UNFPA CPE: SYRIA

8TH COUNTRY PROGRAMME 2016 - 2018

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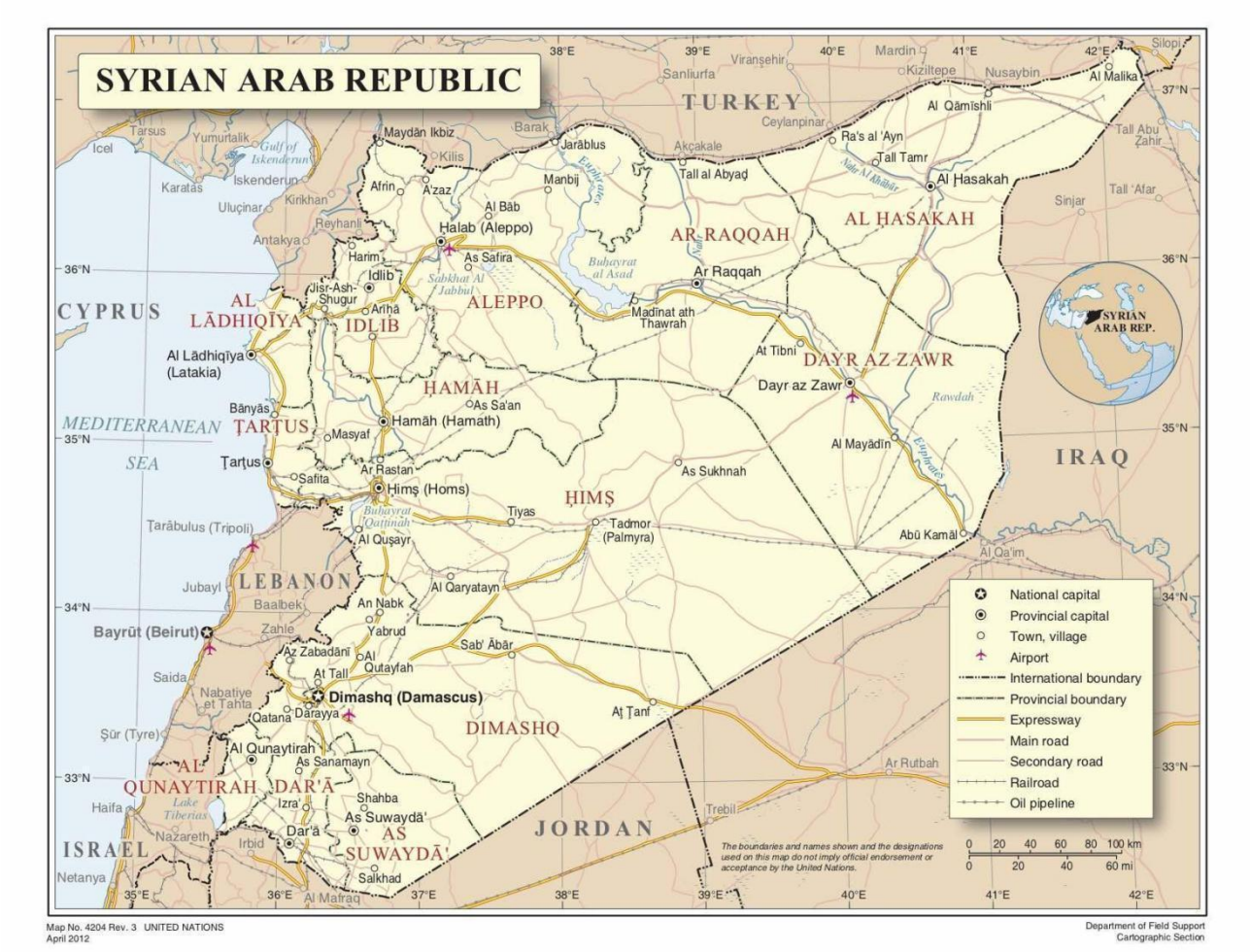
MAP OF SYRIA[1]



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[1] Source: https://www.un.org/Depts/Cartographic/map/profile/syria.pdf; The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the United Nations (and UNFPA) concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Evaluation Reference Group that included representatives of relevant Syrian government ministries and authorities was crucial.

Disclaimer: The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund, its Executive Committee or Member States.

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ABBREVIATIONS AND ACRONYMS

ASRH	Adolescent Sexual and Reproductive Health
ASRO	Arab States Regional Office
AWPs	Annual Work Plans
BEmONC	Basic Emergency Obstetric and Neonatal Care
CBS	Central Bureau of Statistics
CEDAW	Committee on the Elimination of all Discrimination Against Women
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CMC	Conflict Management Consulting
CMR	Clinical Management of Rape
CO	Country Office
COD	Common Operational Data
COVID-19	Coronavirus disease
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRC	Convention on the Rights of the Child
CRVS	Civil Registration and Vital Statistics
CSOs	Civil Society Organizations
CSPro	Census and Survey Processing System
CWC	Community Well-being Centre
ESCOWA	Economic and Social Commission for Western Asia
FAO	Food and Agriculture Organization
FGD	Focus group discussion
FPU	Family Protection Unit
FTP	Fast Track Procedures
GAM	Gender and Age Marker
GBV	Gender-based violence
GBV	Gender-based Violence
GBV SS	Gender-based Violence Sub-Sector
GDI	Gender Development Index
GEWE	Gender Equality and Women's Empowerment
GII	Gender Inequality Index
HACT	Harmonized Approach to Cash Transfer
HCT	Humanitarian Coordination Team
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ICCPR	International Convention on Civil and Political Rights
ICESCR	International Convention on Economic Social and Cultural Rights
ICT	Information and Communication Technology
ICPD	International Conference on Population and Development
IDP	Internally displaced person
ILO	International Labour Organization
INGO	International Non-Governmental Organizations
IPs	Implementing Partners
KII	Key informant interview
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MDRS	Maternal Death Surveillance and Response
MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package

MOFA	Ministry of Foreign Affairs
MOH	Ministry of Health
MOHE	Ministry of Higher Education
MOSAL	Ministry of Social Affairs and Labour
NFI	Non-Food Items
NGO	Non-governmental organization
ODA	Official development assistance
OECD-DAC	Organization for Economic Cooperation and Development - Development Assistance Committee
P&D	Population and Development
PD	Population Dynamics
PLW	Pregnant and Lactating Women
PPE	Personal Protective Equipment
PRSP	Poverty Reduction Strategy Paper
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support
PWD	Persons With Disabilities
RCO	Resident Coordinator
RH	Reproductive Health
RHC	Reproductive Health Clinic
SCB	Syrian Consulting Bureau
SCFAP	Syrian Commission for Family Affairs and Population
SDG	Sustainable Development Goals
SDG	Sustainable Development Goal
SFPA	Syrian Family Planning Association
SGBV	Sexual Gender-Based Violence
SIS	Strategic Information System
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
ToR	Terms of Reference
ToT	Training of Trainers
TVET	Technical and Vocational Education and Training
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian
UNSCR	U.N. Security Council Resolution
UNSF	United Nations Strategic Framework
VAM	Vulnerability Analysis and Mapping
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WGSS	Women and Girl Safe Space
WHO	World Health Organization
WOS	Whole of Syria
YFS	Youth-friendly Space

KEY FACTS TABLE: SYRIA

Table 1: *Key facts Syria, June 2020*

Source: UN Human Development Report Syria,[2]

Demography	
Total population (millions)	18.3
Median age (years)	20.2
Old-age (65 and older) dependency ratio (per 100 people ages 15-64)	7.4
Population under age 5 (millions)	2.0
Urban population (%)	53.5
Health	
Young age (0-14) dependency ratio (per 100 people ages 15-64)	61.9
Life expectancy at birth (years)	71.0
Adult mortality rate, female (per 1,000 people)	79
Adult mortality rate, male (per 1,000 people)	270
Child malnutrition, stunting (moderate or severe) (% under age 5)	27.5
Life expectancy at birth, female (years)	77.4
Life expectancy at birth, male (years)	65.4
Life expectancy index	0.784
Mortality rate, infant (per 1,000 live births)	14.2
Infants lacking immunization, DPT (% of one-year-olds)	37
Infants lacking immunization, measles (% of one-year-olds)	33
Tuberculosis incidence (per 100,000 people)	21.0
Mortality rate, under-five (per 1,000 live births)	17.5
Unmet need for family planning (% of married or in-union women of reproductive age, 15–49 years)	16.4
Antenatal care coverage, at least one visit (%)	87.7
Contraceptive prevalence, any method (% of married or in-union women of reproductive age, 15–49 years)	53.9
Maternal mortality ratio (deaths per 100,000 live births)	68
Gender	
Gender Development Index (GDI)	0.788
Adolescent birth rate (births per 1,000 women ages 15-19)	38.6
Child marriage, women married by age 18 (% of women ages 20–24 years who are married or in union)	13
Estimated gross national income per capita, female (2011 PPP $)	561
Estimated gross national income per capita, male (2011 PPP $)	4,077
Female share of graduates in science, mathematics, engineering, manufacturing and construction at tertiary level (%)	19.2
Gender Inequality Index (GII)	0.547
Human Development Index (HDI), female	0.443
Human Development Index (HDI), male	0.563
Share of seats in parliament (% held by women)	13.2
Total unemployment rate (female to male ratio)	3.82
Women with account at financial institution or with mobile money-service provider (% of female population ages 15 and older)	19.6
Youth unemployment rate (female to male ratio)	1.29

[2] Source : http://www.hdr.undp.org/en/countries/profiles/SYR, last accessed on 28 May 2020.

STRUCTURE OF THE REPORT

This Country Programme Evaluation Report is structured according to the UNFPA Evaluation Handbook. Chapter One introduces the purpose and objectives of the Country Programme Evaluation, outlines its scope as well as the methodology and processes. Chapter Two, describes the programme implementation context within Syria, highlighting the development challenges, in addition to the national strategies, and the role of external assistance. Chapter Three describes the UN and UNFPA strategic response as well as the UNFPA response through the current 8th CP and previous 7th CP country programmes.

Chapter Four presents the findings of the CPE guided by the evaluation questions under each evaluation criteria of relevance, effectiveness, Efficiency, Sustainability, Coverage and Connectedness and coordination. Chapter Five covers the conclusions to the report presented at both strategic and programmatic levels; and the Lessons learnt. Chapter Six provides the CPE recommendations and are also presented at strategic and programmatic levels. Prior to the main chapters the report includes acknowledgements, acronyms and abbreviations, the list of tables and figures, a key facts table and an Executive Summary. Finally, the report provides the following annexes, but in a separate document: Terms of reference, list of persons/ institutions visited and interviewed, documents reviewed, evaluation matrix, the CPE agenda and stakeholders map.

EXECUTIVE SUMMARY

Purpose, Scope and Target audience: This report is an independent, external evaluation and presents the process, findings, conclusions and recommendations of UNFPA's work in Syria under the 8th Country Programme Document (CPD) during the period 2016-2020. The purpose of the Country Programme Evaluation (CPE) was to assess the achievement of the intended programme results, providing credible information on the CP relevance, efficiency, effectiveness, sustainability, coordination, coverage and connectedness in order to support decision-making by the programme management and national counterparts for further programme improvement and strategic positioning over the new country program. Specifically, the CPE aimed at assessing the relevance of the programme and progress in the achievement of outputs and outcomes against what was planned (effectiveness) in the country program implementation plan, as well as efficiency of interventions and sustainability of effects; assessing alignment of CPAP (or other similar documents in use at the CO) with the UN Development Assistance Framework (UNDAF) and role of UNFPA country office as an active contributor to the coordination mechanism of the UN country team; Since the interventions during the current CP took place largely within a humanitarian context, the evaluation would also seek to assess the "Connectedness" and "Coverage "of the country program; and document through a simple guidance note the good practices and/or suggestions on how to conduct Country Program Evaluation in similar contexts.

The scope of the CPE covers the work and activities of UNFPA and those implemented by its partners (both government and non-government organisations) in Syria under the 8th Country Programme during the period 2016 to 2020. Thematically, the evaluation covers all four thematic areas in which UNFPA has been working during the period under review, namely Sexual and Reproductive Health (SRH); Gender equality and Women's Empowerment; Adolescents and Youth, and Population and Development (P&D). The main audience and primary users of the evaluation are the UNFPA Syria Country Office (CO), UNFPA's implementing partners, government partners, including relevant line ministries and departments of the Government of the Syrian Arab Republic, the United Nations Country Team (UNCT) and donors operating in Syria.

The 8th Country Programme: The Syria 8th Country Programme (CP) was developed in alignment with the national development priorities and the United Nations Strategic Framework 2016-2017, while taking the evolving situation of the country into consideration. Its focus was on (a) improving access to high-quality reproductive health care (b) scaling-up gender-based violence prevention and response; and (c) supporting capacities to collect and use gender- and age-disaggregated data for tailoring response and recovery programming. The CP integrated delivery of reproductive health and gender-based violence services and information through support to partners to operate mobile teams, medical points, health centres and hospitals, and women-friendly and youth-friendly spaces. The CP integrated targeting young people as well as population and development areas of concern, especially for early recovery, and evidence-based data for programming and monitoring in humanitarian contexts in both the outcomes.

The CPE Methodology: The CPE was a theory-based non-experimental design using a participatory approach, and was guided by a set of nine questions corresponding to the evaluation criteria of relevance, effectiveness, efficiency, sustainability, coordination, connectedness and coverage of UNFPA support. Using a purposive sampling method, UNFPA stakeholders were selected from all over the country, where the CP interventions were implemented. The stakeholder selection process was guided by financially large and small programmes and projects; partners from government and civil society organizations (CSOs), donors, strategic partners, and direct and indirect beneficiaries. The data collection methods for the CPE included four main methods, namely Survey, document review, focus group discussions with the CP beneficiaries, and key informant interviews (KIIs) at group and individual levels with the selected stakeholders and CO staff. The survey was conducted with the beneficiaries of the CP interventions, disaggregated by the thematic focus, except for Population Dynamics (PD). Site visits and observations were also conducted during the field phase. Triangulating the sources and methods of data collection, CPE used both qualitative and quantitative data in the analysis and generation of the CPE report. Ethics and quality control requirements were adhered to by the Consultants and assured by the Evaluation Manager. There were no major challenges

encountered during the field phase, and the purpose and objectives of the CPE were fully met with invaluable support from the CO team.

Main Conclusions:

Relevance: The 8th Syria CP strategically was aligned with UNFPA policies and strategies, in line with the government priorities and addressed the needs of the intended beneficiaries (women and young people). The CP fully aligned with UNFPA's Strategic Plans (2014-2017 and 2018-2021). Further, the programme directly contributed to the International Conference on Population and Development, the Sustainable Development Goals (SDGs), UN Security Council Resolution 1325 and the Convention on the Elimination of All Forms of Discrimination against Women CEDAW, among other international frameworks. The design and implementation was informed by consultation with the government line ministries and departments, and in consultations with the populations affected by the crisis, in addition to the work in the four thematic components based on needs assessments and identified priorities. Beneficiaries considered the support provided by the sexual and reproductive health (SRH), gender equality and women's empowerment and Adolescent and Youth components to be highly relevant. Work under the population and development (P&D) thematic area is also considered highly relevant, as reliable and up-to-date population data are crucial for determining needs and priorities and for developing policies. UNFPA Syria clearly added value to addressing national development needs in Reproductive health, for adolescents and youth, and in population data, and in responding effectively to humanitarian situations in the country. At the national level engagement, UNFPA continued the strategy of prioritising areas of need, especially with poorer RH indicators, and mainstreamed gender and a human rights focus, for instance addressing gender based violence (GBV), and child marriage. UNFPA Syria also strengthened GBV prevention and response, including elimination of harmful practices in the country. There is however an opportunity to strengthen strategic partnership for ownership of the CP results, in addition to integration of the programme components to improve efficiency, effectiveness and sustainability.

Effectiveness: Nearly all the CP output indicators were either achieved or overachieved under the two output areas in the results and resource framework, as only two of indicators not achieved, and were affected by the COVID-19 pandemic that hindered movement and meetings, particularly affecting training activities. The effectiveness across the four thematic areas of programming varies. The programme made considerable efforts under **SRH** in strengthening the capacities of the government and IPs in implementation processes, contributing to strengthening the health systems through development of guidelines, advocacy for access and use, enhancing service delivery and facilitating coordination through the technical working groups and sectors, thereby enhancing access to SRH by the affected populations. There were however effects of insecurity restrictions limiting access to various locations, inadequate human and financial resources by the IPs and the government to effectively strengthen health systems. Under the GEWE, UNFPA contributed to strengthened both national and sub-national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence through conducting advocacy mechanisms contributing to strengthening gender legal and policy framework and social behaviour change, including harmful practices. In addition, UNFPA also enhanced capacity of the country to access to comprehensive multisectoral GBV through establishment and supporting the operations of women and girls' safe spaces and family protection units. There are however _especially in the rural areas _still deeply-held cultural effects on the progress, including the reluctance by the government to support strengthening of the legal framework on the same for effective response.

Under the **Adolescent and Youth component**, UNFPA utilized different strategies to reach out to the young people to enable them explore their full potential within the humanitarian context, and contributed to strengthening the life skills of the youth, increased their awareness on and access to adolescent SRH services, enhanced their livelihoods opportunities, capacity built on leadership and civic engagement skills, and increasing access of the young people to psychosocial support (PSS). The integration of the component activities into the SRH and GEWE components limited focus, and resource allocation to pursue the various needs affecting the young people, especially in the humanitarian set-up. The **PD** component made efforts to strengthen capacities of the CBS on generation of data for policy formulation and decision-making. There are challenges in ensuring ownership of the programme results due to the sensitivity of data sharing in the country. Application of skills or

support provided is also limited as the capacity of some local partners is also limited.

Efficiency: UNFPA's CP intervention mechanisms of integration, partnership approaches, strong M&E, trust and strong relationships, flexibility and adaptability to deliver within the constraints, among other strategies were effective in fostering efficiency of the programme during implementation. UNFPA's intervention approaches of integrating planning and reviews on a frequently basis also enhanced programmatic accountability. Enhanced staff capacity, effective leadership, and joint programming facilitated effective programme implementation, achieving enormous results. UNFPA also fostered a strong working relations with the Syrian government facilitating delivery of the programme. During the period under review, some of the limitations to achieving efficient work mainly included; delays and sometimes refusals in government permissions, lack of access and the inability to conduct full and independent surveys. Weak capacities by some IPs leading to delays in implementation of interventions also led to underachievement in the programme implementation progress.

Sustainability: UNFPA made efforts to align the programme interventions with that of the respective line ministries and departments and holding consultations with the affected population enhanced national participation and ownership, with a strong indicator for sustainability of the programme results. The programme's contribution to the rehabilitation, renovation and equipment of health facilities, development of policies, guidelines, strategies, and laws enhances opportunities for institutionalization and sustainability. UNFPA also fostered capacity building as part of the delivery of the interventions, facilitating transfer of skills, including partnering with local CSOs, which will remain and be utilized beyond the current programme cycle. There were however limitations in the implementation of policies, guidelines/tools and manuals developed due to inadequate capacity issues (technical, human resources and financial), high turnover of staff within governments and IPs social and cultural dictates, slow acceptance of change by the government and other stakeholders.

Connectedness: UNFPA is committed to strengthening the humanitarian-peace-development nexus and has done so where it was possible. UNFPA contributed to the strengthening of capacities of national (and local) and international actors, the development of strategies, guidelines and policies to guide implementation, the coordination and promotion of the integration of programmes and national ownership of interventions and results. The programme also supported the strengthening of knowledge management through research, enhancing a new body of knowledge which contributed to the facilitation of a long term focus on programmes. There is however need for strengthening government ownership and increased involvement of the youth and women in addressing resilience among the targeted populations.

Coverage: In the spirit of leaving no one behind, UNFPA continuously expanded its geographic coverage through mobile teams, mobile medical units and by opening of sub-offices ensuring reach to the vulnerable populations and enhancing geographical coverage. UNFPA's contribution to the annual development of the Humanitarian Response Plan (HRP) and implementation of the Humanitarian Needs Overview (HNO) ensured the inclusion and effective targeting of vulnerable and marginalized population groups. UNFPA covered nearly 80% of the country, effectively prioritized programme locations based on the needs and vulnerabilities, in addition to utilizing available resources to address the needs. UNFPA efforts to reach wider coverage were hampered by problems and challenges with access, security, government approvals, as well as implementing partner's capacity.

Coordination: UNFPA effectively contributed to the functioning of the coordination mechanisms within the UNCT through participating collaboratively in the implementation of the activities within the UNCT, attending coordination meetings, leading the GBV sun-sector and Health working groups, and contributing to the UNCT-wide assessments and planning processes, cooperates with many other United Nations agencies reducing possibilities of overlaps and enhancing synergies in the implementation processes. In addition, the UNFPA's strength is recognized and depended upon in its areas of programme responsibility within the UNCT and contributes to its functioning through participating in the various joint programmes and collaborations enhancing coordination. The UNCT should enhance coordination and collaborations among themselves, in addition to ensuring clear communications among them

Main Recommendations:

1. UNFPA should ensure that the next CPD cycle is designed taking into consideration the structure of the UNFPA SP by ensuring all the four programme components are incorporated and assigned key performance indicators, particularly increased strategic focus on adolescent and youth and population dynamics and generation of disaggregated data to inform inclusion in targeting by the CP
2. UNFPA needs to strengthen institutional capacity building and systems development to curb weak capacities, in addition to high turnover of staff, in addition to strengthen planning processes to reduce late disbursement of funds to the IPs
3. Strengthen integration of population dynamics into planning and sectoral strategies to influence policy and decision-making, and support effective dissemination and use of generated data
4. Prioritize capacity building and community level engagement to facilitate sustainability in the country, in addition to strengthening capacities of the community level stakeholders to take responsibilities for effective delivery of services in the context of COVID-19.
5. Strengthen resilience building, amid the protracted context, in addition to strengthening governance and state building structures to enhance participation and ownership of the stakeholders in national decision-making
6. UNFPA should maintain its proactive role in the functioning of the UNCT coordination and explore opportunities for joint programming and advocate for more accountability among UN agencies
7. Invest in an effective and dynamic M&E System that is results-based and promotes objective tracking of performance throughout the programme cycle.
8. Strengthen partnership for integrated RH/FP/HIV/GBV/Cancer services and wide coverage of the targeted locations, while at the same time strengthen improvement of quality RH services and strengthening FP/RH commodity delivery, monitoring and reporting and to ensure availability at all levels of service delivery.
9. UNFPA should build further capacity of the country in integration of youth and gender friendly services within the support centres, and increase investment in innovations by young people in use of digital and online platforms and other approaches to increase access of information and uptake of SRH services by adolescents and youth.
10. The UNFPA Syria CO should enhance advocacy for increased investment and systems strengthening to foster consistent and sustained social norm change, in addition to strengthening evidence-based response through conducting research
11. Strengthen capacity to integrate population dynamics in the identification of IDPs, measurement of SDG, advancement of ICPD and south-south knowledge exchange and learning, in addition to expanding partnerships to advance research and production of population data for decision-making.

CHAPTER 1: INTRODUCTION

1.1 Purpose and objectives of the Country Programme Evaluation

The UNFPA Country Office (CO) in Syria commissioned an independent, external evaluation of its 8th Country Programme (CP) (2016-2017). The purpose of the Country Programme Evaluation (CPE) was to demonstrate accountability for development results and invested resources, support evidence-based decision-making to further improve the design and implementation of interventions, and contribute good practices and lessons learned to the existing knowledge base to foster learning. On the other hand, the overall objectives of the CPE were twofold, namely enhance the accountability of UNFPA for the relevance and performance of its Syria CP; and develop a broadened evidence-base for the design of the next programming cycle. Specifically, the objectives were, to:

i. Provide an independent assessment of the relevance, effectiveness (in terms of progress towards the expected outputs and outcomes set forth in the results framework of the CP), efficiency and sustainability of UNFPA support;
ii. Provide an assessment of the role played by the UNFPA CO in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results;
iii. Provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives;
iv. Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

The main audience and primary users of the evaluation are: (i) the UNFPA Syria CO; (ii) its implementing partners, including relevant line ministries and departments of the Government of the Syrian Arab Republic; (iii) the UNCT; and (iv) donors operating in Syria. The evaluation will also be of interest to a wider group of stakeholders, including: (i) the UNFPA Arab States Regional Office (ASRO) (ii) relevant UNFPA headquarters divisions, branches and offices; (iii) local civil society organizations and international NGOs; and (iv) beneficiaries.

1.2 Scope of the evaluation

- **Temporal scope:** This CPE covered the work and activities of UNFPA and those implemented by its partners (both government and non-government organisations) in Syria under the 8th Country Programme during the period 2016 to 2020.
- **Geographic scope:** The evaluation covered all geographic locations where UNFPA has been working under the 8th Country Programme. The governorates (*muhafazat*) included are Aleppo, Damascus, Daraa, Deir ez-Zor, Hama, Al-Hasakah, Homs, Idlib, Latakia, Quneitra, Raqqa, Rif Dimashq, As Suwayda and Tartus. The Idlib governorate has been excluded because it was not under the control of the government during the evaluation period and therefore not covered by UNFPA's work from Damascus.
- **Thematic scope:** The evaluation covers all four thematic areas in which UNFPA has been working during the period under review, namely; Sexual and Reproductive Health (SRH), Gender-based Violence (GBV) and Women's Empowerment, Adolescents and Youth and Population and Development (P&D). In addition, the evaluation examines cross-cutting themes, such as gender mainstreaming as well as monitoring and evaluation (M&E).

1.3 Methodology and Process

1.3.1 Methodology

1.3.1.1 Evaluation Criteria and Evaluation Questions

The evaluation assessed UNFPA Syria CO support according to the following four Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD/DAC) evaluation criteria: relevance, efficiency, effectiveness and sustainability. The evaluation also used the criterion of coordination to assess the strategic positioning and role of the UNFPA Syria CO in UNCT coordination mechanisms. As the interventions of the CO have

taken place largely in a humanitarian setting, the evaluation further used the humanitarian-specific criteria of coverage and connectedness to investigate to what extent UNFPA's work has been able to reach affected populations with life-saving services and work across the humanitarian-peace-development nexus and contribute to building resilience.

Based on the terms of references and in consultation with the UNFPA Syria CO, the final list of evaluation questions was developed to guide the evaluation design and process. During the design phase, the list of evaluation questions from the ToR were refined and reduced to 10 Evaluation Questions in the UNFPA format as contained in Table 2 below, corresponding to the seven evaluation criteria.

Table 2: Evaluation questions.

Criteria	Evaluation Questions
Relevance	**EQ1**: To what extent are the interventions of the UNFPA Syria CP 2016-2018 (i) aligned with UNFPA policies and strategies; (ii) in line with government priorities; and (iii) relevant to the needs of the intended beneficiaries (women and young people)?
Effectiveness	**EQ3:** To what extent have the interventions supported by UNFPA in the field of reproductive health and rights contributed to; (i) Improved access and utilization of high-quality maternal health and family planning services, including for populations affected by humanitarian crisis; (ii) Increased national and sub-national capacity to deliver integrated sexual and reproductive health services; (iii) and increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes? **EQ4**: To what extent have the interventions supported by UNFPA in the field of gender contributed to: (i) Strengthened national and sub-national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence; and (ii) increased capacity to prevent gender-based violence and harmful practices and to enable the delivery of multi sectoral services, including in humanitarian settings.
Efficiency	**EQ5**: To what extent have the intervention mechanisms fostered or hindered the achievement of the CP outputs? **EQ6**: To what extent has UNFPA made good use of its human, financial and technical resources in pursuing the achievement of the results defined in the CP?
Sustainability	**EQ7**: To what extent are the development gains made under the UNFPA-supported interventions in Syria sustainable in terms of continuity in service provisions and partnerships integration of CP activities into the regular country and counterparts' programming?
Connectedness	**EQ8**: To what extent has UNFPA been able to establish key linkages between the humanitarian emergency response and the recovery (longer-term) phase?
Coverage	**EQ9:** To what extent has the UNFPA humanitarian response reached those most in need – geographically and demographically?
Coordination	**EQ10**: To what extent has UNFPA contributed to good coordination among United Nations agencies in the country, particularly in view of avoiding potential overlaps? **EQ2:** What are the main UNFPA comparative strengths in Syria, particularly in comparison to other UN agencies?

To assess the programme, each of these evaluation questions, assumptions that needed to be assessed by the evaluation team were identified as well as indicators that were used in terms of verification during the fieldwork. Moreover, for each of the assumptions, sources of information and method and tools used in data collection were identified. Assumptions together with indicators and means of verification were included in an Evaluation Matrix that is presented in Annex 4.

1.3.1.2 Evaluation Approach

The design of the CPE was informed by the "Evaluation Handbook: *How to design and*

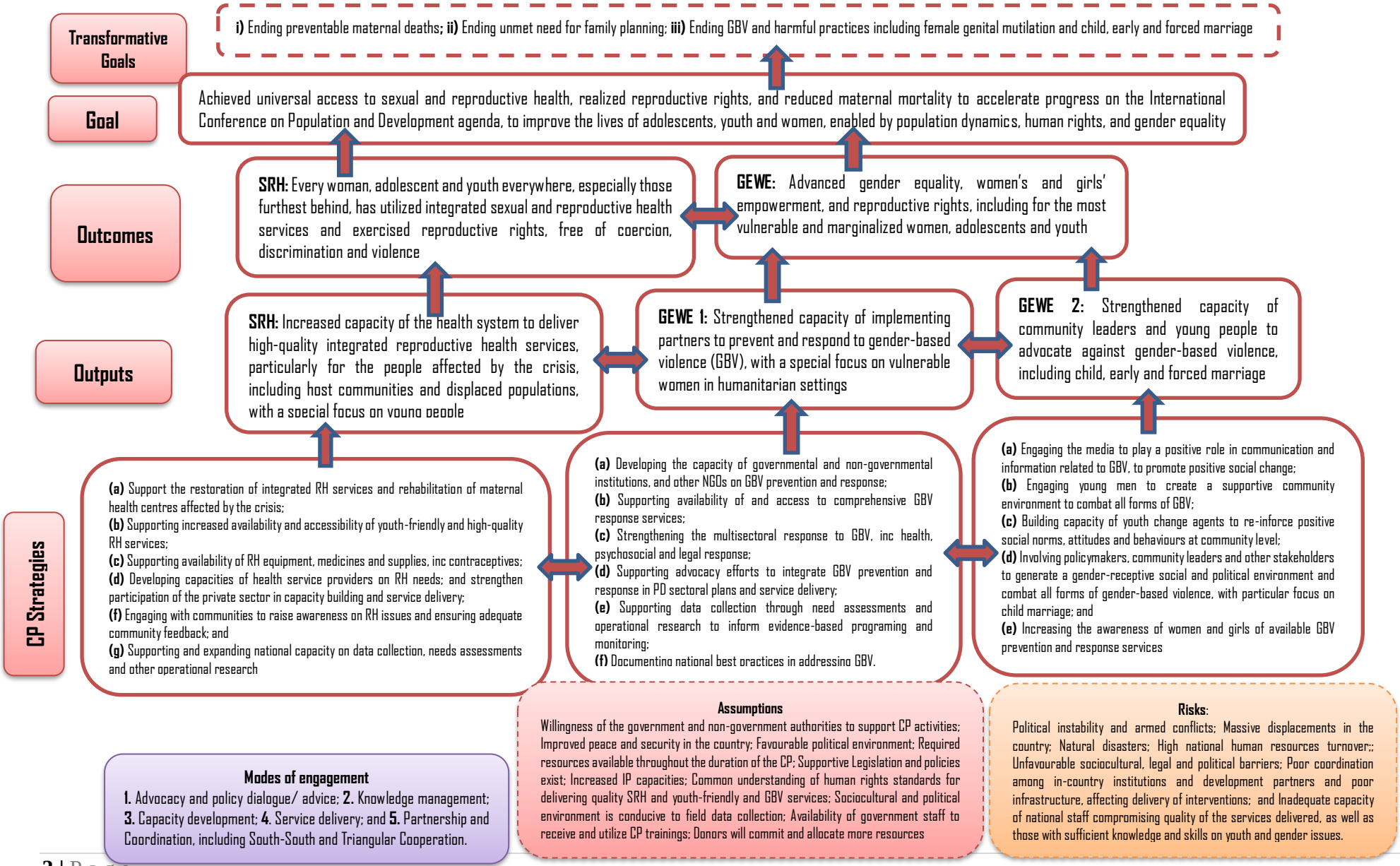
conduct a Country Programme Evaluation at UNFPA", and conducted in accordance with the United Nations Evaluation Group's (UNEG) "Norms and Standards for Evaluation", "Ethical Guidelines for Evaluation", and the "Code of Conduct for Evaluation in the United Nations System". The evaluators also ensured adherence to the standards and principles of evaluation at UNFPA, particularly utility, credibility, independence, impartiality, ethics, transparency, and human rights and gender equality.

The CPE was a non-experimental design given the expected descriptive and non-normative nature of the objectives and the related evaluation questions. This design was also relevant due to the time and resource constraints and it also allowed the evaluators to analyse the contributory relationship between the programme interventions and their effects on the UNFPA programme's strategy in the Syrian context. The CPE design depended on examining the theory of change of the programme which informed the design of the data collection tools, analysis and conclusions on the performance of the programme. This entailed analysis of the how the CP outputs in contributed to the overall achievement of the results of the CP, as well as those in higher level plans such as the UNFPA Strategic Plan and national plans. To illustrate the links from inputs, outputs and to the outcomes of the 8th CP, the evaluator constructed the Theory of Change (ToC). This construction is as illustrated in Figure 1. The analysis of the ToC shows that the logical design of the CPE was clear and the if the modes of engagement and interventions were delivered within the context of the identified strategies and assumptions, the CP would logically achieve its outputs and contribute to the outcomes. This is the logic assessed during the CPE.

In the analysis of the ToC, the process established the mechanisms of change, considering the risks, critical assumptions and the implementation context underlying the programme logic. The evaluation team reviewed and redefined the theory of change, depicting the sequence of expected changes across the intervention logic of the country programme. The theory of change further illustrates how the planned interventions under the CP are expected to contribute to a sequence of results (outputs and outcomes) that contribute to the strategic goal of UNFPA, as defined in the UNFPA Strategic Plan 2018 – 2021. The interpretation of the causation process guided the evaluators in understanding the programme's contribution to the observed results and in gathering evidence to validate the conclusions on the performance of the programme in the period of implementation. The analysis showed that the outputs were adequate and were likely to contribute to the achievement of the results, amid the constraints of volatile and unstable context of implementation. Adjustments were made to refocus the causal links (arrows ⬆) across the results chain. The interlinking arrows (⬌) entailed linking the result areas to reflect integration within the programme and the contribution that implementation of the interventions and achievement of the results at both output and outcome levels results into the strategic goal. In addition, the evaluators added the modes of engagement and strategies for each thematic area. The assumptions and risks in the ToC fit well with the assumptions in the evaluation matrix, in addition to reflecting the consideration in the analysis of the contextual implementation framework.

The evaluators ensured that the CPE was implemented in an inclusive and participatory manner, involving key stakeholders at national and sub-national levels, in order to leverage on a wide range of views on the performance of the CP, and to take into consideration the local context and cultural sensitivities. Some of the stakeholders involved were UNFPA Syria staff; Government officials (from the Ministry of Health, Ministry of Social Affairs and Labour etc.); Implementing partners (both in Damascus and at field level); Other United Nations agencies in Damascus (such as UNDP, UNOCHA, UNICEF, WFP etc.); Embassies and donors to UNFPA; and Beneficiaries of UNFPA's work (including clinic visitors, women and youth that participated in life skill trainings, etc.). Particular attention was paid to ensure that the end results provided analytical framework for reporting on different socio-demographic groups: women of reproductive age, adolescents and youth, refugees and internally displaced persons, people with disabilities.

Figure 1: *The Constructed CP Theory of Change.*



1.3.1.3 Methods for Data Collection

The evaluation used both qualitative and quantitative methods of data collection. Qualitative data included document review, interviews, and focus group discussions, while quantitative data was primarily collected through a survey with beneficiaries, in addition to service data gathered from document review to obtain relevant data on key CP indicators as stated in the results framework that measure change at output and outcome levels. The financial data were also accessed for analysis to determine the levels of performance by expenditure vis-à-vis the budget. The use of mixed methods in generating data for the evaluation is in line with the design, and enabled use of multiple sources of data to triangulate information before making conclusion on the gathered opinion.

The data collection methods were designed around the evaluation questions, related assumptions and indicators proposed in the CPE Matrix and taking into account the limitations that the COVID-19 pandemic and time constraints posed to on-site data collection. The data collection tools were designed and captured gender disaggregated information and providing insights into the various needs across the gender and sex divide. The respondents were also a mix of male and female. To ensure an effective and feasible way to collect the data and information required to fully answer the evaluation questions, the following data collection techniques were used for this CPE:

1. **Desk review:** Prior to the field mission a desk review of programme documents, strategies, financial reporting, available monitoring reports and other relevant evaluations of UNFPA programming was conducted. This was majorly done to elicit the design of the CP, implementation process and approaches, establish an understanding of the implementation framework for the CP and management, and monitoring and evaluation. This was a continuous process during the CPE, including during report writing, as it enriched the evidence base and content of the report. The evaluators also obtained other key documents by other stakeholders to inform the process. Documentary evidence was a major part of the CPE given the constraints in accessing primary data, especially given the COVID-19 and security context. Further, the quantitative performance of the programme as defined by the CPD Results and Resources Framework informed by documentary evidence in the various reports provided by UNFPA CO. A total number of 47 documents was consulted for this evaluation. A detailed list of the documents consulted for this evaluation can be found in Annex 3. These have been referenced as appropriate in the report, to provide evidence-based feedback on the programme performance.
2. **Key informant / group interviews:** Individual semi-structured interviews were conducted with UNFPA Syria staff, relevant staff of other United Nations agencies, government officials, as well as implementing partners in the capital only, to collect information about activities and outputs, the number of beneficiaries served, human resource management, as well as implementation challenges. This methodology was useful in getting feedback and inputs from the processes and results of the Country Programme for those who interacted with the programme both at field and policy levels based on the objectives of the CPE. A large majority of interviews took place in face-to-face meetings during the Team Leader's visit to Damascus in November and December 2019. Some interviews were conducted remotely via Skype and WhatsApp, e.g. with implementing partners not based in Damascus, as well as with donors in Beirut, Amman and donor capitals. The interviews were based on the semi-structured interview guide included in the annex of this document and interview protocols were produced for each meeting. Based on discussions with the UNFPA Syria CO, a total number of 93 KIIs were conducted with implementing partner staff and service providers (45), United Nations (including UNFPA) personnel (26), officials of Government entities (15), and donor representatives (7). Data from KIIs and FGDs was used to triangulate information obtained from the desk review and the beneficiary survey.
3. **Focus group discussions:** The FGDs were designed to gather information among primary beneficiaries of the SRH, GBV, Gender, and Youth programs to assess beneficiaries' opinion on how the program responded to their needs and what impact it had on their lives. The discussion guides were designed thematically to gather information regarding the extent to which the programme achieved its intended results, in addition to establishing some of the arising needs or unintended results. This

technique was used based on its advantage of collecting data quickly and effectively from a large number of programme beneficiaries. Its preference was also on ability to provide further insights into data obtained from other categories of respondents. In order to enrich the data on the performance of the programme, the evaluators used purposive sampling selecting participants in the FGDs, especially beneficiaries, guided by their interaction with the programme, in addition to ensuring that specific performance issues are captured as guided by the evaluation questions. This was to ensure balanced representation of respondents from all the different socio-economic backgrounds. The FGD guides were also engendered to capture gender related details to inform the programme's performance along gender lines, for example, the CPE team sought to know the male involvement in GBV and FP services and how they were influencing the uptake of the services. One FGD was conducted in each of the 13 Syrian governorates covered in the evaluation. The total number of FGDs conducted for each of the thematic areas was: (2) Women's empowerment, (3) SRH, (4) Youth and (4) GBV.

4. **Survey**: A survey was conducted with a total of 950 [3] beneficiaries in Damascus, Rural Damascus, Latakia, Homs, Hama, Tartous, Hasakeh, Daraa, Sweida, Raqqa, Deir Al Zor and Quneitra. The survey was conducted at UNFPA-supported health facilities and mobile clinics, women and girl safe spaces (WGSS) and youth centres by a team of local enumerators under the supervision of the evaluation team. The technique was used primarily for its advantage in being able to gather representative information, especially opinions on the performance of the CP from the indirect beneficiaries who are considered as the ultimate beneficiaries of the CP. It is also convenient for use in ensuring a more accurate sample to gather feedback on expected results in which to draw conclusions. They are also complementary to confirm the qualitative data sources used during the CP. The questionnaire used for the survey is available in Annex 5.

5. **Site visits and on-site observation.** Both the Team Leader and the evaluation team conducted a number of site visits, particularly RH clinics, WGSS and CWCs where training workshops were offered. This was done through observing operations in real circumstances and/or to meet programmes' activities' participants to talk about UNFPA activities in Syria and results achieved up to the time of the CPE. Visits were regularly combined with interviews of clinic staff, and followed the protocol for direct observation as included in Annex 5.

1.3.1.4 Data Validation, Analysis and Report Writing

The evaluation team validated collected data on a routine basis through debriefing sessions, building themes along the CPE objectives. The data analysis methods employed depended on the type of data gathered to contribute to the findings of the report. The quantitative and qualitative data from primary and secondary sources were assessed and referenced, with findings and systematically triangulated to ensure that they were robust. Qualitative data analysis involved contribution analysis, content analysis and trend analysis. Beneficiary focus group and key informant interviews were assessed through thematic content analysis, and data were quantified, where appropriate, from different primary sources. Contribution analysis identified how far documented inputs and activities were sufficient and relevant to the outputs and outcomes and likely to have contributed meaningfully to them. This involved exploring the theory of change in the results chain logic for each component area of the country programme. Quantitative data collected from survey were the transferred into an SPSS system which was then used to analyse them, generating table, frequencies, graphs or charts for interpretation. In addition, descriptive statistics have been used to describe or summarize key characteristics of quantitative data obtained from primary and secondary sources, especially, the programme Annual SIS and financial reports. The descriptive statistics have been presented in the form of charts and graphs for financial reports. The evaluation matrix informed the analysis and report writing.

To ensure that the evaluation findings were firmly grounded on evidence, the evaluation team

[3]Initially, the technical specifications determined that the survey be administered to a total of 970 individuals, 20 of whom were intended to be beneficiaries of the P&D thematic area of the CP. At the design stage of the evaluation, it was agreed that instead of including 20 individuals in the survey, a total number of 20 interviews would be conducted with IPs working on P&D, reducing the total number of respondents for the beneficiary survey to 950.

employed a number of mechanisms to ensure the validity of data collected. This included:

- Triangulation across data collection methods and data sources. As a rule, information is only included in this report if confirmed by more than one data source;
- Permanent meetings and exchange between evaluation team members (both CMC and SCB), in which emerging findings and preliminary conclusions were exchanged, discussed and validated;
- Regular exchange with the UNFPA Syria CO Evaluation Manager before, during and after the Damascus mission of the Team Leader;
- Standard data quality assurance techniques were observed for the survey tool and its analysis, such as double-checking of all data entry by a 2nd person;
- Input from all people engaged in the design and implementation of the services was ensured to make the project design suitable and appropriate to the needs of the main users of this evaluation;
- Wherever possible, the data collection instruments used questions previously validated in other surveys, and made suitable for the national context at the piloting stage of the survey;
- The data collection instruments and fieldwork procedures underwent a piloting phase, to ensure full suitability to the national circumstances.

1.3.2 Selection of the Sample of Stakeholders

The evaluators adopted a participatory approach in selecting the stakeholders to participate in the evaluation as respondents. Based on the initial stakeholders' map provided by the UNFPA Syria CO and a review of relevant programme documents provided by the CO in preparation for the design report, and the initial discussion with the UNFPA thematic component teams, the evaluators selected stakeholders to participate in the CPE. The stakeholders map identified the stakeholders involved in the design, implementation and monitoring of the 8th Country Programme (2016-2020), and those partners who did not work directly with UNFPA, yet played a key role in a relevant thematic area of programming or specific outcome area of the Country Programme. The stakeholders' map constituted the sampling frame for KIIs, group discussions and FGDs. Further, in consultation with the UNFPA Syria CO staff, as well as complementary document reviews, the final list of stakeholders to participate in the KIIs, FGDs and group interviews were identified.

The evaluation focused on major categories of stakeholders across the thematic areas of programming or outcomes areas of the 8th Country Programme. As per the scope of the CPE, the consultants identified respondents from all the geographical areas the programme covered. This also determined the selection of the respondents, especially based on geographical coverage in the country. While the programme was implemented in all the governorates, the IPs selected were representative of the programme areas covered, some based on length of engagement with UNFPA, and were selected to participate in the CPE activity. Specific interventions in various locations, like youth activities or WGSS were selected in consultation with the team on the ground. Further, the consultants also ensured as much as possible inclusion of various beneficiary groups e.g. those from marginalized groups, women, girls and boys.

All sites included in the evaluation for the survey as well as focus group discussions (FGDs) were randomly selected from the UNFPA-funded facilities within the 8th CP by the Central Bureau of Statistics (CBS) of the Syrian government. Survey respondents and FGD participants were randomly selected in each site, based on their availability and willingness to participate.

I. Focus Group Discussions

FGDs were only conducted with programme beneficiaries[4], for each thematic area: two focus groups were conducted with Gender programme beneficiaries; three focus groups were conducted with RH programme beneficiaries; four focus groups were conducted with Youth programme beneficiaries and four focus groups were conducted with GBV programme beneficiaries. The FGD participants were selected randomly in the facilities. The research team contacted the facility management in advance to request their help in finding a room for the discussion. The research team then approached beneficiaries in the facility asking to participate in the FGD. The facility management was not involved in the selection of beneficiaries. The facilities management teams only supported the process by

[4] The participants had to be beneficiaries/clients of the services provided in the facility and interested in participating in the focus groups.

making safe spaces available where the FGDs were conducted.

II. Key Informant/Group Interview Respondents

The key informant interviewees (KIIs) were selected by the evaluation team in coordination with UNFPA, and based on a list provided by the UNFPA Syria CO. They included:

Table 3: *Categories of interviewees*

Category of Interviewees	Number of Interviewees
UN staff	26
Implementing Partners	45
Syrian Government Officials	15
Donor Representatives	7
Total	**93**

III. Survey Sample

Sample size. The total sample size of 950 respondents was determined by UNFPA prior to the evaluation tender process. It was based on the following considerations: the sample size was determined to cover five facilities per governorate and programme and to collect data from five beneficiaries in each of those five facilities considering both mobile and static facilities. The sample size had budget implications and was taken by the evaluation team as given.

Representativeness. The general principle of sample design, applicable to all UNFPA projects to be evaluated, is that the sample is representative of the target population. As a principle, the survey is undertaken in the areas covered by the relevant UNFPA programs, thus the sample design is based on the communities covered by the project. The survey used *multi-stage stratified clustered sample design*. The sample was stratified by the UNFPA work area and geographical regions. The sample was clustered, where UNFPA supported facilities were selected as clusters for the purpose of sample design, thus they served as Primary Sampling Units (PSUs).

The last stage of selection is the selection of respondents inside the facility. Interviewers were instructed to count people who finished their visit and approach every third person to establish contact and ask to take part in the survey. Interviewers clearly explained their right to refuse to answer any questions, the confidentiality of the survey and their personal data, and how the data will be used. If respondents refused and were not eligible to take part in the survey, the interviewer recorded the outcome and moved on to count other three people and approach the third person. In case of consent, the interview was conducted.

Response rates. The enumerators faced a comparatively small number of beneficiaries who refused to participate. This was helped by the enumerators' ensuring the beneficiaries' privacy (i.e. a private area, assurances that no private information would be shared, and that they, as respondents, would remain completely anonymous). The table below shows the response rates to the survey[5]. Please note that persons who could not take part in the survey (ineligible), do not count towards the response rate calculation. Ineligible outcomes included cases when following the contact, the potential respondent was not a beneficiary of services.

Table 4: *Beneficiary survey response rates, by work area*

Work Area	Total contacts	Ineligible	Refusals	Incomplete interviews	Completed interviews	Response rate[6]
	n	n	n	n	n	%
SRH	401	12	46	18	325	81.0
Youth	311	19	17	0	275	88.4
GBV and Gender	420	3	52	15	350	83.3
Total	**1,132**	**34**	**115**	**33**	**950**	**83.9**

[5] Response rates are calculated in accordance with the guidance issued by the American Association for Public Opinion Research https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf, accessed 1 June 2020.

6 Ratio of completed interviews by the total number of eligible respondents.

For the survey, the sampled facilities were selected from the total list of facilities supported under each thematic area of programming of the UNFPA Syria CO. The selection was made by CBS, based on random probability, from a full list of facilities supported by UNFPA, by simple random systematic 1-in-n selection.

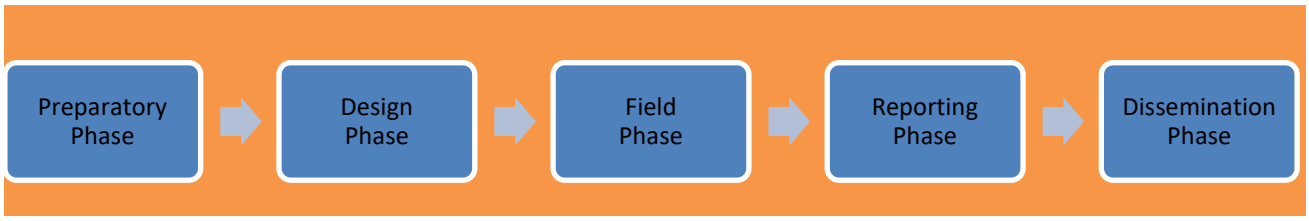
Table 5: *Sample size, by thematic area*

Thematic area	Facilities included in the survey	Number of beneficiaries
SRH	55	325
GBV	46	300
Youth	16	275
Gender and GBV	4	50
Total	**121**	**950**

1.3.3 Process Overview

The evaluation process involved five different phases, with different steps and deliverables, which are presented below. Throughout the evaluation, the evaluation team maintained close coordination and communication with UNFPA CO staff, especially the assigned Evaluation Manager.

Figure 2: *The phases of evaluation process*



- **Preparatory phase**
  - The preparatory phase exclusively involved the UNFPA Syria CO and the UNFPA ASRO. The UNFPA Syria CO appointed an Evaluation Manager who would be responsible for the management of the evaluation, with support and guidance from the Regional M&E Adviser. Under the leadership of the evaluation manager, the CO undertook the following activities: drafting the ToR for the evaluation; establishment of the Evaluation Reference Group (ERG); compiling background information and documentation on the country context and the UNFPA Country Programme (CP); and management of the evaluation tender and selection and recruitment of the CPE service provider.

- **Design phase**

The design phase was launched with a kick-off meeting between the evaluation team and the evaluation manager to discuss expectations, the evaluation phases and key sources of information. During the design phase, the evaluation team conducted the following activities in consultation with the Evaluation Manager:

- Reviewed all background information and documents provided by the UNFPA Syria CO;
- Conducted initial interviews with key UNFPA staff, including the country management team as well as officers in charge of the various work streams, to better understand the context sensitivity and the CP components and objectives;
- Formulated the final set of evaluation questions;
- Developed the evaluation matrix, including the evaluation questions and associated assumptions, indicators, sources of data, and methods for data collection;
- Developed an initial stakeholder map and sampling strategy for stakeholders to be consulted and sites to be visited for data collection;
- Defined key concepts and developed tools for data collection, including KII and FGD protocols, a survey questionnaire, and an

observation checklist that were translated into Arabic;

- Developed a detailed work plan and schedule for the evaluation.

  - At the end of the design phase, the evaluation team drafted a design report that was presented to the CO and the ERG for comments and feedback. Following the review by the CO and the ERG, the evaluation team submitted a final design report that was approved by UNFPA.

- **Field phase**
  - After concluding the design phase, the field phase started. A specific sample of stakeholders to be consulted through individual interviews was developed in consultation with the UNFPA Syria CO, based on the initial stakeholder map developed in the design phase. Only the Team Leader received a governmental permission to visit the country for three weeks and his presence was restricted to Damascus only. The purpose of the mission to Damascus was to collect primary data (as well as complementary secondary data) to answer the evaluation questions consolidated in the design phase. In addition, the local enumerators were trained to conduct the beneficiary survey at targeted locations within the country. The evaluation team collected data through a survey with service users at health facilities and mobile clinics, as well as KIIs and FGDs with relevant programme stakeholders and beneficiaries, using the survey questionnaire and interview and focus group protocols agreed upon in the design phase (see Annex 5).

  - At the end of the field phase, the evaluation team conducted an initial analysis of the data collected to identify emerging findings and preliminary conclusions and presented the preliminary evaluation results to the UNFPA Syria CO at a debriefing meeting.

- **Reporting phase**
  - In the reporting phase, the evaluation team conducted further analysis of the data collected during the field phase and prepared a zero draft evaluation report for review by the CO and the Regional M&E Adviser at UNFPA ASRO. At the same time, the evaluation manager and the Regional M&E Adviser prepared an Evaluation Quality Assessment (EQA), using the UNFPA EQA grid. Based on the comments and feedback from the ERG, the evaluation team prepared the final evaluation report with actionable recommendations to improve the design and implementation of the next CP.
  - The evaluation team was also commissioned to draft a guide on how to conduct CPEs in humanitarian settings, which outlines good practices and potential pitfalls that could be avoided in future CPEs. The objective of this additional deliverable was to ensure the availability of a blueprint for conducting similar CPEs in humanitarian contexts. The work on the guide started after the approval of the evaluation report. The evaluation team submitted the draft version of the guide to the ERG for review and shared an updated version with the Regional M&E Adviser and the Evaluation Office at HQ for review and validation. Based on the comments and feedback from the Regional M&E Adviser and the Evaluation Office, a final version was developed.

- **Facilitation of use and dissemination phase**
  - In the facilitation of use and dissemination phase, the Evaluation Manager will circulate the final evaluation report to all relevant units within UNFPA and will invite them to submit a response to the recommendations. The Evaluation Manager will consolidate all responses and prepare a final management response that is shared with the UNFPA Policy and Strategy Division. In addition, the UNFPA Evaluation Office will commission an independent, external EQA.
  - The final evaluation report, along with the management response, and the EQA of the final report will be published in the UNFPA evaluation database and will be made available to the UNFPA Executive Board. The UNFPA Syria CO will also publish these materials on the website and disseminate the final evaluation report to stakeholders within and outside of the country.

1.3.4 Limitations

The evaluation faced a number of challenges and limitations, including:

- The need for approval of all deliverables by the Syrian government (through the ERG) presented an obstacle to the evaluation process. While this ensured essential government buy-in, it also substantially delayed every step of the evaluation process by more than a year in total. The valuation team made follow-ups with the UNFPA CO team, in addition to ensuring that the data were periodically updated based on the arising developments to ensure reliability of the information shared.
- Limited permission of the Team Leader to conduct interviews in Syria. The Team Leader's permission was restricted to Damascus for three weeks only, but the evaluation would have strongly benefitted if he had been allowed to visit other UNFPA sites outside Damascus. The team leader worked closely with the field team, sharing observation tools, in addition to conducting remote interviews with various respondents, effectively capturing adequate information needed to inform the process.
- Lack of independent and secondary data. For a lot of the information stated in this report, the evaluation team was not able to collect its own data or verify existing data and reporting and had to rely e.g. on UNFPA's own reporting on activities, progress and achievements. The team ensured that the qualitative tools gathered evidence-based data and were able to probe for further information to triangulate with the other sources to make conclusions.
- The lack of a permission to conduct a household survey. The survey population for the data collection was restricted to the beneficiaries of UNFPA's services. However, such an approach by definition does not cover the entire country's population and does not allow to draw conclusions in certain areas, such as access to services or the level of awareness among the general public. Whether the general population feels that they can access UNFPA-funded facilities, for example, an important evaluation question, was not possible with the restricted methodology for the survey and other data collection and interviews. The evaluation team however utilized existing literature to assess the contribution of the CP in the context of implementation, and to gather opinions on the various results emanating from the CP
- The survey could not be used for the thematic area of P&D given that beneficiaries would not have generated meaningful responses about that thematic area. P&D as a thematic area was not included in the survey because potential respondents were not expected to have any knowledge of the work (or the impact) of the work under the P&D thematic area. This meant that less data was available for the thematic area P&D. The evaluation team tried to mitigate this fact by adding more qualitative data. The evaluation team utilized qualitative data with the various P&E stakeholders, including staff to gather the changes occurring through the thematic area implementation.

CHAPTER 2: COUNTRY CONTEXT

For the purpose of this evaluation, it is relevant to understand the specific country context, in which the CP under review was set up, i.e. during the period leading up to 2016 and then during programme implementation in 2016-2018. The CPD itself provides a situational analysis as well as considerations about learning from previous periods and CPs in Syria.

2.1 Development challenges

When the current CPD under review was designed, the crisis in Syria had been ongoing for more than five years. Achievements towards the 12 Millennium Development Goals (MDGs) had been reversed, and the humanitarian situation deteriorated, through destruction of infrastructure and large-scale population displacements. In November 2015, 13.5 million people needed humanitarian assistance, with 6.5 internally displaced and 4.2 million having fled the country.[7]

The health system was specifically affected by the crisis situation, with 42% of the hospitals and 22% of health centres damaged, as well as a severe shortage of health workers. Maternal health was severely affected, with growing maternal mortality rates. Health and population data collection was severely impeded and made targeted interventions and support more challenging. The deteriorating security situation made access to health services as well as access of humanitarian workers to the population more and more difficult, and in many places hardly possible or impossible.

Despite all effort made since the start of the crisis, the UNOCHA humanitarian assessment 2017 confirmed that 13.1 million[8] people still required humanitarian assistance, including 5.6 million people estimated to be in acute need because of vulnerabilities resulting from besiegement, hostilities, displacement and limited access to basic goods and services.

While the number of long-term IDPs has marginally decreased between 2016 and 2017 (6.3 M in 2016 and 6.1 M in 2017), approximately 1.8 million population movements occurred between January and September 2017, amounting to 6,550 people displaced each day. This extensive displacement as well as the prolonged hostilities limited access to basic services and livelihood opportunities. It is estimated that 25% of the people in need are women of reproductive age and around 4% are pregnant women.

According to the UNOCHA needs assessment overview 2018, access to health care remains poor, especially in besieged and hard to reach areas due to a lack of functioning facilities, shortages of health staff, drugs and medical supplies, equipment and infrastructure as well persistent clashes between various armed groups and parties to the crisis. Referral systems for trauma, emergency obstetric care and surgical services were insufficient, while there remained limited capacity for mobile clinics to reach out to temporary settlements and host communities. The maintenance of medical equipment was also a core challenge, compounded by restrictions related to international sanctions on Syria, which prevent partners from importing critical spare parts.

A significant proportion of health facilities was unable to provide essential care, including care for people with life-threatening chronic diseases. The 2018 needs assessment overview[9] confirmed that out of the 111 public hospitals, 50% (55) were reported as fully functioning; 22% (25) were reported as partially functioning (i.e., facing shortages of staff, equipment, medicines or damage of the building in some cases); and 28% (31) were reported as not functioning. Of 1,802 assessed public health centres, 46% (834) were reported as fully functioning; 22% (396) as partially functioning; 31% (565) as non-functioning (completely out of service).
The UNFPA 2018 GBV assessment[10] confirmed that gender-based violence, particularly verbal harassment, domestic violence (including family violence against women and girls), child marriages and the fear of sexual violence including sexual harassment, continued to pervade the lives of women and girls in Syria inside and outside the home, resulting in very few spaces where women and girls feel safe. The 2019 assessment [11]

[7] See CPD, situation analysis.
[8] Humanitarian needs assessment overview UNOCHA 2018
[9] Humanitarian needs assessment overview UNOCHA 2018
[10] https://www.ecoi.net/en/file/local/1438925/1226_1532331578_2017-12-voices-from-syria-2nd-edition.pdf
[11] https://reliefweb.int/sites/reliefweb.int/files/resources/voices_from_syria_2019.pdf

identified the new trend and form of GBV which is the use of technology to sexually harass adolescent girls, such as unwanted sexual text messages or blackmail using photos of women and girls.

Displaced women and girls, specifically those living in camps, shelters and informal settlements across the country were considered at particular risk of GBV, with reports in some areas of the country of widows and divorced women being placed in separate sections of camps. With regards to sexual violence, early marriage and movement restrictions, adolescent girls were particularly affected. Fear of kidnapping and sexual violence would further these restrictions, often leading to families preventing their daughters from going to school.

The restriction on freedom of movement of women and girls also inhibited their access to services, humanitarian aid and ultimately their rights. Shame and stigma surrounding sexual violence contributed to survivors not talking about violence when it happens. Women and girls also fear honour killing as a result of sexual violence. Families arranged marriages for girls, believing it will protect them and ease the financial burden on the family. Girls were also reportedly being married younger. The socio-economic situation, lack of livelihood opportunities, and increased poverty was ultimately leading more women to resort to negative coping mechanisms such as survival sex.

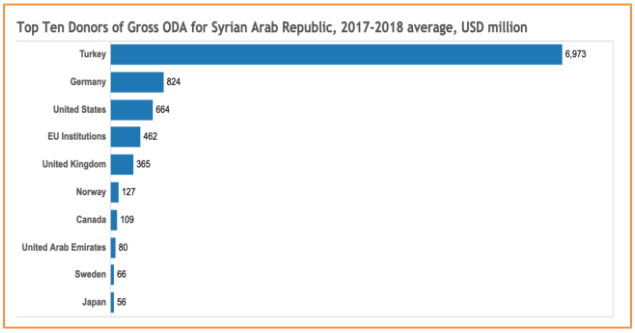
2.2 External assistance to Syria

All United Nations work in Syria is based on two distinct frameworks, the Humanitarian Response Plan (HRP) and the Strategic Framework for Cooperation between the Government of the Syrian Republic and the United Nations (UNSF) 2016-2019. In the context of this evaluation, the UNSF is the relevant framework. Overall data for official development assistance (ODA) to Syria, as reported to and measured by the OECD DAC was as follows for the period under review: [12] The overall net ODA committed to Syria in 2016 was 8,899 billion USD, 10,427 billion USD in 2017 and 9,990 billion USD in 2018. Between 93% and 96% of those commitments was bilateral spending of donors:

***Table 6**: ODA disbursed to the Syrian Arab Republic*

Receipts for Syrian Arab Republic	2016	2017	2018
Net ODA (USD million)	8,899.7	10,427.9	9,990.8
Gross ODA (USD million)	8,911.7	10,443.0	10,007.6
Bilateral share (gross ODA) (%)	95.5	96.0	93.5
Total net receipts (USD million)	8,864.1	10,467.1	9,990.6
For reference			
	2016	2017	2018
Population (million)	17.4539	17.0680	16.9063

***Figure 3:** Top ten donors ODA for the Syrian Arab Republic, 2017-2018*

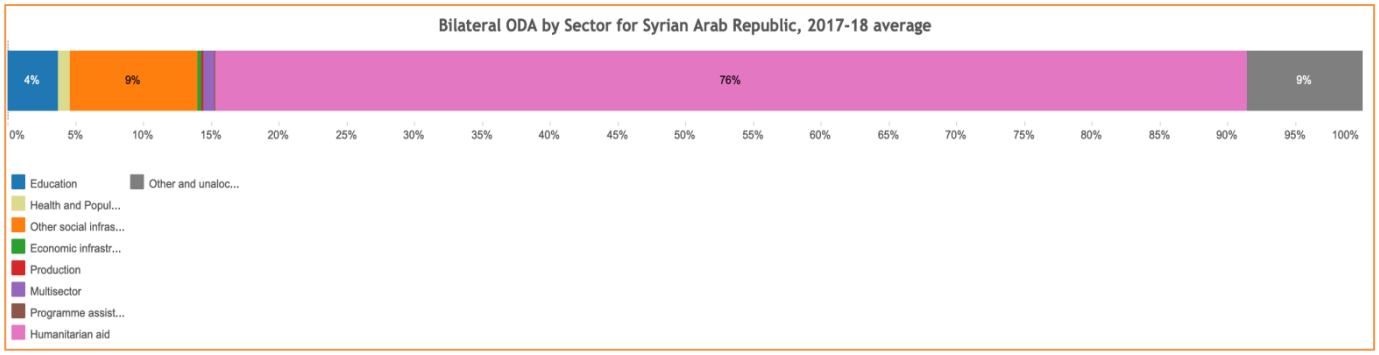


During the same period, the top ten donors to Syria were: Turkey, Germany, the United States, the European Union, the United Kingdom, Norway, Canada, the United Arab Emirates, Sweden and Japan. Turkey's contribution alone amounted to roughly 70% of the total amount of support donated.

In terms of sectors and priorities, 76% of all ODA was spent on humanitarian aid, followed by 9% on other social infrastructure and other and unallocated spending. Education was supported with 4% of the overall ODA and health and population services with roughly 1%.

[12] All of the information in this section as well as the graphs are taken from: OECD DAC, Aid at a glance, accessed last on 17 May 2020, https://public.tableau.com/views/OECDDACAidataglancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no

Figure 4: *Bilateral ODA for Syrian Arab Republic, by sector*



CHAPTER 3: UNFPA STRATEGIC RESPONSE AND PROGRAMME

3.1 UNFPA strategic response

UNFPA's work in Syria is committed to the implementation of the framework for the International Conference on Population and Development (ICPD and its follow-up processes (ICPD+20, ICPD+2
5 as well as the Arab Regional Conference on Population and Development) as a major reference for its work. In addition, UNFPA works towards the implementation of the Sustainable Development Goals (SDGs) and is regularly contributing to UNCT reporting on the progress towards achieving SDGs. UNFPA also has corporate strategic plans for the periods 2014-2017 as well as 2018-2021 to which all CPs should be aligned. The global priorities are expressed in UNFPA's bull's eye.

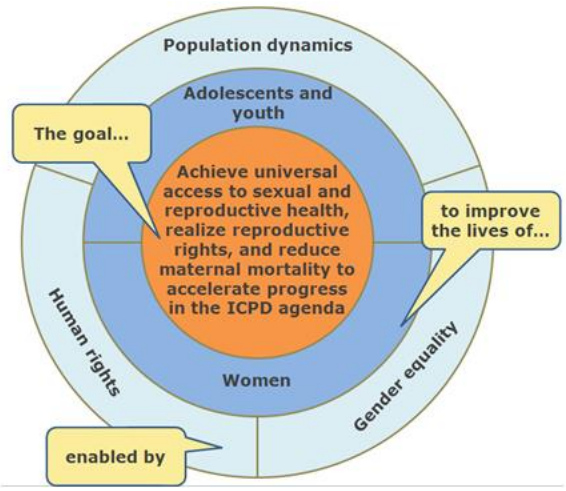


Figure 5: UNFPA bull's eye

In addition, UNFPA's work in a country is usually led by a number of standard documents and processes, but only some of them are available in the Syrian context due to the crisis. Those reports include:

***Table 7**: Availability of reports and reference documents*

Report	Status for Syria
The Human Development Report produced by the United Nations Development Programme (UNDP), including Human Development Index trends and data related to population and development, RH and gender, such as life expectancy, the gender inequality index or the statistical annex on demographic trends.	The Human Development report for Syria is available and used in the context of this evaluation. (http://hdr.undp.org/en/countries/profiles/SYR#)
The National Development Plan, if it exists. This document is usually available on the internet site of the Ministry of Planning or equivalent.	No National Development Plan is available for Syria
The Poverty Reduction Strategy Paper or national planning documents describing the country's macroeconomic, structural and social policies and programmes over a three-year or longer period of time, with a view to promoting broad-based growth and reducing poverty.	No Poverty Reduction Strategy Paper is available for Syria
The United Nations Country Common Assessment including the demographic, socio-economic and political features of the country, containing also a section on the status of the MDGs.	The existing Common Country Assessment approved by the Syrian government covers the period 2006-2011
The United Nations Development Assistance Framework (UNDAF) containing the priority areas for assistance and providing an indication of the main development challenges, as perceived by the national government.	The UNDAF currently available covers the period 2006-2011. Preparation for a new UNDAF had started in the context of the preparation of the next UNFPA CP but was stopped due to the ongoing crisis. There is also a United Nations Strategic Framework (UNSF) for 2016-2017, which has been extended to 2020.

National strategies relevant to the UNFPA mandate can regularly be found in the following documents (but might not be available or existing because of the specific Syrian context):

***Table 8**: Relevant national strategies*

Report	Status for Syria
The UNFPA Country Programme Document (CPD) and the Country Programme Action Plan (CPAP), including situation analysis and lessons learnt as well as the country's main challenges in the programmatic areas of UNFPA.	A CPD is available for the period 2016-2017 and has been extended until mid-2020. A Syria Strategic Framework for Cooperation 2016-2018 is available (both documents are summarised above). Annual reports are available and listed in the annex of this report, as well as specific reporting to donors exists.
Reports on the country's progress towards the achievement of the MDGs and the SSDGs	UNFPA has contributed to the report titled "Context Analysis. United Nations Country Team Syrian Arab Republic" in December 2018, which demonstrates progress towards achieving the SDGs and shared the UNFPA-related input to this context analysis with the evaluation team.
Reports on the country progress towards the fulfilment of the commitments adopted in the framework of the ICPD.	The last full report related to Syria is available for 2012. Consecutive reports on ICPD +20, ICPD+25, as well as well as for the Arab Regional Conference on Population and Development are available.

3.2 UNFPA response through the country programme

UNFPA has been active in the Syrian Arab Republic since 1971, and has positively impacted development indicators in the country, since the onset of the crisis, targeting both IDPs and host communities. In 2015, the UNFPA Syria CO continued implementing humanitarian programmes (which started in 2011) under the framework of the Strategic Response Plan for the Syrian Arab Republic.

Since the beginning of the crisis in 2011, UNFPA has been responding to the Syrian crisis through activities and measures of humanitarian assistance managed from its country office in Damascus. Activities included and include:

- Support to life- saving SRH services;
- Programmes that seek to mitigate and prevent the occurrence of gender-based violence (GBV) and provide response services to GBV survivors;
- Distribution of reproductive health (RH) kits to clinics and hospitals;
- Distribution of hygiene and dignity kits to beneficiaries;
- Deployment of medical and other specialized personnel;
- Capacity development of health personnel and service providers preventing and responding to GBV;

In 2014, the Whole-of-Syria approach was introduced across all UN agencies and two UN Security Council resolutions authorized "cross-border" assistance into areas outside of Government of Syria control in the North and South of the country which could not be reached through the country office in Damascus. The "cross-line" cooperation continued in addition to the "cross-border" support.

The Whole-of-Syria was and is based on a coordinated humanitarian response plan that covers all needs assessed by the UN, including the support UNFPA can provide within its portfolio and mandate. It includes protection and assistance from UNFPA Damascus as well as cross-border operations from Jordan, Turkey and Iraq, based on the Regional Refugee and Resilience Plan ("3RP"), that aims to harmonize protection and assistance to Syrian refugees and IDPs in Syria and neighbouring countries including Egypt, Iraq, Jordan, Lebanon and Turkey.

Since 2013, UNFPA has also established a regional hub in Amman for the purpose to facilitate UNFPA's participation in humanitarian coordination forums, to increase the effectiveness and visibility of humanitarian response activities and enhance resource mobilization efforts. The two-year 8th programme cycle (2016-2017) was designed to be aligned with the national development priorities and the "Strategic Framework for Cooperation between the Government of the Syrian Arab Republic and the United Nations 2016-2017", co-signed by UNFPA's Representative. This Strategic Framework is made up of three pillars:

1. Capacity building and support for institutions (Outcome 1)
2. Essential services and infrastructure (Outcome 2)

3. Livelihoods, economics and social protection (Outcome 3)

UNFPA is contributing the following Outputs for each of the above pillars:

Capacity building and support for institutions
- Output 1.1: Targeted institutions systematically collect and use quality and disaggregated data to inform and monitor policies and strategies
- Output 1.2: Targeted institutions formulate policies, strategies, plans and resilience programmes that are responsive to people's needs, particularly the most vulnerable groups

Essential services and infrastructure
- Output 2.1: People have equitable access to quality health and nutrition services with a focus on vulnerable groups
- Output 2.2: School-age girls and boys and adults have equitable access to inclusive pre-primary, basic, secondary and alternative education with a focus on vulnerable groups

Livelihoods, economics and social protection
- Output 3.1: Income, sustainable livelihoods opportunities and inclusive local economic development are restored and maintained
- Output 3.2: Social and economic needs of the most vulnerable groups are identified and addressed

The 8th Country Programme (CP) (2016-2017) reflects the priorities identified in the Synthesis report and the United Nations Strategic Framework, which has been extended till 2020. Similarly, the 8th CP was extended till the end of 2020 so that the CP cycle is harmonized with the SF and other United Nations agencies in the Syrian Arab Republic. The current CP was developed through an intensive consultative process with the Government and development partners, including UN sister agencies, and was designed to contribute to the pillars of the United Nations Strategic Framework, as shown below.

i. Targeted institutions have mechanisms to develop, implement and monitor evidence-based policies, strategies, plans and resilience programmes.

ii. Basic and social services and infrastructure restored, improved and sustained for self-supporting, living, enabling and promoting enhanced resilience.

iii. Households and communities benefit from sustainable livelihood opportunities, including economic recovery and social inclusion.

In the understanding of the evaluators, UNFPA's work during the evaluation period has developed broadly like this[13]:

UNFPA's **main reference document** for the period under review is the Country Programme Document. It was designed in cooperation between UNFPA and the Syrian government (mainly Ministry of Foreign Affairs and Expatriates, Planning and International Cooperation Commission, Ministry of Health (MOH), Ministry of Higher Education (MOHE), Ministry of Social Affairs and Labour (MOSAL) Central Bureau of Statistics(CBS) and the SCFAP), and civil society partners, including the Syrian Arab Red Crescent and the SFPA and aligned with the national development priorities and the United Nations Strategic Framework 2016-2017. The overall programme strategies are expected to complement the Strategic Response Plan and the indicators of both documents should converge.

The 8th CP was planned to be implemented primarily in crisis-affected areas, targeting both displaced persons and host communities, with a particular focus on women and young people. It builds on the humanitarian response of the country office in the five years preceding the 8th CPD's adoption.

The 8th CP focuses on the following two outcomes of the UNFPA Strategic Plan (2014-2017):
- **Outcome 1**: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access
- **Outcome 3:** Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

For **Outcome 1** – Sexual and reproductive health, the country programme focused on increased capacity of the health system to deliver quality

[13] See e.g. Evaluation Report, UNFPA Evaluation Office, December 2018, p. 6ff.

integrated reproductive health services, particularly for the people affected by the crisis, including host communities and displaced population, with a special focus on young people (Output 1). Strategies to realize this output included: a) Supporting the restoration of integrated reproductive health services, including rehabilitation of maternal health centres affected by the crisis; b) Supporting increased availability and accessibility of youth-friendly and high-quality reproductive health services, tailored to the needs of crisis-affected populations; c) Supporting timely availability of reproductive health equipment, medicines and supplies, including contraceptives to strengthen services delivery to crisis-affected population; d) Developing capacities of health service providers to cater for existing and emerging reproductive health needs; e) Strengthening participation of the private sector in the areas of capacity building and service delivery; f) Engaging with communities to raise awareness on reproductive health issues and ensuring adequate community feedback; g) Supporting and expanding national capacity on data collection, needs assessments and other operational research targeting displaced populations, their needs, and population mobility and structure changes, to improve the integration of population and reproductive health issues into local plans and programmes.

For **Outcome 3** - Gender equality and women's empowerment, the country programme focused on strengthened capacity of implementing partners to prevent and respond to gender-based violence, with a special focus on vulnerable women in humanitarian settings (Output 1). In addition, it promoted strengthened capacity of community leaders and young people to advocate against gender-based violence, including child, early and forced marriage. (Output 2). Strategies to realize these two outputs included; a) Developing the capacity of governmental and non- governmental institutions, including the MOH, MOSAL, SFPA, SCFAP, Syrian Arab Red Crescent and other non-governmental organizations on gender-based violence prevention and response; b) Supporting availability of and access to comprehensive gender-based violence response services; c) Strengthening the multisectoral response to gender-based violence, including health, psychosocial and legal response; d) Supporting advocacy efforts to integrate gender-based violence prevention and response in population and development sectoral plans and service delivery; e) Supporting data collection through need assessments and operational research to inform evidence-based programming and monitoring; and f) Documenting national best practices in addressing gender-based violence.

In total, the CP was converted into four thematic areas: SRH, GBV and women's empowerment, adolescents and youth, and P&D, which are briefly described below. Gender was identified as a cross-cutting issue to be mainstreamed throughout the Country Programme.

3.2.1 Sexual and reproductive health

The main focus of the SRH thematic area is to support the restoration of integrated reproductive health services and increasing availability and accessibility of high-quality SRH services, as well as to develop capacities of health service providers and raise public and general awareness on SRH issues. For this UNFPA provided lifesaving SRH equipment and supplies to primary health facilities and hospitals, conducted awareness raising sessions and campaigns, and built capacity of SRH professionals in relevant topics such as using the Health Management Information System, antenatal care, pap smear, colposcopy, breast screening and mammography image reading. In addition, through outreach and static clinics UNFPA ensured the provision of several services, focusing on the most vulnerable women, adolescent girls, IDPs and returnees. Those services included:

- Family planning (FP);
- Prevention, treatment and care for STIs;
- MNH including Basic Emergency Obstetric Care (BEmOC);
- Comprehensive Obstetric Care (CEmOC);
- Ante Natal Care (ANC), Post Natal Care (PNC);
- Health education and counselling and early cancer detection.

3.2.2 Gender Equality & women's empowerment

The main focus of GBV work was to deliver activities to support GBV survivors and help them to achieve their goals despite the challenges they face from displacement and the crisis. For this, UNFPA supported the establishment of Women Girls Safe Spaces (WGSSs) and Community Wellbeing Centres (CWCs) to provide essential and comprehensive services including GBV prevention and response, capacity building for

women and youth and awareness-raising on key women's rights. These spaces also act as a referral mechanism for more specialized services including health services, while also coordinating with different stakeholders including local NGOs/IPs. In all governorates covered, the following services were provided:

- Awareness-raising sessions, which includes topics such as: women's rights, psychological issues of vulnerable women and girls, the importance of early detection of breast cancer, child marriage, menopause, family planning, domestic violence, and economic exploitation of women;
- GBV case management;
- Psycho-social support (PSS);
- Referral for specialized services;
- Vocational training;
- Literacy classes;
- Recreational activities.

3.2.3 Adolescents and youth

The main focus of the thematic area on youth is to enhance youth participation and to strengthen their skills and capacities for increased chances of earning their livelihoods and finding employment. Most youth work is integrated within the SRH and GBV and women's empowerment components to improve young people's access to SRH services and rights, including sexually transmitted diseases, promotion of a healthy lifestyle. Key youth programme interventions are

- Livelihoods: UNFPA supports young people's access to livelihood opportunities and to strengthen social cohesion. Young people from different backgrounds are trained in business start-up and entrepreneurship skills. By the end of the training young people compete and present their projects in front of a panel. The selected projects received seed funding to be implemented.
- Community Youth Led Initiatives: UNFPA supports young people to exercise leadership and to have meaningful participation and contribution to their communities through supporting youth community led initiatives. Young people were trained on how to assess community needs, develop solutions, and to plan and implement their projects and work.
- Youth Services: UNFPA supports the development of Adolescent and Youth Health Guidelines in cooperation with the Ministry of Health. A National Adolescent and Youth Framework was developed in cooperation with SCFAP and UNICEF, for example.
- Capacity building: UNFPA supports the enhancement of young peoples' skills and competencies through access to trainings and capacity building opportunities. The training covered comprehensive sexual education, advocacy, life skills, peer to peer education skills and interactive theatre.
- PSS services: UNFPA supports the provision of youth PSS services. Two NGOs (GOPA and Tamayouz) are providing group and individual counselling in Damascus, Rural Damascus and Homs.
- Youth and technology: UNFPA supports young people's creativity through supporting them to be innovative in science and technology and to turn their ideas into transformative solutions. This was done by engaging young people in a start-up training to help them develop their own products, provide them with the skills to implement, promote and market their projects.
- Youth friendly spaces: UNFPA supports sixteen youth friendly spaces in eleven governorates in order to meet young peoples' needs to meet, to talk, to discuss, to interact and to have a productive leisure time through supporting.
- Awareness raising for youth health and well-being: UNFPA supports awareness raising activities to reach out to young people with information related to their health and wellbeing, including through professional sessions.
- Campaigns: UNFPA supports Y-PEER network, that is -among others- conducting online awareness campaigns on the right of women and youth and other topics.

Key partners for the youth component are governmental partners, such as the Ministry of Health, SCFAP, National Student's Union, as well as NGO and implementing partners such as the Syrian Arab Red Crescent, Syrian Family Planning Association (all governorates), Al Bir Charitable and Sociable Qamishly, Al Bir and Al-Ihsan Charitable Association in Ras Alain, Islamic Charity Association– Aoun (Homs) for Relief and Developments, Masyaf Charitable Association, Al-Ihsan Charity Association (Aleppo), Greek Orthodox Patriarchate of Antioch and All East, Nour Foundation for Relief and Development (Damascus& Rural Damascus), Social Care Association / Altamayouz for Orphan Sponsorship (Damascus), Melkite Greek Catholic Patriarchate -

Monastery of Saint James the Mutilated (Rural Damascus, Der Ezzor).

3.2.4 Population and development

A number of activities were planned under the P&D thematic area, including building the capacity of the Central Bureau of Statistics as well conducting surveys, together with other UN agencies. The capacity building of the CBS included capacity development for its management and staff in census management, sample design, statistical analysis and in ICPD@2014 based SDG indicators. The capacity building was organised through training workshops and, as well as through study trips, Participation in regional workshops training and webinars and missions e.g. to Beirut. For surveys, the P&D component included mainly conducting a Social and Demographic survey (together with UNHCR, WFP, UNDP and UNICEF WHO).

It also included capacity building of professionals in results-based planning and management and population policy formulation within a humanitarian context, in addition to identifying and developing targeted programmes. It also included technical assistance to the UN Population Task Force, as well as advocacy among parliamentarians on the ICPD2014.

Key partners are the CBSs, as well as other United Nations agencies, and the geographic focus of the P&D component is nation-wide, as it mainly deals with nation-wide population data and policies.

3.3 The country programme financial structure

The UNFPA Executive Board approved funding for the 8th CP (2016-2018) in the amount of 11.3 million USD, with regular resources accounting for 3.3 million USD and resources to be mobilized from other sources amounting to 8.0 million USD for the three-year (2016-2018) support under Outcomes 1 and 3, as well as programme coordination and assistance. The breakdown of funds according to the outcomes of the CP is presented in the table below.

***Table 9**: Breakdown of funding by source according to UNFPA strategic plan outcome areas*

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.8	2.4	4.2
Outcome 3	Gender equality and women's empowerment	1.0	4.6	5.6
Programme coordination and assistance		0.5	1.0	1.5
Total		3.3	8.0	11.3

The table below presents the total allocation of resources during the period 2016-2018, as made available by UNFPA through the Atlas system. The partners engaged in this project represent a large variety of stakeholders, from governmental bodies to NGOs. The table shows the commitments of the individual partners during the implementation process and highlights the actual budget utilization in relation to the budget estimated.

***Table 10:** Annual budget by funding source and annual budget utilization rate*

Year	Regular recourse	Other resources	Total
2016	984,000	9,894,669	10,878,669
2017	1,117,615	19,950,567	21,068,182
2018	1,400,000	36,511,301	37,911,301
Total	**3,501,615**	**66,356,537**	**69,858,152**

***Table 11**: Breakdown of budget and expenditure per programme component and year*

Components	2016			2017			2018		
	Budget	Expenditure	Expend. Rate	Budget	Expenditure	Expend. Rate	Budget	Expenditure	Expend. Rate
RH	5,803,688	5,623,211	97%	9,778,228	6,480,544	66%	12,447,500	12,294,428	99%
GBV	2,894,197	1,981,176	68%	8,626,825	7,265,279	84%	16,572,372	16,748,122	101%
Youth	164,580	152,476	93%	3,964,134	3,505,861	88%	3,728,062	3,604,805	97%
P&D	7,700	27,082	352%	144,976	44,862	31%	343,601	337,311	98%
Humanitarian response	-	-	0%	301,653	283,035	94%	651,743	651,742	100%
PCA	2,008,504	2,998,890	149%	4,272,985	3,488,601	82%	5,232,695	4,274,893	82%
Total	10,878,669	10,782,835	99%	27,088,800.39	21,068,182.00	78%	38,975,973.00	37,911,301.00	97%

CHAPTER 4: FINDINGS – ANSWERS TO THE EVALUATION QUESTIONS

This chapter presents the findings of the 8th Country Programme evaluation under each of the evaluation criteria, and providing answers to each of the ten evaluation questions. The findings are presented in compliance with the UNFPA Evaluation Handbook on how to conduct Evaluation. The analysis and presentations of the findings have been guided by the evaluation matrix in Annex 4 of the report, triangulating multiple data sources as elaborated in the methodology design. In addition, the constructed theory of change of the CP guides the achievements across the programme thematic areas, especially under the criteria of Effectiveness. The chapter follows the OECD-DAC criteria and the additional UNFPA strategic criteria of coordination, and the humanitarian-setting related criteria of Connectedness and Coverage.

4.1 Relevance

EQ1: To what extent are the interventions of the UNFPA Syria CP 2016-2018 (i) aligned with UNFPA policies and strategies; (ii) in line with government priorities; and (iii) relevant to the needs of the intended beneficiaries (women and young people); extent to which UNFPA CO Syria interventions are in line with UNFPA policies, and relevant to government priorities

The CPE assessed the relevance of the 8th Syria Country programme (CP) both at strategic and programmatic levels. At strategic level, the assessment was based on the extent to which the programme is aligned to the UNFPA strategic plan, ICPD programme of action (ICPD PoA) and Sustainable Development Goals (SDG), among other strategic frameworks. On the other hand, the programmatic relevance looked into the extent to which the CP interventions and approaches addressed the national needs and the populations, in addition to the contextual relevance of the strategies applied to deliver the programme.

4.1.1 Alignment with UNFPA Policies and Strategies

4.1.1.1 Alignment to the UNFPA Strategic Plan

The development of the 8th UNFPA Country Programme (CP) was done in line with the UNFPA Strategic Plan 2014 – 2017, and later realigned to the Strategic Plan (SP) 2018 – 2021, incorporating the three UNFPA transformative results, of ending preventable maternal deaths, ending gender based violence and ending unmet need for family planning as well as the 2030 Sustainable Development Agenda (Document review and Interviews with CO staff). From analysis of records and interviews, the CP contributes directly to the four thematic result areas of SRH, Adolescent and Youth (AY), GEWE and Population dynamics, covered by the SP, directly contributing to the achievement of the SP overall goal aimed at achieving universal access to Reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the (ICPD) agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality. UNFPA Syria is also committed and contributes to the achievement of the recently re-confirmed three transformative results of zero maternal deaths, zero unmet need for family planning and zero gender-based violence and harmful practices against women and girls, in addition to the 2030 Sustainable Development Agenda (Document review and Interviews with CO staff).

The alignment of the 8th CP to the SP is also evidenced by the reporting systems, with the results of the CP being reported and represented in the Strategic Information System (SIS), with the outputs covered according to the SP. Given the humanitarian context of Syria where there are breakdown in services delivery infrastructure and dire gaps in the areas of need, the CP implementation framework complies with the SP business model, where UNFPA employed all the five modes of engagement (partnership and coordination, knowledge management, advocacy and policy dialogue, capacity development and service delivery) in the delivery of the CP. Interviews with the staff and document review also indicated that the modes of engagement were relevant to the context of implementation.

As per the UNFPA SP overall goal, the Syrian CP utilized human rights based approach and gender mainstreaming while implementing the interventions. This was especially evidenced where the programme endeavoured to reach the marginalized and vulnerable populations ensuring that they received services in a dignified manner. Targeting of programmes empowering the women,

girls and youth is also a manifestation of elevating the voices of those whose rights are stifled (Interviews with CO staff). UNFPA CP also collected sex and age disaggregated data to inform programming impacts on various beneficiaries. The focus of the programme in addressing gender inequalities and supporting GBV prevention and response also enhances upholding of human rights in the country context. While this was inherent in the programme approaches, human rights and gender aspects of the CP were not comprehensively captured especially how particular activities benefited men, women, girls and boys.

4.1.1.2 Alignment with ICPD PoA and SDGs

From the interviews with the CO staff and analysis of programme documents, UNFPA Syria CO closely follows the agenda of the International Conference on Population and Development (ICPD) and the objectives of the ICPD Programme of Action (ICPD PoA). The CP emphasizes access to comprehensive reproductive health services in the country through supporting family planning, increasing access to skilled birth attendance and empowerment of women and girls through advocating for equality and eradication of all forms of women discrimination, violence against women and girls and harmful practices like forced and child marriage. Interviews and documents review also indicate that UNFPA programme prioritizes marginalized and vulnerable populations with services, in both government-of-Syria-controlled and non-government-controlled areas; and also contributes to eradication of forms of discrimination along sex, age, disability and ethnic background. All these are in line with the ICPD PoA.

While there is no document aligning the CP with the SDGs given that it started and implemented during the period covered by the SDGs, analysis of the documents and interviews with the CO staff indicates that there is indication that the CP directly contributes to the achievement of SDGS in Syria, particularly, SDG 3 (Good health and wellbeing – through supporting access to health and psychosocial support services by the vulnerable populations); SDG 5 (Gender equality – through promoting and advocating for gender equality and empowerment of women and girls); SDG 10 (Reduced inequalities – through promoting access to services by the most vulnerable and marginalized population, ensuring no one is left behind); and SDG 17 (Partnership building with various stakeholders to enhance services delivery to the people affected by crisis in Syria including communities, government agencies, NGOs, Civil society organizations (CSOs), UN agencies and donors. All these show alignment of the programme interventions with the SDGs.

4.1.2 Alignment with the government priorities and needs of the intended beneficiaries

From analysis of document and interviews with the various stakeholders, there is evidence that the CP is adapted to the needs of the populations and in line with the national priorities as described in the Syrian Vision 2030. Further, UNFPA CP is implemented in collaboration with the line ministries and department and therefore contributes directly to their performance, making the programme relevant to the government priorities. Interviews with the CO staff also indicated evidence of consultation of the line ministries and related government department in the development of the CPD, incorporating their respective priorities. In addition, the implementation of the programme activities by the CO shows strong collaboration, participation and contribution of the government line ministries and departments [14], indicating direct contribution to their strategies. The programme annual work plans with the implementing partners had to be approved by the government, with their direct contribution in addressing the national priorities. All government representatives interviewed confirmed the positive role UNFPA has played in support to the Syrian people and that UNFPA's programming is in line with national priorities and strategies, and complement the government's work and plans to provide health care services and other support to the Syrian people[15]. Further, UNFPA contributed to the identification of needs various populations, informing national priorities and strategies. For example; the joint research on "*Gender barriers, social and cultural factors affecting women and youth accessibility to and employability in labour*

[14] Under the RH component, UNFPA collaborates and partners with the Ministry of Health (MoH) and Ministry of Higher Education. Under the GEWE component, UNFPA works closely with the Syrian Commision of Family Affairs and Population (SCFAP); Syrian Family Planning Association; Ministry of Social Affairs and Labour; Ministry of Information; Ministry of Awqaf; and MoH. Under the adolescent and youth component, UNFPA works with the MoH; SAFAP; Syrian Family Planning Association; Ministry of Information; Ministry of Awqaf; and Under PD, UNFPA works with SAFAP and Central Bureau of Statistics

[15] For example, a key respondent from MOH said, "UNFPA has its own mandate, which mostly matches MOH's mandate". This quotation is used to illustrate the finding.

market"[16], led to development of an action plan for further discussion with national stakeholders for prioritization, in support for national priorities. On the other hand, "*Protection needs assessment for older people within the humanitarian crisis*" [17] supported national priorities and the preparation for older people, for targeted programme for implementation (SIS review).

On the contrary opinions, the interviews with MoH representatives revealed that, from their perspective, UNFPA GBV programming is not "a high priority" and perceived as taking up capacities that should be used for RH programmes instead. Government representatives interviewed thought that GBV cases are not significant in MoH facilities and do not require to be treated as a separate work stream but should rather be integrated within SRH work.

Emerging needs: Document reviews and interviews stakeholders recognized the strategic positioning of UNFPA and its remarkable demonstration of capacity to adapt and respond to the changing context and emerging national priorities, including for COVID-19 response in Syria. In the period of coverage, UNFPA contributed to addressing emerging needs to increase the affected populations access services. For example, during the evacuation in the Eastern Syria and Alepo, UNFPA was there to provide emergency response to people as they were offered accommodation in the GBV centres, as makeshift camps. In Al Arisha camp, UNFPA provided tent, RH, PSS, medicine, mobile team to the affected people. This also included targeting vulnerable and marginalized population groups with emergency kits, including the distribution of dignity kits to women and girls in IDP settlement and in hard-to-reach areas in disaster affected locations (Interviews).

On the other hand, in response to COVID-19 pandemic, UNFPA was a member of the response team, contributing to the development of strategies, in addition to developing protocols to deliver the various GBV, PSS, RH services, capacity building and equipment to respond to and cope with the pandemic. UNFPA trained health workers, supported primary and tertiary health care facilities, and isolation centres providing items of need, including surgical masks, N95 for isolation, frontline health workers PPEs, ventilators and monitors for the ICU rooms and sanitizers. In addition, UNFPA ensured that the women girls' safe spaces had masks, in addition to supporting community members with protective items like masks during training. UNFPA also supported social cohesion during this period through provision of services even to the host communities in the areas (Interviews with CO staff). UNFPA supported the government and IPs in ensuring continuity of provision of SRH and GBV services, and ensuring psychological wellbeing of women, girls and young people during the pandemic.

The CP thematic areas are also priority areas for the Syrian government, especially for increasing access to SRH [18] services by the affected populations. All its interventions seek to address the urgent needs of the Syrian people, with an emphasis on the most vulnerable groups of the population (women, adolescents and youth, people with disabilities and internally displaced persons). The programme stakeholders reported consulting affected populations, establishing their needs and the extent to which they are affected to inform programming, strategies and response, and to ensure consistency of response. Planning processes during the design and implementation of the programme also indicate decisions targeting areas of gaps and selection of target beneficiaries of the interventions (Interviews with CO). Survey results conducted with the CP beneficiaries also indicated participation in the programme activities. There was also evidence on the beneficiaries confirming participation and receiving services of the CP from each of its thematic areas (survey result).

4.1.2.1 Sexual and reproductive health

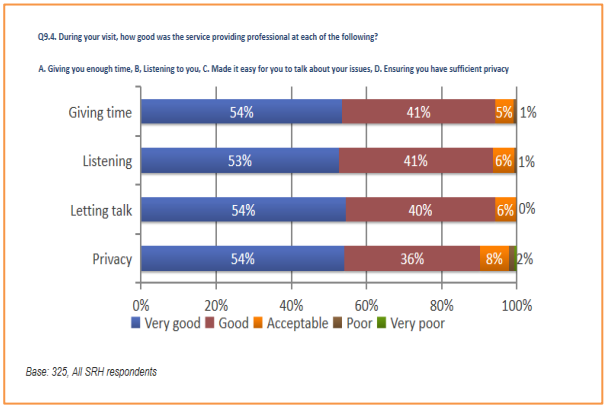
With over ten years of crisis due to civil war, Syria has experienced one of the most destabilizing situation leading to destruction of infrastructure and support systems for service delivery. The health system had many aspects affected leading to breakdown in the delivery of healthcare services, including sexual and reproductive health (SRH) services. At the time of the programme design, 42 percent of the hospitals and 22 percent of primary health centres had been damaged. In addition, more than half of the healthcare workers had either been displaced or left the country. In addition, most of the health facilities had shortages of the medicine and supplies due to economic sanctions (Syria 8th CPD). Further, due to security factors, access to health care is severely restricted, with maternal and

[16] Conducted jointly with UNFPA, UNHCR, WFP and UNDP
[17] Jointly undertaken by UNFPA, UNHCR and UNDP
[18] See the web pages of the Ministry of Health: http://www.moh.gov.sy/Default.aspx?tabid=248&language=en-US

child health services disrupted at the primary healthcare (PHC) level leading to maternal and child morbidity and mortality[19]. Of note is the effects of the crisis on the quality of healthcare due to the deterioration in the functionality of medical equipment as a results of the lack of spare parts and maintenance. UNFPA in its 8th CP is playing a critical role in addressing the felt needs of the Syrian population and government.

To address the damaged health facilities, UNFPA is contributing to the rehabilitation and reconstruction of the facilities, increasing access to the health services by the population in the target locations (Interviews with CO, Ministries and IP Staff and Annual reports). On the other hand, UNFPA strengthened the quality of health service through training of healthcare workers and supporting in the development of guidelines for use in the facilities in collaboration with the MoH and MoHE. In addition, UNFPA supports the government facilities through enhancing functionality of medical equipment to continue strengthening quality of health service delivery. With the dire effects of the economic sanctions against the Government of Syria, UNFPA is supporting the government and the country at large in the distribution of medicine and commodities to the health facilities enabling the populations access health services with appropriate medications and commodities provided. This complemented the inadequacy of financial capacity by the government which is also affected by the sanctions. The results of the interviews with IPs confirmed that the services and support provided by UNFPA through their IPs were very relevant to the beneficiaries, as they addressed immediate and essential SRH needs, which are in a large majority of cases not otherwise available to women in need or not at the quality level that patients would expect. This was confirmed by survey respondents, IP interviews, UNFPA reporting as well as other UN agencies interviewed.

Figure 6: *Beneficiary opinion of different aspects of received SRH service*

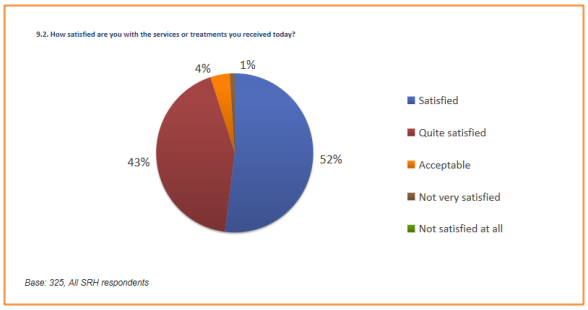


UNFPA recognizes the insecurity situation limiting access to health services, in addition to the challenges of making referrals for complicated cases for advanced and comprehensives health services through supporting mobile health clinics with qualified health personnel providing integrated health services in the hard-to-reach locations and those affected by the crisis (Interviews with the CO staff and Annual reports). Further, with the displacement of populations and the effects in the maternal and child morbidity and mortality, in addition to increased cases on unskilled birth attendance, UNFPA supported in the training of midwives to increase skilled birth attendance, especially in the displacement camps. According to the respondents in the survey, 95 percent (n=325) stated that the service-providing professionals were giving them enough time, 94 percent stated that they were listening to them, 94 percent felt it made it easy for them to talk about their issues, and 90 percent stated that it ensured that they had sufficient privacy during the visit. The results were as stated in the figure below.

The UNFPA-supported services were confirmed by survey respondents as well-tailored to their needs, as evidenced by high levels of satisfaction with the provided services. The vast majority of respondents were either very (52%) or quite satisfied (45%) with the services or treatments they received on the day of the visit to UNFPA-supported health facilities and mobile clinics. This is as presented in the figure below.

[19] See https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3697421/

Figure 7: *Beneficiary satisfaction with the SRH services or treatments received*



Only a small proportion of the respondents received kits from UNFPA: 14 respondents (1%; n=950) reported having received RH kits, 116 respondents (12%) reported having received hygiene and dignity kits, and 38 respondents (4%) mentioned something else (mostly sanitary pads), whereas 83% reported not having received any kits. The high proportion of respondents noting that they did not receive any kits is not a surprising finding because the kits are distributed to the most disadvantaged groups, and not necessarily all beneficiaries. The predominant majority (148 respondents, or 93%) of the 160 respondents who had received kits found them very or fairly helpful, with only a handful of respondents saying they were not very helpful[20] (3 respondents, 2%).

4.1.2.2 Gender Equality and Women's Empowerment

The UNFPA Syria CP on gender and GBV component directly contributes to the population needs, especially women and girls, through supporting and participating in the elimination of violence against women, gender mainstreaming, and participation of women in peace and security (Interviews and Document reviews). UNFPA also financially and technically supports the protection and prevention of violence against women, including GBV response in the humanitarian set-up, especially in the IDP settlements, aiming to empower the women and girls, in addition to enhancing their dignity (Interviews and Document reviews). Further, UNFPA contributes to strengthening systems and practices to ensure women's right to protection in emergencies.

The Syrian government ratified various international obligations such as those stated in the Committee on the Elimination of all Discrimination Against Women (CEDAW) and treaties like the International Convention on Civil and Political Rights (ICCPR), International Convention on Economic Social and Cultural Rights (ICESCR) and Convention on the Rights of the Child (CRC)[21]. However, there is little or no commitment by the government in the implementation of the ratified treaties and obligations with reservation put on their implementation. UNFPA, in the 8th CP supported and led advocacy mechanisms to engage the government and to ensure that the reservation was lifted in 2016, actions which resulted in to the government lifting the reservations in in 2017, which paved the way to prepare for amendment of the discriminatory laws against women. On the other hand, implementation of the lifted reservations by the government is still an issue, especially the discriminatory laws (Interviews with CO staff and document review). These clearly highlight the relevance of the UNFPA's GEWE component of the 8th CPD.

With over a decade in conflict, coupled with the systemic tolerance of GBV and discrimination, the Syrian women and girls continue to bear the greatest burden with their social and economic status as well as their physical safety and dignity are constantly under serious threats[22]. The stigma in Syria surrounding SGBV and the of facing danger or discrimination in their locality make survivors reluctant to report abuse, limiting their access to medical or psychosocial support, in addition to other services (interviews and document reviews[23]). During the 8th CP, UNFPA supported the establishment and operationalization of 55 Women and Girls Safe Spaces (WGSS) as entry points for comprehensive multisectoral services without any social stigma for the vulnerable women and girls. In these spaces, they receive are able to access medical, psychosocial and legal support, in addition to other social support to the women and girls, including providing them with the opportunity to socialize, network and receive information on issues relating to women's rights health and services (Interviews and Document reviews). Further, in the

[20] Reasons have been listed as "these are items which are not used", "sizes of items not appropriate", and "children's clothes not available."

[21] See https://www.wilpf.org/cedaw-review-on-syria-an-un-constructive-dialogue/

[22] See https://www.wilpf.org/cedaw-review-on-syria-an-un-constructive-dialogue/

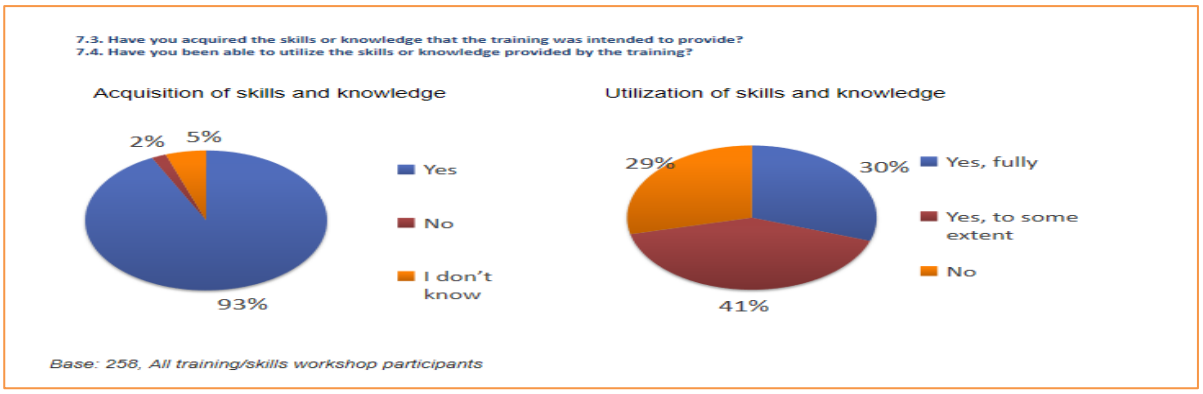
[23] Syria Justice and Accountability Centre (2015): Societal Attitudes Toward Sexual and Gender-Based Violence in Syria. https://www.alnap.org/system/files/content/resource/files/main/societal-attitudes.pdf

humanitarian response, UNFPA supports Family Protection Unit for the GBV survivors where they also access services such as psychosocial support (PSS), medical and legal assistance, vocational training, accommodation for vulnerable women, girls and children under 10 years old (Interviews and Document reviews).

UNFPA through the 8th CP supports advocacy mechanisms aimed at eliminating the social norms and harmful practices like forced and child marriage; address the discriminatory laws and perceptions towards women and girls through engaging duty bearers, including community leaders, religious leaders, government authorities, among others. UNFPA also promotes engagement of men, journalists and civil society organizations (CSOs) towards increasing awareness and sensitization on gender equality and women's empowerment and elimination of the harmful practices (interviews and document reviews). Further, the programme also promotes the involvement of young people as agents of change towards the empowerment of women and promoting gender equality in the Syrian society.

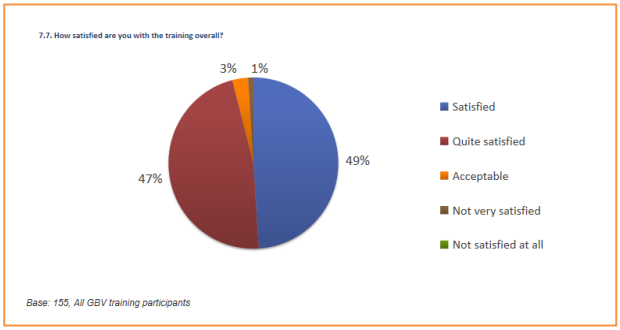
The survey results point out a high relevance of the training workshops provided to beneficiaries of GBV and women's empowerment programming. The majority of respondents (92%) stated that the training was successful in helping them acquire the skills and knowledge that it was intended to provide. Men were more likely to confirm the relevance of the training than women (98% and 92%, respectively). Additionally, nearly two thirds of the respondents (64%) said that they had already been able to utilize the skills and knowledge learned, either fully (23%), or to some extent (41%).

Figure 8: *Acquiring and utilizing the skills and knowledge provided by the GBV training*



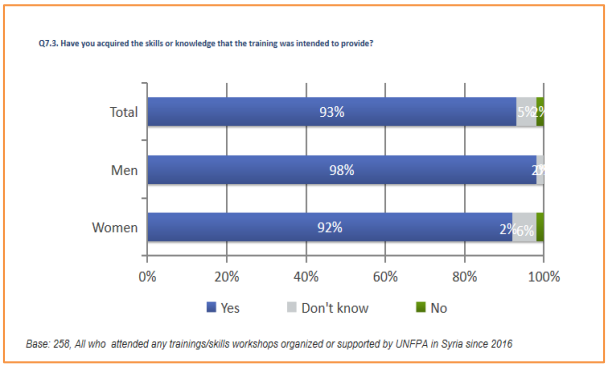
The level of satisfaction with the training is very high, with 96% of respondents being either fully or quite satisfied.

Figure 9: *Satisfaction of GBV thematic area respondents with the training overall*



Gender dimension of training. Nearly all of those who participated in the workshops or trainings, across all work area programs, said they had acquired the skills or knowledge that the training was intending to provide (93%). Men were more likely to do so than women (98% and 92%, respectively).

Figure 10: *: Acquiring the skills and knowledge provided by the GBV training, by sex*



While the gender and GBV component of the programme is relevant in addressing the felt needs of the populations affected by the crisis, especially the women and girls, the structural and institutional challenges like social norms, inadequacy of laws favouring gender equity and empowerment of women and girls, lack of supporting institutional framework to implement the ratified treaties and obligations by the government, among others. In addition, non-prioritization of gender and GBV by the government while there are genuine concern of women and girls' right violation and abuses is also a factor that is likely to affect utilization of the gains made or contributed to by the programme's support. Given the protracted nature of the context provides an opportunity for the stakeholders, including UNFPA to engage further to strengthen the legal and legislative frameworks in the county.

4.1.2.3 Adolescents and Youth

The youth in Syria are one of the most affected populations in the conflict in the country (interviews and document reviews). The conflict is coupled with economic disintegration and social fragmentation, leaving the Syrian youth feeling overwhelmed and insecure about their future. According to the UNICEF[24], the youth in Syria lack positive engagement opportunities resulting from conflict, such as family and social structure fragmentation caused by displacement and safety concerns, with adolescent girls and young women particularly affected by isolation due to conservative social norms in some locations. On the other hand, the effects of the conflict have led to increased unemployment rates among the youth which is also exacerbated by inadequate education opportunities and skill-mismatch as the education system is not providing young people with the skills needed in the labour market (Interviews and document reviews). The effects of the conflict also have far-reaching effects among the youth, especially inadequate access to services like health, including sexual and reproductive health services and psychosocial services.

The evaluation finds the UNFPA's support for adolescents and youth relevant to their needs as it aims to enhance their ability to make informed choices about their body and health, to promote their participation in communities, and to strengthen their skills and capacities for improved chances to secure livelihoods. Youth priorities and programming are integrated within the SRH and GBV components in the CP under review, in order to improve young peoples' access to SRH services and reproductive rights, including awareness-raising on sexually transmitted diseases and the promotion of a healthy lifestyle. Among other things, the training activities covered comprehensive sexual education, advocacy skills, life skills, peer-to-peer education skills, interactive theatre and skills required to access the labour market.

During the 8th CP, UNFPA contributes to enhancing the youth's access to livelihood opportunities through supporting their technical and vocational skills, supporting youth integrated education, and providing opportunities for life skills development through capacity building. UNFPA is also supporting the youth leadership skills and civic engagement, enhancing their social cohesion, career guidance and supporting their access to psychosocial and recreational services through counselling and sports activities. These activities are relevant to the needs of the young people in the country ensuring that they have access to their social and economic needs, strengthening wellbeing.

Due to the prolonged crisis with a number of armed groups in the country, the youth were easily targeted for recruitment and illicit migration[25], especially due to their unemployed and having nothing to do, in addition to outmigration. UNFPA's engagement of the youth through engaging them in their livelihood activities contributes to their protection from recruitment by the armed groups in addition to falling victims to illicit migration networks (Interviews and Document reviews). Further, for the programme contributes to the rehabilitation of the youth who had been engaged in the conflict and needed to reform.

Due to the inadequacy of information on the youth issues in Syria, UNFPA, together with UNDP and UNICEF supported a national youth assessment in 2016, which subsequently provided the basis of

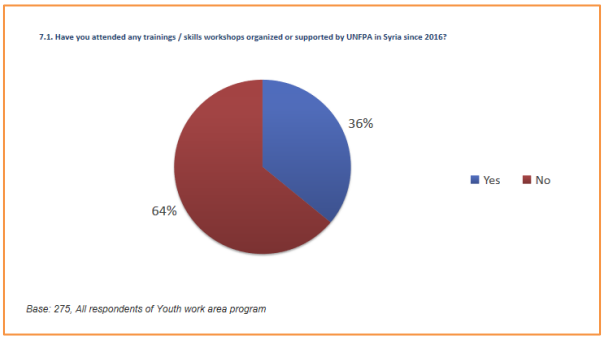
[24] https://www.unicef.org/syria/adolescents-development-and-participation

[25] https://reliefweb.int/sites/reliefweb.int/files/resources/253-mitigating-risks-for-syrian-refugee-youth.pdf

UNFPA's youth programming. The assessment[26] also provided the basis for the development of a two-year national youth strategy with the Government of Syria and the United Nations Youth task force, led by UNFPA and UNICEF. The youth strategy focuses on employment, health, education, protection and engagement. The evaluation notes a positive trend towards increased youth programming within the UNFPA Syria CO and an increased focus on youth as a priority target group for interventions.

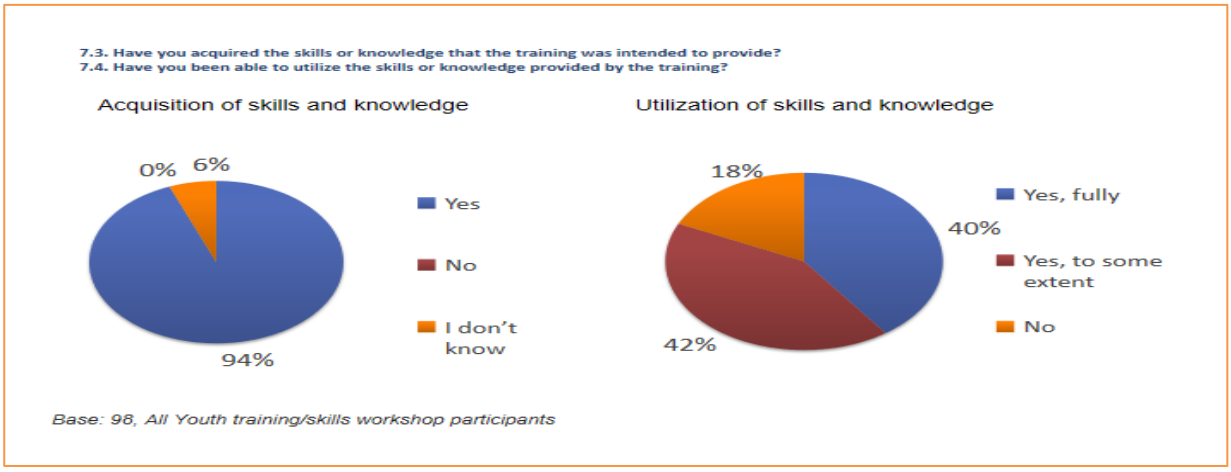
In the context of this evaluation, the evaluation survey focused on capacity building and training activities and to what extent this programming was relevant to targeted adolescents and youth. The survey results show that over a third (36%) of respondents had participated in training or skills workshops for young people that UNFPA supported since 2016.

Figure 11: *Proportion of respondents who attended training and workshops, Youth thematic area*



More important than the output of training programmes, such as the number of participants, are the outcomes; the use of the skills by the young people trained. Encouragingly, 82% of all youth thematic area respondents reported that they applied their newly gained skills. The respondents who had participated in training workshops mentioned a number of ways in which they were able to utilize the skills they learned, including learning different domestic skills, training for new career and employment, becoming member of a theatre crew, to change career in the same facility, improved communications, strengthened their personality, gained ability to offer advice to others, and a variety of other skills.

Figure 12: *Acquiring and utilizing the skills and knowledge provided by the Youth trainings and skills workshops*



4.1.2.4 Population and development

The relevance of the P&D component is evident in the role that UNFPA plays in contributing to the strengthening statistical and demographic capacities in Syria. Identifying the inadequate technical capacity in data generation in the country, especially in the Central Bureau of Statistics (CBS) as most of the technical staff either left the country or joined other organizations, UNFPA contributes to the strengthening of the capacity of the CBS through training them on various data management

[26] WOF evaluation report 2018.

techniques, including design of survey, sampling and analysis of data. Since the SCFAP is the arm of the government for population issues, UNFPA continues to support them to increase the knowledge of the people on the SDG as the people are not aware of the same and need to be sensitized. In order to enhance capacities on statistical and population issues, UNFPA is also involving the universities in training, in addition to providing sensitization on ICPD and SDGs. UNFPA also supported SCFAP in enhancing the capacity of Population National Committees and sub-committees on the ICPD and SDGs identifying national value for the ICPD-based SDGs indicators (Interviews with CO staff).

Further, during the period of evaluation, UNFPA, together with other UN agencies, namely; UNICEF, WHO, UNDP, UNHCR UNICEF and UNDP, financially supported the CBS in conducting the social, demographic and economic survey (SDS), in addition to contributing to the review of the questionnaire to ensure it captured key indicators. The review feedback was not fully incorporated by the CBS. However, the key indicators, especially those on gender, RH and Adolescent and Youth were included and captured in the report. The SDS data has been used in producing national reports including SDGs and Voluntary National Review. According to interviews with government, other UN agencies and document reviews, all these activities are conducted based on the national priorities. UNFPA according to its own assessment was able to improve skills and efficiency of staff in producing timely and relevant data. Several surveys were also conducted in cooperation with different UN agencies such as WFP and UNICEF, that involved the development of methodologies, field data collection, data entry and management techniques, and some preliminary analysis. UNFPA provided technical support to the Population Taskforce (PTF) towards ensuring having best population estimation. UNFPA, in this respect, recruited a national consulate to assist the PTF for providing best population estimation in support of HNO, and further shared data provided by CBS and research results conducted with other national entities.

While UNFPA strengthened the capacities of the statistical institutions and stakeholders, there is greater opportunities for the CO in strengthening utilization of its comparative advantage in data generation and management, especially in the humanitarian response and resilience building.

4.2 Effectiveness

EQ3: To what extent have the interventions supported by UNFPA in the field of reproductive health and rights contributed to: (i) Improved access and utilization of high-quality maternal health and family planning services, including for populations affected by humanitarian crisis; (ii) Increased national and sub-national capacity to deliver integrated sexual and reproductive health services; and (iii) increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes?

Responding to addressing the EQ3 entailed assessing the extent to which UNFPA achieved its SRHR results as stated in the results framework. According to the design of the CP, UNFPA aimed at ensuring increased capacity of the health system to deliver high-quality integrated reproductive health services, particularly for the people affected by the crisis, including host communities and displaced populations, with a special focus on young people. From analysis of documents and interviews with the programme stakeholders, UNFPA's achievements of the results in the component at the time of the CPE are as stated in the table below.

Table 12: Progress against Results and Resources Framework

UNFPA Strategic Plan outcome: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated Reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence								
Indicators	**Baseline**	**Targets**	**Achievements**					**Comments**
			2016	**2017**	**2018**	**2019**	**2020**	
Proportion of births attended by skilled health personnel	50%	60%					80%	Target surpassed by 2020
Contraceptive Prevalence Rate (for all methods)	36%	60%					60.4%	Target surpassed by 2020
Output 1: Increased capacity of the health system to deliver high-quality integrated reproductive health services, particularly for the people affected by the crisis, including host communities and displaced populations, with a special focus on young people								
Number of maternal health centres supported to provide basic emergency obstetric and newborn care services in accordance with established protocol	*12*	*19*		17	27	-	17	Target Surpassed by 2018.
Number of NGO health facilities supported with reproductive health equipment, medicines and commodities	*39*	*188*	97	969	1040	186	199	Target surpassed. The 199 are those fully supported, where 99 were mobile clinics. Going by 2019, 1518 facilities were partially supported by the programme based on needs
Number of health workers trained to deliver RH services including emergency obstetric and newborn care	*80*	*3,200*	1,901	1,653	1,560	1,518	1,300	Cumulatively, the figures achieved surpass the targeted number of health staff trained to deliver RH services, assuming different participants per year.
Number of women receiving reproductive health services (including antenatal and postnatal care, emergency obstetric and newborn care and family planning services)	*650,000*	*2,500,000*	781,244	1,537,430	2,200,000	1,544,000	931,000	Access to services were however affected by inadequate access of qualified RH staff to some of the CP areas during the period, in addition to the impact of COVID-19 restrictions on access to the services in the target location.

4.2.1 Sexual and reproductive health

a) Improved access and utilization of high-quality maternal health and family planning services

Towards improving access and utilization of high quality maternal and family planning services, UNFPA in its SRH component enhanced the women and girls' rights to access affordable reproductive healthcare services, including ante and postnatal care, safe deliveries and family planning. Through partnership with various non-governmental organizations and support government facilities, UNFPA ensured that the services were delivered and accessed by the crisis-affected populations in the country in all settings, particularly in the emergency set-ups (Interviews and Document review). UNFPA nurtured different partnerships to facilitate access to services by the various populations in the crisis-affected areas. Further, the partnership, especially with the local NGOs and local authorities made it easier for the community level engagement of the various services and to ensure buy-in of the local community to utilize the RH services supported by UNFPA (Interviews and document reviews).

During the period of evaluation, UNFPA enhanced RH service delivery through supporting provision of essential RMNCH (BEmONC) services by the targeted most vulnerable marginalized and hard-to-reach populations through restoration of reproductive health services in emergency obstetric care facilities, primary healthcare centres, and mobile clinics [27] (documents reviews and interviews). Further, the rehabilitation of the health facilities, supporting them with equipment and essential commodities, including drugs improved access to the services through the facilities (Interviews and review of SIS). Through financing and supporting both static and mobile clinics equipped with the essential list of equipment, medicines and supplies to provide antenatal, postnatal and neonatal care, family planning information and methods, treatment and care for sexual transmitted diseases, cancer early detection services, referral to advance and emergency obstetric health services increased access to the RH services. UNFPA also ensured constant availability of Family Planning methods by ensuring that at least four out of the five methods were available at any one particular time. This included even negotiating with the international producer to consider Syria, in addition to procuring earlier like a year before, despite being a challenge justifying to the donor why so especially with the sanctions, to ensure there was no breakdown in the supply chain (Document reviews and Interviews with CO staff). While efforts were made by the CO to ensure availability of FP commodities, there are factors that affect the operations and since the supplies are done internationally, coupled with the sanctions, there are so many restrictions, including to suppliers' direct shipping to Syria, bureaucracy at the clearing port, in addition to long processes in inspection for quality. UNFPA tries to beat all these by starting the processes earlier (Interviews with CO staff)

In order to strengthen quality service provision by the targeted populations, UNFPA supported enhancement of skills of the healthcare workers in their areas of specialization to facilitate provision of the target services. During the period, UNFPA cumulatively supported training of 7,932 healthcare workers to deliver RH services strengthening quality service delivery (Annual Report review). Further, the UNFPA programme facilitated training of health service managers and providers as trainers on the minimum initial service package (MISP) covering coordination, SGBV, HIV and STIs, ASRH, Maternal health and family planning and action planning enhancing standardization of service, in addition to widening coverage. Through the training of health service managers of Ministry of Health in all Syrian Governorate as ToTs, UNFPA also reached out them to address inclusion of MISP in their work plan at sub-regional level through TOT and ensured commitments of the senior management to MISP (SIS review). On specific RH service delivery, UNFPA supported the training of healthcare service provides including physicians, midwifes and Community health workers providing RH services and or Supporting provision of services in the health facilities (Interviews and document review). These have contributed to increasing quality service delivery across the various programme deliverables; for example, increasing access to skilled birth attendance through training and deployment of midwives (Interviews and Document reviews).

[27] By 2020, UNFPA supported 3 emergency obstetric care facilities, 133 primary healthcare centres, and 125 mobile clinics

During the period of evaluation, UNFPA was successful in supporting establishment and management of mobile teams, facilitating increased access to services by crisis-affected populations in the country, including both the government-controlled and non-government controlled areas. In order to ensure those in need were supported, UNFPA participated in conducting assessments, including supporting and contributing to the production of the Humanitarian Needs Overview (HNO) in collaboration with other UN agencies and NGOs (Interviews document reviews). These informed the targeting, ensuring that areas without services were targeted with services, including supporting mobile teams providing integrated RH and GBV services. The evaluation notes that UNFPA has made a significant contribution to improving access to and quality of reproductive healthcare services, despite the challenging and changing circumstances in Syria in which it has operated. For example, in 2018, UNFPA delivered 2.2 million SRH services through NGOs and 1.7 million services through the MOH and the MOHE[28].

UNFPA reactivated and chairs the RH working group in the country which is led by the MoH Deputy Minister, with participation of MOHE, NGOs, National Maternal Hospital managers, UNICEF, UNFPA and WHO representatives. Through this UNFPA has contributed to enhancing coordination of service delivery among members ensuring coverage of the affected geographical areas with RH services in a standardized manner and assuring quality. This coordination also ensures service mapping and leveraging of resources to enhance the package for service delivery and also eliminates overlap among stakeholders, but ensuring that the RH services were in place in the various locations targeted (Interviews and SIS review).

Using a rights approach, UNFPA invested in enhancing advocacy on the availability and utilization of services in the various facilities. Identifying the existing knowledge gaps, especially in targeting the youth and marginalized women. During the period of evaluation, UNFPA enhanced increasing information sharing through mother to mother initiative promoting dialogue between mothers and adolescent girls as well as peer mothers to talk about puberty, adolescent reproductive health, family planning and early marriage (SIS reviews). While this increased knowledge as well as breaking the social and cultural norms on SRH and harmful practices, it also aimed at increased utilization of the services. Further, towards increased awareness and demand creation for the RH services, especially for the women and girls, UNFPA supported male and boys' engagement in awareness raising on the various services such as family planning, early marriage, among others, increasing their interest and support to the women and girls. Syria government also made a voluntary commitment at Nairobi summit to end unmet family planning needs. At the onset of COVID-19 and amid restrictions, UNFPA in collaboration with the MoH and MoHE, trained healthcare staff and established modalities to reach beneficiaries with needed information and services through use of telecommunication and virtual meetings (Interviews and document reviews)

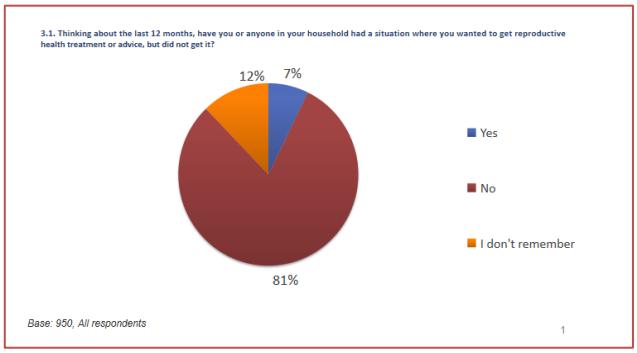
While UNFPA endeavoured during the period of evaluation to increase RH service delivery across the country, targeting the hard-to-reach and vulnerable populations affected by the crisis, there were impediments limiting access to the affected location. Government restrictions in movement and long processes of movement approvals, especially for the UN staff, limited the extent of support supervision and quality assurance by the UNFPA staff to the services being provided across the country (Interviews and document reviews). Further, inadequacy of capacities and qualified personnel in the various disciplines also hindered coverage and quality service access. In 2020, especially during the second and third quarters, access to the services were affected by COVID-19 restrictions, including cessation of face-to-face training sessions. UNFPA however mitigated some of these challenges (Interviews and document reviews); for example, supporting virtual activities in addition to monitoring situations in order to ensure no service breakdown during COVID-19 lockdowns; and employing third party monitoring modality to ensure feedback on the quality and access to services was according to the expected standards.

The survey results also showed that service users of UNFPA-supported health facilities have adequate access to SRH services. Access is however much harder for disadvantaged groups, such as IDPs, returnees, people with limiting health problems and those with lower education. In the past 12 months, only 7% of the total survey

[28] UNFPA annual report 2017.

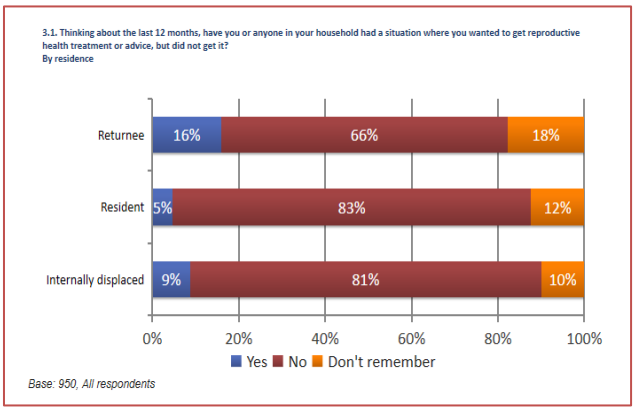
respondents found themselves in a situation when they wanted an SRH service but did not get it. Four in five (81%) respondents did not face such a situation, with a further 12% not being able to indicate a response because they could not remember, as shown in the figure below.

Figure 13: *Respondents' ability to access SRH services*



The survey results suggest that the most disadvantaged groups in Syria face more barriers to access SRH services. Sixteen percent of returnees (16%) and 9% of IDPs indicated that they were not able to access SRH services when needed, compared to 5% among permanent residents. Anecdotal evidence from FGD participants suggests that IDPs may perceive that there are obstacles in getting healthcare due to their status as IDP. UNFPA, according to interviews, tries to mitigate that through its outreach modality through NGOs to provide services to people in need, including IDPs and host communities.

Figure 14: Beneficiaries' access to SRH services, by residence



The survey respondents were asked about problems of accessing the broader range of healthcare services and medical treatments. Most of the respondents (75%) reported having no problems with accessing healthcare services in the past 12 months, selecting the response option of "None of the above". These findings were also confirmed by the FGD in Al Qunaitera, where the beneficiaries noted that they encountered no challenges to access the services in the health facilities in the past, and that they were satisfied with the quality of the services. However, the FGD participants from other areas, such as Der Al Zor and Raqqa, reported that the services are not sufficient, and that they faced many challenges, such as shortage of medicines (that they can't afford outside the facility), and lack of respiratory vapour sessions for sick children.

b) Increased national and sub-national capacity to deliver integrated SRH services

During the period of evaluation, UNFPA invested heavily in strengthening the national and sub-national capacities to deliver integrated SRH services to crisis-affected populations in Syria. In the provision of skilled birth attendance, UNFPA supported increasing the capacity of the country through financially supporting the training of midwives in different geographical areas where they provided integrated RH services (Interviews and SIS reviews). UNFPA technically and financially supported in the development of guidelines and curriculum for the midwifery schools, in addition to strengthening the capacities of the trainers on the new curriculum and those of the schools to deliver in the training of the midwives. After training, the midwives were deployed to the various have to various governorates, providing quality service delivery and improving access to RH services (Interviews and document reviews). Further, UNFPA technically and financially supported strengthening the capacities of the healthcare service providers and health service managers to cascade the training down to the sub-national regions to deliver integrated RH services, including emergency obstetric and Newborn care (Interviews and document reviews).

Identifying the weak capacities in the provision of healthcare in Syria through needs assessments, coupled with destroyed heath infrastructure and chronic shortage of medicines, supplies and equipment MoH, UNFPA capitalized on strengthening of the national and sub-national capacities to effectively deliver RH services. During the period under review, UNFPA supported the government in renovation and refurbishing of primary healthcare facilities in the governorates and supported them with the needed RH equipment, supplies and medication (Interviews and SIS reviews). UNFPA also supported in the

rehabilitation of laboratory for the midwifery students and all that they needed for the studies, enhancing quality service delivery. At the end of 2020, the CP had fully rehabilitated, refurbished and supported 199 health facilities, including mobile clinics providing a complete package of primary healthcare, including medicine, supplies, equipment and training on the equipment, while at the same time partially [29] supported over 1000 heath facilities to provide RH services in the hard-to-reach areas. Towards prevention and treatment of cancer, UNFPA supported the government in purchasing nine mammography machines for early detection, including creating awareness for early detection and prevention. During the period, UNFPA supported more than 50,000 women to detect breast cancer. Further, UNFPA supported in conducting cervical cancer campaigns, in addition to providing pap smear supplies and ensure constant availability for early detection (Interviews with CO staff). These support contributed to strengthening the capacities of the health facilities to provide timely and quality basic emergency obstetric and newborns care services in accordance with established protocols across the Syrian Governorates, and have immensely contributed to strengthening the government's areas of weaknesses, especially on personnel and equipment (Interviews and document reviews).

During the period of evaluation, UNFPA supported reactivation of the national RH working group which functions to coordinate provision of the RH services across the governorates in the country. Through the RH working group, the members were able to conduct RH services needs and mapping across the governorates and this facilitated effective referral mechanism where affected populations could access the various RH services on timely basis, in addition to supporting the facilities with the needed support and commodities (Interviews and SIS review). At the time of the evaluation, UNFPA had a total of 20 IPs to support referrals for the high risk or areas where there are no services, contributing to provision of specialized services in the areas. In addition to capacity enhancement, UNFPA also supported the various partners with tools to assess quality of service delivery.

UNFPA contributed to strengthening the health sector capacity on the RH commodities and supplies management in the country. UNFPA has supported the operation of a manual system with the MoH and MoHE facilitating tracking of movement of RH commodities through reporting and making follow-up ensuring the required information is shared, though currently limited at the central warehouses linked to the ministries where it started with NGOs managing them. UNFPA also trained the staff on supply chain and logistics management, in addition to equipping them with tools, developed through the UNFPA-led Last Mile Assurance Taskforce translated into Arabic language (Interviews with CO staff). UNFPA has supported in the development of a draft supply chain and logistics strategy, which when finished will enable collecting needed information on logistics and supplies management. The system is however not efficient in ensuring rapid response, given that it is manual and still limited at the central warehouses. It still faces limitations including inadequate infrastructure to automate it, discrepancies on the information on utilization of materials against the services provided and the distributions made. To remedy some of the weaknesses, UNFPA came up with spot checks and follow-up of distributions from warehouses to the beneficiary facilities (Interviews and document reviews).

Despite improvement in the health systems, including service delivery, the national and sub-national capacities is still facing a lot of challenges and needs a lot of efforts to ensure adequacy of services delivered in a standardized manner, improving the quality of care. There is inadequate utilization of the existing capacities, inadequate coordination among providers, lack of transparency, high turnover of skilled personnel and inadequate number of qualified nurses and related health professionals (Interviews and document reviews). The interviews with IPs, especially those in eastern regions, show that access is still limited and presents a major challenge for the IPs that run mobile clinics. The IPs reported that access to areas in need and the people affected by the humanitarian crises in these areas is challenging due to the lack of security on the roads, which usually forces them to take additional financial burdens in terms of renting residential spaces for the safety of staff[30]. The IPs interviewed were positive about their relationship with UNFPA and valued its support and funding.

[29] Partial support entails procurement and distribution of medicines and/or contraceptives, RH kits, equipment, medical supplies and/or furniture

[30] IPs also mentioned in their responses that these costs are usually not included in the UNFPA budget

However, they reported that the support was not enough. The majority of interviewed IIPs [31] stressed that they suffered from frequent budget cuts for the SRH programme and shortages of medical and commodity supplies. They reported that often the supplies are disproportionate to the severity of the need in targeted areas, and sometimes the amount of supplies is reduced without prior notice.

4.2.2 Adolescents and youth

c) Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes

During the 8th Syrian CP, UNFPA reached and supported the young people on various aspects cutting across adolescent SRH awareness raising, life skills training, enhancing livelihoods opportunities, capacity building on leadership and civic engagement skills and increasing access of the young people to psychosocial support (PSS). UNFPA utilized different strategies to reach out to the young people to enable them explore their full potential, amid the crisis in the country. The UNFPA adolescents and youth programme has been integrated within the SRH and the GBV and women's empowerment components of the 8th CP under review, without this being reflected as a specific Outcome in the CPD. The majority of the interventions were built on existing GBV and SRH programmes while some others are stand-alone youth programmes.[32]

UNFPA technically and financially supported the development of Adolescent and Youth guideline in collaboration with the MoH, which formed the reference document for targeting of the young a people. In addition, the CP supported the development of trainer's guide for the delivery of the training sessions on the life skills among other thematic areas (Interview CO staff and document review). Further, UNFPA Syria CO, in collaboration with SCFAP and UNICEF developed the national Adolescent and Youth Framework based on needs assessment conducted among the youth and various stakeholders, and this also contributed to guiding programming targeting the youth. UNFPA also facilitated health service providers trained on adolescents and youth guidelines to enhance support to the youth and adolescents in accessing tailored services according to their needs, given the context of implementation. Both the documents enhanced the delivery of various training and awareness creation among the youth on life skills.

Youth economic empowerment: Through the support of the UNFPA's Innovation Fund, the vulnerable young people, including the IDPs female-headed households and those in the hard-to-reach locations, were targeted for enhancement of their livelihood opportunities to increase their resilience in the prevailing crisis situation in the country (Interviews with CO staff). Using a livelihoods approach, UNFPA facilitated a two-weeks training package for the young people, especially girls, on various techniques of business management including preparation of business plans, conducting a market analysis, budgeting and identification of viable start-up business projects, which are then supported with seed money to manage. It is worth noting that the projects identified by a panel in which UNFPA is also participated were determined based on the backgrounds of the beneficiaries, with some in the agriculture field, technology, among others (Interviews and document reviews). UNFPA further supported the beneficiaries through mentorship aimed at strengthening sustainability. Innovative partnership with IPs, such as the Syrian Enterprise Business Club and the Syrian Computer Society addresses the ICT capacity gap among young Syrians by building computer programming and robotics skills. This also includes a youth business incubator and start-up funding and grants[33]. Interviews with CO staff indicated that the engagement of youth in livelihood activities was able to protect them from being subject of recruitment by the armed groups and kept them away from terrorism activities as they would be without meaningful engagement.

In response to the youth unemployment levels in Syria, UNFPA supported capacity building endeavours to mentor them to be able to access the labour market. This was expanded to include career counselling as most of the youth were not able to define their career path, given the breakdown in systems. This also entailed working with youth networks to guide their career paths and enhancing

[31] SRH and GBV IPs.

[32] The UNFPA team mentioned that this is still a growing portfolio.

[33] IP interviews.

their interview skills to access the labour market, including English language skills (Interviews).

Youth Life skills, capacity enhancement and Wellbeing: The 8th CP also supported youth networks, including Y-PEERs, to engage in advocacy and decision-making on matters that affect their sexual and reproductive health and rights. UNFPA in collaboration with the MoSAL established community wellbeing centres (CWC) through rehabilitation of the facilities which are used by the crisis-affected youth for recreational facilities including sports, vocational skills training, awareness creation, among other activities, aimed at enhancing the wellbeing of the young people, and the general community. The programme provided training for facilitators/trainers and supported them to reach young people, especially young girls, with SRH messages and services, and encouraging their participation in access to services. UNFPA also strengthened access to PSS services by the youth during the period, including individual and group and family approach to PSS and counselling through supporting the CWCs which provided youth-friendly spaces to access the services with trained counsellor to provide the services (Interviews and Document reviews). These have particularly ensured the psychological wellbeing of groups at risk such as youth and adolescents, particularly young girls and IDPs, in addition to helping them mitigate the challenges they faced, promoting their access to health, healing and cohesion across communities affected by conflict and disasters, including COVID-19 (Interviews and Document reviews).

The programme also supported youth networks to engage in advocacy and decision-making on matters that affect their SRH and rights, enabling them to make informed life choices. Capacities of service providers, including social workers, midwives, doctors, HIV/AIDS youth counsellors, and teachers had their capacities developed on child marriage and comprehensive sexuality education to better address it with young people and school students including adolescent girls. UNFPA also supported youth-led organizations to advocate for the participation of marginalized adolescents and youth in policymaking and programming through promoting participatory platforms for the youth. To enhance access to RH and GBV services by the youth affected by the crisis, especially in the hard-to-reach and besieged areas, UNFPA works closely with the Access Working Group of UNOCHA and other partners in cross line missions (Document reviews).

UNFPA used peer-to-peer approach to support and knowledge sharing through mother-to-mother initiative focusing on promoting dialogue between mothers and adolescent girls as well as peer mothers to talk about puberty, adolescent reproductive health, family planning and early marriage. The IPs developed the capacities of around young people to address child marriage at community level. Campaigns, educational sessions, games, festivals, theatre shows, etc. were carried out in the country targeting communities with key messages addressing social norms and harmful practices like child marriage and GBV (SIS review and interviews). The young people also used social media, especially during COVID-19 to conduct awareness sessions, including online training, enhancing continuity in services delivery and support (Interviews and document reviews). UNFPA also strengthened civic engagement of the youth through supporting the networks on training and building their leadership skills. This enabled increased knowledge and change in practices, including reaching communities with youth activities to eliminate discriminatory gender and socio cultural norms that affect women and girls (SIS review).

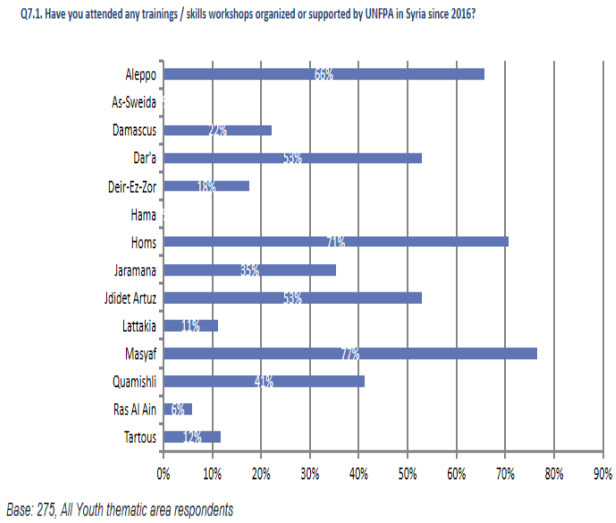
Adolescent girls' support: UNFPA employed different approaches to reach and support the displaced and crisis-affected adolescent girls in the Syrian response. To address their needs, UNFPA developed *The Adolescent Girls Strategy* in 2017, highlighting the importance of programming for adolescent girls in the country and informing programming. In addition, UNFPA conducted an in-depth analysis and documented challenges confronting adolescent girls and their far-reaching consequences for survivors, their families and communities at large. Some of these challenges include Violation of privacy, movement restrictions, child marriage, and sexual and physical violence. Through the Women and Girls' safe spaces and family protection units, UNFPA supported the affected adolescent girls, ensuring that they got help from their challenges. These services included counselling, medical support, awareness building and engagement to those in need, referrals for legal and continuous psychological support to enable them confront their challenges. The young girls' resilience and potentials were also strengthened through training them on comprehensive sexual education, peer education, advocacy, life skills, first aid, robotics

and technology through the IPs (Interviews). Further, UNFPA supports education programme for the vulnerable adolescent girls' survivors of violence in order to continue studying up to high school. The support includes literacy and reading, language (English, French and Arabic), computer and vocational skills courses, among others, including economic support to those in child marriage. These support have enabled the adolescent girls to regain their reproduction rights, improve their self-esteem and improve their wellbeing amid the effects of the crisis in the country (Interviews and Document reviews). For example, in 2020, UNFPA supported a total of 108,949 girls at risk of or affected by child marriage who receive, with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage (SIS review).

Based on all project documents shared and interviews with key government representatives, there is no evidence on how the government programmes increased their focus on adolescent girls. The evaluation team also noted limited documentation to show UNFPA's effort on advocating for prioritising adolescent girls in national policies and programmes. Survey conducted with project beneficiaries revealed that the geographical participation of the youth in training workshops varied substantially, with respondents from Mayasaf (77%), Homs (71%), and Aleppo (66%) most frequently took part in training, whereas no respondents[34] from Hama and As-Sweida took part in the training at all.

Respondents who participated in training workshops showed very high levels of satisfaction with the training programme. The majority of participants were very (65%) or quite satisfied (30%) with the training programme, with only 5% not very satisfied, and no one selecting the last option of "not satisfied at all". Those not fully satisfied mentioned two main reasons: the training duration was not sufficient (four respondents), and training content was weak (one respondent). Importantly, no one chose the other two available response options of "trainer was not good" and "training topic was not important to me". Another question showed high satisfaction with the training programme - over 99% of participants said they would recommend a friend to attend it.

Figure 15: Proportion of respondents in the A&Y thematic area who participated in training, by governorate



While the youth programme achieved a lot in strengthening the capacities of the young people to cope with the crisis situation, there are still challenges that were experienced by the programme team, in addition to the general contextual challenges facing the delivery of services. During the period, there were delays in obtaining approvals on youth AWPs affecting achievement of targets. Inadequacy of resources among the government ministries coupled with the sanctions is really having a toll on the ability of the government to fund the existing and arising youth activities. Non-prioritization of the youth activities by the government and inadequate capacities, while the needs exist hampers effectiveness in supporting the youth-related programmes (Interviews). From the analysis of programme documents and interviews, the CP had incremental focus on the adolescent and youth aspects throughout the period, but limited on reporting. There is evidence of inadequate focus in the programme, in addition to allocation of resources, including staff to address the existing needs. Due to COVID-19, accessibility of services was challenging, especially that sometimes there was complete or partial lockdowns, as well as temporary closure of facilities upon detection of COVID-19 cases among staff or beneficiaries. The work of the mobile teams became extremely limited as well

[34] Note that this is just based on the sample of people surveyed (950 respondents in all targeted cities), and it does not mean that there were no beneficiaries of training activities in Quneitra and Al-Raqqa between 2016-2018

4.2.3 Gender Equality and Women's Empowerment

EQ4: To what extent have the interventions supported by UNFPA in the field of gender contributed to: (i) Strengthened national and sub-national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence; and (ii) increased capacity to prevent gender-based violence and harmful practices and to enable the delivery of multi sectoral services, including in humanitarian settings?

As per the design of the CP, the gender equality and women's empowerment (GEWE) component has two output areas, measured by six indicators as shown in Table 16 below. UNFPA supports this component's implementation through technical capacity and systems strengthening of GBV prevention and response as well as its strategic and productive role in advocacy and leadership in GBV response coordination mechanisms in Syria. UNFPA utilized all the five modes of engagement to facilitate delivery of the component interventions

Table 13: Progress against Results and Resources Framework targets

UNFPA Strategic Plan outcome 3: Gender equality, the empowerment of women and girls, and reproductive rights are advanced in development and humanitarian settings								
Indicators	**Baseline**	**Targets**	**Yearly Achievements**					**Comments**
			2016	**2017**	**2018**	**2019**	**2020**	
Gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocation	No	Yes					Yes	
Output 1: Strengthened capacity of implementing partners to prevent and respond to gender-based violence, with a special focus on vulnerable women in humanitarian settings								
Number of facilities (safe spaces, clinics, facilities providing psychosocial services) supported to provide comprehensive gender-based violence prevention and response services	7	42	15	31	19	54	57	Target achieved and surpassed. The achievement in 2018 was influenced by a budget gap by the donor, WOS
Number of professionals trained on clinical management of rape	8	75		0	22	19	0	The target not achieved, due to the effects of COVID-19 which restricted movement and gatherings while the type of training required an in-person attendance and could not be implemented remotely through online means.
Output 2: Strengthened capacity of community leaders and young people to advocate against gender-based violence, including child, early and forced marriage								
Number of community awareness raising campaigns that promote gender equality and addressing gender-based violence	5	15	2	8	4	4	6	Target not achieved. However, the indicator does not communicate much about the performance of the programme.
Number of specialized non-governmental organizations and associations that are active in community mobilization to combat child marriage and gender-based violence	4	23	6	15	16	36	18	Target achieved and surpassed in 2019. However, UNFPA had to reduce on the number of IPs in the country due to the IPs failing to get approval from related governmental entities to open new facilities, in addition to the effects of COVID-19 which led to scale-down of IPs
Number of youth-targeted awareness campaigns addressing the issue of child, early and forced marriage	0	6	4	15	16	36	18	Target achieved

a) **Strengthened national and sub-national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence**

UNFPA contributed to strengthening of the country's gender and GBV service delivery mechanisms in building protection systems for advancing reproduction rights, promotion of gender equality and non-discrimination, and addressing GBV issues through advancing advocacy mechanisms engaging various actors both at policy and community levels, men and media targeting strengthening legal and legislative framework and gender equality. UNFPA focused on building the capacity of IPs on child marriage and GBV prevention and response, including case management and referrals.

> For the first time Syrian Government prepared a National Action Plan for UNSCR 1325 resolution on women peace and security. – ***KII participant during the CPE***

Strengthened Gender Legal and Policy Framework

In the period of review, UNFPA contributed to strengthening the gender legal and policy frameworks through concerted advocacy efforts in engagement of the government, parliamentarians and journalists. UNFPA conducted advocacy workshops with ministries (led by SCFAP), media and NGOs culminating into lifting of reservations on the Article 2[35] of CEDAW in 2017 by the government [36] which will help in amending discriminatory laws against women and girls. This had never been changed since 2003 when the country ratified CEDAW (Interviews and SIS review). UNFPA ensured this through mobilization, sensitization and leading a strong advocacy, working in collaboration with SCFAP, and involving other stakeholders through workshops and initiatives in the community. While this has been lifted, implementation of the requirement is a challenge, as there is reluctance by the policy-makers to implement it (Interviews and document reviews). There are however positive results realized at the national level, especially in recent years. For example, a new law was issued (Law 4 of 2019), amending some articles of the Personal Status Law (PSL), which was last issued on 17/09/1953. This amendment is considered a huge breakthrough and most prominent one in terms of the articles amended.

UNFPA also commissioned a study on Discriminatory Laws Against Women is being done in cooperation with SCFAP to inform on advocacy and engagement of the policy makers and programming approaches.

To further facilitate the achievement of the needed change, UNFPA developed a detailed operational plan to address the discriminatory laws according to priorities and needs. UNFPA plans to follow-up and coordinate with this SCFAP to further define the priorities, advocate for the needed change in laws and set the time frame to amend the existing discriminatory laws, including drafting of new laws, as needed (Interviews with CO staff).

Towards strengthening gender equality, UNFPA engaged the government and supported the development of development of a National Gender Equality Plan, with representatives from different government ministries who participated in a number of bilateral/group meetings, including trainings organized by UNFPA. It is however yet to be endorsed. Further, through advocacy mechanisms with the government, UNFPA contributed to ensuring the government complied with the UN Security Council Resolution 1325[37] enhancing women's participation in peace and security through drafting of the first Resolution 1325 national action plan for Syria, to implement the work plan on the resolution, and approved and ratified by the government through MoFA (Interviews). In addition, UNFPA supported capacity building for the national task force on UNSCR 1325 on women peace and security (Interviews).

Awareness raising on GBV and Child or forced marriage

[35] CEDAW Article 2: States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake measures to address them. See https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx

36 The government did partially lift the reservation on article 2 of the convention "Not inconsistent with the provisions of Islamic Sharia".

[37] The resolution reaffirms the important role of women in the prevention and resolution of conflicts, peace negotiations, peace-building, peacekeeping, humanitarian response and in post-conflict reconstruction and stresses the importance of their equal participation and full involvement in all efforts for the maintenance and promotion of peace and security. See https://www.un.org/womenwatch/osagi/wps/

UNFPA as the focal point for Gender working group in the country spearheaded awareness mechanisms aimed at enhancing gender equity and women's empowerment, including elimination of harmful practices in the society. Further, UNFPA conducted advocacy sessions with duty bearers, including religious and community leaders, and government to enhance the social norms change. UNFPA employed different mechanism to address child marriage and GBV in the community. In collaboration with other stakeholders, UNFPA supported specialized NGOs and associations active in the community through capacity building, in addition to targeting youth for awareness sessions, particularly addressing the issue of child, early and forced marriage. UNFPA also supported strengthening of capacities of service providers, mainly midwives, doctors, social workers, HIV/AIDS youth counsellors, and teachers on child marriage and comprehensive sexuality education to better address it with young people and school students including adolescent girls (document reviews). Various platforms were used, especially by the young men targeting sensitization against child or forced marriage using theatre shows, educational sessions, games, festivals, peer-to-peer and mother-to-mother approaches, among others at the community level, in addition to conducting meeting sessions with strategic partners, including the government on the need and ways to address child marriage. These actions led to the Syrian government making a voluntary commitment at Nairobi summit to reduce the child marriage, culminating into a change in the National constitution and enacting a law preventing child marriage. This also included changing the national status law raising the legal age of marriage in order for boys and girls not to be married before the age of 18 years, helping in the eliminating child marriage practices (Interviews with CO staff and document review). While there is good progress made on the age limit for marriage, addressing child or forced marriage in Syria, this may have challenges, especially in the rural areas, due to economic challenges where families marry of their daughters for economic gains (Interviews).

UNFPA also supported the GBV IPs to enhance advocacy campaigns including commemorating international days like International Women Day, early marriage and 16 days of Activisms, across the governorates with involvement of authorities and in coordination among UN agencies (UNFPA, UNHCR, UNICEF and UNDP), using different communication methods to send GBV messages including direct awareness sessions, interviews/surveys about the community perceptions, brochures, interactive theatres, marathons, bazar for WGSS products, display of videos, sharing of personal experiences of women succeeded to overcome the negative effect of child marriages among other activities. These contributed to increased knowledge of GBV and how to prevent and respond to it.

> Currently, when a father sees his daughter having skills and supporting him, he feels more opportunities should be given to the girls. During awareness feedback sessions, they declare never to allow their daughters to be married early before they acquire skills. Most times they request for admission of their girls for vocational skills training – ***KII participant during the CPE***

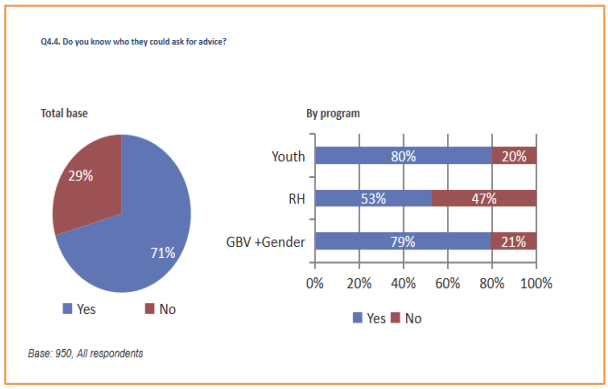
Interviews with stakeholders confirmed that the advocacy efforts on empowerment of women and girls are slowly yielding results, with parents allowing their children to go to school in addition to allowing them to acquire technical skills, a situation that could never be witnessed before the awareness raising mechanisms.

Male involvement: UNFPA, in collaboration with MoSAL, rehabilitated dilapidated buildings previously used as community centres by the government and making them functional as community wellbeing centres (CWC), with the staff are trained on various aspects, like PSS, GBV, advocacy, among others, with UNFPA providing financial and technical support to MoSAL to manage them. Managed under the CO's GBV unit, these have strengthened male, particularly young men, involvement in addressing social norms perpetuating GBV and discrimination against women and girls. The facilities have services such as PSS, Case management, Paediatric services and having a clinic for men. Through the male engagement in these centres, they have been sensitized on GBV as a culture, its effects on girls and women and how to prevent it, including response. The men are also sensitized on early marriage, FP and other RH. In this arrangement, men are engaged in the CP activities as agents of change, sensitizing the communities on the effects of early marriage, GBV and how to prevent it, in addition to the available services, including RH. This was confirmed during interviews to have led to changes in perceptions among the community members on GBV and discrimination of women and girls, including other harmful practices such as

child or forced marriage. Further, these centres have enabled the young people, particularly adolescent girls and women to access vocational skills training, in addition to enabling the men to access quality PSS services in a dignified and confidential manner and at no fee, as previously they did not have anywhere to go to, and if they went to the doctor they would be changed which was a challenge because of the hard economic times in Syria (Interviews and document review). Through supporting a men's club in this facility where they participate in recreational activities and discussions on GBV and RH and followed by a debate, with interest increasing towards this based on the debates and engagements (Interviews by the CO staff).

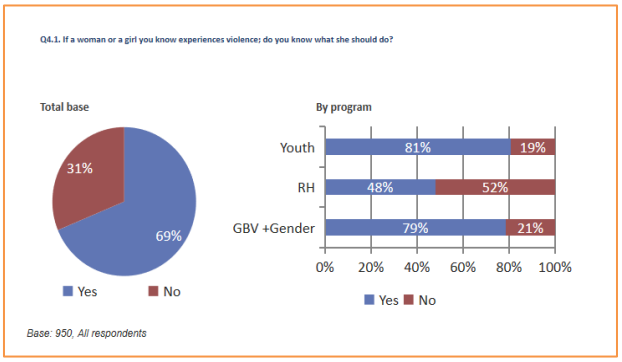
To understand the extent to which some of the GBV awareness-raising activities undertaken by UNFPA were effective, the beneficiaries were asked about their level of awareness of how to react to GBV situations. Based on the survey results, the majority of respondents reported that they knew how to handle situations related to GBV.[38] Nearly seven in ten respondents (69%) of the respondents know what to do if someone they know experiences violence. Similar proportions are observed in nearly all questions about awareness of the services that are available for GBV survivors: 74% know where they can get help; 71% know who could provide advice; 74% know what facility to recommend being visited to get help. Only the last question, asking who is capable of helping the survivor, yielded positive results from 53% of respondents.

Figure 16: Beneficiary awareness of responding to GBV, by thematic area



[38] Given the sensitivity of the topic from the viewpoint of personal experience of respondents, questions were not asked directly about their experience with the violence. Rather, the beneficiaries were asked indirect questions about whether they would know what to do and how to handle situations of GBV if someone they know would be subject to it.

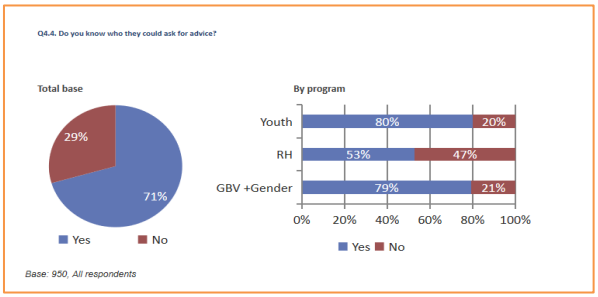
Figure 17: Beneficiary awareness of where to get help in case of GBV, by thematic area



From the survey results, the respondents' awareness of where to get advice in case of GBV is high, and the difference between respondents in different thematic areas is evident as shown in the table below. Respondents from the GBV and women's empowerment and youth and adolescents' thematic areas are more knowledgeable than the respondents interviewed in the SRH thematic area, which emphasizes the effectiveness of the training sessions in which the beneficiaries of these thematic areas of programming participated.

As in the preceding questions, four in five respondents from GBV and women's empowerment and adolescents and youth thematic areas know where to seek advice for a survivor of GBV (79% and 80%, respectively), while just about over half of the SRH respondents do (53%) as shown in the table below.

Figure 18: Beneficiary awareness of where to seek advice in case of GBV, by thematic area



Evidence based on secondary data drawn from a wide range of reports and project documents as well as feedback from the interviews conducted with government representatives and other United Nations agencies show that the UNFPA Syria CO took the lead in training the different GBV actors

within Syria as part of its efforts to strengthen national capacity to provide GBV services. However, IP respondents[39] reported that UNFPA sometimes enforces activities, work plans and staff members without considering the cultural context of the area where activities are implemented or the IP staff and work preferences of IPs. Topics such as the adolescent and youth and GBV programmes, especially when it comes to issues related to awareness-raising sessions on sexual health and child marriage are considered sensitive and some IPs reported that the communities never wanted to participate in the topics, including sometimes threats on their security and safety and attack especially in the militant-controlled areas.

This shows that despite all efforts made by the UNFPA Syria CO to advance gender equality and address GBV among communities by building sub-national capacities to prevent GBV and other harmful practices and making multi-sectoral services available for GBV survivors, insecurity in some areas and the stigma around GBV sill create barriers that prevent women and girls from accessing these services. The fear of reprisals alone presents a major impediment for survivors to seek life-saving support. IPs reported extreme difficulties for survivors accessing services, and the service providers often face dangers if openly recognized as supporting GBV survivors.

b) Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multi sectoral services, including in humanitarian settings

Multisectoral Service Delivery

During the period of evaluation, UNFPA contributed to enhancing the capacity of the country to enable delivery of multisectoral services through the establishment and equipment of the Women and Girls safe spaces (WGSS), Family Protection Units (FPU) and Community Wellbeing Centres (CWC)[40], in addition to enhancing service delivery to the affected populations.

UNFPA supported the expansion of WGSS from 7 in 2016 to 57 facilities in 2020. The WGSS enabled the GBV survivors to access multi-sectoral lifesaving services including psychosocial support, legal aid, medical support, dignity kits support, awareness raising, GBV case management, vocational and referrals for services not available in the centres, and rehabilitate them to integrate into the society again after the trauma. These spaces provided an entry point comprehensive and integrated RH and GBV services including ensuring close follow-up by the service providers across the target locations in the country. In addition, the WGCs enabled the GBV survivors to access PSS and able to express themselves without any social stigma or harm, especially for the women and girls (Interviews and Document reviews). Key to note that two mobile clinics work around each WGSS with a midwife per clinic to provide integrated services and sensitize communities during outreaches on the services available in the facilities. Awareness sessions held at the WGSS were participatory led by GBV Case manager and based on topics suggested by the participants through a suggestion box, contributing to the enhancement of their knowledge on issues of interest (interviews). For example, In 2018, the UNFPA GBV and women's empowerment programme reached 12.200 female and 1922 male beneficiaries. GBV services were delivered to 493 000 females and 75 800 males, and the adolescents and youth programme reached 81.300 female and 54. 500 male beneficiaries[41]. Communities were also engaged to ensure that women and girls attend the sessions, including promotion of access to services for the person with disabilities (PWDs) in a safe environment.

To ensure effectiveness of the WGSS, UNFPA developed mechanisms for monitoring of the activities through a monitoring checklist and given to third party monitors who conduct either monthly or quarterly monitoring, depending on accessibility of the locations of the facilities, and provide feedback to UNFPA. The third party monitoring has also been enhanced during the COVID-19 pandemic period. These also provide a basis for strengthening of capacities of the partners on the weak areas reported (Interviews of the CO staff and SIS review). UNFPA also supported the IPs to continue providing GBV response and prevention services including information dissemination on COVID-19 in line with the guidelines on programme adaptation during COVID-19.

At the WGSS, UNFPA has also enabled socio-economic empowerment of the affected women and girls through supporting them access technical and vocational skills in hairdressing, catering, tailoring and dressmaking, and others. After training, the beneficiaries are supported with start-

[39] KII with IPs.

[40] SIS reviews

[41] Annual achievement reports 2018.

up kits to enable them initiate their businesses from the skills gained, which are strengthening and improving the social status of women and girls in their respective communities. The WGSS also provide recreational spaces for clubs for women and adolescent girls meet to express themselves, take part is sports, reading and learn other outdoor activities like theatre, in coordination with the youth programmes. Further, the WGSS have kindergartens for the survivors' children as they do not have resources to register them in day-care support as they visit the WGSS for services. These kindergartens are supervised by PSS counsellors, making the women feel safe to leave their children to the centres (Interviews with CO).

Through advocacy and in collaboration with MoSAL and SCFAP, under the leadership of UNFPA in the GBV sub-sector supported establishment and operation of **FPU** providing comprehensive GBV services including two shelters for women and children ensuring accountability of the government towards GBV prevention and response in the humanitarian setting. The FRUs have enabled GBV survivors to temporary stay for safety and away from security risks, and supported the women and girls to receive social support, information on women's rights and health, and multi-sectorial GBV services.

Case Management: During the period of review, UNFPA financially and technically contributed to strengthening the GBV case management processes in the country. UNFPA supported training of GBV case managers on handling of GBV cases and enhanced referrals of GBV cases from the WGSS, FRU and communities. Together with members of the GBV sub-sector, UNFPA supported the mapping of services across the country to enhance service access by the survivors (Interviews with CO and document review). To enhance standardization and quality of GBV services being provided, UNFPA, as the sub-sector leader supported finalization of the GBV standard operating procedures (SOPs), which is however yet to be launched as the approval have not been provided by the government, including the referral pathway.

GBV case management is also affected by lack of standardised of the **information management system** (**IMS**) as it is not approved by the government, leading to disjointed response as the partners are currently using their own forms which are compiled on a quarterly basis to establish the status of response. With these limitations, UNFPA through the Sub-sector leadership ensure minimum standards are shared among members to ensure confidentiality and protection of information about the cases profiled (Interviews and document reviews). GBV case management is Syria is also affected by the legal (government) restrictions on handling of rape cases where the law requires that the cases should be reported immediately reported to the police, failure to which leads to prosecution, with medical workers like doctors getting punished, including deregistration. This leads to women and girls going not going to government hospitals for fear of stigmatization.

During the period, UNFPA contributed to the development of the clinical management of rape (CMR) guideline, but this is yet to be approved since 2016 as the reporting is still limited by the law requiring reporting to the police; and evidence part that can only be done by forensic doctors who are very few due to the crisis as some went out of the country (interviews with CO staff and SIS and document reviews). UNFPA is however working with the MoH to allow gynaecologists to also do this, but still yet to be approved too. Access to legal consultation by the GBV services is also limited at the moment as the government stopped the UN agencies from providing this service and identified Syria Trust to receive all the referrals for legal cases, but this is limiting as they are not in all the governorates. UNFPA and stakeholders however collaborates with the Syrian Trust staff to integrate them in the mobile outreaches so as to create awareness on the availability of the services (interviews with CO staff). To remedy the limitation occasioned by the delay in approval of the referral pathway by the government, UNFPA started a referral pathway system in Syria for all its IPs and stakeholders and continue to encourage them to use it both internally and externally for provision of comprehensive services. Services for women with disabilities are also catered for in this process and emergency standards and tools to support the women with disabilities to reach and get services from the WGSS are also in place Interviews and document review). Other challenges include security conditions and limited IP capacity affecting accessibility, effectiveness and quality of services; and underreporting due to the sensitivity of the GBV issues and related fear of stigma, retaliation and lack of trust of the services (interviews and document reviews).

UNFPA also strengthened access to MHPSS during the period through supporting establishment and capacity building on a network of PSS service

providers[42] from different governorates to provide services across the country. These particularly ensured psychological wellbeing of groups at risk such as women, girls, youth and adolescents, in addition to promoting healing and cohesion for GBV survivors and their communities, as well as those affected by conflict and disasters, including COVID-19. UNFPA also ensured integration of PSS into the GBV and SRH services provided in all the facilities supported through training of health service providers and case managers on PSS (Interviews and SIS review).

In addition, UNFPA enhanced access to integrated RH and GBV services through procuring and distribution of dignity kits to the affected populations, especially IDPs. The kits procured and distributed included female dignity kits, winterized female dignity kit, male dignity kits, pregnant and lactating women and adolescent girls' RH kits, winterize protection kits, sanitary napkins, in addition to start-up kit distributed to the graduated women for the vocational trainings. The dignity kits were distributed through the GBV IPs and SARC, targeting mainly the IDPs, ensuring that people in need accessed lifesaving RH and GBV services in an integrated manner (SIS review). In the period of coverage, UNFPA technically and financially supported capacity enhancement of the national stakeholders and staff the provision of comprehensive in order to adequately respond to the needs of GBV survivors and contribute to an improved and strengthening the skills of the service providers for more qualified services response.

GBV sub-Sector and multisectoral Coordination

UNFPA contributed to strengthening of multisectoral coordination and referrals mechanism among the GBV key actors through chairing of the GBV Sub-Sector (GBV SS) both at national level and GBV working groups at subnational level. With a membership of over 60 entities, the GBV sub-sector includes national NGOs, INGOs, UN agencies and SCFAP as government representation. UNFPA as a co-chair of the GBV SS, technically and financially supported regular meetings with key issues on GBV discussed, informing programme in the various areas of responsibility both at national and subnational levels, including in Damascus, Homs, Hama, Aleppo and DEZ, with the GBV focal points in the other governorates are attending the joint protection meetings and present the GBV needs and concerns (Interviews and SIS reviews).

Through UNFPA's leadership of the GBV SS, there has been heightened advocacy to address GBV in the country, particularly in the humanitarian sector, including ensuring coordination and mainstreaming of GBV in the Humanitarian Needs Overview (HNO) assessment and allocation of more resources in the humanitarian response plan (HRP) reflecting GBV concerns and needs with its activities, indicators and targets, and ensured this through its participation in the HRP committee, Humanitarian Fund committee and vetting of projects. The GBV SS also support the members to report through the 4Ws and compile the reports in order to fill the GBV gaps and assess the needs (Interviews and document reviews). GBV SS enhanced service delivery through service mapping and coordinating training of humanitarian actors, ensuring women, girls, men and boys benefited from GBV prevention and response activities. In 2018, the GBV SS and Health sector based in Damascus were chosen by global GBV AOR for being the best practice on coordination among sectors manifesting its effectiveness in ensuring delivery of its functions through coordination. The coordination mechanisms also enabled leveraging resources and partnerships ensuring that areas of gaps were prioritized for response by the partners, in addition to eliminating duplication of effort among the actors addressing GBV and maximizing achievement with the available resources (interviews and document review).

The GBV SS also contributed to strengthening service delivery through supporting the development GBV SOPs in coordination with MoSAL which was ready by 2018 for endorsement by the government. This has however not been endorsed, though signed by the GBV SS members, limiting its utilization across the country. The GBV SS also developed the capacities of the sector[43] partners across the Country on 2015 Inter-Agency Standing Committee (IASC) GBV guidelines with most of the sectors developing a checklist to ensure compliance (SIS review).
The GBV SS coordination mechanism among the partners also strengthened advocacy on key issues of priority, in addition to enhancing awareness of GBV as a human rights violation, in addition to

[42] In 2020 the number of PSS providers in the network was 186

[43] The sectors involved were Health, NFI, shelter, WASH, Food, Nutrition, Protection

strengthening the capacities of the various actors for effective prevention and response (Interviews and CO staff).

Even though great strides have been made in strengthen capacities and service delivery on GBV and gender equality, there are inherent factors likely to affect the achievements of the programme. Given the entrenched contextual factors like the social norms, especially the tradition beliefs and perceptions on the position of a woman in the society, the changes may take time to be realized. The perceived sensitivity of the topics of discussion like child marriage and GBV may also hamper achievement of results. The cooperation and support of the government, especially in the endorsement and implementation of the laws, SOPs and guidelines also require some work of advocacy. Inadequate capacities within the government and IPs is also likely to affect the results.

4.2.4 Population and development

As per the design of the CP, the population and development (P&D) component is integrated into both the SRH and GEWE components. This was mostly due to the context which has been focused on life saving in the humanitarian context at the time of the design, while the PD is associated with long term interventions (CPD review and Interviews with CO staff). To that effect, the component does not have any output or indicator allocated or achievement in the results and resources framework. UNFPA implemented this component in partnership with the Central Bureau of Statistics (CBS) and the SCFAP. CBS is responsible for generation of data for programme and policy formulation, while SCFAP is responsible for population issues in the country. On the other hand, UNFPA is a member of the Population Data Taskforce led by UNOCHA.

UNFPA contributed in the availability of data for decision-making in programme formulation. In a joint collaboration with UNHCR, UNDP, and WFP, UNFPA contributed in conducted a research study on "*Gender Barriers, Social and Cultural Factors Affecting Women and Youth Accessibility to and Employability in Labour Market*", which recommended drafting of an action plan which was drafted for further discussion with the national stakeholders for decision-making towards identifying national priorities. Further, *"Protection Needs Assessment for Older People within The Humanitarian Crisis"* jointly conducted with UNDP, UNHCR, UNFPA and informed the development of strategy for older people, feeding into national priorities. It is however not clear on any specific project or interventions targeting older people by the CP or the country, due to this needs assessment (document reviews).

During the period, UNFPA provided technical assistance to CBS on the use of population-related data and support for assessments, enhancing utilization of data for decision-making. Further, UNFPA supported three governorates to developed population policies, contributing to strengthening ICPD commitments and data generation for the humanitarian response, especially in utilization of data at the local level. UNFPA also worked with the Ministry of Local Administration and Environment, and contributed to enhancing the capacity of the governorates on integration of population issues at the local levels (interviews with CO staff). In the humanitarian response, UNFPA strengthened the capacity of the country in establishing datasets for reference in supporting operations and decision-making by the actors through engagement of CBS in securing a common operational data (COD) set on population statistics generated from surveys conducted. This was used in supporting the HNO for 2019 (SIS reviews and Interviews). At the time of the CPE, UNFPA was hiring a consultant to support the country in writing the State of Population Report for Syria, to capture the social aspects of development at national level including RH, Gender, Youth and demographic issues like IDPs, Returnees among others (Interviews with CO staff and Document reviews). This will bridge the gap in utilizing outdated data[44] for decision-making, including policy formulation in the country.

Towards strengthening the technical capacity of CBS in data generation by training bother population and economic statistical units on sampling design and assembling missing data, skills that they have replicated in designing and conducting other surveys (Interviews and document review). In 2019, UNFPA, through South-South Cooperation trained 25 CBS statistical professionals on CSPro coordinated by the UNFPA regional office, Arab States Regional

[44] The last State of Population Report was done in 2008 by UNICEF

Office (ASRO), in addition to training them on estimation methodologies and statistical analysis. UNFPA facilitated a regional workshop with ASRO and Economic and Social Commission for Western Asia (ESCOWA) on census management, attended by CBS[45]. The CBS statistical capacity was also planned for assessed in coordination with UNFPA ASRO and ESCOWA, establishing the existing gaps in utilizing statistical system, and establish how they were going to support them on data collection. While the assessment on statistical systems could not take place due to COVID-19 effects, equipment including laptops, software, photocopiers, generator for electricity, were secured for the Statistical System in support of census (Interviews with CO staff and document review).

UNFPA, together with UNICEF, WHO, UNDP, UNHCR, as a member of the technical committee for the UN agencies, also contributed in supporting the CBS in the conducting of Socio-Demographic Survey (SDS). This support was however limited to review of the survey questionnaire, feedback which was also reported through interviews not to have been completely incorporated by CBS. While the results of the survey were disseminating in 2020, there were data missing not shared, limiting the extent to which the report could be used. However, despite that CBS prepared a disaggregated data used to measure more than 70% of the sustainable development indicators (SIS 2019). Given that it is the only large scale data collected in the country since the crisis took place, the results will be important in guiding the government and development partners, including the United Nations organizations in Syria for informing development and humanitarian response decisions. Notable is the use of the data for reporting on SDG indicators and use in the development of Syria Vision 2030. There is however a limitation on access to the survey results shared as population and survey data was still considered as a national security issue and therefore classified and not easily available for access and use.

UNFPA supported capacity building on ICPD-based SDG through training the SDG subcommittee on how to measure the indicators from national up to the local level. In addition, the component was also supposed to support the SCFAP in the integration of the ICPD into its programme activities, aimed at improving research and policy management, but this could not materialize as SCFAP was not available for the training (Interviews). In marking the ICPD@25 commemoration, UNFPA Syria supported the government and related institutions, like MoFA, MoSAL, National Population Council, Parliament, among others, in attending the Nairobi Summit on ICPD to assess the progress made on the Programme of Action. This culminated into the Syrian government making voluntary commitments towards accelerating the ICPD 25 to end unmet family planning needs, reduce the preventable maternal death and reduce child or forced marriage, with UNFPA supporting the government in developing a work plan to implement the commitments (Interviews and SIS reviews). UNFPA also conducted advocacy and conducted follow-ups to ensure that Post-Nairobi actions in the ICPD@25 commitments were implemented at national level, in addition to technically and financially supporting and coordinating with the national partners on integration of national commitments on ICPD25 and the design of the Voluntary National Reviews Report (SIS reviews). Due to inadequate capacities in the country on demography, UNFPA has expanded partnership to include two universities to collaborate with them in increasing awareness on the SDGs and ICPD, in addition to working on integration of ICPD into the curriculum to ensure sustainability (interviews with CO staff). In addition, UNFPA is utilizing this partnership to support the students in data collection, analysis and how to cover the data gaps through writing research papers, including disaggregated data (CO staff interviews).

UNFPA is a member of the Population Data Taskforce chaired by UNOCHA, and contributed technical on issues of data, especially in the humanitarian data generation. Further, UNFPA is also a member of SDG taskforce for all UN agencies chaired by UNDP and coordinates implementation of SDGs and the production of voluntary national review report on SDG in Syria. This cooperation also faced difficulties, especially with the government's reluctance to share information, and ultimately less progress was made than planned.

Given the context of implementation, UNFPA has made strides in strengthening the capacities of various entities in data generation, built technical

[45] Due to the difficulties in receiving visa issues in time, the CBS were not able to participate in workshop on census management conducted in Amman facilitated by ASRO and ESCOWA.

skills, coordination and advanced the implementation of the Post-Nairobi ICPD commitments, data management system in the country still remains a challenge. Data collection, dissemination and use is not effective. While UNFPA was successful in strengthening the capacity of the country, especially in strengthening their knowledge in SDGs and ICPD, Capacity building for CBS targeted only the staff of CBS and did not involve other relevant statistics and planning staff in line ministries or post graduate students. Access to reliable population data remains a challenge, locations, capacity of the government is wanting, especially for the SCFAP, which is yet to be trained. It is even harder to access data on youth, women and girls to RH and GBV services in the hard-to-reach and besieged areas. Most data are forecasted based on assumptions and estimations which might not be accurate in responding to the real needs or population. profiles Reluctance by the government institutions to support ensure transparency in data generation due to sensitivity that arises with data collection due to the crisis, suspicions and the sanctions still hamper generation of data for policy and programming formulation. The humanitarian context also hinders development focus on generating statistics for decision making. while UNFPA made efforts in strengthening processes, there is little to show integration of population issues into policy formulation and programming, especially at the local level.

4.3 Efficiency

EQ5: To what extent have the intervention mechanisms fostered or hindered the achievement of the CP outputs?
EQ6: To what extent has UNFPA made good use of its human, financial and technical resources in pursuing the achievement of the results defined in the CP?

4.3.1 Intervention mechanism

The evaluation finds that UNFPA's work was highly efficient in some areas, but inefficient in other areas.
Efficiency of the programme was achieved from UNFPA's adaptability to develop from a more long-term oriented development actor into a humanitarian actor in Syria, providing often emergency response and short-term support measures unusual in other countries and contexts for UNFPA's work. UNFPA was able to grow into a highly visible humanitarian actor in Syria and implementing its work "at the humanitarian frontline"[46] and the evaluation agrees with this positive characterisation, leading to buy-in by the beneficiaries. Flexibility in response and being able to quickly respond and adapt to new realities on the ground made it easier for the programme to achieve its results in an efficient manner. For example, whenever new territory was accessible, UNFPA quickly moved to open new sub-offices in those areas to coordinate its work (Interviews).

Integration approaches to the implementation of the CP component interventions enhances its efficiency in the delivery of the service. For example, UNFPA Syria provides integrated RH and GBV services through the mobile clinics in addition to the other static service points enhancing achievement of complementary results with fewer resources. UNFPA has ensured that even the Midwives providing RH services are also trained on GBV and are able to disseminate information on the same. This is also the same case with case management staff who are also trained on RH issues and are able to provide the same messages (Interviews). In the WGSS, UNFPA supports provision of integrated RH and GBV services, ensuring that results are accrued in both components. At the same time, the Adolescent and Youth programmes also integrates RH and GBV, including the young people being at the forefront in conducting advocacy on RH and GBV, aimed at increasing awareness, enhance demand creation for services, like family planning, and elimination of harmful practices like child marriage (Interviews and Document reviews).

UNFPA has a strong comparative advantage within the UNCT, particularly in the AoR, being able to articulate the needs and influence design and inclusion of indicators in programmes to effectively measure the aspects of performance. As a key member of the UNCT, actively participating in a total of 10 results groups within the UNCT, as well as in joint assessments, analyses and reporting

[46] The point was made by several interviewees, one is quoted here for illustrative purposes.

conducted within the country, contributes to CP efficiency (interviews and document reviews). In addition, UNFPA was able to mobilize funds able to sufficiently finance the CP operations was also a contributing factor of efficiency. This was also contributed to by the good relationship that UNFPA has with the donors, in addition to having long term support by some donors, like the Canadian government in the humanitarian response.

Partnership: An important aspect in ensuring efficiency in the work that UNFPA undertakes is the selection of IPs. IPs play a crucial role in UNFPA's work, as most of the work is implemented through them. They run health facilities, distribute humanitarian support and provide capacity building to beneficiaries (Interviews and document reviews). Partnerships enhanced wider reach of the UNFPA programme to the deserving and vulnerable populations. Identifying capable and reliable implementing partners has however been and continues to be a challenge. UNFPA staff expressed "constant concerns about quality, targeting and skills" of implementing partners. But given the circumstances, UNFPA has been doing well, especially ensuring that the IPs are taken through continuous capacity strengthening, including on-the-job-training to ensure effectiveness. Under standard UNFPA procedures, public calls would be launched, and a tender selection process would identify the best and most capable applicants for implementation of UNFPA's work. In the Syrian context, however, emergency procedures have been used and implementing partners did not go through a competitive application process in the period covered by this evaluation. In addition, the Syrian government is vetting IPs (Interviews). UNFPA also partnered with organizations with different capacities, including some with international reputation like the International Planned Parenthood Federation and Rec Cross Society providng quality services and enhancing coverage (Interviews)

While some implementing partners have a well-developed structure and long-standing experience, newer IPs sometimes struggle to meet requirements concerning project implementation, monitoring and evaluation, admin and accounting. However, UNFPA Syria CO has an elaborate capacity building approaches to ensure that the IPs deliver in their mandate. This is an area that the respondents recognized as a strong area that UNFPA Syria CO excelled in. UNFPA also experienced high staff turnover from the IPs and government limiting the effectiveness in training as most of the times they would be training new staff (interviews). Some IPs also face constant problems with access and permissions/approval to conduct their work by the government authorities, leading to delays in the implementation of the AWPs. Delays in payments from UNFPA and signing of the AWPs to the IPs were mentioned as affecting efficiency. UNFPA however endeavoured to start the AWP process earlier in the year to ensure that there were no delays (interviews). On the other hand, this came with a challenge of funding, where at the beginning of the year, they would have to wait for the donors to confirm availability of funds so as to sign AWPs. While interviews with UNFPA staff showed that there was a risk in this process, they would however as the IPs to pre-finance lifesaving activities and then they would be reimbursed once the donor funds, enhancing continuity of the interventions and strengthening trust in the services.

UNFPA has strong and trusted relationships with the government authorities in the country and donors. Most respondents appreciated the high degree of trust in the work of UNFPA, its management and staff. Donors regularly reported being in regular contact with UNFPA, either when visiting Damascus or in Beirut and Amman. They regularly use UNFPA achievements as examples for their own reporting purposes and expressed satisfaction with the reporting they receive from UNFPA. Government counterparts also expressed appreciation for a long-established work relationship with UNFPA, going back to the 1970s when UNFPA started working in Syria. Gender mainstreaming is an important topic, both for UNFPA and its donors. On the other hand, through ensuring that gender was mainstreamed across programmes, especially among the UN agencies, enhanced performance in the AoR given the reports captured, and this also facilitated achievement of the results through the mainstreaming efforts (Interviews).

UNFPA also utilized South-South cooperation to implement its programme activities contributing to efficiency in the implementation processes. For example, UNFPA Syria got technical support from the ASRO to improve the quality of CO AWPs and it reporting; enhanced programme strategy by supporting strategic alignment with objectives of SP, UNSF and HRP as well as relevant global frameworks and SC Resolutions, such as SRC 1325 (Women, Peace and Security), Youth Peace

and Security, among others (interviews and SIS reviews). The ASRO also facilitated PD-related training to the CBS and staff of UNFPA Syria, which contributed to enhancing the capacity of the staff in delivering the quality of CP delivery (document review and interviews). UNFPA Syria, in collaboration with UNFPA Armenia, facilitated a visit for two MoH staff to the Fertility Centre of Armenia for a theoretical and practical skills in assisted reproductive medicine and embryology for replication in Syria. UNFPA Syria also through the support of UNFPA Iran facilitated a study tour of 16 MoH Syria staff from the RH department and Midwifery school and UNFPA Syria RH staff, to Iran for the team to learn from the Iranian best practice in RH programme management including improve midwifery role in emergencies, Family planning and comprehensive RH services in crisis. This study tour culminated into an action plan on the implementation process for the learning points. It is however clear how effective this was implemented (Document reviews).

A constant theme in nearly all interviews and in many documents were **delays in getting government approvals** and **problems with access to relevant target** locations. Most of UNFPA's work in Syria requires government approval, e.g. for field missions, monitoring visits, research and data collection, oversight visits to facilities, external evaluations, deployment of international staff, as well as participation of government officials in UNFPA-supported training workshops both in Syria and outside. Most approval processes were substantially delayed and hampered the work of UNFPA and its efficiency. In many cases, even essential permissions were not granted, often without an explanation. For example, the monitoring and evaluation team of UNFPA, although submitting dozens of requests for field missions, was only granted permission once in 2018. UNFPA, in cooperation with other United Nations agencies, has made numerous efforts to improve this situation through seeking government's support for approvals, however, interviews indicate that that no substantial progress has been made. Some of the reasons for the delays, and sometimes rejections for approval requests are lack of capacity and resources at the approving ministry level, especially brought about by frequent staff changes in the ministry limiting understanding of the humanitarian and development programme implementation processes, coming about the humanitarian crisis. At times, protection of security of the UN and IP staff and long processes of vetting for international staff are often provided as the reason for rejection, which is usually unverifiable by the UN or IP staff. The sanctions against Syria significantly influence and delay the work of the United Nations agencies, including UNFPA, especially due to the due diligence that has to be done against the suppliers.

Monitoring and Evaluation

The CPE assessed the M&E systems to examine the efficiency and observed good systems in place for planning and monitoring processes, including data collection as well as for the reporting on results. The CPE team noted that UNFPA has a global web-based SIS for annual reporting and compliance monitoring system, enabling the CO to plan, monitor and report; and is integrated with the regional, and headquarter offices for capturing results of the CP by outcome area, but at activity level. Annual review and planning with all the IPs and stakeholders, including government, takes place at the end of each year to review progress towards achieving annual results and planning for the programme priority areas. There is also evidence of evaluation for projects being conducted by the organization and the recommendations being taken into consideration in the development and implementation of programmes. For example, in the design of the CP, UNFPA utilized the results of the CPE for the 7th CP, informing the strategies of the programme (document reviews and interviews with CO staff).

Interviews with the M&E staff also indicated that UNFPA had staff handling the M&E functions, and has grown over the period of review to five from a paltry two at the beginning of the CP. In addition, to complement the movement restrictions within the country with frequent denial for permission field missions for UN staff by the government, UNFPA has field third party staff, providing remote monitoring on programme interventions, in addition to making follow-ups on progress of programmes in the field, in consultation with the programme teams. The third party monitories were however guided by different data tools, including checklists to guide on the feedback to be collected. Further, the programme teams also conduct monitoring activities for the component-related interventions (Interviews and SIS review). Evidence shows that the field coordinator and staff conduct field visits in coordination with the programme team and finding out how the programmes were being implemented, including recommendation on how the programme is being implemented. Interviews also indicated that the M&E data are collected and reported disaggregated

by sex and gender. It was however not prominent in the reports. However, the programme approaches where the men and boys were involved in addressing gender-related challenges for the women in the country was well captured (SIS review). UNFPA also organizes Annual Impact Assessment in the programme locations through the use of client feedback forms, key informant interviews with service providers and FGDs with beneficiaries with feedback used to support planning processes for the programme (Interviews with CO staff). Reviewing the SIS reports however indicate little focus on results level reporting, especially showing the changes that have occurred due to CP interventions. Further, interviews also indicated that the donors were also interested on how the data from the field were being used to inform the programme. Interviews with staff also indicated that the IP capacities were weaker on M&E, limiting the levels of communication of performance, and since the UNFPA M&E team's movement is restricted, this limited the extent of details communicated on the CP's achievement.

COVID-19 response: At the onset of COVID-19 pandemic and in order to ensure the programme continuity, UNFPA supported measures like shifting awareness sessions to social media (Facebook, short videos and SMS messages), procurement of PPEs and medical equipment like ventilators, capacity built service providers on safety and prevention approaches on the pandemic, and changing to provision of some of the services, like PSS, online. UNFPA also supported, in collaboration with Ministries of Health and Information in development of messages and dissemination on COVID-19 infection, prevention and control. These facilitated continued service provision during the period, amid restrictions and reduced movement of target populations (Interviews and SIS review).

4.3.2 Human, financial and technical resources

UNFPA Syria has used the Fast Track Procedures (FTP)[47] since the start of the crisis in 2011, and during the whole evaluation period. This helped UNFPA to improve its efficiency. FTPs were designed to facilitate faster responses through greater delegation of authority and flexibility in the standard policies and procedures; a UNFPA staff said "Fast Track Procedures allow us to do a lot of things quickly without going through the full cycle"[48]. FPTs were also applied to recruitment of staff and selection of IPs.

In terms of post vacancies, between 8% and 17% of posts were vacant during the period under review. There was in total one surge deployment during the period under review, in 2018. For each year between 2016 and 2018, staff vacancies were as follows:

***Table 14**: Number of vacant and filled posts in UNFPA, by year*

Year	Filled posts	Vacant posts	Total number of posts	Vacancy (%)
2016	33	5	38	13.16
2017	63	13	76	17.11
2018	76	7	83	8.43

Interviews with UNFPA staff indicated that UNFPA's capacity to improve efficiency of the procurement of consultancy services and recruitment of personnel was impeded by insufficient human resources and inadequate technical capacity in human resource management, as well as a lack of flexibility in the application procedures and the need for government authorisations and approvals, which resulted in significant delays. [49] Ongoing challenges in securing visas affected the ability of UNFPA to maintain existing international staff and bring in new staff and consultants from abroad. These bureaucratic obstacles are further exacerbated by delays in identifying and deploying staff.

The evidence from FGDs with IPs suggests that the coordination between IPs and UNFPA staff is not fully efficient. The majority of respondents in all targeted areas stressed that they are facing several challenges with UNFPA work due to the lack of staff availability and delayed reactions to their requests in emergency situations, as well as weak coordination between the main office in Damascus and the sub-offices in the governorates. This has reflected negatively on the effectiveness and efficiency of IP' work on the ground. The opinion, shared by many and expressed in similar ways, is

[47] The Fast Track Procedures (FTPs)are a set of procedures that offer UNFPA country offices in special situations greater delegation of authority and flexibility in specific programme and operational areas for a time-bound period. They represent a modification to the standard policies and procedures in the PPM and are designed to facilitate a rapid response to country demands. In Syria, for example, they were used to select IPs directly, instead of going through a longer tender and selection process.

[48] KII with UNFPA staff.

[49] From the KIIs, the IPs reported that the delay in UNFPA payments caused a heavy burden on their budgets, especially for the organisations that are fully supported by UNFPA.

well-captured by a statement of one FGD participant who noted that "UNFPA appears to be operating above its capacity. It enters into many partnerships on various programmes, and on a wide geographical scope, leading to weak coordination, communication, monitoring and evaluation of these partnerships. This affected the efficiency and effectiveness of our programmes and damages UNFPA's reputation, and its credibility".[50]

For its financial expenditure rate, UNFPA has performed very well in 2016 and 2018, with 99% of available budget spent in 2016 and 97% spent in 2018. In 2017, UNFPA was able to spend 78% of available budget. For the RH component, UNFPA has consistently received and spent more money each year between 2016 and 2018, increasing from 5.803 million USD in 2016 to 12.447 million USD in 2018. While 97% were spent in 2016 and 99% were spent in 2018, only 66% could be spent in 2017. For GBV, UNFPA has received substantial increases in budget each year, with 2.89 million USD in 2016, 8.26 million USD in 2017 and 16.57 million USD in 2018. It was able to spend 68%, 84% and 101% respectively in 2016, 2017 and 2018. For youth, UNFPA saw a strong budget increase between 2016 and 2017 from 165 thousand USD to 3.96 million USD, and a slight decline to 3.73 million USD in 2018. It was able to spend 93%, 88% and 97% respectively in the three years. In the P&D sector, UNFPA received a budget of 7.8 thousand USD in 2016, 145 thousand USD in 2017 and 344 thousand USD in 2018. In 2016 it was able to spend 352%, in 2017 only 31% and in 2018 98%.

4.4 Sustainability

EQ7: To what extent are the development gains made under the UNFPA-supported interventions in Syria sustainable in terms of continuity in service provisions and partnerships integration of CP activities into the regular country and counterparts' programming?

UNFPA made efforts under the current CP to build elements of sustainability into its work wherever possible, mainly through capacity building activities that UNFPA has been delivering and financial support. In addition, UNFPA has been working towards the drafting and adoption of government policies, which would also contribute towards sustainability, when adopted. These activities generally build capacity that will stay behind even after project funding or UNFPA's work ends.

The capacity-building efforts apply to civil society actors, communities, implementing partners (which can either be non-profit or commercial companies), as well as government staff that has benefitted from training and other capacity building measures. It is evident that the capacity building efforts yielded quality and enabled the government staff to improve on their implementation process. For example, UNFPA supported the CBS in designing and implementing surveys, including analysis techniques and they were able to successfully implement surveys in the country with little or no external support (Interviews).

The UNFPA CO in Syria established key partnerships with public authorities at national level, mainly with the MOMHE, the MOH, MOSAL), the Planning and International Communication Commission, and the CBS. Through these partnerships, UNFPA has been able to provide sustainable support to the ministries' staff, mainly in terms of capacity building and training that aimed at providing them with the necessary expertise and skills to be able to respond to people's needs in different areas and sectors including SRH and GBV[51]. For example, a key respondent from the MOSAL reported that UNFPA's support helped their staff to gain the necessary knowledge to be able to manage system of referrals, psychosocial support, and case managements. Further, UNFPA supported the government ministries with different guidelines and SOPs, including governorates with capacity support which yielded quality and strengthened service delivery across the country. While these were effective mechanisms to ensure sustainability, there were aspects of high turnover in government ministries limiting continuity of the technical support provided (Interviews)

In the CP period under review, the UNFPA Syria CO has also worked to establish government

50 Interviewee. While the opinion was shared by several interviewees, one quotation has been included here to illustrate this.

51 Capacity building on Health Management Information System, antenatal care, pap smear, colposcopy, breast screening and mammography image reading, and also enhancing the ministry of health staff on GBV counselling

policies and strategies, but those processes appear to be slow-moving and little progress has ultimately been made, partly because these government processes are generally slow, partly because there was a lack of full ownership, capacity both human and financial resource. UNFPA also supported the government in the rehabilitation of infrastructures and equipping them to function in addition to training the government staff in operating the equipment. Development of guidelines and SOPs, in addition to equipping training centres, both at the CWCs and WGSS were great and assured sustainability.

The CP was anchored on strengthening livelihoods for the marginalized girls and women through supporting them gain skills in various technical and vocational areas, in addition to supporting them with start-up kits. The same was done for the male youth and adolescent and these contributed to enhancing sustainability through the programmes as the skills will remain with them to pursue opportunities further, even after the CP ends. UNFPA strengthened social cohesion and integration among the communities, especially for the youth who were trained from TVET and other activities. Services like PSS also offered long term help in addressing the mental and emotional health, especially effective in the rehabilitation of the youth who were psychologically affected into engaging in meaningful engagement in the community.

There was evidence of UNFPA consulting and planning with the government ministries identifying their needs and priorities for support by the CP. Further, evidence was also notable with government ministries and commissions supporting UNFPA activities, in addition to approving the work of IPs, manifesting ownership of the programme activities. UNFPA also held CP review activities with the government, with them further contributing to the activities of the CP (interviews and document reviews). UNFPA's partnership approach of working with nearly all local NGOs, training and guiding them ion implementation processes including quality control processes is providing foundation for the IPs, and will be able to continue with the CP results even after it ends. There were however reported cases of high turnover among the trained IP staff, and this threatened sustainability of the achievements. UNFPA however continued to train then on the same to ensure that they complied with the laid down procedures of implementation, including strengthening internal controls. UNFPA also implemented activities in government facilities, like the CWCs were established in previously-managed MoSAL facilities, and these could remain in the the long-term and the government will only pay staff (Interviews).

An important question both asked to and also raised by UNFPA CO staff as well as IPs during the interviews was about whether UNFPA and its work through IPs has created a "parallel health infrastructure"[52] in Syria and what the medium- to long-term plan is for this parallel structure. While some services are offered at UNFPA-funded facilities only, other services are offered both by the government's health system and UNFPA-funded facilities, whereas UNFPA-supported facilities are seen as complementary and a required reinforcement to the health system, which often cannot cope with the massive demands and needs due to the crisis context. However, this evaluation has not found a clear strategy or sustainability plan about how the UNFPA-funded facilities will be integrated into the national health system. One possible way forward could be to integrate UNFPA services that currently exist into the regular government system and structure. However, there is no consensus yet among donors or within UNFPA how to achieve sustainability. It is also a political question that touches upon red lines drawn by donors for UNFPA's work.

The absence of sustainability assessments during programme design (including SRH, GBV and Women's empowerment and Youth programming) risks limiting effects to the short term. Field staff and IPs did not conduct sustainability assessments during the programme cycle, and it was not included in IP reporting to UNFPA. It is however worth noting that the context has been in crisis and most of the programme interventions have been focused on lifesaving activities. When asked about sustainability plans, no IP interviewed had any response or indication about how sustainable their work will be and what the future for UNFPA-funded facilities will be. They also had no long-term perspective for funding. Some of the implementing partners are dependent solely on UNFPA funding and would likely not survive an end of UNFPA funding. Without taking into consideration the implications of withdrawal post-

[52] Interviewee. The question was raised or inferred in many interviews. One interviewee is quoted here to illustrate.

implementation, there is a high risk that the positive effects of the programming will be short-lived. On the other hand, context specific challenges like the deeply-rooted socio-cultural beliefs hinder some of the gains made through the CP and if not checked may take back the efforts made during the period, especially in addressing GBV and Gender challenges in the country (Interviews).

4.5 Connectedness

EQ8: To what extent has UNFPA been able to establish key linkages between the humanitarian emergency response and the recovery (longer-term) phase?

The evaluation finds that UNFPA has made **substantial efforts** to contribute to longer-term recovery through its work but has also faced **various obstacles** in doing so.

A lot of UNFPA's work during the period under review has been of a humanitarian nature, responding to emergencies as well as providing services in territory returned to government control, whenever this was possible. But during the period under review the UNFPA Syria CO has also more and more focused on building resilience of communities and has built the capacity of health professionals, NGOs, IPs, among other stakeholders. The gender equality and women's empowerment component has been working with the government to promote the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and UNSCR 1325 on women, peace and security, and to better address important topics such as GBV in the crisis context, as well as the drastic increase of child marriages. Most of this capacity will be sustainable in the sense that the overall knowledge, awareness and competencies and systems that have been established as part of humanitarian assistance will be available for future engagement in Syria.

The linkages between **UNFPA's humanitarian work and development support** is also a major point of discussion within the UNFPA Syria CO and between donors and the CO. UNFPA Syria CO is committed to working across the humanitarian-peacebuilding-development nexus and implementing the New Way of Working and the New Bargain. It seeks to strengthen resilience at all levels: the system-level by enhancing the capacity of health facilities to provide SRH services; the community level through youth-led communities initiatives to build back better, enhance social cohesion and foster inter-generational dialogue to include young people more in decision-making; and at the individual level by providing livelihood and vocational skill training to GBV survivors and young people to be able to participate in the economy and make a living, supporting recovery processes in the country.

While humanitarian support is not expected to be sustainable due to its often immediate, life-saving nature, some of UNFPA's work has a rather developmental character, such as providing vocational training and capacity building for women in health facilities and WGSS, in order to develop their skills and be able to be employed and generate income. The UNFPA Syria CO itself is also trying to build the capacity of communities to achieve self-reliance and sustainability. Pilot projects seek to strengthen social cohesion, e.g. through bringing young people from different ethnic groups together in youth clubs, which is also a contribution to peace promotion and recovery. The health facilities and WGSS themselves - currently funded often through UNFPA budget - are also linking humanitarian support with more long-term development goals. However, whether and how the work will be sustainable will also very much depend on the political development and on donors' decisions on whether they will engage in long-term reconstruction and rehabilitation or not. There is also no evidence of UNFPA handing ver the facilities rehabilitated, despite working with them as the service providers.

The main **obstacles** for the UNFPA Syria CO to fully engage in establishing key linkages between the humanitarian emergency response and the longer-term recovery phase are mainly:

1) Red lines drawn by UNFPA's donors to not engage with the government in any way. While the government keeps asking for more support in the sectors of recovery and development, donors restrict UNFPA's work to humanitarian response and direct help for the Syrian people and do not allow their funding to finance the government directly or indirectly.

2) The government is not fully responsive for all development and longer-term issues UNFPA is trying to address. "Cultural obstacles"[53] are cited by government counterparts, for example, to explain why less progress has been made on a gender action plan or on addressing issues such as child marriage in the context of the crisis. Restrictive social norms seem to play a role and can explain why government counterparts are less supportive and engaged in developing and adopting such policies. As all of UNFPA's work needs to be approved and supported by the government, this leads de-facto to a serious limitation to address some of the longer-term recovery and development issues.

4.6 Coverage

EQ9: To what extent has the UNFPA humanitarian response reached those most in need – geographically and demographically?

The 8th UNFPA Syria CP contributed to strengthening access to RH and GBV services in the humanitarian settings, especially targeting populations affected by crisis, disasters and vulnerable populations in the hard-to-reach locations, including women and girls. UNFPA particularly implemented programmes targeting young people, particularly adolescent girls discriminated based on their identity and ethnicity (document reviews). UNFPA supported capacity strengthening of various stakeholders and institutions, including the government line ministries and non-state actors along CP components; thematic programme guidelines and SOPs development; strengthening the capacity of CBS on data generation; RH supplies and health facility support; and strengthening multisectoral coordination of GBV and RH service provision in humanitarian settings (Interviews with CO staff and SIS review).

Analysis of documents and interviews revealed that UNFPA CP responds to both government-controlled areas through operations from Damascus and non-government-controlled area in the Northwest Syria via cross-border operations. Geographically, UNFPA directly operates in 12 out of the possible 14 governorates, with the CP reaching target populations, including youth and women, particularly those living in humanitarian and fragile contexts. UNFPA also deliberately targeted PWDs by ensuring that three percent was allocated for them to access services in a dignified manner with staff sensitized to ensure that, including ensuring that their demands are met by the programme. For example, in 2020 UNFPA reached 2002 women with disabilities through the support of RH programme and 404 disabled women and girls subjected to violence that accessed the essential service package. It is though reported that the CP had challenges collecting data related to the PWDs and only started this in 2019 (Interviews and SIS review). As the lead agency of GBV Sub-cluster, UNFPA contributed to supporting delivery of coordinating GBV response among the members, in addition to contributing in development of SOPs and guidelines for service delivery, contributing to effectiveness and quality of service to the people affected (Interviews and SIS review).

UNFPA, through supporting data collection endeavours and in a collaboration with UNOCHA, especially through the HNO, ensured that the population data is disaggregated by age, sex and gender related issues, and by governorates ensuring that the unique needs are captured based on the target vulnerable groups and governorates. Selection of priority locations was also undertaken in coordination with UNOCHA and based on the Humanitarian Needs Overview severity scales. As a member of the HCT, UNFPA contributed in advocating for allocation of more funds to address Reproductive health needs of the populations in crisis. There is also evidence of increased budget allocation for RH and GBV services in the HRP (Interviews with CO staff). In addition, reports show UNFPA mobilized more resources to cover needs of the hard-to-reach and marginalized populations.

On the other hand, during data collection, the assessed populations were ranked in the level of severity, with '1' ranked as 'risk severe', attracting more focus on programme interventions because of their high level of vulnerability, with Damascus being at risk level '4', being the lowest level (Interviews with the CO staff). However, the extent to which the interventions were distributed to cover the governorates was not clear as the reports did not capture these level of detailed disaggregation.

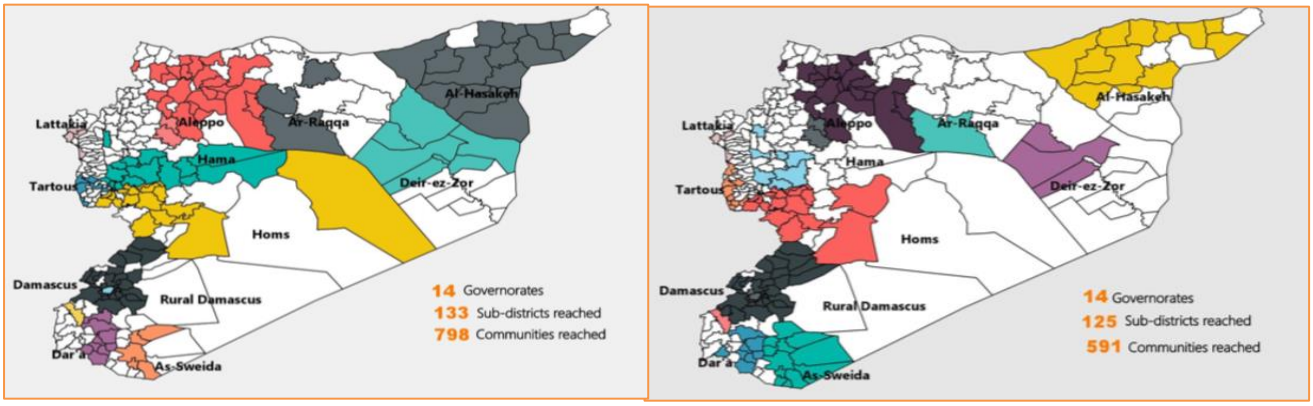
[53] Several interviewees used this term and it is quoted here for illustrative purposes.

While there were specific achievements targeting adolescent, youth, women, PWDs, female-headed households and older people, most of the data in the reports were not disaggregated according to the various target groups. For the old people, UNFPA contributed to the development of a national strategy targeting them with specific programmes (Interviews and review of documents).

While there is evidence of UNFPA's coverage in terms of geographic coverage, evidence from KIIs, the beneficiary survey and project documents showed that UNFPA increasingly reached those in greatest need in Syria, there were however limitations depending on humanitarian access, security, government approvals, IP capacity, and funding. UNFPA however used various mechanisms to ensure that they covered and reached most parts of the country through partnering and supporting IPs to target the locations, and through supporting mobile clinics and rehabilitation of the health facilities to provide integrated GBV and RH services reaching people in most vulnerable locations. The mobile coverage, for example increased from 39 mobile teams in 2016 to 99 mobile teams in 2020, showing how incremental the efforts UNFPA made to ensure vulnerable populations were reached (Interviews and document reviews). The number of UNFPA IPs has increased during the period from seven IPs for provision of GBV and SRH services in 2015 to 27 in 2019 being the highest, but was later reduced to 2020 due to a number of reasons, but mainly due to results from spot checks (Interviews with CO staff). Further, by 2018, the UNFPA Syria CO reported that it was able to access nearly 80% of the country as control over territory had shifted towards the government, supporting partners to provide SRH and GBV services in 14 governorates (Interviews). Other factors that affected UNFPA coverage of the locations and population needs were security restrictions, non-approval of some UNFPA IPs by the government, access to regions controlled by non-government of Syria authorities (Interviews and SIS reviews).

At the onset of COVID-19 pandemic, review of SIS reports and interviews indicate that UNFPA was part of the National response team, in addition to supporting procurement of PPEs and medical equipment and training of service providers on provision of various services, including setting up a helpline for access and provision of PSS online, to facilitate continued provision of essential services, amid the prevailing challenges, especially movements and banning of face-to-face meetings. UNFPA also participated in the national campaigns broadcasting messages on local radio and TV stations, with the messages mainly targeting the health of PLWs, and impact of COVID–19 on women and families, related to GBV and Gender aspects. With these strategies, UNFPA ensured that the vulnerable populations were reached with services to the extent possible. It is also however key to note that a number of services and actions had to be shelved or postponed due to COVID-19 affecting service delivery.

Figure 19: SRH and GBV Programme Coverage in 2018



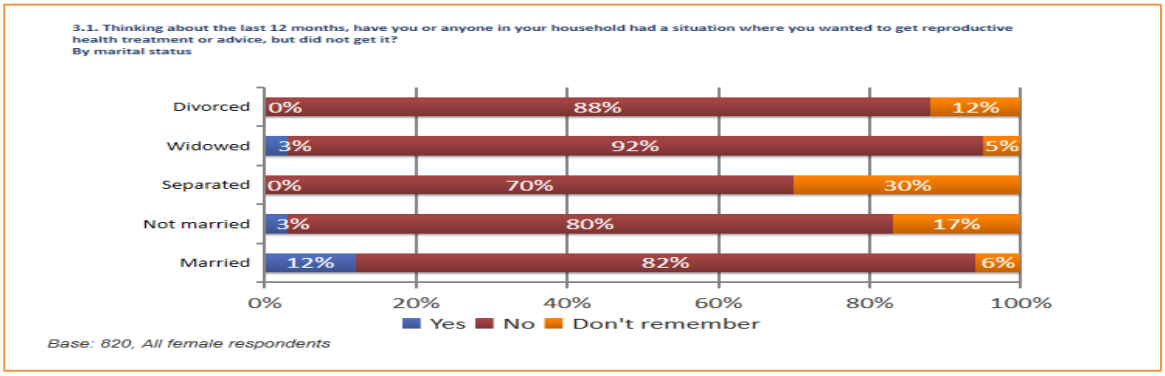
The survey results showed that the services provided or supported by UNFPA mostly reach their intended target groups in diverse geographical areas. While there are certain issues with ensuring an adequate level of access to the services, it seems that for the majority of respondents[54] access does

[54] It is worth noting the limitations of the collected data: the survey is conducted among existing service users, and as such does not cover those potential users who may not be able to use the services at all.

not constitute a problem, which is reasonable, considering the issues influencing the spread of services over a geographically vast area, such as IP capacity, funding and competing emergency responses.

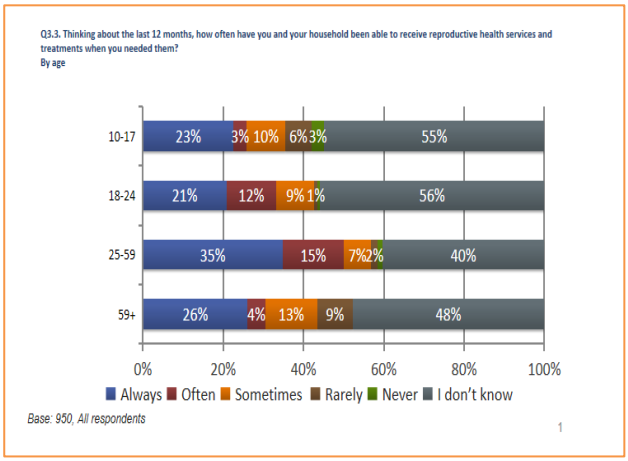
While many services are delivered at a good quality level, they do not cover all population groups. According to survey results, the most disadvantaged groups in the Syrian society face the greatest barriers to access SRH services. In the Syrian context, there are concerns about access to and use of SRH services by unmarried women. The differences in responses among survey participants do not seem to confirm higher barriers to access and use SRH services among unmarried women. The reported issues with needing to access SRH services, but not being able to do so, were the highest among married women (12%), and either very low (3% among unmarried and widowed women) or non-existent (0% among separated and divorced women). It may reflect lower explicit demand for SRH services among women who are not married, and it may partially reflect the unwillingness to discuss the need for SRH services by unmarried women. This is suggested by the patterns of "Do not remember" responses, which are higher among separated, unmarried and divorced women (30%, 17%, and 12%, respectively) than among married women.

Figure 20: Access to SRH services, by marital status



When asked about a situation when they were able to receive reproductive healthcare when they needed it, the youngest and oldest respondents seemed to be among the most vulnerable groups: 10% of respondents between the ages of 10 and 17, and 9% of respondents older than 59 reported rarely and never, compared to 3% in the total survey population. The same applies to beneficiaries with the lowest education level: a total of 5% of those reported rarely and never.

Figure 21: Access to RH services, by age

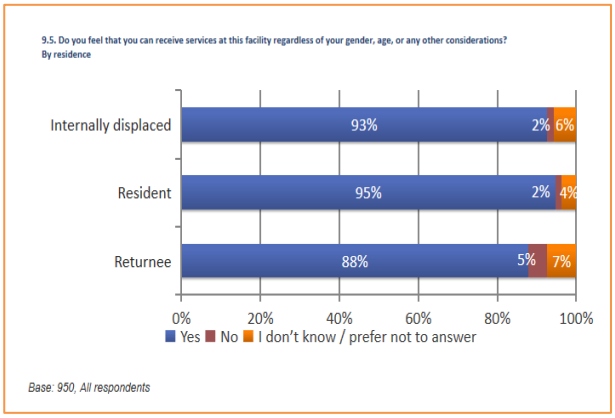


Looking at broader aspects of accessing healthcare, there are certain disparities across geographic areas. The proportion of beneficiaries who did not have problems accessing healthcare in the past 12 months, range from 72% in Quneitra and 74% in Ar-Raqqa, to 100% in Hama, Homs, and Tartous. For Quneitra and Ar-Raqqa, UNFPA explained that those are hard-to-reach areas or not under the control of the Government of Syria and that the security situation affected the availability and accessibility of health services in addition to a depletion of human resources in these locations. Respondents also felt that they can receive services irrespective of their gender, age, or any other considerations. Over 90% of the respondents answered yes to that question, and only 2% answered no. At the same time, not all respondents share these views. Five percent of returnees answered that they felt that they could get services without discrimination based on age, gender or other considerations, compared with 2% on average.

When asked about the issues with accessing any services at the facility where the survey took place, the overall response is reassuring, as 93% of respondents did not mention any issues with

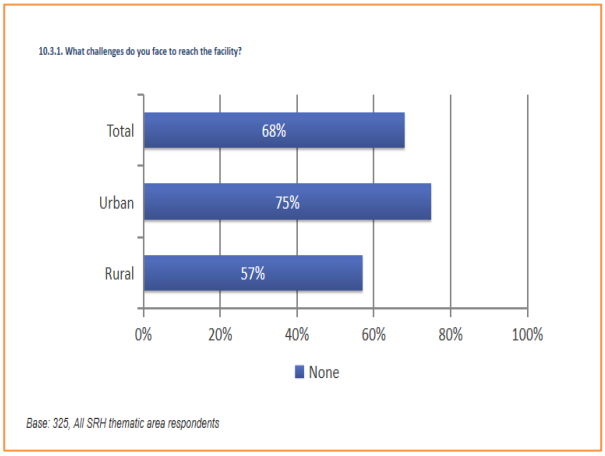
accessing services in the past 12 months. However, a breakdown by demographic group illustrates that, while 96% of residents do not face any issues, the figures for IDPs and returnees are lower (92% and 85% respectively).

Figure 22: Perceptions of unrestricted access to any type of service irrespective of gender, age or other factors, by residency status



While the distance to the health facility and lack of transport means are the most common issues mentioned in the responses, it is reasonable to expect that, irrespective of the spread of facilities, a minority of users will not be able to travel freely to the facility. The actual proportion of people who have problems reaching facilities is relatively low. However, the challenge was more significant for rural than for urban residents: 75% of urban residents did not experience any issues in reaching the facility, while only 57% of rural respondents did not face any challenges.

Figure 23: Proportion of respondents who experienced no issues in reaching the health facility, by rural/urban residents



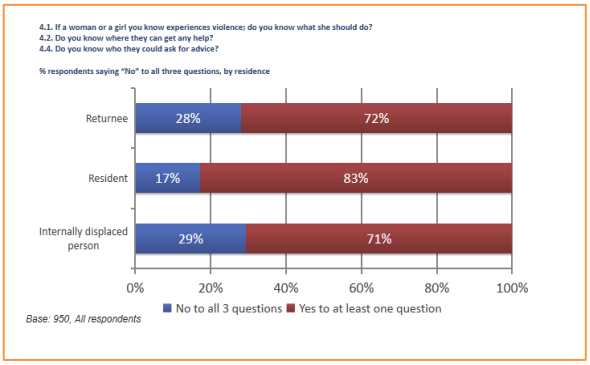
Respondents were asked about the time it took them to get to the destination on the day of the survey. On average, it took GBV respondents 19 min to get to the CWCs, FPU, mobile teams and WGSS, with half of them spending a very reasonable 15 minutes or less to get to the facility n. There are differences by the type of facility, with FPUs, and WGSS taking longest to reach, at 25 and 22 minutes, respectively.

***Table 15**: Mean and median time to reach facilities for GBV thematic area respondents, by type of facility*

Facility Type	Sample	Mean	Median
	n	*min*	*min*
CWC	38	18.3	15.0
FPU	12	24.6	15.0
Mobile Team	135	13.6	10.0
Women and Girls Safe Spaces	165	22.3	15.0
Total	350	18.6	15.0

The survey included several questions related to GBV, focusing on whether the beneficiaries know how to handle GBV situations or not. This section looks at how the GBV knowledge differs by socio-demographic sub-groups. Three questions about GBV knowledge were aggregated into one indicator, and respondents who answered "no" to all three questions were analysed separately. Looking at the residence status, returnees and internally displaced persons were more likely to answer "No" to all three of GBV related knowledge questions.

Figure 24: Beneficiaries' knowledge of GBV, by residence



4.7 Coordination

EQ2: What are the main UNFPA comparative strengths in Syria, particularly in comparison to other UN agencies?
EQ10: To what extent has UNFPA contributed to good coordination among United Nations agencies in the country, particularly in view of avoiding potential overlaps?

The evaluation finds that UNFPA is a both a major contributor and in some sectors the lead facilitator of functioning of coordination among United Nations agencies in Damascus, both at the management and at the operational level. This helps to coordinate all work, leveraging of resources, creates synergies and reduces the risk of potential overlaps in providing support. This contribution ranged from participation in the activities of the UN Country mission, joint programmes and collaborations with UN agencies, coordination of resource mobilization in areas of comparative advantage. In addition, the partnership between UNFPA and the various entities involved utilization of areas of strength, enhancing delivery of services in the areas of responsibility. During interviews, other United Nations agencies, donors and the government representatives confirmed that UNFPA is well-integrated into the system-wide coordination in Damascus and plays a leading role in the thematic areas in which it specializes, such as GBV, Gender, RH and Youth.

As one of the main United Nations agencies providing humanitarian support, UNFPA actively engaged with other agencies through the UNCT and through the Strategic Framework Steering Committee contributing to the functioning of coordination within the UNCT. It contributes to UNCT-wide conflict and needs assessments. During the review period, for example, UNFPA was part of a UN technical committee comprising UNICEF, WHO, UNDP, UNHCR, contributed in supporting the CBS in the conducting of Socio-Demographic Survey (SDS) through providing technical insights into the design of the questionnaire. UNFPA also worked on the joint protection needs assessment for older people within the humanitarian context in coordination with UNHCR and UNDP, with the results used for development of strategic paper to inform policy on targeting older people. Further, it also coordinated the joint assessment on "Social, Economic and Cultural Barriers to Women and Youth Labour in Syria" in coordination with UNDP, ILO, UNHCR, WFP and UNICEF with the results being used to inform humanitarian and development decisions (document review). Together with UNDP and UNCEF, UNFPA contributed to the Joint Youth Needs Assessment including UNFPA, UNICEF and UNDP was carried out covering 11 governorates identifying the needs of the youth and informing programmes targeting the young populations in Syria. UNFPA is also a member of the SDG taskforce for all UN agencies chaired by UNDP and coordinates implementation of SDGs and the production of voluntary national review report on SDG implementation status in Syria (document reviews). UNFPA provided technical support for the Population Taskforce towards securing unified estimation techniques for population figures within the humanitarian context (Interviews and document reviews).

From the analysis of the documents and interviews conducted with the various stakeholders from the UN agencies, including UNFPA CO staff, UNFPA is actively contributing to the functional coordination mechanisms within the UNCT through participating in the participating, as a member of the Strategic Framework Pillar Groups, M&E Technical Support Group, UN Youth Task Force, Gender Inter-Agency Working Group in Syria, Prevention of Sexual Exploitation and Abuse (PSEA) Network, chaired RCO gender working group and PSEA working group, Operations Management Team Programme Management Team, and Harmonized Approach to Cash transfer (HACT) involving UNFPA, UNDP and UNICEF. During the period of review, in the nine months of RC/HC absence in Syria, UNHCR, WFP, UNFPA and UNICEF formally established a formal RC/HC rotation system by which the UN system was able to fully function and achieve set results (interviews and document review).

UNFPA co-chairs the health sector in the country, ensuring quality and standardization of health services in the country. UNFPA established the RH working group within the UN, and have elevated the importance of RH in the UNCT and are considered authority in the area, including being consulted on all issues related to the same. In addition, UNFPA has provided many needed lifesaving services in the country highlighting the importance of RH and to this end recognized for their contribution in the country on the same (Interviews). UNFPA also jointly with UNICEF

and WHO piloted a maternal death surveillance and response (MDRS) system in seven hospitals for monitoring and tracking mortality cases in the county. This is planned to continue, including development of civil registration and vital statistics (CRVS) system, with resource contribution of UNICEF and WHO as this is capital incentive (Interviews with CO staff). UNFPA successfully collaborated with WFP in a joint agreement in provision of RH services to pregnant and lactating women (PLW) where WFP provide food assistance and e-cash and voucher to the PLWs during the pregnancy period and 6 months after delivery, while UNFPA provided dignity kits, including hygiene items, which were later included into the WFP's e-voucher to cater for the needs of the girls and women[55]. This contributed to reducing the burden on the government in addressing the high mortality rates in the country. While this was intended for improving access to skilled birth attendance, it was misconstrued by some women who felt encouraged to get pregnant on frequent basis because there were incentives given. UNFPA and WFP however addressed this by allocating one-time support (interview with CO staff).

Under Gender and GBV, UNFPA is the lead agency for the GBV sub-sector, in addition to co-chairing Gender Working Group with WFP. As the lead in Gender Working Group, UNFPA and WFP have ensured that a joint work plan is developed to ensure that there are no overlaps among members, and coordinates all the UN agencies on the Strategic Framework and ensured gender is mainstreamed into projects. UNFPA has also contributed to identification of gender priorities in the country and mobilize stakeholders to draft action plans for implementation and ensure that they agree on the priorities and implementation process through the gender Working Group. UNFPA also leads the performance on gender equality in the country and has utilized its comparative advantage to mobilize stakeholders and successfully advocated for the lifting of the reservation on the Article 2 of CEDAW in 2017, for the first time, by the government, which will help in amending discriminatory laws against women and girls. UNFPA is also the lead agency for supporting the implementation of the National Action Plan of UNSCR 1325 on women, peace and security (Interviews).

As the lead of the GBV Sub-Sector, ensures coordination among the GBV members to ensure efficiency in delivery of the services to the affected populations. The GBV sub-sector is an active sub-sector in which UNFPA leadership has been acknowledge by other UN agencies in term of using the establishment of the GBV referral pathway and the national GBV SOP as reference for management of GBV cases (interviews). UNFPA technically supports the implementation and ensures mainstreaming of gender in the programme. In coordination with UNOCHA, UNFPA trained the humanitarian stakeholders on the Gender and Age Marker (GAM) and how to integrate it, ensuring all the needs and rights of all groups of the population, including women, girls and PWDs are taken captured in the proposals submitted for Humanitarian Funding, with all UN projects marked in gender (Interviews). UNFPA contributed to the UN joint humanitarian programming cycle from planning to the response Through UNFPA's efforts as the leader in GBV Sub-Sector, GBV is very clear and well captured in both the HNO and HRP, including indicators. Because of UNFPA prominence and comparative advantage in GBV technical capacity, UNFPA always takes the seat of protection in all missions in respect of GBV (Interviews and document reviews).

For youth interventions, UNFPA is co-chairing together with UNICEF the Youth Task Force under the RC Office, to enhance UNFPA's coordination leadership. UNFPA effectively worked with UNICEF in a complementary manner especially targeting the youth, with UNFPA targeting youth up to 24 years while UNICEF targets children under the age of 18 years, ensuring that there is no overlap, while at the same time ensuring that the needs of the young people are addressed in a comprehensive manner (Interviews and document reviews).

UNFPA engaged in joint programmes initiatives building and benefiting from each agency's comparative advantages. For example; UNFPA had a joint programme with WHO to support primary, secondary and tertiary health care of the targeted people including women and youth.

[55] The dignity kits were for girls, while the women were given sanitary napkins, shampoo and baby diapers which they accessed conveniently from the shop

UNFPA together with five other UN agencies, comprising UNDP [rehabilitation of the youth], WFP [food assistance based on VAM], FAO [Agriculture], UNICEF [education] and UN Habitat [infrastructure and housing], mobilized resources to implement resilience project targeting social cohesion for the youth and were funded by European Union. A matrix of what each agency is to implement per geographical coverage with the aim of limiting overlaps and strengthening synergies. Interviews however indicated that there is inadequate coordination and complementarity among members of the joint programme, despite holding coordination meetings, though with less follow-up of actions points. UNFPA also had a joint programme on supporting the youth at the CWC with FAO and UNDP; where UNFPA was responsible for implementation of GBV pillar, while FAO supported the beneficiaries at the centres while UNDP handled the rehabilitation aspects at the CWC. This project worked effectively, based on the synergies created among the UN agencies, facilitating integration and resilience of the youth in the target communities. In the joint programme funded by the Japanese government bringing together UNFPA, UNDP, WHO, UNHCR and WFP with the implementation guide by the six pillars of the programme, and agencies intervening according to their area of responsibility; for example, RH pillar had UNFPA and WHO; PSS had UNDP and UNFPA where UNFPA concentrated on individual and family counselling, while UNDPA handled community level PSS (Interviews with CO staff and document reviews). All these show functionalities of coordination and utilization of comparative advantage to implement interventions, while at the same time benefiting the target groups.

UNFPA also participated in joint missions with the UN agencies. For example, at the request of MoSAL, UNFPA visited the Juvenile centre in rural Damascus to establish their needs and trigger response. From this invitation, WFP and UNICEF participated, with WFP responding by providing food to the children, while UNFPA facilitated adolescent clinics, provided PSS and distributed kits to the children. On the other hand, UNICEF is yet to decide on how to go about the support, given that holding the children in a concentration camp is denying them their rights of exploring their full potential, contrary to UNCEF's belief in child protection. UNFPA also participated in the UN Inter-agency joint convoys for field missions and sharing assessment results between all humanitarian actors, contributing resources and this minimises costs among agencies (SIS reviews).

UNFPA contributed immensely to the coordination mechanisms, in addition to utilizing its comparative advantage in the areas of responsibility, particularly in Gender and GBV, RH and Youth. However, there are still coordination gaps which require strengthening. There were reported overlaps and inadequate communication among partners, especially in joint programmes. Interviews also showed that coordination is least experience when the joint programme members were more agencies, especially with similar intervention areas. Again given that the agencies are independent from one another, there is a limitation in conducting supervision.

CHAPTER 5: CONCLUSIONS

The conclusions in this section have been separated into conclusions at the strategic level and conclusions at the operational level. Some conclusions lead to recommendations in the following sections. For the strategic level, only conclusions of strategic importance are included here, related to the strategic positioning of UNFPA, coordination within the UNCT, the sustainability of UNFPA's work and its relationship with the government, IPs and other stakeholders.

5.1 Strategic level

Conclusion 1: The UNFPA 8th CP is well aligned to the UNFPA SPs 2014 – 2027 and 2018 – 2021, ICPD PoA, SDG, CEDAW, UNSC Resolution 1325 and the UN Strategic Framework for Syria and other international Frameworks. The CP is also relevant to the national priorities, addressing felt humanitarian and development needs and gaps in the country.

The interviews and document reviews confirmed wide stakeholder consultation both at the national and sub-national levels during the design of the 8th CP enhanced ownership and relevance. There is evidence of participation of the government, sub-sector and Working group members, local NGOs and beneficiaries, especially at the community level. It was however not explicit in the CP design on how the most vulnerable were consulted. The CP contributed to addressing the emerging needs, especially in response to the arising population movements (evacuation) and COVID-19. It also built strategic relationships with the government line ministries which contributed to enhancing programme delivery to the affected populations, in addition to ensuring strategic response in meeting the needs of the targeted conflict-affected and vulnerable groups through the four thematic areas of SRH, GBV and women's empowerment, Adolescents and Youth and PD. The CO also contributed to the UN strategic framework through responding to the respective result areas in the framework. There is however need for increased strategic focus on population dynamics and ensure inclusion in the results framework as the country implementation framework is changing from humanitarian to recovery context due to the protracted nature of the displacement.

Associated Recommendation: 1
Origin: EQ 1, EQ 3, EQ 4 **Priority**: High

Conclusion 2: The country programme was highly efficient in the achievement of the targeted results through effective intervention mechanisms and ensuring good use of resources, including human, financial and technical**.**

The UNFPA Syria 8th CP was generally efficient in its delivery. The intervention mechanisms partnerships, especially with local NGOs enhanced coverage of the programme across the country, in addition to ensuring efficiency in the implementation of the programme interventions since they had local understanding, contributing to provision of solution to local needs in their localities of implementation. The CO approach of integrating the CP interventions, enhanced access of RH, GBV, adolescent and youth services with minimum resources, compared if they were delivered separately by component. Further, investing in capacity building and technical support enhanced quality of services delivered. Availability of technical staff and the willingness of the UNFPA Syria CO generally established good working relationships with donors facilitating effective mobilization of financial resources and in disbursing annual programme budgets to support the implementation of Annual Work Plans (AWPs) through contracts with IPs as well as NEX and DEX modalities. Strong M&E mechanisms, including the deployment of third party monitoring, especially in hard-to-reach areas, providing feedback on the quality of programme implementation processes. A team of competent staff implemented the 8th CP with support from several national and international consultants, and the ASRO. However, there were noticeable inefficiencies during the CP period, including delays in disbursement of funds to the IPs; high staff turnover and low capacity of staff at the government and IP levels delaying decision-making and facilitating continuity in the provision of services within timelines; and delays in the government approvals for field visits, especially by the UN staff.

Associated Recommendation 2 **Priority**: High

Origin: EQ 1, EQ5, EQ6

Conclusion 3: There is low integration of population dynamics into planning and sectoral strategies and plans. Policy influence on evidence-based programming is also limited due to inadequate institutional capacities.

While UNFPA contributed to the country's capacities in data generation, especially in the HNO, and eventual implementation through the HRP, and capacity building of CBS and making efforts to strengthen SCFAP's capacity on populations issues, it is not evident on how the component contributed to UNFPA comparative advantage in the sectoral areas of responsibility. There was little to show how population dynamics contributed to the targeting of the key populations, except for the older population and PWDs who were mentioned as targeted in an assessment and targeted with services respectively. Further, while UNFPA supported three governorates, to develop population policies, it is not clear how this enabled improvement in formulation and decision-making on the addressing the needs of the population. There is need for UNFPA to also define key performance indicators on PD component and meaningfully engage the government to enhance utilization of population data to enhance evidence-based programming and to harness the relevance of the support.

Associated Recommendation 3 **Priority**: High
Origin: EQ 1, EQ3, EQ4, EQ5

Conclusion 4: UNFPA made efforts in strengthening building foundations for sustainability into most of its work, despite the contextual challenges. Weak institutions, limited government support, inadequate capacities, poor infrastructure, the sanctions and the emergence of COVID-19 and inadequate response systems, limits sustainability and utilization of the CP results.

UNFPA made efforts to strengthen capacities, rehabilitate and equip facilities and institutions, development of guidelines, SOPs and promoting ownership of the CP results through consultations and partnership mechanisms with the government, local NGOs and communities. While the protracted humanitarian situation in Syria presents, the potential for recovery, and mechanisms enhancing sustainability is likely to be affected by a number of factors which are context specific, including the sanctions which will limits the government's ability to mobilize resources to strengthen what UNFPA has supported, inadequate capacities of the government and ability to provide services according to the required guidelines and procedures. The government level of support to the in the programme activities were also inadequate, and in some instances, there were aspects of limited support and participation. The onset of COVID-19 is also likely to exacerbate the situation further affecting the already achieved results in the context. These require more strategic focus, building on evidenced response and contextual understanding, for effective and lasting results; and reduce the inherent risks in the humanitarian framework.

Associated Recommendation 4 **Priority**: High
Origin: EQ 1, EQ3, EQ4, EQ7

Conclusion 5: UNFPA contributed to strengthening the humanitarian-development-peace nexus approach, especially through strengthening both government and local NGO capacities, and the rehabilitation of service infrastructure; strengthening livelihood opportunities for young people, particularly girls; advocating for legal reforms. While the CP supported some of the youth who had been involved in the conflict, particularly involving them in MHPSS and livelihood activities, the peace component was not so pronounced in the interventions, in addition to limited involvement of the youth in participating in the peace activities in the country given the context and the potential that they portend.

UNFPA supported the country in strengthening institutions and infrastructures to rehabilitate and facilitate development of systems enhancing service delivery. UNFPA rehabilitated health facilities, supported development of SOPs for use in response to GBV, development of guidelines enhancing quality and standardised services delivered in the process. UNFPA also targeted the youth with programmes aimed at enhancing their technical skills and mentorship for employability opportunities. MHPSS also played a role in supporting the affected populations to recover from the mental effects of the crisis. While the youth have potential role in the governance and political participation in the ccountry, culminating into the ir participation in addressing peace aspects in the country, not much is mentioned about them in strengthening systems or networks to participate in peace processes. UNFPA could explore this area to strengthen youth participation in governance and state building.

Associated Recommendation 5 **Priority**: Medium
Origin: EQ 1, EQ3, EQ4, EQ5, EQ7

Conclusion 6: UNFPA is an active member of the UNCT and was a valued strategic partner in the achievements of the UN strategic framework results by comparatively providing leadership and technical advantage in the in the areas of responsibility, in addition to the context of UN Joint Programmes. However, there were reported inadequate communication and accountability mechanisms among partners, especially in joint programmes.

UNFPA immensely contributed to the functioning of the UNCT and effectively used its comparative advantage in the areas of responsibility to advance the achievement of the UNSF results for the country as well as addressing areas of potential overlap and control. UNFPA participated in joint programme activities and missions, including coordination of resource mobilization mechanisms and utilization. However, there were cases of misunderstandings among joint programme members inhibiting effective coordination among partners, and this needs to be strengthened

Associated Recommendation: 6
Origin: EQ10, EQ2 **Priority**: High

Conclusion 7: The 8th CP's M&E system in place was effective in providing feedback on the performance of the CO in delivering the programme. It was however over focused on the output level of details and this limits the extent of documentation and learning from the results of the programme. The CP did not also have a theory of change developed for the period of implementation and this also reduced the focus and documentation of the programme on changes occurring due to the interventions.

The UNFPA M&E system for the 8th CP was effective in capturing data to inform on the performance and tracking of the achievement of the CO in implementations of the interventions. While UNFPA put efforts in ensuring improvement of processes in ascertaining programme quality, there were design limitations, coupled with the contextual challenges. Inadequate access by the UNFPA staff to the field, and depended on the third party monitors limited their access to information and ability to interact with beneficiaries to inform decisions based on experience. Inadequate focus of the reporting system to capture results, in addition to disaggregated data made it a challenge in ascertaining the extent to which particular achievement have been made from the programme interventions.

Associated Recommendation: 7
Origin: EQ1, EQ3, EQ4, EQ6
Priority: Medium

Conclusion 8: The UNFPA CO was effective in achieving the CP results contained in the Results and Resources Framework as most of the outputs indicator targets have been achieved across the two components of the programme.

UNFPA to a large extent, achieved most of the targets for the output indicators, except those that were affected by the COVID-19 pandemic that hindered movement and meetings, particularly affecting training activities. In the SRH component interventions, UNFPA was effective in delivering RH services and information in the UNFPA-targeted locations and population, enhancing their access to integrated RH, EmONC, CemONC, HIV, Breast and cervical cancer services. The CP contributed to strengthening of health service delivery systems, capacity building infrastructural development (rehabilitation of health infrastructure and equipping them for use), development of guidelines, facilitating increased access to quality healthcare for women and girls, RH commodities and supplies security enhancing increased access to FP/RH commodities.

In the GEWE component, UNFPA support was effective in advocacy and raising awareness in improving knowledge on gender inequality issues, harmful cultural practices, GBV issues, and child or forced marriage. UNFPA also contributed to enhancing service delivery and access by the GBV survivors and vulnerable women and girls at risk of discrimination through supporting WGSS and FRU. UNFPA's leadership at the GBV sub-sector and gender component in the country was also effective in leveraging of resources, leading to improved and coordinated response among stakeholders in the affected locations. While UNFPA made efforts to engage the duty bearers, including the male folk, for their support for the interventions, there are still deeply-held cultural effects on the progress, including the reluctance by the government to support strengthening of the legal framework on the same for effective response.

Under the adolescent and youth, UNFPA succeeded in enhancing young people's access to Adolescent SRH services, awareness raising on RH rights, life skills strengthening, improved livelihood and education opportunities, MHPSS and capacity building opportunities utilizing

different strategies and enhancing their full potential. The integration of the component activities into the SRH and GEWE components limited focus, and resource allocation to pursue the various needs affecting the young people, especially in the humanitarian set-up. On the other hand, while the PD component made efforts to strengthen capacities of the CBS on generation of data for policy formulation and decision-making, there are challenges in ensuring ownership of the programme results, especially by the CBS. Application of skills or support provided is also limited as the capacity is also limited.

Associated Recommendation: 8, 9 10, 11
Origin: EQ3, EQ4, EQ5, EQ6, EQ2
Priority: High

5.2 Programmatic level

SRH Conclusion 9: UNFPA contributed to strengthening access to RH and utilization of the services in the country, while at the same time ensured quality service delivery in the thematic area of focus through health systems strengthening in addition to capacities of healthcare workers, partnerships, provision of the services and supporting primary healthcare facilities, and improvement in the RH commodity management

Strengthening capacities of IPs, health workers and CSOs towards improving quality and integrated health service provision in turn yielded better results and focused implementation. The quality of care in service provision was enhanced through the development of guidelines, standards and SOPs which are being utilized at the primary healthcare facility level to guide service provision. UNFPA also enhanced skilled birth attendance through capacity building of the midwives and supporting review of the training curriculum, in addition to supporting development of strategy enhancing their deployment and retention for continued service delivery. UNFPA also financially and technically enhanced access to and provision of antenatal, postnatal and neonatal care, family planning information and methods, treatment and care for sexual transmitted diseases, cancer early detection services, referral to advance and emergency obstetric health services increased access to the RH services through static and mobile clinics equipped with the essential list of equipment, medicines and supplies. Inadequacy of human and financial resource capacities by the government and qualified personnel in the various disciplines of SRH hindered coverage and quality service access on RH. Strengthening the capacity of the government in these areas, in addition to improving the RH commodity logistics information management, will enhance access to service delivery by the affected population.

Associated Recommendation: 8
Origin: EQ1, EQ3, EQ7 **Priority**: High

Adolescent and Youth Conclusion 10: UNFPA effectively contributed to addressing the needs of the young people through supporting their access to information and services on ASRH, life skills and technical skills and enhanced employability, mentorship and education opportunities. Integration of youth friendly SRH services may be more sustainable than stand-alone youth facilities but did not demonstrate effectiveness, in addition to inadequacy in capturing the details of young people accessing the services, as the reports lacked disaggregated data by age.

UNFPA utilized different strategies to reach out to the young people to enable them explore their full potential, amid the crisis in the country through integrating the interventions within the SRH and the GBV and women's empowerment components of the 8th CP. Youth employability improved through the support on TVET skills, mentorship within the CWCs, improved access to MHPSS, education opportunities, especially girls. Improved life skills were also ensured. While integration of youth friendly services in existing health facilities appears more sustainable than stand-alone youth facilities, adolescents and youth may prefer free-standing facilities to services based within facilities. It was also difficult to tell the trend in the demand for youth services or support as the data was not there to tell the frequency of youth attendance and access to the services. Gender-friendliness of the services delivered would also suffice.

Associated Recommendation: 9
Origin: EQ1, EQ3, EQ7 **Priority**: High

GEWE Conclusion 11: UNFPA immensely contributed to strengthening of the country's gender and GBV service delivery mechanisms through increasing awareness, enhanced coordination, supporting WGSS and FRUs, building protection systems for advancing reproduction rights, promotion of gender equality and non-discrimination, and addressing GBV issues through advancing advocacy mechanisms engaging various actors both at policy and

community levels, men and media targeting strengthening legal and legislative framework and gender equality. UNFPA also contributed to building the capacity of stakeholders in the country to manage GBV cases, GBV prevention and response and development of SOPs and guidelines on delivery of the services.

There were however factors that hindered the delivery or effectiveness of the support like inadequate capacities of the actors, tradition beliefs and perceptions on the position of a woman in the society, the changes may take time to be realized. The perceived sensitivity of the topics of discussion like child marriage and GBV may also hamper achievement of result. Further inadequate government support to enact laws and strengthen policy frameworks is also likely to affect the gains made in the component. There is need for intensified evidence-based advocacy mechanism

Associated Recommendation: 10
Origin: EQ1, EQ3, EQ7 **Priority**: High

Population Dynamics Conclusion 12: UNFPA registered marked achievements during the 8th CP in the area of population dynamics, however this was not so pronounced due to lack of focus in the CPD, and inadequate capacity and cooperation of the CBS and SCFAP.

While UNFPA made progress, especially in capacity building of the country on various thematic areas including design and management of surveys, there were fewer results than planned due to a number of contextual limitations. There was little cooperation from the CBS and SCFAP as Statistical data has been considered by the government as a sensitive issue in the context of the crisis so that it was very restricted and often classified thereby limiting extent of dissemination. In addition, due to inadequate capacities by the target government entities, in addition to them being engaged in a number of data collection endeavours, it was limiting getting them for capacity building or planning or even decision-making.

Associated Recommendation: 11
Origin: EQ1, EQ3, EQ7 **Priority**: High

CHAPTER 6: RECOMMENDATIONS

6.1 Strategic level

Recommendation 1: To be strategically positioned and competitive UNFPA should ensure that the next CPD cycle is designed taking into consideration the structure of the UNFPA SP by ensuring all the four programme components are incorporated and assigned key performance indicators, particularly increased strategic focus on adolescent and youth and population dynamics and generation of disaggregated data to inform inclusion in targeting by the CP.

Origin: EQ1, EQ2, EQ3, EQ4
Associated Conclusion: 1
Priority: High

Implications: Enhanced alignment of the CP to the UNFPA SP, in addition to strategic focus on population dynamics will strengthen evidence generation in the development and humanitarian response for enhanced context specific needs and the identification of vulnerabilities to inform programming in the targeted locations. With regard to restricted access to certain locations, UNFPA could invest in technology, using high resolution satellite imagery to capture the details including the needs of the affected populations, and will not require physical access. This will also imply increased resource mobilization, in addition to strengthening capacities to enhance delivery.

Recommendation 2: UNFPA needs to strengthen institutional capacity building and systems development to curb weak capacities, in addition to high turnover of staff. Further, UNFPA needs to strengthen planning processes to reduce late disbursement of funds to the IPs, in addition to conducting prior assessment of the IPs to ensure that they are authorised by the government to work in the target locations to also limit delays of the government approvals.

Associated Conclusion 2

Origin: EQ 1, EQ5, EQ6 **Priority**: High

Operational Implications: Focusing on institutional and systems strengthening will ensure sustained mechanisms of capacity at the institution levels. Strengthened programme and financial planning will reduce effects on timely contracting of the IPs based on the AWPs. This will also require engagement with the donors to facilitate transfer of funds early enough and based on the approved AWPs for implementation. These will reduce delays on contracting processes.

Recommendation 3: Strengthen integration of population dynamics into planning and sectoral strategies to influence policy and decision-making, and support effective dissemination and use of generated data

Associated Conclusion 3

Origin: EQ 1, EQ3, EQ4, EQ5 **Priority**: High

Operational Implication: Integrating population dynamics into planning and sectoral strategies will enhance programme targeting and coverage of the most vulnerable populations, in addition to key populations. UNFPA comparative advantage with also be enhance if this is strengthened within the implementation framework. Further, UNFPA should engage and find workable ways of advocating with the government statistics entities to disseminate data which will enhance integration and utilization of population data into development.

Recommendation 4: Prioritize capacity building and community level engagement to facilitate sustainability in the country. In the context of COVID-19, strengthen capacities of the community level stakeholders to take responsibilities for ensuring effective delivery of services, strengthen community structures, including government to enhance oversight role in the programme implementation processes and strengthen localized coordination mechanism among stakeholders in a particular locality for ease of coordinated response.

Associated Recommendation 4 **Priority**: High

Origin: EQ 1, EQ3, EQ4, EQ7

Operational Implications: More resources allocated for institutional capacity development of the various partners, continue strengthening of the capacities in systems implementation and management. In addition, strengthen capacities of

humanitarian-affected population to enhance their resilience. To address COVID-19-related challenges, strengthen capacities of the community level stakeholders to take responsibilities for ensuring effective delivery of services; strengthen community structures, including government to enhance oversight role in the programme implementation processes; strengthen communication plans to ensure adequate communication regarding COVID-19 and community mitigation measures; advocate for strengthening coordination mechanism among stakeholders in a particular locality for ease of coordinating response; and where necessary, adjust internal controls to facilitate efficiency.

Recommendation 5: Strengthen resilience building, amid the protracted context, in addition to strengthening governance and state building structures to enhance participation and ownership of the stakeholders in national decision-making

Associated Recommendation 5 **Priority**: Medium

Origin: EQ 1, EQ3, EQ4, EQ5, EQ7

Operational Implications: Conduct capacity assessment, guided by the strategic positioning in the areas of mandate, consider strengths, weaknesses, opportunities and threats (SWOT), identify gaps then plan on how to implement it, in addition the need of strengthening the capacity of the staff in the capacity gaps identified. In the context of COVID-19 there is need to prioritize investing in disaggregated monitoring data and TPM, in addition to using other mechanism for verification.

Recommendation 6: UNFPA should maintain its proactive role in the functioning of the UNCT coordination and explore opportunities for joint programming and advocate for more accountability among UN agencies

Associated Recommendation: 6
Origin: EQ10, EQ2 **Priority**: High

Operational Implications: It is recommended that the CO maintains and strengthens partnerships with the UN agencies in the spirit of Delivering as One for pooled resources to support joint interventions within the UNCT. In addition, there is need for enhanced coordination among UN partners for enhanced complementarity in response**.** UNFPA CO should utilize its comparative advantages to enhance evidence-based programme while mainstreaming gender and human rights in the UN strategic framework. In coordination with the fellow agencies, UNFPA CO should build strong partnerships and networks within the UNCT for joint programme and high level advocacy. There is also need to advocate for more coordination and collaboration in the areas of niche to realize maximum benefits to the targeted population, and minimize competition.

Recommendation 7: Invest in an effective and dynamic M&E System that is results-based and promotes objective tracking of performance throughout the programme cycle.

Associated Recommendation: 7
Origin: EQ1, EQ3, EQ4, EQ6 **Priority**: Medium

Operational Implications: Institute stronger M&E mechanisms to ensure quality programming among partners and communities, including strengthening community level engagements for enhanced participatory monitoring and accountability, including strengthening their technical capacities to enable capturing of results.

6.2 Programmatic level

SRH Recommendation 8: Strengthen partnership for integrated RH/FP/HIV/GBV/Cancer services and wide coverage of the targeted locations, while at the same time increasing a more focused approach in terms of the scope of the programme. Strengthen improvement of quality RH services and information through capacity building, development of guidelines, SOP and enhance monitoring for progress. Further, there is need for strengthening FP/RH commodity delivery, monitoring and reporting and to ensure availability at all levels of service delivery.

Associated Conclusion: 9
Origin: EQ1, EQ3, EQ7 **Priority**: High

Operational Implications: Enhanced partnership on integrated service delivery on with RH/FP/HIV/GBV/MHPSS/Cancer will improve coverage with the programme interventions while at the same time ensuring efficiency in CP delivery. UNFPA should also strengthen the capacities of the healthcare workers and policyholders will contribute to provision of quality services on the same, and thereby

Adolescent and Youth Recommendation 9: UNFPA should build further capacity of the country in integration of youth and gender friendly services within the support centres, in addition to increased investment in innovations by young people in use of digital and online platforms and other approaches to increase access of information and uptake of SRH services by adolescents and youth. UNFPA should also continue with the meaningful engagement of young people in adolescent and youth programme interventions

Associated Conclusion: 10
Origin: EQ1, EQ3, EQ7, **Priority**: High

Operational Implications: Capacity building of service providers and sensitization of the adolescent and youth on the existing youth and gender-friendly services is likely to promote their access to services from the health facilities or clinics. Investment in innovation by the adolescent and youth stakeholders through their increased use of social media (including Facebook, Twitter, among others) to engage the young people and eventually access to information. Involving the young people in the design of all these will enhance CP effectiveness and sustainability. Establishing stand-alone youth and gender-friendly services will enhance the demand for the services by the adolescent and youth.

GEWE Recommendation 10: The UNFPA Syria CO should enhance advocacy for increased investment and systems strengthening to foster consistent and sustained social norm change targeting duty bearers, service providers, leaders and local communities, including involvement of men. Further, there is need for evidence-based response through conducting research.

Associated Conclusion: 11
Origin: EQ1, EQ3, EQ7, EQ10 **Priority**: High

Operational Implications: Addressing gender equality and women's empowerment require concerted and sustained advocacy mechanisms at both downstream and upstream levels engaging all duty bearers, community leaders, religious leaders, government and service providers, among other masses at the community levels, including women and youth networks targeting social change. UNFPA also needs to build and strengthen the support mechanisms in line with the targeted social changes. UNFPA also needs to enhance evidence-based programming around the social and behaviour change themes to inform response strategies. These will require financial investments and sustained campaigns.

Population Dynamics Recommendation 11: Strengthen capacity to integrate population dynamics in the identification of IDPs, measurement of SDG, advancement of ICPD and south-south knowledge exchange and learning. In addition, there is need for expansion of partnership to include universities or private sectors to advance research and production of population data for decision-making.

Associated Conclusion: 12
Origin: EQ1, EQ3, EQ7, **Priority**: High

Operational Implications: Findings from the evaluation reveals inadequate integration of population dynamics into the CPD and this limited assessment of the PD component performance in enhancing evidence-based programming. Further, enhanced engagement with SCFAP and CBS to incorporate other institutions like the universities and other agencies will strengthen demography and ensure continuity in production of quality data, in addition to supporting the CP in dissemination and utilization of results. Engaging the government agencies (SCFAP and CBS) in this process will strategical ensure their participation, support and ownership of dissemination and utilizing population data to inform policy and programme management.

ANNEX

All annexes are included as a separate document.