turkey).
- Increased willingness of women and girls to attend WGSS and speak about the GBV issues that they are facing (Turkey, Iraq).
- Assertions by government stakeholders of their on-the-ground effectiveness of IGAs, creating awareness of GBV/sGBV, employment opportunities (inside and outside camps)

Further, there is considerable anecdotal evidence from key informants and secondary data from the key strategic documents governing the Syria region humanitarian response indicating the centrality of GBV response activities and the emergence of a recognition of the lifesaving nature of GBV response activities. Specific evidence includes:

- An emphasis on the lifesaving nature of GBV and related services provided by front-line responders in GBV sub cluster strategies (Iraq)
- The rollout of the IASC GBV guidelines (which highlight the life-saving nature of GBV response work) across all response countries during the 2015-2017 period;
- Centrality of protection concerns and direct acknowledgement of SHR and GBV services as life-saving (under health) among individual country chapters of the HRP and the whole of Syria strategic steering group Protection Strategy 2017-2018;
- Acknowledgement by key informants in all countries of the life-saving and central nature of GBV response work.

Evidence of challenges to meeting the outcomes is as follows:

- WGSS model is limiting: Focusing on women is not necessarily or immediately a gender-sensitive response, and a recent report highlighted that men and boys are being left out of the response (related to GBV protection especially) (Turkey).
- Multiple respondents stated that assessing effectiveness is difficult as IPs have no money to assess/evaluate impact of services (Jordan).
- Budget cuts between 2017 and 2018 presented a major challenge. UNFPA increased peer educators and reduced ANC, however, there is a high need for ante-and-post natal care (Lebanon).

Annex XI: Inception Report



Evaluation of the UNFPA Response to the Syria Crisis

INCEPTION REPORT

UNFPA Evaluation Office

February 2018

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<http://www.unfpa.org/evaluation>

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ABBREVIATIONS AND INITIALISMS

ALNAP	Active Learning Network for Accountability and Performance
AOR	Area of Responsibility
ARV	Anti-Retro-Viral
ASRO	Arab States Regional Office
CERF	Central Emergency Response Fund
CLA	Cluster Lead Agency
CMR	Clinical Management of Rape
CSO	Civil Society Organisation
DAC	Development Assistance Committee
ECOSOC	United Nations Economic and Social Council
EECARO	Eastern Europe and Central Asia Regional Office
ERG	Evaluation Reference Group
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FTP	Fast Tracking Procedure
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
HCT	Humanitarian Country Team
HFCB	Humanitarian and Fragile Contexts Branch
HNO	Humanitarian Needs Overview
HRBA	Human Rights-Based Analysis
HRP	Humanitarian Response Plan
IAFM	Inter-Agency Field Manual
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group
ICPD	International Conference on Population and Development
IHL	International Humanitarian Law
IHRL	International Human Rights Law
IPV	Intimate Partner Violence
IRC	International Rescue Committee
IRL	International Refugee Law
KII	Key Informant Interview
LAPM	Long-Acting and Permanent Methods
LGBT	Lesbian, Gay, Bisexual and Transgender
MISP	Minimum Initial Services Package
MNH	Maternal and Neonatal Health
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Cooperation and Development
OR	Other Resources
PSS	Psychosocial Services
RR	Regular Resources
SADD	Sex and Age Disaggregated Data
SAR	Syrian Arab Republic
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSG	Strategic Steering Group
STI	Sexually Transmitted Illness
UNCT	United Nations Country Team

Evaluation of the UNFPA Syria Regional Humanitarian Response

UNEG	United Nations Evaluations Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNSCR	United Nations Security Council Resolution
USD	United States Dollar
VCT	Voluntary Counselling and Testing
WASH	Water, Sanitation, Hygiene
WHO	World Health Organisation
WoS	Whole of Syria

INTRODUCTION

Building on the Terms of Reference (ToR) for the Evaluation of the UNFPA Response to the Syria Crisis (henceforth, ‘the UNFPA Response’), the aim of this Inception Report is to clearly articulate the evaluation team’s understanding of the context, purpose and scope of the evaluation and to provide an overview of the proposed approaches, and methodology for conducting the evaluation.

The final, agreed version of this report will be used as the basis for a clear and coherent understanding between the UNFPA Evaluation Office (EO), the Evaluation Reference Group (ERG) and the evaluation team on the scope and format of the expected deliverables and the process that will be employed to ensure overall quality. The dissemination of this information to all relevant stakeholders and end users will be the responsibility of the Evaluation Office.

BACKGROUND TO THE EVALUATION

Syria’s civil war, ongoing since 2011, has had profound effects on a range of countries in the region and beyond. By the end of 2017, 13.1 million people needed humanitarian assistance (6.1 million IDPs, 7 million refugees), including close to 3 million people in need trapped in besieged and hard-to-reach areas, where they are exposed to grave protection threats.⁵³

Over half of the population has been forced from their homes, and many people have been displaced multiple times. Children and youth comprise more than half of the displaced, as well as half of those in need of humanitarian assistance. Parties to the conflict act with impunity, committing violations of international humanitarian and human rights law.⁵⁴

The United Nations Population Fund (UNFPA), operational in Syria and surrounding countries since before the crisis, scaled up its operations to respond to the Syrian humanitarian crisis effectively. In 2013, UNFPA established a regional response hub to allow a more effective UNFPA representation at the different humanitarian coordination forums, increase the effectiveness and visibility of humanitarian response activities and enhance resource mobilization efforts.

In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations. This response is an effort to ensure a “coordinated humanitarian response to all people in need in Syria, using all relevant response modalities in accordance with relevant UN Security Council Resolutions (UNSCR). The relevant Security Council Resolutions include UNSCR 2139 (2014), 2165 (2014), 2258 (2015) and 2322 (2016) which, amongst other things, provided the framework for cross-border operations from hubs in Jordan, and Turkey, together with operations from Damascus. With the introduction of the Whole of Syria (WoS) approach, UNFPA’s regional response hub in Amman, Jordan, under the overall responsibility of the Arab States Regional Office (ASRO) became the

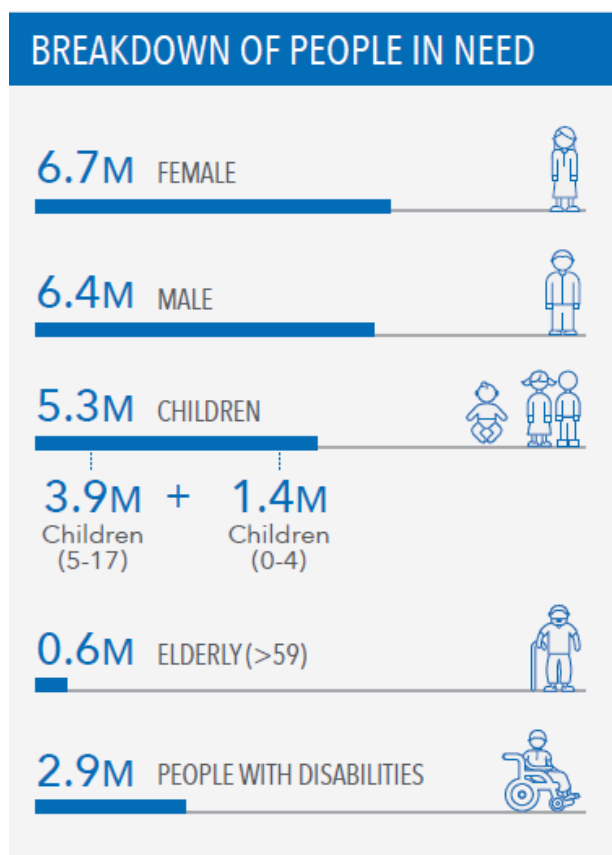


Figure 1: PiN (Source: HNO 2018)

⁵³ UNOCHA; Also WoS HNO 2018

⁵⁴ Ibid

coordination centre for all cross-border activities, for UNFPA’s response across the WoS (bringing together the operational hubs), and for Gender-Based Violence (GBV) as per its cluster mandate.

Country	Registered Syrian refugees (01/12/2017) ¹	Total estimated number of Syrians ²	Projected registered Syrian refugees by Dec 2018 ³	Members of impacted communities (direct beneficiaries) in 2018 ⁴	Projected registered Syrian refugees by Dec 2019	Members of impacted communities (direct beneficiaries) in 2019
Egypt	126,027	500,000	131,000	368,300	126,000	368,300
Iraq	246,592	246,592	245,000	158,110	240,000	158,110
Jordan	655,056	1,380,000	602,000	520,000	560,000	520,000
Lebanon⁵	1,001,051	1,500,000	1,000,000	1,005,000	1,000,000	TBC
Turkey	3,320,814	3,320,814	3,303,113	1,800,000	3,303,113	1,800,000
Total	5,379,644	6,947,406	5,311,217	3,851,410	5,259,217	

The WoS approach includes a coordinated WoS Humanitarian Response Plan (HRP) for Syria (Syria CO+ cross border Jordan and cross border Turkey together with a Regional Refugee & Resilience Plan (commonly referred to as the 3RP) for the regional Syria response crisis – i.e. the refugee countries (Turkey, Jordan, Lebanon, Iraq (Syria refugees) and Egypt which harmonises protection and assistance to Syrian refugees in neighbouring countries. There is an overall 3RP as well as country-specific 3RPs.

The UN Security Council authorised⁵⁵ UN agencies and their partners to use routes across conflict lines and the border crossings at Bab al-Salam, Bab al-Hawa (Turkey - Syria), Al Yarubiyah (Iraq - Syria) and Al-Ramtha (Jordan - Syria) to deliver humanitarian assistance, including medical and surgical supplies, to people in need in Syria. The government of Syria is notified in advance of each shipment and a UN monitoring mechanism has been established to oversee loading in neighbouring countries and confirm the humanitarian nature of consignments⁵⁶.

UNFPA leads on the GBV Sub-Cluster and the Reproductive Health Working Group across WoS and in all three operational hubs. This is also the case in the 3RP countries. From 2014, within the framework of the WoS approach, UNFPA’s hub was assigned the overall coordination role of cross-border assistance. The WoS approach also abides by the principle of subsidiarity which means that each cross-border operation managed by Jordan and Turkey respectively are their responsibility and accountability lies with them.

As part of its response to the Syria crisis, UNFPA activities have included:

- Support to life saving reproductive health, including maternal health and family planning, services including provision of necessary RH commodities (RH kits, medical equipment, contraceptives, RH drugs, etc);
- Engagement in programs that seek to mitigate and prevent the occurrence of gender-based violence (GBV) - such as child marriage - and support to GBV survivors, including through clinical management of rape services and psychosocial support for women and girls at risk of or survivors of violence;
- Distribution of specialized, customized and culturally sensitive hygiene or dignity kits (containing various sanitary items) targeting primarily women and girls;
- Deployment of medical and specialized personnel (e.g. protection/GBV specialists) to assist affected communities;

⁵⁵ Through the unanimous adoption of resolutions 2165 (2014), 2191 (2014), 2258 (2015) and 2332 (2016) until 10 January 2018,

⁵⁶ UNOCHA Cross-Border Operations Fact Sheet, September 2017

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

UNFPA's Evaluation Office (EO) recognised a need for an evaluation of UNFPA's Response to the Syria crisis despite this evaluation not initially being planned for within the Quadrennial Evaluation Plan 2016-2019, given the escalating nature of the Syria crisis and associated scaled up UNFPA Response since 2011. This evaluation will generate findings and lessons that will be of use for UNFPA (at global, regional and country level) but also for other humanitarian actors, countries in the region affected by the Syria crisis, donors, and civil society in the affected region.

SRHiE and GBViE: THE GLOBAL CONTEXT AND UNFPA'S ROLE

Sexual and Reproductive Health (SRH) in Emergencies (SRHiE)

The 1994 International Conference on Population and Development (ICPD) set the modern stage for Sexual and Reproductive Health and Rights (SRHR) globally. The 2014 Framework of Actions Report for ICPD references the Programme of Action (PoA) emerging from ICPD as a "remarkable consensus" of 179 Governments affirming that "individual human rights and dignity, including the equal rights of women and girls and universal access to sexual and reproductive health and rights, are a necessary precondition for sustainable development".

There is little debate or disagreement in current international thinking (at least within the UN) that SRHR is a critical, central and foundational factor of equality and poverty eradication and must remain at the heart of development action. However, **SRHR as a humanitarian action** (SRH in Emergencies - SRHiE) SRH in humanitarian emergencies still struggles to be given the same priority recognition as other needs such as food, shelter, Water/Sanitation/Hygiene (WASH).⁵⁷

After the ICPD 1994, the Inter-Agency Working Group on Reproductive Health in Crises (commonly referred to as IAWG)⁵⁸ was formed, initially with US Government support with one full-time staff member hosted within the UN High Commission for Refugees (UNHCR). This group focussed on policy and programme practice, producing the Inter-Agency Field Manual (IAFM) in 1995 which identified a set of minimum reproductive health services required in humanitarian response – the Minimum Initial Services Package (MISP) for reproductive health in crises – and sought to embed this within general humanitarian standards and practices. The MISP, a standard in the 2004 revision of the Sphere Humanitarian Charter and Minimum standards in Disaster, is a set of five coordinated minimum activities to be implemented as part of a comprehensive humanitarian response, and consists of:

1. Coordination of RH (appointing an Agency lead; having an RH Officer in place);
2. GBV (protection system in place especially women and girls, medical services and psychosocial support (PSS) available for survivors; community aware of services);
3. HIV (safe and rational blood transfusion in place, standard precautions practiced, free condoms);
4. Maternal and Neonatal Health (MNH): (Emergency obstetric care (EmOC) and newborn care services available, 24/7 referral systems established, clean delivery kits provided to birth attendants and visibly pregnant women, community aware of services);
5. Plan for comprehensive RH services integrated into primary health care.

The IAWG was initially founded as a UN-centred initiative, but increasingly included more Non-Governmental Organisation (NGOs) and the commitment from these other actors when UN (and

⁵⁷ See http://www.who.int/hac/techguidance/preparedness/SRH_policybrief/en/

⁵⁸ Note that IAWG pre-dates the cluster system and as such, exists outside of IASC which dominates humanitarian architecture. IAWG is an older coordination forum than the clusters and has demonstrated a remarkable commitment from member agencies even through times of limited funding; as a non-formalised IASC mechanism the IAWG also exhibits a flexibility and accountability to member agencies that IASC apparatus sometimes lacks. However, IAWG itself lacks the authority inherent within IASC structures.

specifically UNHCR) commitment waned ensured that IAWG continued as a vibrant and active forum of humanitarian actors working at policy and programme level for SRHiE. IAWG is now a more formalised network hosted by the Women’s Refugee Commission, with members paying subscription and has several active sub-working groups including Advocacy/MISP; Adolescents; Data and Research; Family Planning; GBV; Sexually Transmitted Infections (STIs) and HIV; Logistics; and MNH.

MISP is embedded throughout humanitarian minimum standards, and is referenced in Sphere under Health Action.

In 2014 a global evaluation of SRHiE commissioned by IAWG highlighted many positive improvements within SRHiE in the preceding decade. Humanitarian funding for SRHiE had increased from 2002 to 2013 totalling across the period just over two billion US Dollars (USD), representing 43% of the actual amount requested. MNH was the most well-funded component of MISP. MISP itself was much more well-known in 2014 than it was in 2004, and IAWG members “self-reported growth in institutional capacity to address RH in crises”.⁵⁹ However, the Global Evaluation also highlighted several continuing gaps in the implementation of MISP, including:

- Lack of full systematic MISP implementation;
- Limited emergency obstetric and new-born care;
- Lack of comprehensive abortion care;
- Limited availability of long-acting and permanent methods (LAPM) of contraception;
- Limited availability of emergency contraception beyond post-rape care;
- Limited efforts to prevent sexual violence and limited access to comprehensive clinical management rape;
- Lack of access to antiretroviral medications (ARVs);
- Limited diagnosis and treatment of sexually transmitted infections (STIs);
- Poor commodity management and security “caused stock-outs and prevented a smoother transition from the MISP to more comprehensive services”;
- Little attention to adolescent reproductive health;
- Limited community engagement;
- “inequitable funding to conflict-affected countries”: non-conflict received 57% more RH funding.

Despite these continuing gaps in SRHiE highlighted in the global evaluation – and representing real and significant harm to millions of women, girls, men and boys, and a genuine failure of the international humanitarian community to provide life-saving and protective services in emergency settings – there is currently an unprecedented alignment of interest and commitment from a variety of actors, institutions, policies and processes which, if properly recognised and realised, could substantially change the landscape. Specifically, an increased focus on women and girls in emergencies, an increased move towards local ownership of aid response, and an increased recognition that humanitarian and development work should be more aligned.

The 2015 UNFPA State of the World’s Population Report “Shelter from the Storm” called to “[m]ove sexual and reproductive health to the centre of humanitarian action” and also to “[t]ip the balance from reaction and response towards preparedness, prevention and resilience”.

UNFPA is the designated UN Agency for the implementation of the ICPD and the associated PoA across development and humanitarian settings, with a core mandate to respond to SRH needs as established by the United Nations Economic and Social Council (ECOSOC) in 1973 and reaffirmed in 1993⁶⁰. Across numerous strategic plans, UNFPA has re-articulated this mandate in various forms, but always with

⁵⁹ IAWG 2012-2014 Global Evaluation

⁶⁰ http://rconline.undg.org/wp-content/uploads/2011/11/UN-Entities-Information-Sheet_UNFPA.pdf

the same basic adherence to the core purpose of the Agency, articulated in the new 2017-2021 Strategic Plan as:

“[To] Achieve universal access to sexual and reproductive health, realise reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the International Conference on Population and Development, to improve the lives of women, adolescents and youth.”

It is increasingly recognised both internally within UNFPA and externally that the implementation of UNFPA’s core mandate in humanitarian settings is equally critical as the implementation in development settings. UNFPA’s Second Generation Humanitarian Strategy was conceived in 2012 and put continued emphasis on strengthening UNFPA’s accountability to advocating for, delivering results on, and coordinating SRH activities and interventions in emergencies.

Within the Inter Agency Standing Committee (IASC) Cluster System, the World Health Organisation (WHO) is the Cluster Lead Agency (CLA) for health. There is no official IASC Area of Responsibility (AoR) or sub-cluster for Reproductive Health, and at global level this responsibility sits with IAWG (outside of the Cluster System). At country level, local RH WGs are normally activated in humanitarian response, and often under the leadership of UNFPA under the overall umbrella of the health cluster where it exists.

Gender-Based Violence in Emergencies - GBViE

“Gender-based violence is a pervasive and life-threatening health, human rights, and protection issue. Deeply rooted in gender inequality and norms that disempower and discriminate, GBV is exacerbated in humanitarian emergencies where vulnerability and risks are high, yet family and community protections have broken down”.⁶¹

Humanitarian actors are more united than ever in their commitment to addressing GBV in emergencies (GBViE). There is an increasing understanding of the critical importance of recognising GBV interventions as a life-saving priority in emergency response, and an acknowledgement that not doing so is a failure of humanitarian response to meet its protection responsibilities.

Conflict and disaster situations⁶² often exacerbate GBV. Tensions at household level can increase intimate partner violence (IPV) and other forms of domestic violence (DV).⁶³ The pervasive impunity with which conflict settings are characterised can exacerbate sexual violence, including its use as a weapon of war. Poverty, displacement and increased dependency resulting from crises often increase the risk for women and girls of being forced or coerced to engage in sex in return for safe passage, food, shelter or other resources.⁶⁴ The breakdown of community protection systems, insufficient security in camps and informal settlements, temporary shelters – which are typically overcrowded with limited privacy and reduced personal security – all increase the risk of sexual and physical assault, as well as other issues of GBV such as trafficking.⁶⁵ Child marriage rates are often impacted by humanitarian settings (either by girls being married younger, and / or more girls being married at a

⁶¹ Call to Action on Protection from Gender-based Violence in Emergencies, Road Map 2016–2020, September 2015, p.3.

⁶² Humanitarian contexts cover a range of diverse situations and settings, including, but not limited to, natural disasters, conflict, rapid onset, slow onset, cyclical, protracted, fluctuating, and complex displaced/refugee situations in camps or within urban host communities, and often mixed situations. Each of these settings has specific challenges.

⁶³ Domestic Violence is a term used to describe violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. Intimate partner violence applies specifically to violence occurring between intimate partners, and is defined by WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (IASC GBV Guidelines, p.321)

⁶⁴ R. Murray, ‘Sex for Food in a Refugee Economy: Human Rights Implications and Accountability’, in *Georgetown Immigration Law Journal* 14 985–1025

⁶⁵ UN, 2007, Report of the Special Representative of the Secretary-General for Children and Armed Conflict, New York, UN General Assembly

young age).⁶⁶ A humanitarian crisis in a setting with high levels of Female Genital Mutilation (FGM) means maternal and new-born health (MNH) services as life-saving activities are even more critical.

The consequences of exposure to violence are as extensive as the scope of violence itself, in terms of the myriad physical, emotional, and psychosocial health problems that accompany different types of GBV. In humanitarian settings, where community support systems and formal health and psychosocial services (PSS) are often severely compromised, the consequences of violence can be even more profound than in peacetime.

The extent and impact of GBV affects not only survivors, it also limits the ability of entire societies to heal from conflict and disaster. Violence may affect child survival and development by raising infant mortality rates, lowering birth weights, and affecting school participation. GBV can limit women's access to reproductive health services including family planning, leading to unwanted pregnancies and unsafe abortions, and increasing women's risk of HIV infection.⁶⁷ GBV increases costs to public health and social welfare systems and decreases women and children's participation in social and economic recovery.

As highlighted in a report published by the International Rescue Committee (IRC): "Preventing and responding to GBViE is recognized as a life-saving measure and an essential component of humanitarian action." The report concludes that, "In spite of this, response to GBViE remains grossly inadequate in humanitarian settings."⁶⁸

GBViE is the responsibility of all humanitarian actors. According to the IASC GBV Guidelines:

"All humanitarian actors must be aware of the risk of GBV and – acting collectively to ensure a comprehensive response⁶⁹ – prevent and mitigate these risks as quickly as possible within their areas of operation."⁷⁰

This responsibility is supported by a framework that draws on international and national law, UN Security Council Resolutions, Humanitarian Principles and Humanitarian Standards and Guidelines. However, UNFPA has a unique responsibility for GBV in emergencies as per its role as Cluster Lead Agency for the GBV AoR.⁷¹

The GBV AoR is part of the Global Protection Cluster led by UNHCR. The GBV AoR has been boosted by the 2013 Call to Action for GBV in emergencies and the specific focus, particularly by donors, that

⁶⁶ The impact of emergencies on child marriage as a cultural norm / harmful practice is extremely complex and nuanced, based on factors such as the median spousal age difference, whether dowry or bride price (in some cases used simultaneously) is more important, and the nature of the crisis, particularly whether it leads to displacement or not. An increase in child marriage can be both more girls being married and/or girls being married at an earlier age. Motivating factors include disruption of education systems (education and child marriage are inextricably linked), protecting 'honour' (particularly in camp settings where the fear of rape is high and fathers believe being married will offer a level of protection for both their daughter and the family honour), and economic reasons. Additionally, child marriage can become a new harmful practice in certain circumstances based not on a social norm but as a negative coping strategy: for example, Syria had a relatively low level of child marriage before the conflict but Syrian refugee communities across Jordan and Lebanon currently have extremely high child marriage rates, a practice adopted as a negative coping strategy.

⁶⁷ GBV fuels the HIV epidemic as women who have experienced violence are up to three times more likely to contract HIV. (http://www.unicef.org/about/partnerships/index_60239.html)

⁶⁸ International Rescue Committee (2012). *Lifesaving, Not Optional: Protecting women and girls from violence in emergencies*. <https://www.rescue-uk.org/sites/default/files/Lifesaving%20not%20optional.%20Protecting%20women%20and%20girls%20from%20violence%20in%20emergencies%20FINAL.pdf>

⁶⁹ In this context, "response" relates to the overarching GBV activities which form a GBV programmatic intervention – including risk reduction, mitigation, prevention, and response to a survivor. In other contexts, the term "response" relates to the specific "response for a survivor" component of a comprehensive humanitarian GBV intervention, including clinical, psychosocial, legal/justice, and shelter/socio-economic empowerment services.

⁷⁰ IASC GBV Guidelines, p.14.

⁷¹ Until 2017 the GBV AoR was co-led by UNFPA and UNICEF. In 2017 a transition has taken place to sole leadership by UNFPA.

this Call to Action affords the issue. The updated IASC GBV Guidelines released in 2015,⁷² backed up by a well-designed and well-funded dissemination strategy, have also served to increase focus and attention to GBV in general and therefore, de facto, to the GBV AoR.

The GBV AoR (www.gbvaor.net) includes several tools and resources and maintains a team of Regional Emergency GBV Advisors (REGAs) who are rapidly deployable senior technical experts used to strengthen regional and country level capacity for humanitarian response. A core toolbox for the GBV AoR includes the 2010 Handbook for Coordinating Gender-based Violence in Humanitarian Settings, a GBV SOP, information on the GBVIMS (GBV information management system), and the 2015 IASC GBV Mainstreaming Guidelines.

The GBV AoR has a 2015–2020 Capacity Building Strategy which outlines four key areas of work:

- (1) supporting field operations;
- (2) building knowledge and capacity;
- (3) setting norms and standards; and
- (4) advocating for increased action, research and accountability at global and local levels.

In addition to the CLA responsibility for the GBV AoR, UNFPA has produced its own 2017 GBV Minimum Standards for GBV in Emergencies.⁷³ This guidance consists of 18 standards organised as foundational standards, mitigation, prevention, and response standards, and coordination and operational standards and exist currently as an aspirational comprehensive framework for UNFPA GBViE programming.

In 2017 across SRHiE and GBViE programmes, UNFPA planned to reach 38 million women, girls and youth across 56 countries with a total of \$308 million for emergency response interventions. 2016 results achieved included 11.4 million women, girls and youth reached across 55 countries with a total of \$158 million (out of a requested \$311 million). Services included 481 mobile clinics across 27 countries, 2,488 facilities supported to provide EmOC across 38 countries, 9,959 youth facilitators trained on SRH across 27 countries, 485 safe spaces established across 34 countries, and 741 facilities supported to provide Clinical Management of Rape (CMR) across 33 countries.⁷⁴

In terms of human resources, UNFPA has had a surge capacity for five years, but since 2015 it has become increasingly systematised and professionalised. There are currently approximately 280 people on the roster with different profiles or competencies across GBV coordination, GBV programming, SRH programming, humanitarian coordination and information management⁷⁵. Those on the surge roster receive a one-week long intensive training – with five workshops being held in 2016. There are currently four standby partners for surge (RedR, Danish Refugee Council, Norwegian Refugee Council, and Canadem) – with an extra two (Swiss and Swedish) being considered. Additionally, there is ongoing consideration of moving the surge function from humanitarian management to human resources management.

⁷² These Guidelines are an IASC-endorsed product.

⁷³ Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, UNFPA, 2017

⁷⁴ UNFPA Humanitarian Action Overview, UNFPA, 2017

⁷⁵ There are 12 generic surge profiles.

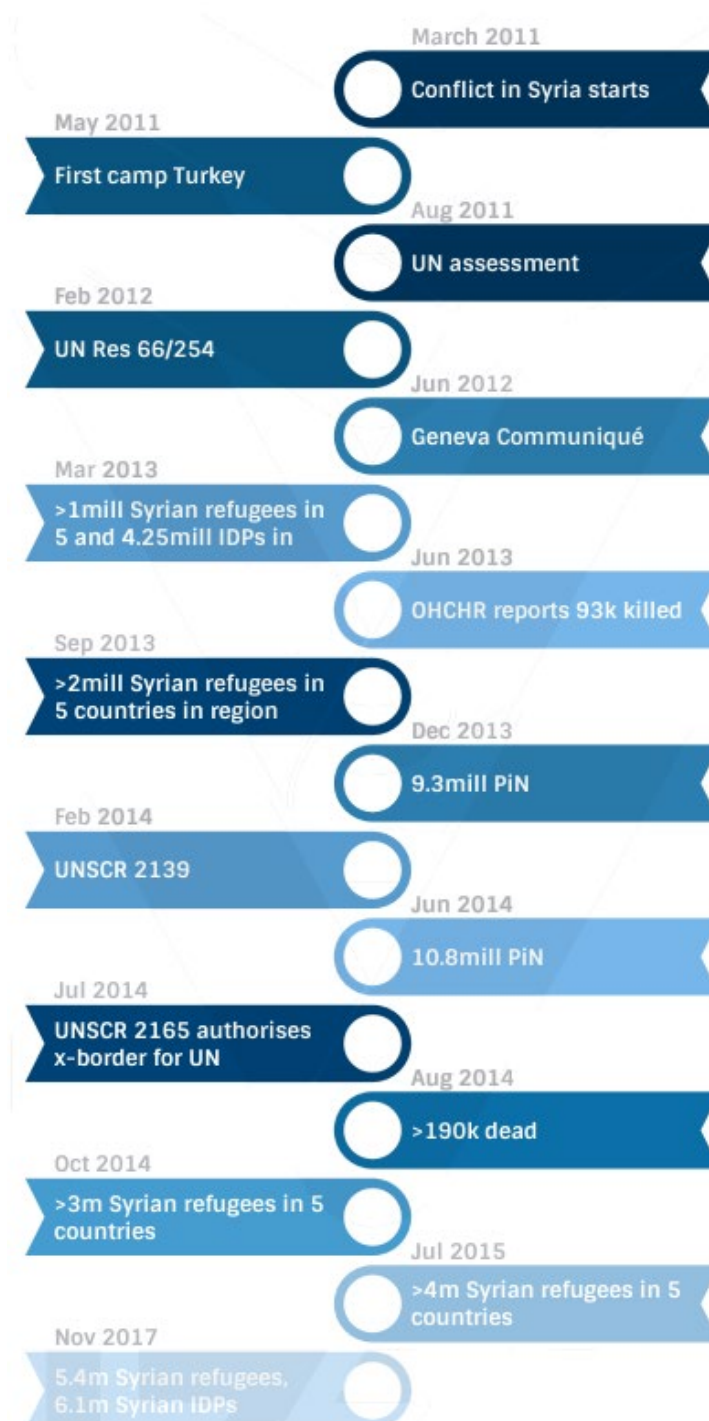
UNFPA RESPONSE IN SYRIA

It has been estimated that since 2011 an average of 50 Syrian families have been displaced every hour of every day⁷⁶ and the “pace of displacement remains relentless”. Current displacement figures indicate 3.3 million *registered* Syrian refugees in Turkey; 1 million in Lebanon; 655,000 in Jordan; 247,000 Syrian refugees in Iraq; and 126,000 Syrian refugees in Egypt. Unregistered refugees and those registered under alternative legal frameworks in Jordan, Lebanon and Egypt total an additional 1.5 million Syrians.⁷⁷

6.1 million Syrians are internally displaced within Syria. More than 250,000 people have been killed. Life expectancy for Syrians has decreased by 20 years since 2011.⁷⁸

Since 2014 (under the authority of UN Security Council Resolution 2165 authorising cross-border humanitarian assistance into Syria) the UN system has adopted a Whole of Syria approach under subsequent HRP, and indeed for the Humanitarian Planning Cycle and the whole response.

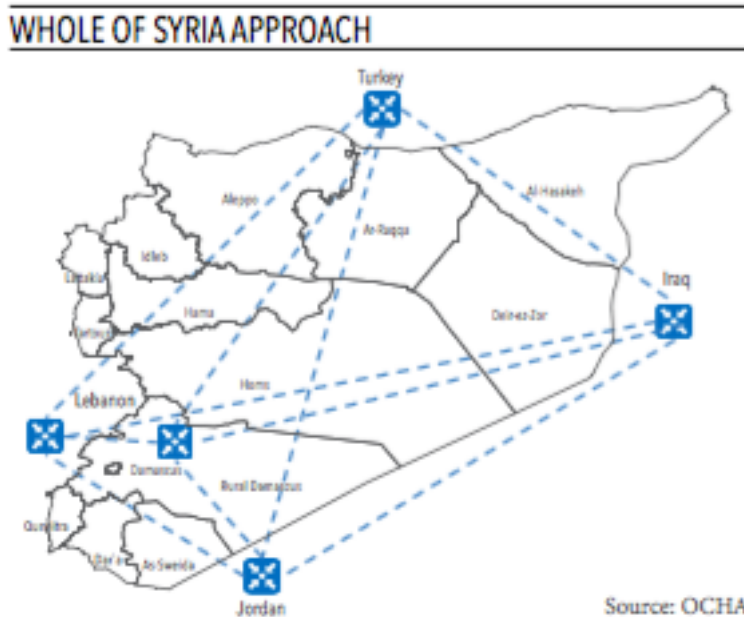
Syria Crisis Timeline



⁷⁶ 2016 Humanitarian Needs Overview

⁷⁷ 3RP 2018-2019 – Regional Strategic Overview

⁷⁸ 2016 Humanitarian Response Plan

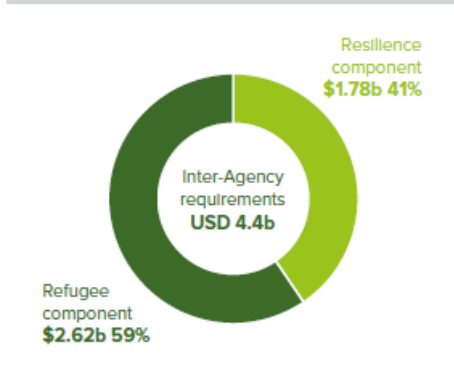


In addition to the Whole of Syria approach under the HRP, there has been a succession of comprehensive Regional Refugee and Resilience Plans (3RPs) since 2014, which aim to coordinate and align responses to Syrian refugees across Iraq, Lebanon, Jordan, Turkey, and Egypt. Under the current 2018-2019 3RP 5.3 million registered Syrian refugees and 3.9 million individuals within host communities have been targeted under a request of USD 4.4 billion.

5 NATIONALLY-LED COUNTRY PLANS



INTER-AGENCY FUNDING REQUIREMENTS (UN+NGOs)



TARGET POPULATION



The UNFPA response is coordinated through the Syria Response Hub ('the Hub'), agreed upon in 2012 and established in Amman in 2013 following the declaration of L3 crisis level for Syria. This hub was established as part of the ASRO structure, and before USCR2165 or the overall Whole of Syria Response structure. It was established in response to UNFPA recognising the need to scale up the Syria response and improve coordination between different COs. A regional Humanitarian Coordinator was appointed in February 2013 with further dedicated posts being subsequently created, particularly in the areas of GBV, communications, and monitoring and evaluation.⁷⁹

In January 2015 UNFPA codified their management arrangements for cross-border activities for the Whole of Syria approach, agreeing that the UNFPA CO in Damascus would be involved in all aspects of humanitarian service delivery within Syria, regardless of the modality of geography of origin, but recognising that the situation in Syria had deteriorated to such an extent that the CO could not fully and directly manage all humanitarian aid flows, and information flows were severely restricted and highly sensitive within Syria, thus necessitating a coordination hub outside of the country.⁸⁰ This reflects the strategy adopted by the whole Syria UN Country Team (UNCT).

UNFPA activities across the Whole of Syria and the 3RP refugee countries plans have focussed on supporting facilities to provide RH services including access to family planning; MNH services including emergency obstetric care (EmOC) (both basic emergency obstetric care (BEmOC) and comprehensive emergency obstetric care (CemOC)); GBV services including access to safe spaces, support to facilities for CMR, and GBV prevention messaging. UNFPA has also supported youth empowerment and population programming.

Despite resources received being approximately half of resources requested from 2015, UNFPA have reached 1.2 million women, girls and youth in Syria through 95 mobile clinics, supporting 929 facilities providing EmOC services, 13 facilities providing CMR services, and through 37 safe spaces.⁸¹

⁷⁹ Audit of Syria Response Syria Response Hub, Jordan April 2017

⁸⁰ Agreement on UNFPA Management Arrangements for Cross-Border Activities under the 'Whole of Syria' Approach, January 2015

⁸¹ <http://www.unfpa.org/data/emergencies/syria-humanitarian-emergency>

EVALUATION PURPOSE, OBJECTIVES, SCOPE

UNFPA evaluations serve three purposes:

1. To demonstrate accountability to stakeholders on the performance of UNFPA in achieving results
2. To support evidence-based programming and decision-making
3. To contribute learning to the current knowledge base on how to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD).

The primary purpose of this evaluation of UNFPA's humanitarian response to the Syrian conflict since 2011, as stated in the Terms of Reference, is "to assess the contribution of UNFPA to the Syria humanitarian crisis response." A subsequent / secondary purpose is stated as "the exercise will generate findings and lessons that will be of use for UNFPA (at global, regional and country level) but also for humanitarian actors, countries affected by the Syria crisis, donors, and the civil society."

The more **summative** aspect of this evaluation is to ensure accountability at all levels - to the individuals and communities receiving aid, 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.

The specific objectives of the evaluation are:

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

The scope of the evaluation has three dimensions:

- *Thematically*: All UNFPA humanitarian interventions targeting populations affected by the conflict in Syria. This primarily incorporates both UNFPA's directly-supported Reproductive Health (RH) and Gender-Based Violence (GBV) interventions (though also potentially other work with affected populations), and also its coordination role (via the RH Working Group and GBV Sub Clusters). Such interventions are articulated within the Syrian Humanitarian Response Plan(s) for the period, and include cross-border and Regional Refugee and Resilience Plan (3RP) programming;
- *Geographically*: Syria itself and neighbouring countries (Egypt, Iraq, Jordan, Lebanon and Turkey), including cross-border operations – notably across the sub-region. The evaluation is not intended to evaluate separately each country programme response;
- *Temporally*: The 2011-2017 period, which corresponds to the start of the conflict in Syria to the present day.

The primary intended users of the evaluation are

- (a) UNFPA Country Offices (COs);
- (b) the UNFPA Syria Regional Response Hub (henceforth 'the Hub');
- (c) UNFPA Regional Offices (ROs) – the Arab States Regional Office (ASRO) and the Eastern Europe and Central Asia Regional Office (EECARO);
- (d) UNFPA Humanitarian and Fragile Contexts Branch (HFCB);
- (e) UNFPA Senior Management, including the Executive Board

EVALUATION CRITERIA AND INDICATIVE AREAS FOR INVESTIGATION

The evaluation will use internationally agreed evaluation criteria, drawn from the UN Evaluation Group (UNEG) norms and standards, Organisation for Economic Cooperation and Development (OECD)/Development Assistance Committee (DAC) and the Active Learning Network for Accountability and Performance (ALNAP) criteria for the evaluation of humanitarian action.

Table 1: Primary and Secondary Purposes

Purpose	Broad question
Assess the UNFPA Response – ensure accountability (Primary)	What is the relevance/appropriateness, coverage, coordination, coherence, connectedness, efficiency and effectiveness of the UNFPA Response to the Syria crisis?
Support learning – UNFPA (Secondary)	What are the lessons emerging from the UNFPA Response and how can these lessons be integrated into improved decision-making and learning for the continued Response implementation and coordination?
Support learning – other actors (Secondary)	What are the thematic lessons emerging from the UNFPA RH, Youth and GBV Response that can be shared with other humanitarian actors to increased positive impact for women, adolescents and youth affected by the Syria crisis?

STAKEHOLDER MAPPING AND EVALUATION FOCUS

The table below displays a preliminary list of internal and external stakeholders to engage during the research. A final list of stakeholders to interview will be prepared in consultation with the ERG.

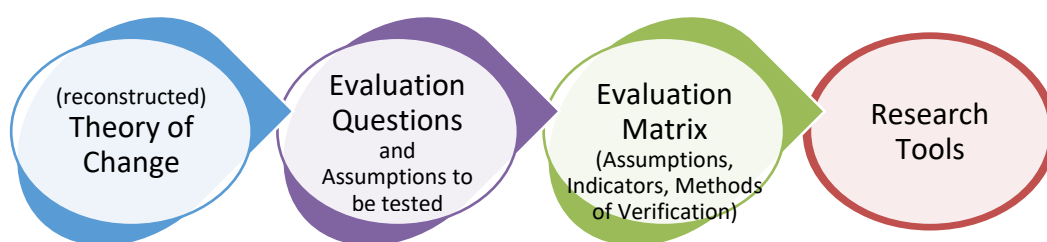
Table 2: Primary and Secondary Users

	Accountability	Learning - UNFPA	Learning – other actors
UNFPA COs responding to Syria Crisis	X	X	
UNFPA Regional Response Hub	X	X	
UNFPA ROs responding to Syria Crisis	X	X	
HFCB	X	X	
UNFPA Senior Management	X	X	
Other actors – UN Agencies, INGOs, NGOs, Civil Society Organisations (CSOs), and governments responding to Syria Crisis; Humanitarian Country Teams (HCT)s, UN Country Teams (UNCTs), and IASC Principles			X

ANALYTICAL FRAMEWORK

The analytical framework is provided to guide the content and methodology of the evaluation; that is, to outline what the evaluation should look at, and how the evaluation team will do this. A central reference point for this evaluation is the *reconstructed Theory of Change* (ToC) that governs UNFPA's humanitarian response programming. While UNFPA has not applied an overall ToC to its previous or current programming in Syria and surrounding countries, evaluation of the continuum of interventions entails a reconstruction of the intervention logic of the UNFPA response to the Syria crisis, i.e. the theory of change meant to lead from planned activities to the intended results of UNFPA interventions.

Derived from the Theory of Change are the **evaluation questions** which set out the key areas of research and assumptions which are to be tested by the evaluators. Each of these questions has associated **assumptions** which will be tested by the evaluators via **indicators** for which primary and secondary data will be collected and analysed via the **research tools**. A diagrammatic representation of the analytical process is presented below:



UNFPA WHOLE OF SYRIA RESPONSE: RECONSTRUCTED THEORY OF CHANGE

For the purposes of this evaluation, the reconstructed Theory of Change for the Evaluation of UNFPA's Response to the Syria Crisis is grounded in UNFPA's overall mandate (which has remained constant since the creation of UNFPA in 1969) and purpose, which has not substantively changed in its articulation across different Strategic Plans relating to the Evaluation period.⁸² It is also grounded in UNFPA's humanitarian objectives, outcomes and outputs as outlined in the 2012 2nd Generation Humanitarian Strategy. Simultaneously, this reconstructed Theory of Change aligns with both the Whole of Syria objectives as articulated within successive Humanitarian Response Plans and the regional strategic directions as articulated within successive Regional Refugee and Resilience Plans.

It thus draws from previous and present documents and is based on an understanding of current interventions under the Whole of Syria HRP (within the Syrian Arab Republic – SAR – and cross-border into SAR in line with UNSCR 2165 of July 2014) and under the Regional Refugee and Resilience Plan (3RP) providing assistance and protection to Syrian refugees across Turkey, Jordan, Lebanon and Iraq.

This reconstructed ToC is a working model for the evaluation, informed by both conceptual frameworks and current and past interventions in the Syria Response to support a forward-looking and formative, learning evaluation. However, the evaluation will, via the evaluation questions and associated assumptions and indicators, test the ToC logic and causality with Country Offices, the Syria Regional Response Hub, and the Regional Offices to refine as the evaluation process evolves, as an inherent component of the consultative, participatory, and forward-looking nature of the evaluation, and ultimately producing a finalised ToC which should be of use to UNFPA as a working document for the current and future response.

Specific foundational markers that this ToC draws from are:

- The UNFPA 2008-2013 Strategic Plan;
- The UNFPA 2012-2013 interim Strategic Plan (following the mid-term review of the 2008-2013 Strategic Plan);
- The UNFPA 2014-2017 Strategic Plan;
- The UNFPA 2018-2021 Strategic Plan;
- The UNFPA 2012 "Second Generation" Humanitarian "Strategy";
- UNFPA modes of engagements defined in the UNFPA 2014-2017 Strategic Plan;
- Successive Whole of Syria HRPs/SHARPs (reviewed across 2012 to 2017) and 3RPs/RRPs (reviewed across 2014 to 2017),⁸³
- Current programming interventions of the UNFPA Syria Response⁸⁴ (reviewed from UNFPA Regional Situation Reports for Syria Crisis).⁸⁵

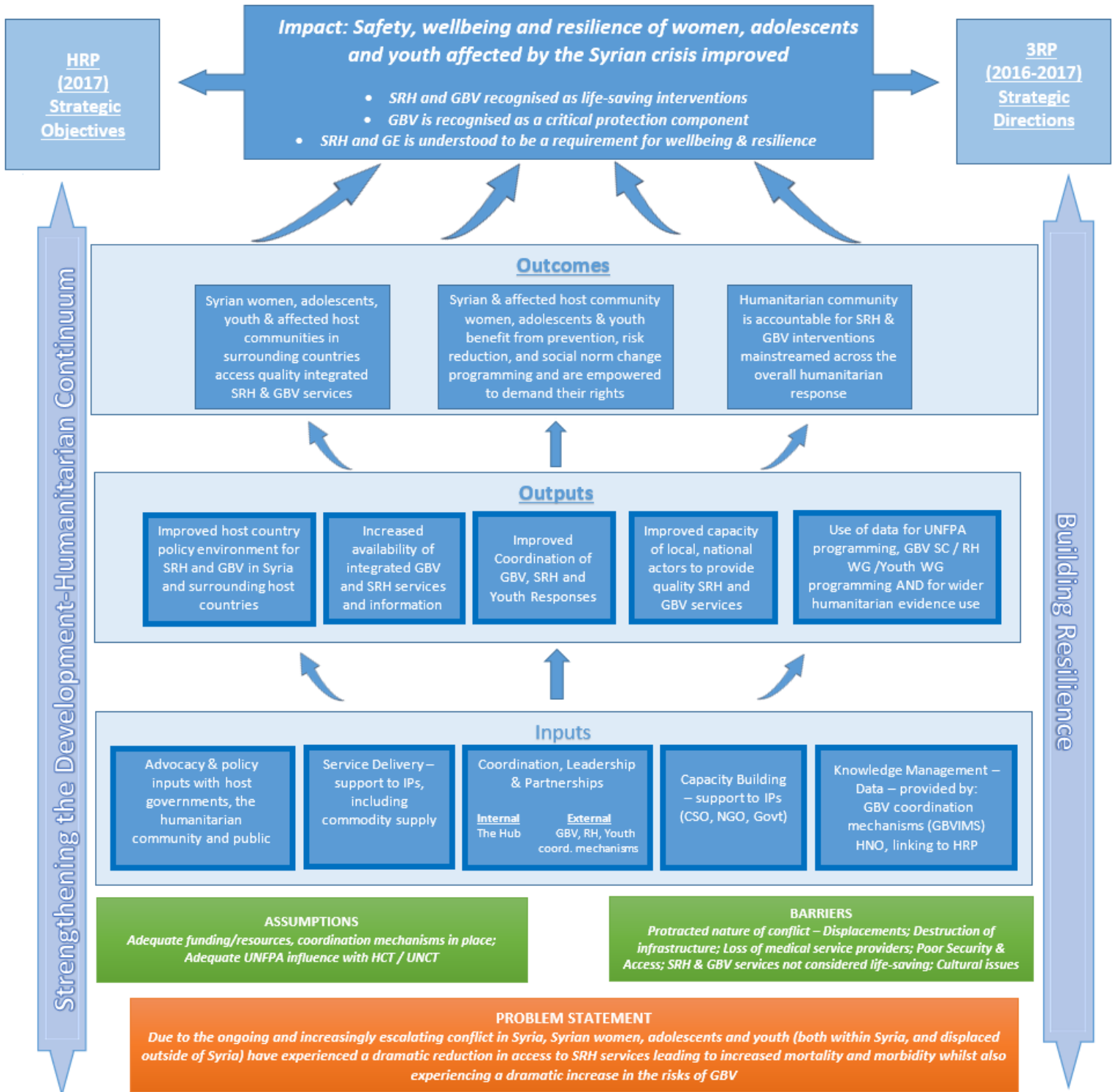
The ToC is presented diagrammatically on the following page, with the origin and logic of the specific intervention elements discussed in the following section.

⁸² The Strategic Plans relating to the Evaluation period include the 2012-2013 interim Strategic Plan (following the mid-term review of the 2008-2013 Strategic Plan) and the 2014-2017 Strategic Plan. The 2018-2022 Strategic Plan was also reviewed to ensure a forward-looking, formative understanding.

⁸³ There have been 6 Syria Response Plans (2012, 2013 Syria Humanitarian Assistance Response Plans and 2014, 2015, 2016, and 2017 Humanitarian Response Plans) and two 3 Regional Refugee and Resilience Plans (2015-2016, 2016-2017).

⁸⁴ The UNFPA Syria Response refers to both the Whole of Syria (inside Syria) response and the refugee and resilience response in surrounding countries.

⁸⁵ No 60, August 2017 is latest provided but more recent Situation Reports will be reviewed during the data collection phase. For the purposes of reviewing general interventions for reconstructing the ToC, those provided up until August 2017 have been adequate.



FIRST LEVEL – PROBLEM STATEMENT

Due to the ongoing and escalating conflict in Syria, Syrian women, adolescents and youth (both within Syria, and displaced outside of Syria) have experienced a dramatic reduction in access to SRH services leading to increased mortality and morbidity whilst also experiencing a dramatic increase of risk of multiple forms of GBV (including domestic, or family violence, intimate partner violence, harassment of girls, and child marriage and other harmful practices).

NEXT LEVEL – BARRIERS AND ASSUMPTIONS

Barriers listed here are those unique to the Syria conflict rather than broader structural, cultural, contextual, thematic, institutional, and societal barriers relating to SRH and GBV more generally. Therefore, barriers specific to delivering SRH and GBV services within the Syrian Context include:

- The protracted nature of the conflict which has led to:
 - Mass displacements both within and outside of Syria. Current statistics suggest that since the conflict began in 2011, 50 Syrian families have been displaced every hour of every day.
 - Destruction of infrastructure
 - Loss of medical service providers
- Security and access
- SRH and GBV still not necessarily being considered ‘life-saving’ interventions by the humanitarian community as a whole.
- The conservative and patriarchal cultural aspects of Syrian society (and that of surrounding countries) and related challenges with sensitive issues within SRH and GBV.

Assumptions listed here are more generic.

NEXT LEVEL – INPUTS

The five inputs align with UNFPA’s general intervention engagement strategies (as articulated within consecutive Strategic Plans and as classified as ‘modes of engagement’ within 2014-2017 Strategic Plan.⁸⁶ There is an additional input of humanitarian coordination, leadership and partnerships reflecting UNFPA’s leadership within the humanitarian community promoting SRH and GBV as life-saving interventions, and the partnerships necessary for that. Coordination relates to both internal coordination – the Hub – and external coordination, being both formal IASC coordination accountabilities (across GBV Sub-Clusters/Sub-Working Groups) and more informal coordination responsibilities (across RH Sub-Working Groups and Youth Task Forces).⁸⁷

The four modes of engagement outlined in the 2014-2017 Strategic Plan (and reflected under different articulation in previous Strategic Plans) are:

- Advocacy and Policy:
 - Continued advocacy with host governments to implement international agreements, standards, improve domestic policy, *and integrate gender equality, SRH (including MISRP), population dynamics, and GBV services into humanitarian mechanisms;*
 - Advocacy within the humanitarian community to promote GBV and SRH as critical life-saving interventions;
- Service Delivery;

⁸⁶ For example, in the 2012-2013 Strategic Plan (following the mid-term review of the 2008-2013 Strategic Plan) UNFPA does not reference ‘modes of engagement’ but does reference “what role the organization should play (for example, whether it can best support countries by delivering services, by generating evidence, by building capacity, or by advocating, providing policy advice)” (p5) which align to the four modes of engagement articulated more specifically in the 2014-2017 Strategic Plan.

⁸⁷ whilst leading the RH Working Group is not a formalised role for UNFPA within IASC, it is an expected and recognised role. For youth working groups, UNFPA has led – with IFRC – on the Youth Compact which formed from the World Humanitarian Summit since 2016. This is not a formalised IASC role and is an emerging and unofficial responsibility for UNFPA.

- Capacity Development;
- Knowledge Management: Within humanitarian action UNFPA's role in data management (within GBVIMS, Primero, and other population dynamic data collection, collation, analysis and dissemination) is being increasingly recognised and respected by other humanitarian actors and UNFPA's contribution to Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) processes is critical.

NEXT LEVEL – OUTPUTS

Within this reconstructed ToC the outputs for UNFPA in a crisis situation relate to current UNFPA interventions, support, programming and responsibilities and accountabilities within the Syria response. Whilst it could be possible to define outcomes as per the MISP – which is the main normative framework for SRH in emergencies programming – UNFPA have a clear approach of providing integrated services, so separating out services into narrow areas of MNH, SRH, GBV, or HIV is unhelpful.

The five outputs follow closely from the inputs, with coordination of GBV, SRH, and youth responses having influence across all outputs.

NEXT LEVEL – OUTCOMES

The outcomes expressed in this reconstructed ToC are a hybrid of those articulated within the UNFPA Second Generation Humanitarian Strategy (2012); the goals as articulated within the HRP and 3RP, and current UNFPA interventions, support, programming and responsibilities within the Syria Regional Response.

The outcomes articulate access to quality services (for Syrian and host community women, adolescents, and youth), empowerment and risk reduction / prevention / social norm change programming (for Syrian and host community women, adolescents, and youth), and humanitarian community accountability for SRH and GBV, with improved capacity of service providers and robust data and evidence for programming feeding into these outcomes..

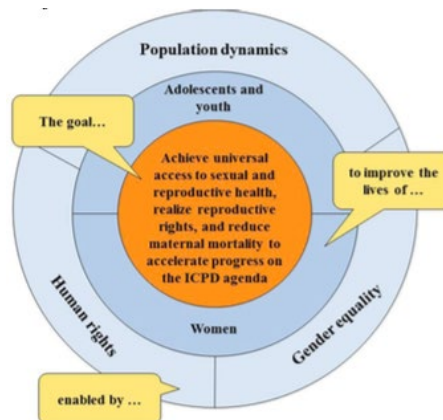
The outcome on humanitarian accountability references SRH and GBV interventions being mainstreamed and / or recognised across the humanitarian response. This relates specifically to SRH being recognised as a life-saving intervention (for example, through programme criticality frameworks) and GBV being mainstreamed as a critical risk reduction programme component across all sectors.

NEXT LEVEL - IMPACT

Improve the safety, wellbeing and resilience of women, adolescents and youth. This includes recognition that GBV and SRH are life-saving interventions, recognition that GBV interventions are a critical component of protection and recognising that SRH and gender equality are requirements for resilience. This is the intended impact of UNFPA's Regional Syria Response and links into the stated objectives / strategic directions of various iterations of the HRP (formerly SHARP) and the 3RP (formerly RRP).

NOTE:

The diagrammatic representation of the Theory of Change does not link into the overall global UNFPA Strategic Plan, but many components and aspects are founded within the 2014-2017 UNFPA Strategic Plan which summarises UNFPA’s mandate, focus, and purpose via the “bullseye” diagram:



The bull’s eye is the goal of UNFPA: the achievement of universal access to sexual and reproductive health, the realization of reproductive rights, and the reduction in maternal mortality.

Layered upon this is the “leave no one behind” mentality emanating from the 2015 Sustainable Development Goal process and Agenda for Humanity. Displaced Syrian adolescents, youth and women are amongst the “furthest behind” given the protracted and extreme nature of the Syrian conflict, ongoing since 2011. Also relating to the protracted nature of the conflict, strengthening the humanitarian-development nexus within the Syrian response, and reducing risks and vulnerabilities and building resilience is crucial, and is highlighted within the Syria HRP and the 3RP – specifically entitled a Regional Refugee *and Resilience* Plan. The development-humanitarian nexus also became front and centre with the New Way of Working emanating from the 2016 World Humanitarian Summit.

EVALUATION QUESTIONS

The following are the key evaluation questions and associated assumptions that the evaluation team will seek to (a) refine over the course of the pilot research, and (b) answer via the primary and secondary research.

The definitions of criteria have been adapted from overarching normative framework sources as best fit the requirements of this evaluation. The sources include original OECD-DAC evaluation criteria; the 2006 ALNAP Guide on using OECD-DAC criteria in humanitarian settings; the 2009 ALNAP Real-Time Evaluation Guide; the 2015 ALNAP State of the Humanitarian System Report; and the 2017 ALNAP Inception Report for the 2018 ALNAP State of the Humanitarian System Report.⁸⁸ The criteria are also aligned to the criteria provided within the Evaluation Terms of Reference (see Annex VII).

	Question	Assumptions
Relevance/ Appropriateness	1. To what extent have the specific defined outputs and outcomes of the UNFPA Syria Crisis Response [hereafter referred to as UNFPA Response] been based on identified actual needs of Syrians within Whole of Syria and within the 3RP countries?	<ol style="list-style-type: none"> UNFPA Response has been based on needs of women, girls, and young people identified at community, sub-national, and national level; UNFPA Response is based on coherent and comprehensive gender and inclusion analysis; 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).
	2. To what extent is UNFPA using all evidence, sources of data, and triangulation of data to able to adapt its strategies and programmes over time to respond to rapidly changing (and deteriorating) situations, in order to address the greatest need and to leverage the greatest change?	<ol style="list-style-type: none"> The UNFPA Response reacts flexibly to rapidly changing situations (of displacement, besiegement, movement) based on overall UN and UNFPA-specific information; UNFPA have systematic mechanisms for adapting interventions based on shifting needs and in line with humanitarian principles; The UNFPA Response is based on its comparative strengths with relation to other actors for SRH, GBV and youth.
Coverage	3. 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?	<ol style="list-style-type: none"> The UNFPA Response systematically reaches all geographical areas in which women, girls and youth are in need and in line with humanitarian principles; The UNFPA Response systematically reaches all demographic populations of vulnerability and marginalisation (i.e. women, girls, and youth with

⁸⁸ <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>, accessed 20th December 2017; ODI, *Evaluating humanitarian action using the OECD-DAC criteria. An ALNAP guide for humanitarian agencies.* ALNAP, 2006; J Cosgrove et al, *Real-time evaluations of humanitarian action. An ALNAP Guide. Pilot Version.* ALNAP, 2009; A Stoddard et al, *The State of the Humanitarian System.* 2015 Edition. ALNAP, 2015; ALNAP, *The State of the Humanitarian System 2018.* Inception Report. ALNAP, 2017

Question	Assumptions
<p>Coordination</p> <p>4. 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?</p>	<p>disabilities; those of ethnic, religious, or national minority status; Lesbian/Gay/Bisexual/Trans (LGBT) populations etc.)</p> <p>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);</p> <p>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;</p> <p>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.</p>
<p>Coherence</p> <p>5. 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.</p>	<p>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;</p> <p>13. UNFPA Response is aligned with:</p> <ul style="list-style-type: none"> 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). <p>14. The UNFPA Response is aligned to the priorities decided in Cluster Forum; specifically:</p> <ul style="list-style-type: none"> a. The GBV AoR; b. The Global RH Coordination Forum (currently IAWG).

	Question	Assumptions
Connectedness	6. To what extent does the UNFPA Response promote the humanitarian-development nexus?	<p>15. UNFPA is working towards long term development goals with regards to resilience of refugees when they return to Syria;</p> <p>16. UNFPA is seeking to integrate in-country humanitarian responses with long-term development goals.</p>
	7. To what extent does the UNFPA Syria Regional Response Hub contribute to enhanced coordination, organizational flexibility, and the achievement of the intended results of the UNFPA Response?	<p>17. The Hub has been allocated sufficient resources and uses them effectively in the furtherance of improved coordination, programming and resource mobilisation;</p> <p>18. The Hub has been adequately mandated by all relevant stakeholders across the region to undertake response coordination;</p> <p>19. The hub has demonstrated a level of organisational flexibility to the evolving crisis.</p>
Efficiency	8. To what extent does UNFPA make good use of its human, financial and technical resources and maximise the efficiency of specific humanitarian/Syria Response systems and processes.	<p>20. UNFPA has maximised efficiency through a series of humanitarian fast-track and support mechanisms for human and financial resources, such as:</p> <ul style="list-style-type: none"> a. Fast Track Policies and Procedures; b. Surge; c. Commodity procurement (particularly dignity kits and RH kits); d. Emergency Fund. <p>21. UNFPA has maximised leverage of humanitarian funding– donor, multi-year, pooled funding – for the response and matched OR and RR appropriately for office sustainability.</p>
	9. To what extent does UNFPA leverage strategic partnerships, within its Response	<p>22. UNFPA maximises strategic partnerships to leverage comparative strengths of different agencies / actors and promotes humanitarian principles across partnerships;</p> <p>23. UNFPA has used evidence and data to highlight key needs through a communications, marketing, and fundraising strategy.</p>

	Question	Assumptions
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 Syrian Arab Republic.	24. UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC: <ul style="list-style-type: none"> 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.
	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.	25. UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC: <ul style="list-style-type: none"> a. Syrian refugee women, adolescents and youth, and affected host communities in surrounding countries access quality integrated SRH and GBV services; b. Syrian refugee women, adolescents and youth and affected host community 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.

METHODOLOGY

OVERALL APPROACH

The evaluation will collect both qualitative and quantitative data through a range of methodologies including a desk review of documentation, key informant interviews and group interviews with stakeholders.

In addition, where significant programme activities or sector meetings are taking place in the offices visited, the evaluation team will use direct observation to collect additional data (See also Data Collection Methods, below).

GUIDING PRINCIPLES

In addition to the evaluation being 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*, the evaluation team will use a range of participatory methods to ensure that key stakeholders and partners are centrally involved in reflective and forward-thinking processes and will adhere to the following principles:

- **Consultation** with, and participation by, key stakeholders so as to ensure that the assignment is fully relevant to its users and stakeholders, and that the evidence and analysis are sound and factually accurate. Consultation during the research phase will be iterative, i.e. each stage will be informed by and build upon earlier work, though necessarily constrained by the time and resources available to the evaluation team.
- **Methodological rigor** to ensure that the most appropriate sources of evidence for answering the analytical framework/evaluation questions (outlined above) are used in a technically appropriate manner. The project team will use different data sources and various methods throughout the process of the study to triangulate information – checking and corroborating findings to ensure that they are consistent. The analytical framework ensures that all issues are addressed and serves as a guide to investigation and a tool for analysis.
- **Technical expertise and expert knowledge** to ensure that the assignment benefits from knowledge and experience in the fields relevant to technological innovations in development and that it contributes to building the body of evidence around what works, what does not work, and in each case why.
- **Independence** to ensure that the findings stand solely on an impartial and objective analysis of the evidence, without undue influence by any stakeholder group.

In this context, our approach incorporates best practice evaluation criteria and principles for effective development assistance as well as norms and standards of the OECD/DAC and WHO frameworks.

DATA SOURCES

The evaluation will use two main sources of data: secondary programme/project documentation/data and key informants.

Secondary Documentation & Data: Reviewing strategic, programme/project and other relevant documents and data (including organisational policies, procedures and strategies; project/programme proposals, reports, sit-reps and technical outputs; and monitoring data related to humanitarian interventions and coordination) allows the project team to gain a fuller understanding of humanitarian programming and related policies, strategies, coordination and programming being undertaken by the key stakeholders. All relevant documents sourced by the evaluation manager/ERG, UNFPA stakeholders and the research team will be reviewed as the assignment moves forward to inform case study reports, the country notes and the final report.

Primary Qualitative Data - Key Informants and Programme Beneficiaries: A list of key informants to be interviewed (either individually or in a group discussion format) at the global, regional and country levels will be developed in consultation with the evaluation manager and ERG. This list (a draft is included in Annex VII) will include UNFPA staff and partners at global, regional and country levels, as well as external partners and other stakeholders (Government, CSOs/iNGOs).

The evaluation team will undertake primary research among programme beneficiaries (actual and intended) and host community members via focus group discussions in the appropriate settings. The evaluation team will seek to conduct these discussions with sex and age-disaggregated groups of beneficiaries/host community members during each field visit to UNFPA-supported initiatives to assess their relevance, coverage, coherence and effectiveness.

DATA COLLECTION TOOLS AND PURPOSES

Document and data review

The document and data review of UNFPA's humanitarian programming in the region since 2011 will commence with the inception phase and will iterate with progressively more detail and depth through the research phase. The desk review will be structured to look at five key components to answer the evaluation questions:

1. Advocacy and Policy related to the response;
2. Capacity Development of partners;
3. Knowledge Management and use of data;
4. Service Delivery in terms of UNFPA's programming;
5. Coordination of response with UN agencies and partners.

The documentation will seek to be representative of the full scope of UNFPA's programming related to the response at country and regional levels, as well as management reporting and organisational elements related to programming. Key aspects of the documentary review are as follows:

- UNFPA's use of its human, financial and technical resources, as well as of different partnerships, including multiyear humanitarian commitments, in pursuing the achievement of the results expected from its humanitarian response to the Syria crisis;
- Role of the UNFPA Syria Regional Response Hub, and if it is contributing to enhanced coordination, organisational flexibility, resource mobilisation and the achievement of the intended results of the UNFPA humanitarian response;
- The coherency of UNFPA's approach in terms of the humanitarian community, UN Partners and UNFPA's mandate/strategies;
- Impact of the UNFPA Syria Regional Response Hub on UNFPA's service delivery and programming (e.g. Prevention and response to GBV, and access to and utilization of quality reproductive health); and,
- The relevance of UNFPA's approach and strategies in responding the crisis, and how UNFPA's programming adapted to meet the needs of the response.

In performing the review, the evaluation team will seek to identify success factors and barriers that have contributed (or continue to contribute) to effective response. The evaluation team will also assess the extent to which UNFPA's response to the Syria crisis aligns with the priorities of the wider humanitarian system, strategic interventions of other UN agencies, and UNFPA mandate and policies.

The materials will be provided by the evaluation manager, the ERG and other UNFPA stakeholders as well as from the evaluation team's own research. Since documentation and data from the field visit countries will be reviewed at the earlier stages of desk review, this data will also highlight topics and issues that the research team will explore in more depth during country visits. An initial list of documentation reviewed is presented in Annex VI.

Key informant interviews (KIIs)

Semi-structured, face-to-face interviews with a wide variety of stakeholders are an ideal method for obtaining in-depth, qualitative information. The main advantage of this method is that it will promote serious reflection and response by people knowledgeable and engaged with UNFPA's humanitarian programming & coordination in each country in a setting of trust and confidentiality; the evaluation team will be able to probe and follow-up with interviewees in a way that surveys or other static instruments do not allow, potentially yielding more nuanced information relevant to the assignment.

Initial KIIs with selected UNFPA stakeholders will serve to flesh out the context of the assignment and the utility/viability of the reconstructed ToC and other components of the analytical framework.

Typically, these interviews will be with a single respondent, but in some cases, the respondent may invite two or three people in a focus group discussion-type setting. The evaluation team will record responses by detailed note taking. Confidentiality will be maintained and records will be held securely.

Where key individuals are unavailable for in-person interviews, the evaluation team may administer the interview virtually (Skype or other online calling), time permitting. Draft interview guides are presented in Annex IV. The project team will first prioritise KIIs with UNFPA country office and Syria Regional Response Hub staff, then key implementing partners (as identified by regional or country-level UNFPA stakeholders), key government partners as per availability, and other stakeholders on the basis of evaluation team time and stakeholder availability.

Global/Regional level interviews: ERG members will be solicited for direct interviews themselves and also to propose key informants from their agencies including both senior management and programme/technical specialists.

Country level interviews: Country level respondents will be solicited from UNFPA stakeholders (ERG members and country-level stakeholders) and represent (among others) donors, government partners, humanitarian coordinators, humanitarian country teams, protection lead agencies, cluster lead agencies and NGOs as key actors within the humanitarian system with responsibility to address SRH/GBV in the Syria response. These groups may be organised into three levels to facilitate data collection & analysis:

KII Process

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 'talking points' whereby specific themes can be introduced and explored at the depth and detail relevant to the quantity/quality of information held by the interviewee.

Evaluation team members will select questions relevant to specific interviewees, 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
- Others

Focus Group Discussions (FGDs)

The wider goal of focus group discussions is to promote self-disclosure among attendees, foster dialogue, and allow the conversation to 'take on a life of its own', thereby adding a richness to the discussion that could not be achieved through a one-on-one interview. It also often allows for sensitive topics to be addressed to ensure these topics are addressed properly during the assignment - individuals are more likely to share their perceptions/opinions in a group setting with others of a similar background/experience. Further, FGDs permit data collection from more substantial groups of people, and can thus prove an efficient means of data collection.

The general objectives of the FGD methodology within the UNFPA Response evaluation is:

- c) To gain an understanding of community needs with respect to SRH and GBV programming, and if responses have been adapted over time addressing changing priorities and needs, against which UNFPA responses can be mapped – aligning with relevance / appropriateness (EQ1 and 2);
- d) to gain an understanding of community perspectives of the quality of UNFPA supported services – aligning with effectiveness (EQ10 and 11)

FGD Process

Community Focus Group Discussions will take place with a representative cross-section (in terms of ethnic, language and religious group backgrounds) of beneficiaries of UNFPA-implemented (or supported) initiatives. The evaluation team will seek to ensure discussions take place in sex and age disaggregated groups, with appropriate translation and facilitation services provided in each context:

- Male Youth: 15-18/19-24 (collect ages)
- Female Youth: 15-18/19-24 (collect ages)
- Male Adults: 25+ (do not collect ages)
- Female Adults: 25+ (do not collect ages)

Focus Group Discussions should have between 8 and 15 people; in a safe space; *with a gender-appropriate translator who is familiar with the materials before the FGD starts*; and should last for no longer than 1 hour. The evaluation team will record responses by detailed note-taking (in English) and, whenever possible/appropriate, using a digital recording device for later transcription.

Site Visits and Direct Observations

Observation provides the opportunity to document activities/mechanisms, behaviour and physical features of programming without having to depend upon stakeholders' willingness and ability to respond to questions. The main added value of the site visits and observations will be to review first-hand how the different partners work together in terms of coordination, and the response programming in implementation. Site visits also assist in triangulation of findings and validating other data sources, notably what is verbally reported in interviews and qualitative information available from secondary research. This tool will be especially critical in terms of the Syria Regional Response Hub case study.

SAMPLING PLAN/DATA COLLECTION SCHEDULE

Key Informant Interviews

Initially, the evaluation team will solicit key informants from ERG members, and as part of planning for individual country visits (including the pilot visit to Jordan), will liaise with focal points to identify an appropriate sample of individuals across all relevant stakeholder groups for interview in advance.

The evaluation team will also utilise UNFPA databases – notably the Atlas financial/administrative database, which links funding to partners to programme meta-information – to identify potential partners in individual country contexts. To select from the full set of programme partners (variously 20-30 per country), the following criteria will be applied:

- All government partners (4-5 per country);
- All UN agency partners (1-4 per country);
- NGO partners receiving funding for 3+ out of the 4 years covered by Atlas;
- NGO partners receiving the highest proportion of UNFPA funding.

The shortlist of stakeholders identified via these criteria will be reviewed with ERG members and country focal points to remove outliers and/or include important stakeholders not identified via this process. The evaluation team will also work with the ERG and other stakeholders to identify partners or other stakeholders relevant to UNFPA's programming not covered by Atlas data (i.e. prior to 2014).

Finally, the evaluation team will use a *snowball sampling* technique whereby interviewees are requested to identify further key informants who may present a useful perspective on programming.

Site Visits and Focus Group Discussions

Similarly, the evaluation team will utilise the in-country experience and expertise of ERG members and country focal points to identify a shortlist of sites that can serve as examples of UNFPA-supported programming (e.g. clinics, camps). General criteria for selection of these sites are:

- Representative of a long-term continuum of substantial UNFPA support;
- Relevant to the objectives of this evaluation and the reconstructed ToC;
- Logistically feasible (travel time, security).

On selection of the specific sites for visits, the evaluation team will reach out to the relevant partners involved to assist in the development of schedules for the site visits and identification of programme stakeholders and beneficiaries to participate in FGDs.

The following table presents illustrative figures for team composition, time in-country and projected numbers for individual research activities.

	Jordan Pilot	ASRO	Turkey (Istanbul, Ankara & Gaziantep)	Iraq	Lebanon	Syria (Hub and X-Border)
Days in country	15	2	10	10	10	10
Team	All team + Evaluation Manager	One Intl Team Member	Two Intl Team Members, One Natl Specialist	Two Intl Team Members, One Natl Specialist	Two Intl Team Members, One Natl Specialist	Two Intl Team Members, One Natl Specialist
Projected KIIs	20-30	5-10	15-20	15-20	15-20	15-20
Projected FGDs	4-5	0	2-3	2-3	2-3	2-3
Site Visits	2-3	0	2	2	2	2

DATA COLLECTION RISKS AND LIMITATIONS

Risk/Limitation	Likelihood	Mitigation Strategy
Incompleteness of reconstructed Theory of Change	medium	Preparation of ToC with due reference to extant UNFPA strategic plans, and wider humanitarian strategies from the outset; Extensive consultation between evaluation team and informed members of the ERG to iterate and revise the ToC to ensure best fit.
Limited records/documentation/institutional memory (due to staff turnover) for earlier elements of evaluation timeframe (2011-2014)	medium	Extensive, ongoing and iterative desk review searches throughout the evaluation phases 1 and 2 via online/offline databases and from key stakeholders to fully populate the data ecosystem
Challenging security contexts and limited time for country visits place a limit on the quantity of primary data collected. Further, data with respect to programming is partially reliant upon the reporting of some stakeholders that are not actually directly involved in the field, but rather sit at a capital-city level.	high	The evaluation team will triangulate data from multiple sources (both primary and secondary) to enhance robustness of conclusions, including verification of reported outcomes via site visits. If required, interviews with respondents based in field sites may be held via Skype to mitigate inability to travel.
Limited time in-country (and scheduling conflicts) may preclude all stakeholders being accessed, particularly government stakeholders	high	Two-person teams will visit each field location to maximise access to available stakeholders, including interviewing stakeholders separately, thus doubling reach. Some stakeholders not available during the field visit may be interviewed via Skype
Flow of information in the interviews and FGDs is inadequate (due to sensitivity of the subject matter or other constraints)	low	Skilled facilitation by the international team members supported by local expertise and appropriate translation ensures that a good rapport is built up between participants and sensitive issues are appropriately addressed
Security forces withhold permission to collect data/conduct meetings with stakeholders inside camps	medium	The evaluation team will work carefully through the UNFPA country office/hub to ensure all permissions are sought and obtained in good time, with all question schedules being shared in advance with the relevant authorities if required. Alternative sites will be held as backups.

DATA CODING AND ANALYSIS

The evaluation team will code qualitative interview/discussion data into meaningful categories, enabling the organisation of notes and determining themes or patterns common to KIIs/FGDs and responses that address specific assumptions and/or indicators. After field visits, while information is still fresh, the team will perform initial coding. This review process will help continually refine the evaluation questions/assumptions and indicators and share findings internally.

Data collected will be parsed and entered into a spreadsheet format, to facilitate the allocation of themes across the full datasets. The team will then finalise the analysis of the data by extracting the meaning and significance of the coded themes and integrating these with the themes, findings and lessons obtained through the other data collection methods discussed below.

Throughout this process, the project team will ensure validity and reliability through triangulation, the use of standardised data collection tools, and compliance with OECD/DAC and UNEG standards

REPORTING

Sharing of preliminary findings

As previously stated, preliminary findings from each country field visit (and Egypt Regional Office/Syria Regional Response Hub will first be shared with in-country-based staff via a debriefing session at the end of each field visit. This presentation to country staff will provide a platform for the evaluation team and UNFPA stakeholders to discuss initial findings, gather initial feedback, and identify any errors in fact or misinterpretations.

On conclusion of the Jordan pilot visit, feedback from the piloting of the research tools and the collated data itself will be used to finalise the research tools themselves and also this inception report, to bring the evaluation questions, reconstructed ToC and analytical framework more closely into alignment with the realities of UNFPA's programming and stakeholder expectations.

Syria Regional Response Hub Case Study Report

A further output of the Jordan country visit will be an initial outline of the Syria Regional Response Hub Case Study report, which synthesises the data collected on foot of the secondary and primary research. Given the multi-country/regional responsibility of the Syria Regional Response Hub, the evaluation team will subsequently collect additional data related to this case study during the remaining country/HQ/RO visits. The final Case Study Report will be prepared and submitted on completion of the field visits.

Cross-Border Interventions Case Study

Subsequent to the completion of all field visits, the evaluation team will complete a Case Study report on the engagement of UNFPA in cross-border interventions, reviewing the effectiveness, efficiency and outcomes/impact of this mode of operation. The overall evaluation questions will be applied to this Case Study, the data for which will be obtained via available records and documentation and through interviews with stakeholders and UNFPA cross-border staff at different locations during the mission to Jordan.

Country Notes

On completion of document review, virtual interviews, and field visits, the evaluation team will develop five Country Notes (one for, and subsequent to, each field visit). Each Draft Country Note will be submitted to the evaluation manager who will then share the draft with ERG members and/or other stakeholders for review and compile one round feedback for response by the project team.

Final report

Data collected and analysed during the document review and field visits as well as information presented in the Country Notes and Case Studies will be used to develop the draft Synthesis Report.

Thus, the draft Synthesis Report will include both regional level and country-specific findings. The format for the final report (and other reports) can be found in Annex V.

The Draft Synthesis Report will be submitted to the evaluation manager at UNFPA who will then share the draft with ERG members and/or other stakeholders for review and compile all feedback for the project team.

PRESENTATION AND DISSEMINATION OF FINDINGS WORKSHOP

The evaluation team leader will hold a debriefing workshop with ERG members and senior management at UNFPA NY (HQ). The details of the final report debriefing will be finalised in consultation with the ERG after submission and initial reviews of the draft final report.

REVISION AND SUBMISSION OF FINAL REPORTS

After receiving feedback on the drafts of the Synthesis Report from the relevant UNFPA stakeholders (notably the evaluation manager and ERG), the project team will make the necessary revisions and submit a final Synthesis Report to the ERG.

The following stakeholders will be included for dissemination of final findings:

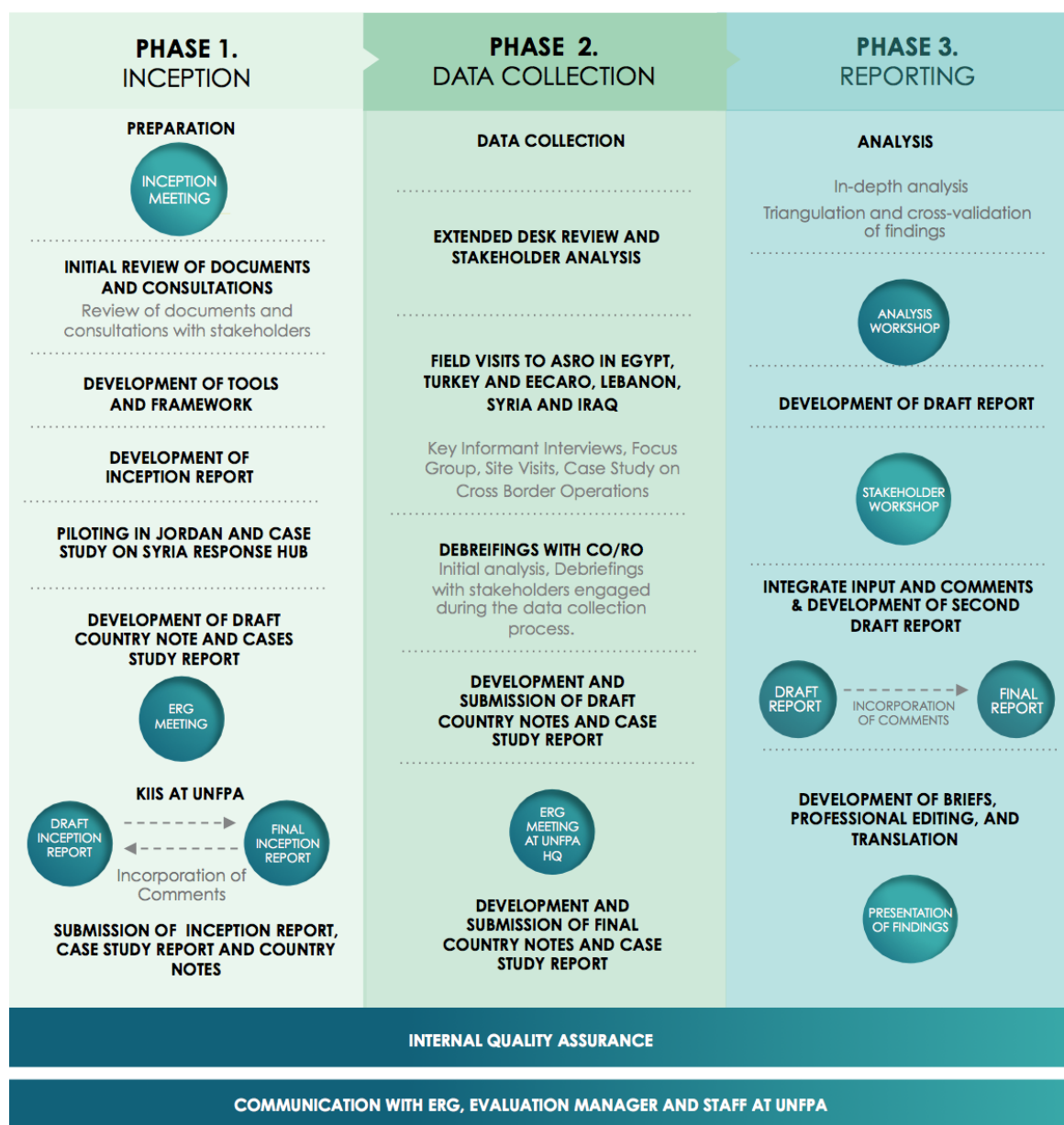
- (a) UNFPA Country Offices (COs);
- (b) The UNFPA Syria Regional Response Hub;
- (c) UNFPA Regional Offices (ROs) – the Arab States Regional Office (ASRO) and the Eastern Europe and Central Asia Regional Office (EECARO);
- (d) UNFPA Humanitarian and Fragile Contexts Branch (HFCB);
- (e) UNFPA Senior Management, including the Executive Board;
- (f) Donors, as relevant (notably Global Affairs Canada).

EVALUATION PROCESS & NEXT STEPS

OVERVIEW

As illustrated via the following diagram, the evaluation will follow three primary phases.

Phase 1 is the Inception Phase, which covers the initial review of documentation, consultations with UNFPA stakeholders (and particularly members of the Evaluation Reference Group – ERG), development of the reconstructed ToC, the analytical framework, evaluation questions and evaluation matrix, and the draft tools. All of these components are collated in the assignment Inception Report, which builds on the Terms of Reference to the assignment to become the primary guidance for the evaluation team. This Inception Report will follow several iterations, being refined on the basis of feedback from ERG members and the initial primary and secondary research of the evaluation team.



In addition, Phase 1 will include a piloting mission to Jordan, whereby the proposed primary research tools and questions/assumptions/indicators will be tested and validated, in addition to collecting and analysing the data required to answer the evaluation questions and preparing the Jordan Country Note and contributing to the Syria Regional Response Hub Case Study.

Phase 2 comprises the more comprehensive data collection process across the individual countries and UNFPA offices, and the preparation of the detailed Country Notes and Case Studies.

During this phase, the evaluation team will conduct:

- An in-depth document review of all documents collected related to UNFPA's activities in the region, and those global-level documents of relevance to UNFPA's mandate,
- Interviews at UNFPA HQ (taking advantage of the presence of the team in New York at the end of the inception phase), in the UNFPA regional office for the Arab States (through a mission to Cairo) and the regional office for Eastern Europe and Central Asia (combined with the country visit in Turkey);
- Field work in Syria, Turkey (Istanbul (EECARO), Ankara (CO) and Gaziantep (X-Border)), Lebanon and Iraq, including the conduct of the case study on cross-border operations (Jordan only);
- Finalisation and submission of the Syria Regional Response Hub Case Study Report.

Each in-country mission will last a minimum of **10 working days**. At the end of each mission, the evaluation team will provide the country office with a debriefing presentation on the preliminary results of the mission, with a view to validating preliminary findings.

The evaluation team will present the results of the data collection, including preliminary findings and lessons learned from the two case studies, to the evaluation reference group (this will require a mission travel to New York for **2 working days** for the evaluation team leader).

For each country visit, the evaluation team will proceed to prepare a **country note** (five in total). The two case studies will lead to the production of corresponding **case study reports** (two in total). Country notes and case study reports will be annexed to the final report

Phase 3 comprises data synthesis, detailed analysis and reporting, and dissemination of findings. The evaluation team will use a comprehensive evidence assessment framework to systematically collect, collate and continually triangulate the data collected from various sources and from each team member.

The reporting phase will open with an analysis workshop between the evaluation team and the evaluation manager to help the evaluation team to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations in the final report.

The penultimate draft of the synthesis report, including tentative conclusions and recommendations, will be presented by the evaluation team via a stakeholder workshop (attended by the ERG as well as other relevant stakeholders).

On the basis of feedback from this workshop, the evaluation team will finalise conclusions and recommendations and submit the final report for approval by the evaluation manager in consultation with the ERG.

On approval of the final report, the evaluation team will prepare an evaluation brief to assist in the dissemination of findings and conclusions and may present findings at a meeting of the UNFPA Executive Board.

FIELD VISIT PROTOCOLS/LOGISTICS

As noted above, the evaluation will use the first field visit to Jordan as a pilot to test the analytical framework, the data collection methodology and tools. This will facilitate any modifications to the framework and tools prior to subsequent field visits.

The evaluation team, in advance of departure, will prepare a brief scope of work for the field visits to:

- Set out the purpose/objectives of the visit;
- Explain the methodology to be applied (including presentation of the research tools);
- Introduce a draft agenda for the visit;
- List the key individuals to be interviewed; and
- Specify any logistical requirements of the evaluation team.

The evaluation manager and/or ERG will recommend/appoint Evaluation Focal Points for each location. They will be given the opportunity to provide feedback and input on the fieldwork prior to finalisation of the scope of work, as well as provide further detail on key personnel and documentation to be included in the evaluation visits. The Focal Points will be asked to assist in arranging meetings, logistics, etc. prior to the field visit. Additionally, prior to the visit, the evaluation team will generate a list of response-related documentation (not already sourced) to be requested from country focal points/partners prior to the field visit. To ensure efficiency in the quantity/quality of documentation to be provided to the research team, the following criteria for relevant documentation will be applied:

- Project/programme proposals for response-related activities, initiatives etc. that each of the partners is directly supporting/engaged in;
- Top-level reports (e.g. 6-monthly or annual) on these initiatives;
- Evaluation reports and monitoring reports related to these initiatives;
- Any satisfaction assessments that took place during the planned time cycle;
- Documentation related to partnerships, coordination, etc. on response-related matters (e.g. MOUs, meeting reports/minutes etc.)

Arrival in country

The evaluation team's activities in-country will be agreed upon in the scope of work. The Focal Point may be requested to assist with logistical arrangements for the visit to maximise the efficiency of the team's visit. Each visit will entail meetings with key programme stakeholders (approximately 10 working days x 4-6 per day, depending on logistics).

Post-visit

Upon visit completion, the evaluation team will debrief relevant stakeholders with respect to their findings over the course of the visit. Further, drafts of Country Notes will be shared with specified country-based representatives for feedback prior to finalisation.

QUALITY ASSURANCE

The evaluation team will ensure the quality of all deliverables through the following means:

Clarity: During the inception phase the assessment team will clarify the needs and expectations of UNFPA via the evaluation manager and ERG. Data collection tools are being developed from the key assessment questions, discussed and reviewed to ensure appropriateness.

Communication: The evaluation team will meet regularly to review assignment progress and critique draft briefs and reports as required. The evaluation team will provide regular status progress briefings to the evaluation manager to share information on work completed, next steps, as well as any areas of concern such as difficulties, possible solutions, and important events affecting the evaluation.

Timing: The timeline for the evaluation will allow sufficient time for review of all draft deliverables and for revisions to these deliverables to make sure that feedback was acted upon.

Global Standards: The assessment team will ensure that its work complies with standards set by UNEG, UNFPA and professional associations, such as ALNAP.

ANNEX I: PORTFOLIO OF RELEVANT INTERVENTIONS

The follow extract of project titles has been taken from the UNFPA Atlas database, and covers all UNFPA funding between 2014 and 2017 in the specific countries and the regional office based in Cairo, Egypt. This list constitutes a master list of projects (i.e. the sample universe) and will be further refined/added to as further information becomes available to the evaluation team.

Project Title	Project Country
Adolescents & Youth	Lebanon
Advancing Gender Equality	Lebanon
ADVOCATING FOR VULNERABLE GRP	Turkey
ASAM WORKPLAN	Turkey
ASRO Emergency Fund	Regional Office-Cairo
Awareness and Demand Creation	Regional Office-Cairo
BADV Sabanci University	Turkey
BILGI UNIVERSITY WORKPLAN	Turkey
BUHASDER WORKPLAN	Turkey
BuildingResilienceWomen@risk	Lebanon
Capacity building for communities	Regional Office-Cairo
Capacity Building to Implement capacity of women's NGOs	Turkey/Syria/Lebanon/Jordan/Iraq/Egypt Iraq
Common Services for Turkey	Turkey
Community Empowerment	Lebanon
Crossborder Emergency Response	Turkey
Cross-border Humanitarian Prog	Turkey
DATA ON EMERGING POPULATION	Turkey
Developing- Monitoring Action	Iraq
DFID PROJECT	Regional Office-Cairo
Distribution of Additional Res	Iraq
EECARO PARTERSHIP PLAN	Turkey
Emergency Fund	Lebanon/Jordan
Emergency Fund Syria	Syria-Damascus
Emergency response to health n	Iraq
Empower communities	Lebanon
Empowered ITS/service provider	Lebanon
EMPOWERING YOUNG WOMEN: POMEGR	Turkey
Enhance ASRO Programme Effectiveness	Regional Office-Cairo
Enhance Ministry of Public Health capacities	Lebanon
Enhanced Capacities on RH &GBV	Lebanon
Enhanced Capacities on RH&GBV	Lebanon
Enhanced Capacity to Utilize D	Lebanon

Enhanced GBV &RH Services	Lebanon
Enhancing Capacities on GBV	Lebanon
Enhancing GBV and SRH Service	Lebanon
Enhancing National Capacities	Lebanon
Enhancing National Capacity	Lebanon
Enhancing service providers	Lebanon
Enhancing youth participation	Regional Office-Cairo
Entertainment Education	Regional Office-Cairo
ESKISEHIR OSMANGAZI UNIVERSITY	Turkey
Evidence Generation in Support	Lebanon
Expanding school RH education	Lebanon
Field Emergency Support Fund	Jordan
Formulating a National Youth S	Iraq
GBV and harmful practices	Lebanon
GBV and RR	Turkey/Syria/Egypt
GBV Cap Improved Serv Del. Inf	Regional Office-Cairo
GBV services within Ministry of Health	Jordan
GBV-Information Management Sys	Lebanon
GENDER EQUALITY & WOMEN'S EMP	Turkey
HACETTEPE UNI WOMEN CENTER	Turkey
HARRAN UNI WOMEN CENTER	Turkey
HIV AIDS 2016	Regional Office-Cairo
Humanitarian and Emergency Pre	Regional Office-Cairo
Humanitarian Crisis in Iraq	Iraq
HUMANITARIAN RESPONSE TO SYRIA	Turkey
Humanitarian Support to Syrian	Iraq
HUMANITARIAN WORKPLAN	Turkey
IMPR WGSS	Turkey
Improve Mobilization and Manag	Regional Office-Cairo
Improved access to SRH & GBV	Lebanon
IMPROVED ACCESS TO SRH FOR THE	Turkey
Improved SRH Programming for Y	Regional Office-Cairo
Improving access to SRH & GBV	Lebanon
Increase availability and use	Regional Office-Cairo
Increase Empowerment of women	Lebanon
Increased access & utilization	Syria-Damascus
Increased access to Family Planning & SRHS	Regional Office-Cairo
Increased Avail. of RH Srvcs	Syria-Damascus
Increased Awareness to Protect	Lebanon

Increased Institutional Capaci	Lebanon
Increasing Knowledge of RH	Syria-Damascus
institutional, technical and o	Iraq
INT MIDDLE EAST PEACE RESEARCH	Turkey
Integrated GBV and RH services	Turkey
Joint Prog on Female Genital Mutilation	Regional Office-Cairo
Maternal health and Life Cycle	Jordan
MHTF activities global level u	Regional Office-Cairo
Midwifery trainings	Lebanon
Mobilizing Young People	Syria-Damascus
National capacity for gender e	Regional Office-Cairo
OPERATIONS COST	Syria-Damascus
Operations Costs	Syria-Damascus
Organizational Effectiveness a	Regional Office-Cairo
PCA	Turkey/Iraq
PD TRAINING COURSE	Turkey
Policy Analysis/Dialogue in su	Regional Office-Cairo
Population and Development Pol	Regional Office-Cairo
Population Dynamics	Turkey
Preserving Dignity & Protectio	Iraq
Prog Effectiveness through RB	Regional Office-Cairo
Programme and Coordination Ass	Lebanon
Programme Coordination and Ass	Syria/Lebanon/Egypt
Promoting Graduate Pop.	Syria-Damascus
Promoting SRH & GBV	Lebanon
Providing GBV Service and WGSS	Turkey
Provision of GBV & RH Service	Syria-Damascus
Provision of GBV and RH	Syria-Damascus
Provision of GBV services	Syria-Damascus
Provision of SRH	Lebanon
Reaching out to young people	Lebanon
Regional and National Capacity	Regional Office-Cairo
Regional HIV Response	Regional Office-Cairo
Repositioning Family Planning	Regional Office-Cairo
Reproductive Health Services	Syria-Damascus
RESPONSE TO GENDER BASED VIOLE	Turkey
Refugee Education Trush INTERNATIONAL WORKPLAN	Turkey
RH and GBV Integrated Services	Turkey
RH services and demand	Jordan

Secured broad-based and stable	Regional Office-Cairo
Securing RH Services for Women	Iraq
Sexual and Reproductive Health	Turkey
SRH Project in Arab States	Regional Office-Cairo
Staff and Utilities	Syria-Damascus
Staff Salaries	Syria-Damascus
Strengthen Capacities in GBV P	Regional Office-Cairo
Strengthen capacities to gener	Regional Office-Cairo
Strengthen CSRHE for youth	Regional Office-Cairo
Strengthened Capacity for Mate	Regional Office-Cairo
Strengthened National Capacity	Regional Office-Cairo
Strengthened stewardship of re	Regional Office-Cairo
Strengthening Tech. and insti	Iraq
Strengthening Technical and i	Iraq
Strengthening coordination and	Jordan
Strengthening User-Oriented Na	Iraq
StrengthenProtectionMechanism	Lebanon
Support Monitoring Implementat	Regional Office-Cairo
Sustainable Development Goals	Lebanon
TAPV WORKPLAN	Turkey
TECHNICAL SUPPORT TO 5CP	Turkey
TOG HUMANITARIAN YOUTH CENTERS	Turkey
TUR06KAM	Turkey
UBRAF TURKEY PROJECT	Turkey
UMBRELLA	Syria-Damascus
UMBRELLA PROJECT	Iraq
UNFPA Programme in C/S Iraq	Iraq
UNFPA Programme in Kurdistan	Iraq
UNFPA-UNICEF Global Programme	Regional Office-Cairo
UNJOP ON PROMOTING GENDER EQUA	Turkey
UTILIZATION OF MATERNAL HEALTH	Turkey
Whole of Syria from Jordan	Syria/Jordan
Whole of Syria from Syria	Syria-Damascus
Whole of Syria from Turkey	Turkey
Whole of Syria Support Hub	Regional Office-Cairo
WOMEN&GIRLS SAFE SPACES	Turkey
Whole of Syria (WOS) Turkey SAMS	Turkey
WOS Turkey SEM	Turkey
WOS Turkey Shafak	Turkey
Young People Reproductive Heal	Jordan

YOUTH FRIENDLY HEALTH SERVICES	Turkey
Youth health, development & pr	Iraq

ANNEX II: EVALUATION MATRIX

RELEVANCE			
EQ1: To what extent have the specific defined outputs and outcomes of the UNFPA Syria Crisis Response [hereafter referred to as UNFPA Response] been based on identified actual needs of Syrians within Whole of Syria and within the 3RP countries?			
Assumption 1	Indicators	Sources	Data collection
The UNFPA Response has been based on needs of women, girls, and young people identified at community, sub-national, and national level.	<ul style="list-style-type: none"> - Proportion of UNFPA interventions based on clear needs assessments (UNFPA, partners, HNO); - Proportion of UNFPA interventions aligned with stated needs from affected populations. 	<ul style="list-style-type: none"> •CO programme documentation •Syria Response Hub guidance notes / resources / evaluations •HNO / HRP / 3RP documentation •KII Notes •FGD notes •Field visit notes •Clinic visit notes 	Document Review Interviews FGD Field Site Observation
Assumption 2	Indicators	Source	Data collection
The UNFPA Response is based on coherent and comprehensive gender and inclusion analysis.	<ul style="list-style-type: none"> - Proportion of needs assessments, proposals, and programme design documents showing clear gender and inclusion analysis. 	<ul style="list-style-type: none"> •CO documentation •Syria Response Hub guidance notes / resources / evaluations •KII Notes 	Document Review Interviews
Assumption 3	Indicators	Source	Data collection
UNFPA Response is based on clear human rights-based approaches and aligned with humanitarian principles of humanity, impartiality, neutrality and independence, and with IHL, IHRL, and IRL.	<ul style="list-style-type: none"> - Proportion of needs assessments, proposals, and programme design documents showing clear adherence to IHL, IHRL, and IRL. 	<ul style="list-style-type: none"> •CO documentation •Syria Response Hub guidance notes / resources / evaluations •KII Notes 	Document Review Interviews
EQ2: To what extent is UNFPA using all evidence, sources of data, and triangulation of data to able to adapt its strategies and programmes over time to respond to rapidly changing (and deteriorating) situations, in order to address the greatest need and to leverage the greatest change?			
Assumption 4	Indicators	Source	Data collection
The UNFPA Response reacts flexibly to rapidly changing situations (of displacement, besiegement, movement) based on overall UN and UNFPA-specific information.	<ul style="list-style-type: none"> - Proportion of UNFPA interventions showing clear adjustments and revisions based on changing conditions. - Contingency plans in place to inform UNFPA response to changing situations. 	<ul style="list-style-type: none"> •CO documentation •IP documentation •Syria Response Hub guidance notes / resources / evaluations •M&E Frameworks, Third Party Monitoring reports, Impact Assessments •KII Notes •FGD Notes •Field Visit Notes 	Document Review Interviews FGDs Field Site Observation
Assumption 5	Indicators	Source	Data collection

UNFPA have systematic mechanisms for adapting interventions based on shifting needs and in line with humanitarian principles.	- Existence of humanitarian systems / processes / procedures for programme adaptation.	<ul style="list-style-type: none"> •Global documentation •CO documentation •Syria Response Hub guidance notes / resources/evaluations •KII Notes 	Document Review Interviews
Assumption 6	Indicators	Source	Data collection
The UNFPA Response is based on its comparative strengths with relation to other actors for SRH, GBV and youth.	- Proportion of UNFPA country programmes demonstrating clear analysis of SRH, GBV and youth actors and a clear causality between this and UNFPA's specific interventions.	<ul style="list-style-type: none"> •CO documentation •Country-level response documents •Partner & other SRH/GBV actor docs •KII Notes 	Document Review Interviews

COVERAGE

EQ3: 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?

Assumption 7	Indicators	Source	Data collection
The UNFPA Response systematically reaches all geographical areas in which women, girls and youth are in need and in line with humanitarian principles.	- Proportion of UNFPA interventions showing clear strategy for reaching hardest-to-reach areas and people.	<ul style="list-style-type: none"> •CO documentation •IP documentation •Donor reports •GBV SC dashboard/ info. management tools •KII Notes 	Document Review Interviews
Assumption 8	Indicators	Source	Data collection
The UNFPA Response systematically reaches demographic populations of vulnerability and marginalisation (i.e. women, girls, and youth with disabilities; those of ethnic, religious, or national minority status; LGBT populations etc.).	- Proportion of UNFPA interventions showing clear strategy for reaching hardest-to-reach / most marginalised populations and disaggregating beneficiaries by gender, age, disability, and other factors of exclusion.	<ul style="list-style-type: none"> •CO documentation •Donor reports •Monitoring tools •KII Notes •FGD Notes •Field Visit Notes •Clinic Visit Notes 	Document Review Interviews FGDs Field Site Observation

COORDINATION

EQ4: To what extent has UNFPA's formal leadership of the GBV AoR (at international, hub, and country levels) and informal leadership of RH WGs (at hub and country levels) and youth WGs (at hub and country levels) contributed to an improved SRH, GBV, and youth-inclusive response?

Assumption 9	Indicators	Source	Data collection
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 HRBA.	- Number of GBV SC members reporting GBV SC as useful functioning forum for improved coordination and programming and UNFPA support to this.	<ul style="list-style-type: none"> •GBV SC documentation •KII Notes 	Document Review Interviews
Assumption 10	Indicators	Source	Data collection

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.	- Number of RH WG members reporting RH WG as useful functioning forum for improved coordination and programming and UNFPA support to this.	•RH WG / Health Cluster documentation •KII Notes	Document Review Interviews
Assumption 11	Indicators	Source	Data collection
UNFPA's support to and use of coordination within the Youth WG at Hub and Country level has resulted in improved effectiveness of youth engagement and empowerment programming in the Syria Response.	- Number of youth WG members reporting youth WG as useful functioning forum for improved coordination and programming and UNFPA support to this.	•Youth documentation •KII Notes	Document Review Interviews
COHERENCE			
EQ5: To what extent is the UNFPA Response aligned with: (i) the priorities of the wider humanitarian system (as set out in successive HRP's and 3RP's); (ii) UNFPA strategic frameworks; (iii) UNEG gender equality principles; (iv) national-level host Government prioritisation; and (iv) strategic interventions of other UN agencies.			
Assumption 12	Indicators	Source of	Data collection
UNFPA is institutionally engaged with, and drives focus on SRH and GBV, at UNCT, HCT, and SSG levels in all response countries.	- Evidence of UNFPA engagement at UNCT and HCT levels across countries.	•UNFPA documentation •UNCT, HCT, and reports •KII Notes	Document Review Interviews
Assumption 13	Indicators	Source of	Data collection
The UNFPA Response is aligned with: <ul style="list-style-type: none"> ○ UNFPA global mandate and global humanitarian strategy; ○ UNFPA Regional Office strategies; ○ UNFPA Country Office strategies; ○ National-level host Government prioritisation (SAR, Turkey, Lebanon, Iraq, Jordan);⁸⁹ ○ International normative frameworks. ○ UN global development strategies (MDGs, SDGs). 	- Proportion of UNFPA interventions aligned with: <ol style="list-style-type: none"> (1) UNFPA mandate, SP and humanitarian strategy (2) UNFPA RO strategies; (3) CPDs; (4) National Government priorities; (5) Global frameworks. 	Documentation and KII notes at different levels: <ul style="list-style-type: none"> •CO and global UNFPA level documentation and KII Notes •CO and RO level docs and KII Notes •Syria Response Hub guidance notes / resources/evaluations •CO and Government Policy / HRP / national-specific 3RP Chapter documentation and KII Notes •CO and normative global frameworks documentation 	Document Review Interviews

⁸⁹ For Whole of Syria, not all strategies are aligned with SAR government prioritisation, particularly in areas not under the control of the SAR Government.

Assumption 14	Indicators	Source of	Data collection
The UNFPA Response is aligned to the priorities decided in Cluster Forum; specifically, c. The GBV AoR d. The Global RH Coordination Forum (currently IAWG)	- Evidence of UNFPA programming interventions aligned with GBV SC / RH WG / Youth WG strategies and priorities.	<ul style="list-style-type: none"> •CO documentation •GBV SC documentation •RH WG documentation •Youth WG documentation •KII Notes 	Document Review Interviews
CONNECTEDNESS			
EQ6: To what extent does the UNFPA Response promote the humanitarian-development nexus?			
Assumption 15	Indicators	Source	Data collection
UNFPA is working towards long term development goals with regards to resilience of refugees when they return to Syria	- Evidence that UNFPA interventions have longer-term strategies for building resilience, connecting humanitarian response to longer-term development, and building back better strategies within humanitarian programming.	<ul style="list-style-type: none"> •CO documentation •Syria Response Hub guidance notes / resources / evaluations •KII Notes •FGD Notes •Field Visit Notes 	Document Review Interviews FGDs Field Site Observation
Assumption 16	Indicators	Source	Data collection
UNFPA is seeking to integrate in-country humanitarian responses with long-term development goals	- Evidence that UNFPA interventions refer to and attempt to align with national development priorities	<ul style="list-style-type: none"> •CO/Hub/RO documentation •KII notes •Field visit notes 	Document Review Interviews FGDs Field Site Observation
EFFICIENCY			
EQ7: To what extent does the UNFPA Syria Regional Response Hub contribute to enhanced coordination, organizational flexibility, and the achievement of the intended results of the UNFPA Response?			
Assumption 17	Indicators	Source	Data collection
The Hub has been an effective use of resources for improved coordination, programming, and resource mobilisation.	- Evidence that the Hub has positively contributed to an improved UNFPA response within Syria and across the 3RP countries.	<ul style="list-style-type: none"> •CO documentation •Syria Response Hub guidance notes / resources / evaluations •KII Notes 	Document Review Interviews
Assumption 18	Indicators	Source	Data collection
The Hub has been adequately mandated by all relevant stakeholders across the region to undertake response coordination.	- Evidence that the hub is being utilised as a coordinating mechanism across the Syria Response.	<ul style="list-style-type: none"> •CO documentation •Syria Response Hub guidance notes / resources / evaluations •KII Notes 	Document Review Interviews
Assumption 19	Indicators	Source	Data collection
The hub has demonstrated a level of organisational flexibility to the evolving crisis.	- Evidence that the Hub has adapted to changing contexts across 2013 to 2017, based on analysis of context.	<ul style="list-style-type: none"> •CO documentation •Syria Response Hub guidance notes / resources / evaluations •KII Notes 	Document Review Interviews

EQ8: To what extent does UNFPA make good use of its human, financial and technical resources and maximise the efficiency of specific humanitarian / Syria Response systems and processes.

Assumption 20	Indicators	Source	Data collection
UNFPA has maximised efficiency through a series of humanitarian fast-track mechanisms for human and financial resources, such as: a. Fast Track Policies and Procedures; b. Surge; c. Commodity procurement (particularly dignity kits and RH kits); d. Emergency Fund.	- UNFPA global fast-track procedures are in place, being used, and having a positive effect on the UNFPA Response. - UNFPA humanitarian support (such as surge) have been utilised	•UNFPA global documentation •CO documentation •KII Notes	Document Review Interviews
Assumption 21	Indicators	Source	Data collection
UNFPA has maximised leverage of humanitarian funding – donor, multi-year, pooled funding – for the response and matched OR and RR appropriately for office sustainability.	- % funding from pooled funds 2011-2017;	•UNFPA global documentation •CO documentation •Syria Response Hub guidance notes / resources / evaluations •KII Notes	Document Review Interviews

EQ9: To what extent does UNFPA leverage strategic partnerships, within its Response?

Assumption 22	Indicators	Source	Data collection
UNFPA maximises strategic partnerships to leverage comparative strengths of different agencies / actors and promotes humanitarian principles across partnerships.	- Evidence of achieved or expected results through partnerships that UNFPA could not have achieved / expect to achieve on its own.	•CO documentation •Partner documentation •Syria Response Hub guidance notes / resources / evaluations •KII Notes •FGDs Notes •Field Visit Notes	Document Review Interviews FGDs Field Site Observation
Assumption 23	Indicators	Source	Data collection
UNFPA has used evidence and data to highlight key needs through a communications, marketing, and fundraising strategy	- % funding from sources outside pooled funding 2011-2017;	•UNFPA global documentation •CO documentation •Syria Response Hub guidance notes/resources/evaluations •KII Notes	Document Review Interviews

EFFECTIVENESS

EQ10a: 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 Syrian Arab Republic

Assumption 24	Indicators	Source	Data collection
UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC: 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	- % increase access to MNH, SRH, GBV and HIV services based on UNFPA contribution for Syrian women & girls; - Evidence of increased capacity of Syrian implementing partner organisations; - Evidence of increased in capacity of Syrian women and youth to demand services and rights; - Evidence of MNH, SRH, GBV and HIV being integrated into life-saving structures;	•CO documentation •Partner and other SRH/GBV actor documentation •IP documentation •HNO / HRP / 3RP documentation •KII Notes •FGDs Notes •Field Visit Notes	Document Review Interviews FGDs Field Site Observation

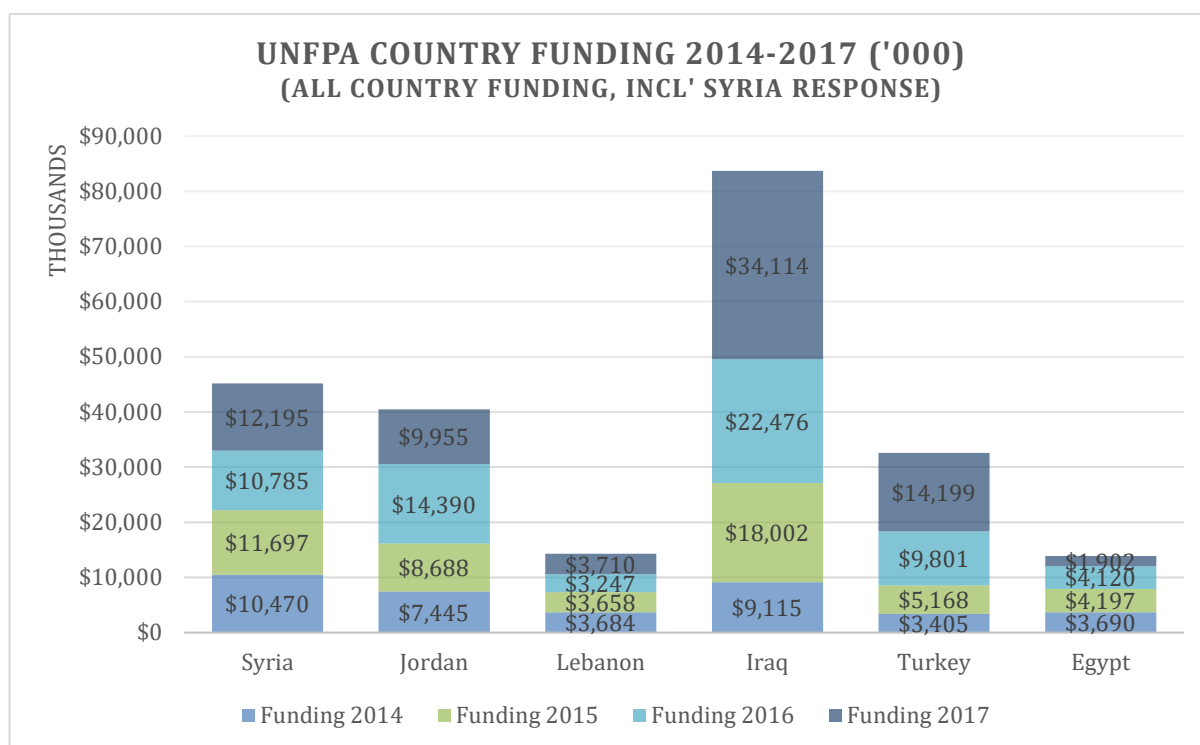
<p>programming and are empowered to demand their rights</p> <p>c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.</p>	<ul style="list-style-type: none"> - Evidence of Sex and age-disaggregated data (SADD) routinely, ethically, and robustly being collected, collated, analysed, utilised, and shared; - Evidence of gender equality as a foundational principle throughout programming and interventions; - Proportion of proposals scoring 2a or 2b on the Gender Marker; - Evidence of protection as a foundational principle throughout programming and interventions; - Proportion of programme documentation referencing centrality of protection; - Evidence of reproductive rights as a foundational principle throughout programming and interventions; - Proportion of programme documentation referencing reproductive health services as rights-based entitlement. 	<ul style="list-style-type: none"> •Clinic Visit Notes 	
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EQ10b: 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.

Assumption 25	Indicators	Source	Data collection
<p>UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:</p> <p>a. Syrian refugee women, adolescents and youth, and affected host communities access quality integrated SRH and GBV services;</p> <p>b. Syrian refugee women, adolescents and youth and affected host community women, adolescents and youth benefit from prevention, risk reduction and social norm change programming and are empowered to demand their rights</p> <p>c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.</p>	<ul style="list-style-type: none"> - % increase access to MNH, SRH, GBV and HIV services based on UNFPA contribution for Syrian refugees and affected host communities; - Evidence of increased in capacity of Syrian women and youth to demand services and rights; - Evidence of MNH, SRH, GBV and HIV being integrated into life-saving structures; - Evidence of SADD routinely, ethically, and robustly being collected, collated, analysed, utilised, and shared; - Evidence of gender equality as a foundational principle throughout programming and interventions; - Proportion of proposals scoring 2a or 2b on the Gender Marker; - Evidence of protection as a foundational principle throughout programming and interventions; - Proportion of programme documentation referencing centrality of protection; - Evidence of reproductive rights as a foundational principle throughout programming and interventions; - Proportion of programme documentation referencing reproductive health services as rights-based entitlement. 	<ul style="list-style-type: none"> •CO documentation •Partner and other SRH/GBV actor documentation •IP documentation •HNO / HRP / 3RP documentation •KII Notes •FGDs Notes •Field Visit Notes •Clinic Visit Notes 	<ul style="list-style-type: none"> Document Review Interviews FGDs Field Site Observation

ANNEX III: STAKEHOLDER ANALYSIS

The following chart presents a country breakdown of overall UNFPA funding that has been disbursed within the key countries since 2014.⁹⁰ This *overall* funding incorporates all of UNFPA's expenditures for each country, including that for Syria response activities. The bulk of the overall funding has been provided to Iraq, increasing allocations for Iraq every year since 2014, a reflection of the increasing humanitarian crisis resulting from the rise and decline of the Islamic State group in Iraq between these years. Turkey has also seen a progressive increase in funding since 2014, while funding streams for Syria, Jordan, Lebanon and Egypt have remained relatively static.

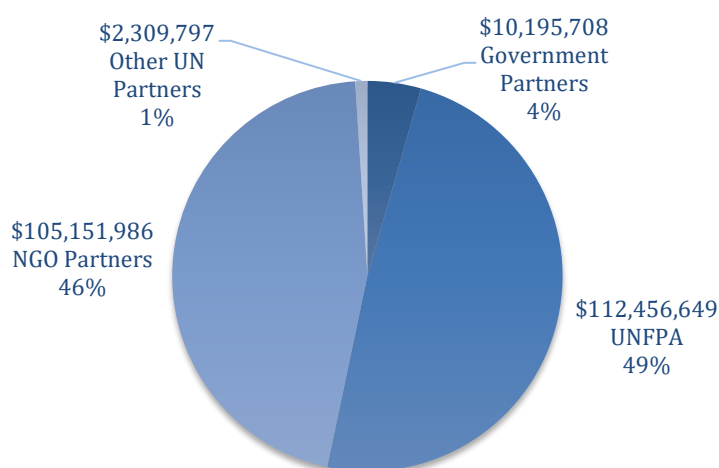


In terms of partnerships, the chart, right, illustrates the cumulative flows of UNFPA funding from 2014-2017.

Almost half (49%) of funding is programmed directly by UNFPA (not disbursed to implementing partners) – amounting to over \$112 million over the course of the time period, with a slightly smaller amount (46%, \$105 million) being disbursed to NGO partners – both national NGOs and international NGOs. Over \$10 million has been provided to

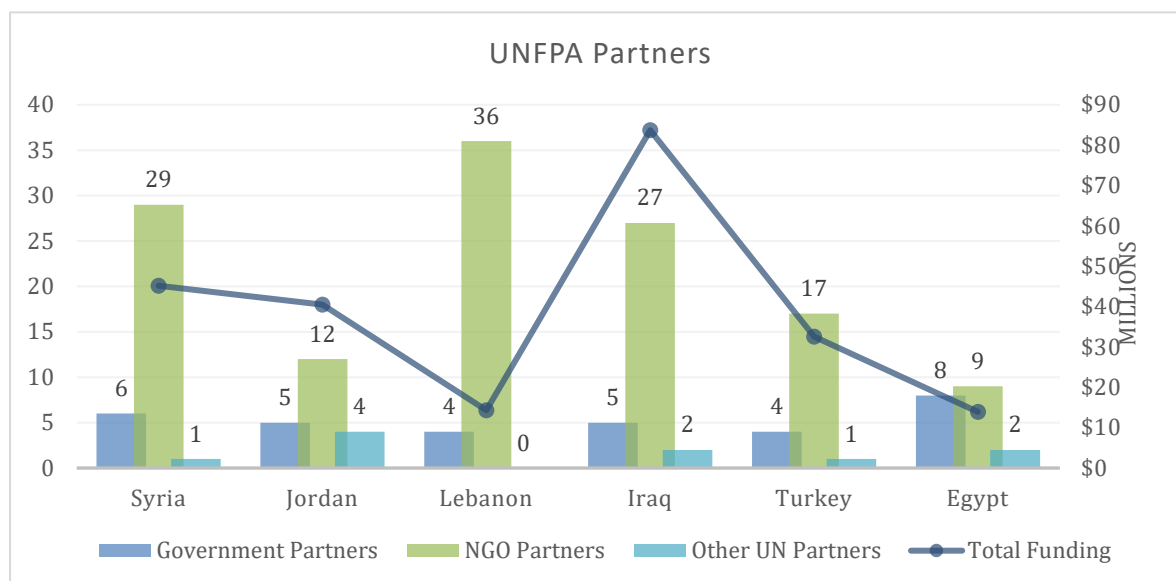
government partners in the six countries, with 1% (\$2.3 million) being provided to other UN agencies.

Total UNFPA Funding by Partner Type - 2014-2017



⁹⁰ Financial data for 2011-2013 was not available at the time of research. Tracking the 2011-2013 funding flows will be part of the more comprehensive secondary research and analysis.

An analysis of partner type across the five countries reflects this breakdown of funding – most partnerships are with NGOs (a mix of national and international NGOs⁹¹), followed by government partners (4-8 different ministries per country), and a small number of UN agency partners.



The quantity and type of partners that UNFPA engages with does not necessarily correspond with funding flows – in Lebanon, which has the least amount of country funding (\$14 million since 2014), UNFPA implements the highest number of partnerships with NGOs, and no partnerships with other UN agencies.

The nature, effectiveness and outcomes of these funding relationships will be explored in greater detail over the course of the evaluation.

⁹¹ More specific analysis of types of NGO partners – in terms of national and international organisations – will be part of the ongoing desk review and research of the evaluation, specifically with a view to localisation of humanitarian programming and the transition to longer-term development.

ANNEX IV: DATA COLLECTION TOOLS

DATA COLLECTION CONSULTATION TOOLS

- Key Informant Interviews
- Focus Group Discussions
- Clinic Rapid Assessments/ Service Provider Questionnaires

(1) Master List of Questions – Key Informant Interviews

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 (ie 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

(2) Community Focus Group Discussions

Community Focus Group Discussions should take place in sex and age disaggregated groups:

- Male Adolescents/Youth: 15-24 (collect ages)
- Female Adolescents/Youth: 15-24 (collect ages)
- Male Adults: 25+ (do not collect ages)
- Female Adults: 25+ (do not collect ages)

Focus Group Discussions should have between 8 and 15 people; in a safe space; *with a gender-appropriate translator who is familiar with the materials before the FGD starts*; and should last for no longer than 1 hour.

The general purpose of the FGD methodology within the UNFPA Response Evaluation is:

- c) To understand community needs with respect to SRH and GBV programming, and if responses have been adapted over time addressing changing priorities and needs, against which UNFPA responses can be mapped – aligning with relevance / appropriateness (EQ1 and 2)
- d) To gain an understanding of community perspectives of the quality of UNFPA supported services – aligning with effectiveness (EQ10 and 11)

Introductions: team (all facilitators within the group, including the translators) and a summary of what we would like to talk about, and how the data will be used. The following to be included:

- the FGD is voluntary and nobody will be forced to answer any question they are uncomfortable with (although we encourage everyone to tell us what they would like to tell);
- everything is confidential – participants are also urged to keep the responses of others confidential;
- we cannot promise any further services or programming based on responses today (not raising expectations).

Introductions: participants to introduce themselves (for younger cohorts, ask for names and ages; for older cohorts ask just for names).

- Record ages for 15-18 and 19-24-year-old groups but no need to record names for either group.

Question Areas:

(1) General Situation / Priority Concerns

Suggested prompts – how are things here right now? Are there specific concerns for women and girls? Do men / boys have the same concerns? How have things changed over the last few years?

(2) RH services

Suggested prompts – what access do you have to health services? So, for example, how about services for pregnant women, and when women give birth? Do you have access to family planning? Are there services available for HIV? What type of services do you want / need? – NOTE CHECK WITH LOCAL COLLEAGUES RE SENSITIVITY OF FP, HIV/STIs/ACCESS TO MISCARRIAGE ABORTION/POST-ABORTION CARE SERVICES

(3) GBV issues – prevention and response

Suggested prompts – how safe is it here for women / girls / men / boys? Is there family member violence within the home? What types (probe for sexual violence) Is there anyone helping people stay safe from this type of violence? What services are available for those who experience this type of violence (clinical, PSS, legal, justice, shelter, economic)? How has this changed since the crisis began? What type of services do you want / need?

(4) Harmful Practices – child marriage

Suggested prompts – some other people have said that because of the conflict there are more girls having to marry at a younger age, is this true? If so, what is causing it? Is there anyone helping girls to stay at school and not get married? What kind of support do you want / need around this?

(3) Rapid Clinic Checklists

Record –

Facility name, type (tertiary hospital, clinic, health post, outreach/mobile clinic etc), operating agency (UNFPA, Government etc), location, date, name and designation (Dr, midwife) of interviewee

- What time does the facility open / close?
- Is this time posted?
- What MNH, RH and GBV services are provided?
 - Ante-natal care
 - BEmOC
 - CEmOC
 - Post-natal care
 - Family Planning – what methods?
 - HIV services (Voluntary Counselling & Testing (VCT), ARV therapy)
 - STI services
 - Reproductive health commodity security provision and supply chain
 - CMR
- Does the facility provide RH services to:
 - Unmarried women
 - Adolescents (if so, with or without consent of parents)
- Does the facility address the needs of people with disabilities?
 - How?
- Do the staff at the facility know about MISP?
- Have staff had MISP training?
- Is there confidentiality for survivors of sexual violence?
 - A private consultation room?
 - Female service providers with training on CMR?
 - What are the confidentiality protocols?

ANNEX V: TABLE OF CONTENTS FOR FINAL REPORT / CASE STUDY REPORTS / COUNTRY NOTES

Final Report

Number of pages: 50-70 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

Executive Summary: 3-5 pages: objectives, short summary of the methodology and key conclusions and recommendations

1 Introduction

Should include: purpose of the evaluation; mandate and strategy of UNFPA in the response to the Syria crisis

2 Methodology

Should include: overview of the evaluation process; methods and tools used for data collection and analysis; evaluation questions and assumptions to be assessed; limitations to data collection; approach to triangulation and validation

3 Findings

Should include for each response to evaluation question: evaluation criteria covered; summary of the response; detailed response

4 Conclusions

Should include for each conclusion: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion

5 Recommendations

Should include for each recommendation: summary; priority level (very high/high/medium); target (business unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized; accompanied by timing for implementation; useful and operational

Annexes shall be confined to a separate volume

Should include: country notes; case study reports; evaluation matrix; portfolio of interventions; methodological instruments used (focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

(*) *Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

Cross-Border Case Study Report

Number of pages: 20-30 pages without the annexes

Table of Contents

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Should include: purpose of the evaluation and case study; mandate and strategy of UNFPA in the response to the Syria crisis, mandate and strategy of the Case Study subject

2 Methodology

Should include: overview of the data collection process; methods and tools used for data collection and analysis

3 Findings

Cross-border case study will be slightly re-formulated to highlight those Evaluation Questions which are specifically relevant to the cross-border operation:

EQ 1 Relevance: Relevant to the X-Border Case Study, no amendments

EQ 2 Relevance: Adapted over time: Relevant to the X-Border Case Study, no amendments

EQ 3 Coverage: Relevant to the X-Border Case Study, no amendments

EQ 4 Coordination: (GBV and RH relevant, not youth)

EQ 5 Coherence: Relevant to the X-Border Case Study, no amendments

EQ 6 Connectedness: Relevant to the X-Border Case Study, no amendments

EQ 7 and EQ 8 merged: efficiency of Hub and overall systems

EQ 9 Partnerships: Relevant to the X-Border Case Study, no amendments

EQ 10 Effectiveness: Relevant to the X-Border Case Study, no amendments

4 Conclusions

Should include for each conclusion: summary; origin (which key question(s) the conclusion is based on); detailed conclusion

5 Recommendations

Should include for each recommendation: summary; priority level (very high/high/medium); target (business unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized; accompanied by timing for implementation; useful and operational

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Should include: methodological instruments used (focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

Syria Regional Response Hub Case Study Report

Number of pages: 20-30 pages without the annexes

Table of Contents

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1 Introduction

Should include: purpose of the evaluation and case study; mandate and strategy of UNFPA in the response to the Syria crisis, mandate and strategy of the Syria Regional Response Hub

2 Methodology

Should include: overview of the data collection process; methods and tools used for data collection and analysis

3 Findings

The overall evaluation questions (per the evaluation Inception Report analytical framework) are reformulated to reflect the specific role and accountabilities of the Syria Regional Response Hub which are different to those of the individual Country Offices, as follows:

1. Relevance

- **EQ 1:** UNFPA Hub supported-initiatives based on:
 - Accurate/timely needs assessments of women, girls, and young people.
 - Coherent and comprehensive gender and inclusion analyses.
 - Clear human rights-based approaches/aligned with humanitarian principles
- **EQ 2:** UNFPA Hub adaptation of strategies/initiatives based on:
 - Overall UN and UNFPA-specific information regarding rapidly changing situations;
 - Systematic mechanisms for adapting interventions in line with need and humanitarian principles;
 - UNFPA's comparative strengths.

2. Coverage

- **EQ 3:** UNFPA Hub targeting of interventions:
 - Geographical areas of need;
 - Vulnerability and marginalisation of demographic subgroups

3. Coordination

- **EQ 4:** UNFPA Hub leveraging of GBV AoR and RH WG leadership:
 - Effectiveness of GBV programming due to coordination/leadership within the GBV AoR/GBV Sub-Clusters;
 - Effectiveness of RH programming due to coordination within the RH WG;

4. Coherence

- **EQ 5:** Alignment of UNFPA Hub activities with strategic frameworks at:
 - UNCT, HCT and Strategic Steering Group (SSG) levels;
 - UNFPA Global, Regional and Country levels;
 - Host Government levels;
 - International normative level;
 - UN global strategy level (MDGs, SDGs);
 - GBV AoR/RH Coordination Forum (IAWG) levels

5. Connectedness

- **EQ6:** Promoting the humanitarian-development nexus
 - UNFPA Hub engagement with long term development/resilience goals.

6. Efficiency

- **EQ 7:** UNFPA Hub coordination, organisational flexibility, and achievement of results.
 - Hub resources allocation and use;
 - Hub mandate by relevant stakeholders.
 - Hub organisational flexibility in response to the evolving crisis.
- **EQ 8:** UNFPA Hub use of its human, financial and technical resources, systems and processes.
 - Leverage of humanitarian funding– donor, multi-year, pooled funding, regular/core resources.
- **EQ 9:** UNFPA Hub strategic partnerships:
 - Leveraging of comparative strengths of different agencies/COs/actors;
 - Communications, marketing, and fundraising strategy highlights evidence-based needs.

7. Effectiveness

- **EQ 10:** Access to quality SRH and GBV services
 - UNFPA Hub’s contributions to the outcomes articulated in the reconstructed ToC:
 - 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.

4 Conclusions

Should include for each conclusion: summary; origin (which key question(s) the conclusion is based on); detailed conclusion

5 Recommendations

Should include for each recommendation: summary; priority level (very high/high/medium); target (business unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized; accompanied by timing for implementation; useful and operational

Annexes shall be confined to a separate volume

Should include: methodological instruments used (survey, focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

Revised Syria Hub Evaluation Questions/Assumptions

8. Relevance

- **EQ 1:** To what extent have the specific defined outputs and outcomes of initiatives supported via the UNFPA Syria Crisis Response Hub been based on identified actual needs of Syrians within Whole of Syria and within the 3RP countries?
 - **Assumption 1:** UNFPA's Syria Response Hub bases its coordination, fundraising and representation activities in evidence-based and up-to-date needs of women, girls, and young people at community, sub-national, and national level.
 - **Assumption 2:** UNFPA responses supported or proposed by the Hub are/were based on coherent and comprehensive gender and inclusion analyses.
 - **Assumption 3:** UNFPA responses supported or proposed by the Hub are/were 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).
- **EQ 2:** To what extent does the UNFPA Hub use all evidence, sources of data, and triangulation of data to able to adapt its strategies and programmes over time to respond to rapidly changing (and deteriorating) situations, to address the greatest need and to leverage the greatest change?
 - **Assumption 4:** The UNFPA Hub reacts flexibly to rapidly changing situations (of displacement, besiegement, movement) based on overall UN and UNFPA-specific information;
 - **Assumption 5:** The UNFPA Hub has systematic mechanisms for adapting interventions based on shifting needs and in line with humanitarian principles;
 - **Assumption 6:** The UNFPA Hub leverages UNFPA's comparative strengths with relation to other actors for SRH, GBV and youth.

9. Coverage

- **EQ 3:** To what extent does the UNFPA Hub target its interventions to population groups with greatest need for sexual and reproductive health and gender-based violence services, in particular the most vulnerable and marginalised?
 - **Assumption 7:** The UNFPA Hub systematically targets all geographical areas in which women, girls and youth are in need and in line with humanitarian principles;
 - **Assumption 8:** The UNFPA Hub systematically targets all demographic populations of vulnerability and marginalisation (i.e. women, girls, and youth with disabilities; those of ethnic, religious, or national minority status; LGBT populations etc.)

10. Coordination

- **EQ 4:** To what extent has the UNFPA Hub leveraged UNFPA's leadership of the GBV AoR (at international/hub/regional levels) and informal leadership of RH WGs (at hub and country levels) to improve SRH, GBV programming?
 - **Assumption 9:** UNFPA's support to and use of coordination within the GBV AoR at global level and the GBV Sub-Clusters at Hub level has resulted in improved effectiveness of GBV programming in the Syria Response.
 - **Assumption 10:** UNFPA's support to and use of coordination within the RH WG at Hub level has resulted in improved effectiveness of SRH programming in the Syria Response.

11. Coherence

- **EQ 5:** To what extent are the UNFPA Hub's response activities 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.
 - **Assumption 12:** UNFPA, at Syria Hub level, is institutionally engaged with, and drives focus on SRH and GBV, at UNCT, HCT and Strategic Steering Group (SSG) levels in all response countries;
 - **Assumption 13:** The UNFPA Hub's response activities are 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).
- **Assumption 14:** The UNFPA Hub's response is aligned to the priorities decided in Cluster Forum; specifically,
 - a. The GBV AoR
 - b. The Global RH Coordination Forum (currently IAWG)

12. Connectedness

- **EQ6:** To what extent do the UNFPA Syria Hub activities promote the humanitarian-development nexus?
 - **Assumption 15:** The UNFPA Syria Hub is working towards long term development goals with regards to resilience of refugees when they return to Syria;

13. Efficiency

- **EQ 7:** To what extent does the UNFPA Syria Hub contribute to enhanced coordination, organizational flexibility, and the achievement of the intended results of the UNFPA Response?
 - **Assumption 17:** The Hub has been allocated sufficient resources and uses them effectively in the furtherance of improved coordination, programming and resource mobilisation.
 - **Assumption 18:** The Hub has been adequately mandated by all relevant stakeholders across the region to undertake response coordination.
 - **Assumption 19:** The Hub has demonstrated a level of organisational flexibility to the evolving crisis.
- **EQ 8:** To what extent does the UNFPA Hub make good use of its human, financial and technical resources and maximise the efficiency of specific humanitarian/Syria Response systems and processes.
 - **Assumption 21:** UNFPA has maximised leverage of humanitarian funding— donor, multi-year, pooled funding – for the response and matched OR and RR appropriately for office sustainability.
- **EQ 9:** To what extent does the UNFPA Hub leverage strategic partnerships within responses
 - **Assumption 22:** The UNFPA Hub maximises strategic partnerships to leverage comparative strengths of different agencies/COs/actors and promotes humanitarian principles across partnerships.
 - **Assumption 23:** The UNFPA Hub has used evidence and data to highlight key needs through a communications, marketing, and fundraising strategy.

14. Effectiveness

- **EQ 10a:** To what extent does the UNFPA Hub facilitate or contribute to access to quality SRH and GBV services as life-saving interventions for women, girls, and youth in the region?
 - **Assumption 24:** The UNFPA Hub's coordination, fundraising, communication and representation functions contribute to the following outcomes articulated in the reconstructed ToC:
 - 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.

Country Note

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Should include: overview of the data collection process; methods and tools used for data collection and analysis

3 Findings

Case Study evaluation criteria covered; summary of the response; detailed response

4 Conclusions

Should include for each conclusion: summary; origin (which key question(s) the conclusion is based on); detailed conclusion

5 Recommendations

Should include for each recommendation: summary; priority level (very high/high/medium); target (business unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized; accompanied by timing for implementation; useful and operational

Annexes shall be confined to a separate volume

Should include: methodological instruments used (focus groups, interviews etc.); bibliography; list of people interviewed.

ANNEX VI: PROPOSED DESK REVIEW BIBLIOGRAPHY

- UNFPA Financial and Administrative information (derived from the *Atlas* database);
- UNFPA Minimum Standards;
- GBV Coordination Handbook;
- GBVIMS annual reports
- UNFPA GBV Strategy and Framework;
- GBV AoR Capacity Building Strategy 2015-2020;
- Whole of Syria GBV Strategy (including country level strategy);
- Situational analysis reports produced by UNFPA and partners;
- Syria Humanitarian Response Plans;
- Regional Refugee Response Plan;
- Protocols and guidelines produced by the Hub;
- Regional Situation Report for Syria Crisis;
- Program documents related to UNFPA's response and the Hub in particular;
- Program Management Guides;
- Communications & Knowledge Management Strategy;
- Log frames and implementation plans (overall and country-specific);
- Regional Response Plans;
- Monitoring frameworks & reports;
- Progress reports;
- Any evaluation reports/impact assessments from evaluations conducted in the region;
- Donor reports;
- Previous UNFPA programming and strategy in the region (to assess if and how programming was adapted to response);
- UNFPA Humanitarian Action Overview 2016;
- UNFPA strategic plans;
- Monitoring data from the GBVIMS;
- UNFPA partner response strategies from UNDP, UN Women, UNHCR, UNICEF, etc.
- Regional consultation documents;
- IASC guidelines;
- Sphere Guidance;
- Legislation and data from country level, among others;
- Global cluster guides;

ANNEX VII: STAKEHOLDER LIST FOR INTERVIEW

ANNEX VIII: TERMS OF REFERENCE

EVALUATION OF THE UNFPA RESPONSE TO THE SYRIA CRISIS

27 JULY 2017

A. Introduction

1. Evaluation at the United Nations Population Fund (UNFPA) serves three main purposes:

(a) demonstrate accountability to stakeholders on performance in achieving development results and on invested results;

(b) support evidence-based decision making; (c) contribute key lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD).

2. Although it was not initially included in its quadrennial budgeted evaluation plan for 2016-2019, the Evaluation Office (EO) decided to launch an evaluation of the UNFPA response to the Syrian crisis in view of the increased focus and funding for sexual and reproductive health and gender-based violence interventions in Syria, Jordan, Lebanon and Turkey. The decision to launch an evaluation of the UNFPA response to the Syria crisis was announced in the Evaluation Office report on evaluation for 2016, which was formally presented to the UNFPA Executive Board at the annual session 2017.

3. The primary intended users of the evaluation are:

(i) the UNFPA country offices in Syria, Lebanon, Jordan and Turkey;

(ii) the UNFPA Syria Regional Response Hub;

(iii) the UNFPA Arab States Regional Office (ASRO) and the UNFPA Eastern and Central Asia Regional Office (EECARO);

(iv) the UNFPA Humanitarian and Fragile Contexts Branch (HFCB);

(v) UNFPA Senior Management.

4. The results of the evaluation should also be of interest to a wider group of stakeholders, such as:

(i) beneficiaries of UNFPA interventions and affected populations;

(ii) national governments of Syria, Jordan, Lebanon and Turkey;

(iii) humanitarian actors involved in the regional response to the Syrian crisis;

(iv) Inter-Agency Standing Committee (IASC) Principals and Directors; UNFPA Executive Board members.

B. Background and context

5. Already in its seventh year, the Syria crisis is still characterized by extreme levels of suffering, destruction and disregard for human lives. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), as of July 2017, approximately 13.5 million people were in need of humanitarian assistance, including 6.3 million internally displaced persons and 4.9 million people in hard-to-reach and besieged areas. The number of Syrian who have fled their country and were registered as refugees by the Office of the United Nations High Commissioner for Refugees (UNHCR) has reached 5.1 million in July 2017. In Syria and neighbouring countries, there are 5.3 million women of reproductive age, 440,000 of whom are pregnant.

6. UNFPA works closely with its partners to address the needs of affected populations within Syria, but also in neighbouring countries which host most of Syrian refugees (Egypt, Iraq, Jordan, Lebanon and Turkey). Since 2014, pursuant to United Nations Security Council resolutions n°2139, 2165 and

2191, UNFPA has become increasingly involved in the delivery of cross-border assistance from Jordan and Turkey through the Whole of Syria (WoS) approach.

7. In response to the need to scale up the UNFPA Syrian humanitarian crisis response, UNFPA established a regional response hub in 2013. The hub was meant 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. As from 2014, within the framework of the WoS approach, the hub was assigned the overall coordination role of cross-border assistance.

8. As part of its response to the Syria crisis, UNFPA activities include:

- Support to life saving reproductive health, including maternal health and family planning, services including provision of necessary RH commodities (RH kits, medical equipment, contraceptives, RH drugs, etc);
- Engagement in programs that seek to mitigate and prevent the occurrence of gender-based violence - particularly child marriage - and support survivors of this violence, including through clinical management of rape services and psychosocial support for women and girls at risk of or survivors of violence;
- Distribution of specialized, customized and culturally sensitive hygiene or dignity kits (containing various sanitary items) targeting primarily women and girls;
- Deployment of medical and specialized personnel to assist affected communities;
- Deployment of trained personnel to support and encourage the participation of affected youth in society through the facilitation of recreational and educational programs, rehabilitation and psychosocial interventions, and life skills education.

C. Purpose, objectives and scope of the evaluation

9. The purpose of this evaluation is to assess the contribution of UNFPA to the Syria humanitarian crisis response. This exercise will generate findings and lessons that will be of use for UNFPA (at global, regional and country level) but also for humanitarian actors, partner countries affected by the Syria crisis, donors, and the civil society.

10. The specific objectives of the evaluation are:

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

11. The scope of the evaluation covers all UNFPA humanitarian interventions targeting populations affected by the conflict in Syria, as well as in neighbouring countries (Egypt, Iraq, Jordan, Lebanon and Turkey), including cross-border operations.

12. The evaluation aims to assess the UNFPA humanitarian response to the Syria crisis across the sub-region (i.e., Syria and neighbouring countries). It is not intended to evaluate separately each country programme response.

13. The period covered by the evaluation is 2011-2017.

D. Evaluation criteria and indicative areas for investigation

14. The evaluation will use internationally agreed evaluation criteria, drawn from UNEG norms and standards, OECD/DAC and the ALNAP criteria for the evaluation of humanitarian action (See **Annex 1**, Humanitarian Action Evaluation Criteria).

15. **Attention will be given to gender**, protection and accountability to affected populations.

16. The below list of indicative areas for investigation, structured around the above-mentioned evaluation criteria, will form the basis for the formulation of evaluation questions by the evaluation team at inception stage⁹². The final list of evaluation questions will be limited to a maximum of ten. Based on the agreed list of evaluation questions, the evaluation team will prepare an evaluation matrix⁹³, linking questions with associated assumptions to be assessed, indicators, data sources and data collection tools.

- **Relevance/Appropriateness**

- To what extent were the objectives of the UNFPA humanitarian response to the Syria crisis adapted to identified humanitarian needs inside Syria and amongst Syrian refugees in neighbouring countries?
- To what extent was UNFPA able to adapt its strategies and programmes over time to respond to changes in the context?

- **Coverage**

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

- **Effectiveness**

- To what extent did the UNFPA response to the Syria crisis contribute to an increased access to and utilization of quality reproductive health, including family planning and maternal health services, for: (i) the affected population in Syria; (ii) Syrian refugees in neighbouring countries?
- To what extent did the UNFPA response to the Syria crisis contribute to the prevention of and response to gender based violence (particularly child marriage) for the affected population, both within Syria and among Syrian refugees, in neighbouring countries?
- To what extent did the implementation of the UNFPA response to the Syria crisis take into account gender equality and human rights principles?

- **Efficiency**

- To what extent did UNFPA make good use of its human, financial and technical resources, as well as of different partnerships, including multiyear humanitarian commitments, in pursuing the achievement of the results expected from its humanitarian response to the Syria crisis?
- To what extent did the establishment of the UNFPA Syria Regional Response Hub contribute to enhanced coordination, organizational flexibility, and the achievement of the intended results of the UNFPA humanitarian response?

⁹² Criteria should only be used if they directly relate to questions to be answered. What matters are the questions, not the criteria. The latter are tools to think with and help devise additional relevant questions where necessary

⁹³ See **Annex 2**, Outline of the evaluation matrix

- **Coherence**

- To what extent was the UNFPA response to the Syria crisis aligned with: (i) the priorities of the wider humanitarian system (as set out in the successive Syria Humanitarian Response Plans and the Regional Refugee Response Plan); (ii) strategic interventions of other UN agencies; iii) and the UNFPA mandate and policies?

- **Connectedness**

- To what extent did UNFPA humanitarian activities support, and plan for, longer-term (i.e., developmental and/or resilience-related) goals of the affected countries?

E. Methodology and approach

17. The evaluation team will design the evaluation methodology (including data collection methods and tools), which will be presented in the inception report.

18. The evaluation will use secondary qualitative and quantitative data, complemented with primary data collection as necessary and feasible.

19. At a minimum, the approach will comprise:

- A reconstruction of the **theory of change** underlying the UNFPA response to the Syria crisis;
- A **document review** as well as an **analysis of the available administrative and financial data** pertaining to the portfolio of activities conducted by UNFPA within the framework of its response to the Syria crisis;
- A thorough gender responsive **stakeholder analysis**, including a beneficiary typology;
- The conduct of **key informant interviews** and **focus group discussions**;
- Direct observation through **field visits** (covering Syria, Jordan, Turkey, Lebanon and Iraq), including a **pilot mission** (in Jordan) at inception stage;
- Two **case studies**, respectively focused on the UNFPA Syria Regional Response Hub and the engagement of UNFPA in cross-border interventions.

20. Particular attention will be paid to triangulation of information, both in terms of data sources and methods and tools for data collection.

F. Evaluation process, timeline and deliverables

21. The evaluation will unfold in five phases and lead to the production of associated deliverables as follows:

- **Preparatory phase**

This phase, which is led by the EO evaluation manager, includes: the initial documentation review; the drafting of terms of reference for the evaluation; supplier selection under the guidance of the Procurement Services Branch of UNFPA; the constitution of an evaluation reference group.

- **Inception phase**

The evaluation team will conduct the inception phase, in consultation with the evaluation manager and the evaluation reference group. This phase includes:

- a **document review** of all relevant documents available at UNFPA headquarters, regional office and country office levels;
- a **stakeholder mapping** to be developed by the evaluation team, and displaying the relationships between different sets of stakeholders;

- a **reconstruction of the intervention logic** of the UNFPA response to the Syria crisis, i.e. the theory of change meant to lead from planned activities to the intended results of UNFPA interventions;
- the development of the **list of evaluation questions**, the identification of the assumptions to be assessed and the respective indicators, sources of information and methods and tools for the data collection (cf. Annex 2, Outline of the evaluation matrix);
- the development of a **data collection and analysis strategy** as well as a concrete **workplan** for the field and reporting phases.
- the **pilot mission** (max 15 working days) to test and validate core features such as the evaluation matrix (in particular the evaluation questions, assumptions and indicators) and data collection tools, in addition to collecting and analysing the data required in order to answer the evaluation questions. The pilot mission will take place in **Jordan**, allowing also for the conduct of the **case study** on the UNFPA Syria regional response hub.

The outputs of this phase are:

- the **inception report**, which will display the results of the above-listed steps and tasks, along the structure set out in **Annex 3**;
- a **country note**, synthesizing lessons learned from the country visit in Jordan;
- the **case study report** of the UNFPA Syria regional response hub.

The structure of the country notes and case study reports will be determined during the inception phase.

The evaluation team will present a draft version of the inception report, the Jordan country note and the case study report on the hub to the evaluation reference group (this will entail a travel mission of the whole evaluation team to New York, for **3 working days**).

The inception report, the Jordan country note and the case study report on the Syria regional response hub will be considered final upon approval by the evaluation manager.

- **Data collection phase**

During this phase, the evaluation team will conduct:

- an in-depth document review,
- interviews at UNFPA HQ (taking advantage of the presence of the team in New York at the end of the inception phase), in the UNFPA regional office for the Arab States (through a mission to Cairo – **2 working days** for the whole evaluation team) and the regional office for Eastern Europe and Central Asia (combined with the country visit in Turkey);
- field work in Syria, Turkey, Lebanon and Iraq, including the conduct of the case study on cross-border operations.

Each in-country mission will last a minimum of **10 working days**. At the end of each mission, the evaluation team will provide the country office with a debriefing presentation on the preliminary results of the mission, with a view to validating preliminary findings.

The evaluation team will present the results of the data collection, including preliminary findings and lessons learned from the two case studies, to the evaluation reference group (this will require a mission travel to New York for **2 working days** for the evaluation team leader).

For each country visit, the evaluation team will proceed to prepare a **country note** (five in total). The two case studies will lead to the production of corresponding **case study reports** (two in total). Country notes and case study reports will be annexed to the final report.

- **Reporting phase**

The reporting phase will open with a **2-day analysis workshop** bringing together the evaluation team and the evaluation manager to discuss the results of the data collection (in New York, or another location proposed by the bidder). The objective is to help the evaluation team to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the **first draft final report**.

This first draft final report will be submitted to the evaluation manager for comments. The evaluation manager will control the quality of the submitted draft report. If the quality of the draft report is satisfactory (form and substance), the manager will circulate it to the reference group members. In the event that the quality is unsatisfactory, the evaluators will be required to produce a new version of the draft report.

The report, and in particular the tentative conclusions and recommendations, will be presented by the evaluation team during a stakeholder workshop (attended by the ERG as well as other relevant stakeholders), in New York (entailing a mission travel to New York for the whole evaluation team for **2 working days**).

On the basis of comments expressed, the evaluation team will make appropriate amendments to the report, finalize the recommendations and submit the **final report**. For all comments, the evaluation team will indicate how they have responded in writing ("trail of comments").

The report is considered final once it is formally approved by the evaluation manager in consultation with the reference group.

The final report will follow the structure set out in Annex 4.

- **Dissemination phase**

The evaluation team will assist the evaluation manager in dissemination activities. In particular, they will prepare an **evaluation brief**.

The evaluation report, along with the management response (by UNFPA management), will be published on the UNFPA evaluation webpage.

A presentation of the evaluation results to the UNFPA Executive Board (requiring the presence of the team leader in New York for **1 working day**) may take place at the annual session of the Executive Board, in January 2019.⁹⁴

22. All deliverables will be in English, except for the evaluation brief, which the firm/company will also need to provide in French and Spanish versions.

23. The final report and the evaluation brief should both be professionally copy edited; the layout should be professionally designed (using Adobe InDesign software) for printing. Covers for the inception and final report should follow the indications provided in **Annex 8**.

⁹⁴ The exact date of the presentation, in case it is confirmed, will be communicated to the evaluation team in due course

24. The table below recapitulates the phases, deliverables and timeline of the evaluation.

Phase/milestone	Deliverables	Location	Timing
<p>Preparatory phase</p> <ol style="list-style-type: none"> 1. Drafting of ToR 2. Establishment of the evaluation reference group (ERG) 3. Procurement 4. Contract signature 			July-October 2017
<p>Inception phase</p> <ol style="list-style-type: none"> 1. Initial document review 2. Stakeholder analysis 3. Initial key informant interviews (KIIs) 4. Submission of 1st draft inception report 5. Pilot mission (Jordan) 6. Debriefing meeting at the end of the inception mission 7. Submission of draft Jordan country note 8. Submission of draft case study report on the Syria response hub 9. 1st ERG meeting, followed by interviews at HQ 10. Submission of final inception report, final Jordan country note and final case study report on the hub. 	<ul style="list-style-type: none"> ● First draft inception report ● Powerpoint presentation for the debriefing of the pilot mission ● Draft Jordan country note ● Draft case study report on the Syria response hub ● Powerpoint presentation for the 1st ERG meeting ● Final inception report ● Final Jordan country note ● Final case study report on the response hub 	<ul style="list-style-type: none"> ● Pilot mission: 15 working days in Jordan (evaluation team) ● 1st ERG meeting and interviews at HQ: 3 working days in New York (evaluation team) 	October-December 2017
<p>Data collection phase</p> <ol style="list-style-type: none"> 1. Extended desk review 2. KIIs at UNFPA HQs (see above, end of the inception phase) 3. KIIs at ASRO and EECARO 4. 4 country visits 	<ul style="list-style-type: none"> ● 4 draft country notes (Syria, Lebanon, Turkey, Iraq) ● Draft case study report on cross-border operations ● Powerpoint presentation of 	<ul style="list-style-type: none"> ● Cairo: 2 working days (evaluation team) ● Syria: 10 working days (evaluation team) 	January-June 2018

<p>5. Debriefing meetings at the end of each field visit</p> <p>6. Submission of draft country notes (Syria, Lebanon, Turkey, Iraq)</p> <p>7. Submission of draft case study report on cross border operations</p> <p>8. 2nd ERG meeting</p> <p>9. Submission of final country notes and final case study report on cross-border operations learned from the case studies</p>	<p>preliminary results of the data collection, including preliminary findings and lessons</p> <ul style="list-style-type: none"> ● 4 final country notes ● Final case study report on cross-border operations (evaluation team) 	<ul style="list-style-type: none"> ● Lebanon: 10 working days (evaluation team) ● Turkey: 10 working days ● Iraq: 10 working days (evaluation team) ● New York: 2 working days (team leader) 	
<p>Reporting phase</p> <p>1. Analysis workshop</p> <p>2. Submission of draft final report</p> <p>3. Stakeholder workshop (focusing on recommendations)</p> <p>4. Submission of final evaluation report</p>	<ul style="list-style-type: none"> ● 1st draft final report (with tentative conclusions and recommendations) ● Powerpoint presentation for the stakeholder workshop ● Final evaluation report 	<ul style="list-style-type: none"> ● Analysis workshop: 2 working days in New York⁹⁵ or other location proposed by the bidder ● Stakeholder workshop in New York: 2 working days (evaluation team) 	<p>July-September 2018</p>
<p>Dissemination and follow up phase</p> <p>1. Preparation of evaluation briefs in EN, FR and SP</p> <p>2. Professional copy editing and design of the final report and the evaluation briefs</p> <p>3. Presentation to the UNFPA Executive Board (To Be Confirmed)</p>	<ul style="list-style-type: none"> ● Evaluation briefs in EN, FR and SP ● Professional copy edited and designed evaluation report (by November 2018) ● Professional copy edited and designed evaluation briefs in EN, 	<ul style="list-style-type: none"> ● New York: 1 working day (team leader) 	<p>September 2018 - January 2019</p>

⁹⁵ The analysis could take place in New York, just after the 2nd ERG meeting

	FR and SP (by November 2018) <ul style="list-style-type: none"> ● Powerpoint presentation for the Executive Board (To Be Confirmed) 		
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G. Management and governance

25. The responsibility for the management and supervision of the evaluation will rest with the EO evaluation manager. The EO evaluation manager (who will also act as a team member) will have overall responsibility for the management of the evaluation process. The evaluation manager is responsible for ensuring the quality and independence of the evaluation (in line with UNEG Norms and Standards and Ethical Guidelines – see **Annex 5**). The main responsibilities of the evaluation manager are:

- prepare the terms of reference in consultation with other stakeholders
- participate in the procurement process conducted by the Procurement Services Branch of UNFPA as part of the technical evaluation committee
- chair the reference group and convene review meetings with the evaluation team
- supervise and guide the evaluation team all through the evaluation process
- participate in the data collection process (conduct interviews, facilitate group discussions and focus groups) both at inception and data collection phases including in field missions
- review, provide substantive comments and approve the inception report
- review and provide substantive feedback on the country notes and case study reports, as well as draft and final evaluation reports, for quality assurance purposes
- approve the final evaluation report
- disseminate the evaluation results and contribute to learning and knowledge sharing at UNFPA.

26. The progress of the evaluation will be followed closely by the evaluation reference group consisting of members of UNFPA services who are directly interested in the results of this evaluation. The main responsibilities of the reference group are to:

- provide feedback and comments on the terms of reference of the evaluation;
- provide feedback and comments on the inception report
- provide comments and substantive feedback from a technical expert perspective on the draft and final evaluation reports;
- act as the interface between the evaluators and key stakeholders of the evaluation, notably to facilitate access to informants and documentation;
- participate in review meetings with the evaluation team as required;
- play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the results of the evaluation as well as to the completion and follow-up of the management response.

H. Composition of the team

27. The evaluation team is expected to be composed of 4-5 people, as follows:

- 1 experienced **team leader**, with at least 15 years of experience working in the humanitarian sector, including previous experience leading major evaluations of humanitarian assistance
- 2-3 **evaluators**, with at least 10 years of experience working in the humanitarian sector, as well as significant evaluation experience
- 1 **research assistant**, capable of organizing and analyzing large sets of data in support of the rest of the evaluation team.

28. The evaluation team will collectively bring the below expertise and experience:

- Extensive evaluation experience of humanitarian policies, strategies and programmes and of complex conflict situations, internal displacement, refugee programmes and transition settings;
- Experience with and institutional knowledge of humanitarian UN and NGO actors, the inter-agency mechanisms, such as OCHA and Central Emergency Response (CERF) funding, and the IASC;
- Familiarity with the Transformative Agenda (Leadership, Coordination, Accountability to Affected Populations);
- Extensive knowledge of humanitarian law and principles, and experience with using human rights and gender analysis in evaluations;
- Good understanding of UNFPA mandate and processes;
- Technical expertise in (i) sexual and reproductive health; (ii) gender equality; (iii) emergency preparedness and response;
- Extensive regional expertise, and solid knowledge of the regional issues;
- Excellent analytical skills;
- Excellent communication skills (written, spoken) in English;
- Good communication skills (written, spoken) in Arabic and/or languages spoken in the region and countries covered is desirable.

I. Quality assurance

29. The evaluation team will conduct the first level of quality assurance for all evaluation products prior to the submission to the UNFPA Evaluation Office.

30. The firm/company is expected to dedicate specific resources to quality assurance efforts that are independent from the evaluation team, and must consider all time, resources, and costs related to this in their technical and financial bid. The bidder must present the quality assurance mechanisms which will be applied throughout the evaluation process as part of the technical offer.

31. The Evaluation Office recommends that the evaluation quality assessment checklist (**Annex 6**) is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report. The main purpose of this checklist is to ensure that the evaluation report complies with evaluation professional standards.

32. The evaluation manager, with the support of the reference group, will provide a second level of quality assurance.

33. The draft final report will be subject to a third level of quality assurance, through a review by the EO external quality assurance panel.

34. The Director of the Evaluation Office maintains an oversight of the final evaluation reports.

35. Finally, the thematic evaluation report will be subject to assessment by an independent evaluation quality assessment provider using an evaluation quality assessment grid (see **Annex 7**). The evaluation quality assessment grid will be published along with the evaluation report on the Evaluation Office website.

J. Budget and payment modalities

36. The budget range for the overall cost of the evaluation is USD 400,000 - USD 450,000. The costs of the evaluation include:

- The evaluation as defined in the Terms of Reference, including other expenses as defined in the Terms of Reference associated with the editing, design (final evaluation report and evaluation briefs) and translation (evaluation brief);
- The travel related costs for the participation in the reference group meetings, the stakeholder workshop and the presentation to the executive board as well as all field missions.

37. The vendor will be responsible for the full cost of all travel, including in-country travel for case study country missions (site visits will be determined during the inception phase), accommodation to/from during the full mission period (s) of the consultants, including for national consultants, and security related costs.

38. All travel should be costed for economy class based on the most economical and direct route. Standard daily subsistence allowances should not exceed the UN Daily Subsistence Allowance rates/per diem. National consultants residing in the destination city will not be entitled to the payment of travel costs and daily subsistence allowance fees.

39. The maximum cost for travel will be used in the financial evaluation and will be included in the contract. UNFPA reserves the right to request less than the maximum number of visits and/or visits shorter than the indicated number of days, should the project needs change as work progresses. Should this occur, UNFPA will pay only for the actual number of visits and actual duration of visits requested.

40. The payment modalities will be as follows:

- 30% upon acceptance of the draft inception report;
- 10% upon acceptance of the final inception report;
- 5% upon acceptance of the final Jordan country note;
- 5% upon acceptance of the final case study report on the Syria regional response hub;
- 30% upon acceptance of the draft final evaluation report;
- 10% upon acceptance of 4 final country notes (Iraq, Lebanon, Syria, Turkey) and 1 final case study report (on cross-border operations);
- 10% upon acceptance of the final evaluation report (designed and formatted, in English) and evaluation briefs (designed and formatted, in English, French, and Spanish).

Note that no payment will be processed until the corresponding deliverables are formally approved by the evaluation manager.

Annex 1: Humanitarian Action Evaluation Criteria

Criterion	Definition of criterion
Appropriateness	The extent to which humanitarian activities are tailored to local needs, increasing ownership, accountability and cost-effectiveness accordingly. (Replaces the relevance criterion used in development evaluations.)
Effectiveness	The extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs.
Efficiency	The outputs – qualitative and quantitative – achieved as a result of inputs.
Impact	The wider effects of the project – social, economic, technical, and environmental – on individuals, gender- and age-groups, communities and institutions. Impacts can be intended and unintended, positive and negative, macro (sector) and micro (household). (This is not exactly the same thing as 'Impact' in the results chain.)
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account. Replaces the sustainability criterion used in development evaluations.
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.
Coherence	The extent to which security, developmental, trade, and military policies as well as humanitarian policies, are consistent and take into account humanitarian and human rights considerations. (More focused on donor policy, but can also be applied to individual agencies on their own policy coherence.)

Coordination	The extent to which the interventions of different actors are harmonised with each other, promote synergy, avoid gaps, duplication, and resource conflicts. (Often folded into effectiveness.)
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Source: Adapted from Buchanan-Smith, M., Cosgrave, J. and Warner, A. (2016) Evaluation of Humanitarian Action Guide. ALNAP. Pp.113-114.

Annex 2: Outline of the evaluation matrix

<u>Eval Question 1 : To what extent ...</u>			
<u>Assumptions to be assessed</u>	<u>Indicators</u>	<u>Sources of information</u>	<u>Methods and tools for the data collection</u>
<u>Assumption 1 ...</u>			
<u>Assumption 2</u>			

Annex 3: Outline of the inception report

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

1 Introduction

Should include: objectives of the evaluation; scope of the evaluation; overview of the evaluation process; purpose of the inception report

2 Background and context

Should include: a description of the context (e.g. key social, political, economic, demographic, and institutional factors) as well as the main programmes and interventions constituting the UNFPA response. Information on any relevant reviews, assessments, audits and/or evaluations previously conducted should be mentioned. This section should detail strategies or approaches to programming as well as discuss cross-cutting issues, including particularly issues relating to human rights and gender equality.

3 Intervention logic

Should include: an in-depth analysis of the intervention logic, i.e., assumptions, causality links and risks underlying UNFPA interventions.

4 Methodology

Should include: rationale for methodological choices description of the methods and tools for data collection, analysis, as well as validation techniques. Detailed information on the instruments for data collection and analysis such as: interview protocols per type of informant; protocol for focus groups; structure and lines of enquiries for the case studies; etc. Description of how the data should be cross-checked and limitations of the exercise and strategies to mitigate them.

5 Proposed Evaluation Questions

Should include: a set of evaluation questions with explanatory comments (rationale; coverage of the issues raised in the ToR); detailed approach to answering the evaluation questions (including assumptions to be assessed, indicators, sources of information and associated data collection methods and tools) in the form of an evaluation matrix (cf. annex 2)

6 Next Steps

Should include: a detailed work plan for the next phases/stages of the evaluation, including detailed plans for the field visits, including the list of interventions for in-depth analysis in the field (explanation of the value added for the visits); team composition for the cases studies including distribution of tasks; logistics for the field phase; the contractor's approach to ensure quality assurance of all evaluation deliverables.

8 Annexes

Should include: portfolio of relevant interventions; evaluation matrix; stakeholder map; interview and focus group protocols; detailed structure of the case studies; bibliography; list of persons met; terms of reference

(*) Tables, graphs and diagrams should be numbered and have a title.

Annex 4: Outline of the final report

Number of pages: 50-70 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

Executive Summary: 3-5 pages: objectives, short summary of the methodology and key conclusions and recommendations

1 Introduction

Should include: purpose of the evaluation; mandate and strategy of UNFPA in the response to the Syria crisis

2 Methodology

Should include: overview of the evaluation process; methods and tools used for data collection and analysis; evaluation questions and assumptions to be assessed; limitations to data collection; approach to triangulation and validation

3 Findings

Should include for each response to evaluation question: evaluation criteria covered; summary of the response; detailed response

4 Conclusions

Should include for each conclusion: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion

5 Recommendations

Should include for each recommendation: summary; priority level (very high/high/medium); target (business unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized; accompanied by timing for implementation; useful and operational

Annexes shall be confined to a separate volume

Should include: country notes; case study reports; evaluation matrix; portfolio of interventions; methodological instruments used (focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

() Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

The final version of the evaluation report shall be presented in a way that enables publication (professionally designed and copy edited) without need for any further editing (see section below). Please note that, for the final report, the company should share the files in Adobe Indesign CC software, with text presented in two columns with no hyphenation. Further details on design will be provided by UNFPA Evaluation Office in due course.

Annex 5: Code of conduct and norms for evaluation in the UN system

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous and evaluators must demonstrate personal and professional integrity. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**. The members of the evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject under evaluation, nor should they expect to be in the near future. Evaluators must have no vested interest and should have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. The evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. At times, evaluations uncover **evidence of wrongdoing**. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to, and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the dignity and self-worth of all stakeholders.
5. Evaluators are responsible for the **clear, accurate and fair** written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

A declaration of absence of conflict of interest must be signed by each member of the team and shall be annexed to the offer. No team member should have participated in the preparation, programming or implementation of UNFPA interventions on GBV during the period under evaluation