



Evaluation of the UNFPA Response to the Syria Crisis

INCEPTION REPORT

UNFPA Evaluation Office

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ABBREVIATIONS AND INITIALISMS

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

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

INTRODUCTION

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

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

BACKGROUND TO THE EVALUATION

Syria’s civil war, ongoing since 2011, has had profound effects on a range of countries in the region and beyond. By the end of 2017, 13.1 million people needed humanitarian assistance (6.1 million IDPs, 7 million refugees), including close to 3 million people in need trapped in besieged and hard-to-reach areas, where they are exposed to grave protection threats.¹

Over half of the population has been forced from their homes, and many people have been displaced multiple times. Children and youth comprise more than half of the displaced, as well as half of those in need of humanitarian assistance. Parties to the conflict act with impunity, committing violations of international humanitarian and human rights law.²

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

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

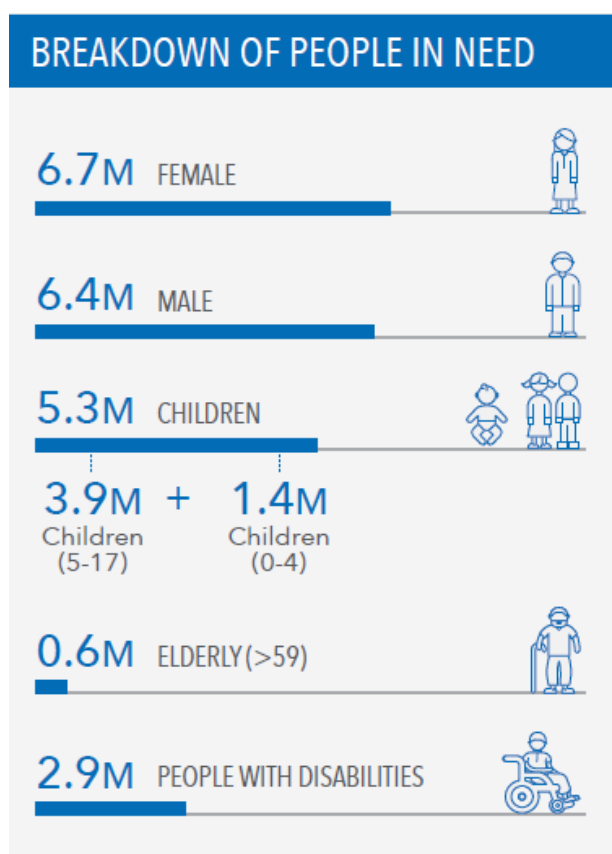


Figure 1: PiN (Source: HNO 2018)

¹ UNOCHA; Also WoS HNO 2018

² Ibid

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

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

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

The UN Security Council authorised³ UN agencies and their partners to use routes across conflict lines and the border crossings at Bab al-Salam, Bab al-Hawa (Turkey - Syria), Al Yarubiyah (Iraq - Syria) and Al-Ramtha (Jordan - Syria) to deliver humanitarian assistance, including medical and surgical supplies, to people in need in Syria. The government of Syria is notified in advance of each shipment and a UN monitoring mechanism has been established to oversee loading in neighbouring countries and confirm the humanitarian nature of consignments⁴.

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

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

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

³ Through the unanimous adoption of resolutions 2165 (2014), 2191 (2014), 2258 (2015) and 2332 (2016) until 10 January 2018,

⁴ UNOCHA Cross-Border Operations Fact Sheet, September 2017

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

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

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

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

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

There is little debate or disagreement in current international thinking (at least within the UN) that SRHR is a critical, central and foundational factor of equality and poverty eradication and must remain at the heart of development action. However, **SRHR as a humanitarian action** (SRH in Emergencies - SRHiE) SRH in humanitarian emergencies still struggles to be given the same priority recognition as other needs such as food, shelter, Water/Sanitation/Hygiene (WASH).⁵

After the ICPD 1994, the Inter-Agency Working Group on Reproductive Health in Crises (commonly referred to as IAWG)⁶ was formed, initially with US Government support with one full-time staff member hosted within the UN High Commission for Refugees (UNHCR). This group focussed on policy and programme practice, producing the Inter-Agency Field Manual (IAFM) in 1995 which identified a set of minimum reproductive health services required in humanitarian response – the Minimum Initial Services Package (MISP) for reproductive health in crises – and sought to embed this within general humanitarian standards and practices. The MISP, a standard in the 2004 revision of the Sphere Humanitarian Charter and Minimum standards in Disaster, is a set of five coordinated minimum activities to be implemented as part of a comprehensive humanitarian response, and consists of:

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

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

⁵ See http://www.who.int/hac/techguidance/preparedness/SRH_policybrief/en/

⁶ Note that IAWG pre-dates the cluster system and as such, exists outside of IASC which dominates humanitarian architecture. IAWG is an older coordination forum than the clusters and has demonstrated a remarkable commitment from member agencies even through times of limited funding; as a non-formalised IASC mechanism the IAWG also exhibits a flexibility and accountability to member agencies that IASC apparatus sometimes lacks. However, IAWG itself lacks the authority inherent within IASC structures.

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

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

In 2014 a global evaluation of SRHiE commissioned by IAWG highlighted many positive improvements within SRHiE in the preceding decade. Humanitarian funding for SRHiE had increased from 2002 to 2013 totalling across the period just over two billion US Dollars (USD), representing 43% of the actual amount requested. MNH was the most well-funded component of MISP. MISP itself was much more well-known in 2014 than it was in 2004, and IAWG members “self-reported growth in institutional capacity to address RH in crises”.⁷ However, the Global Evaluation also highlighted several continuing gaps in the implementation of MISP, including:

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

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

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

UNFPA is the designated UN Agency for the implementation of the ICPD and the associated PoA across development and humanitarian settings, with a core mandate to respond to SRH needs as established by the United Nations Economic and Social Council (ECOSOC) in 1973 and reaffirmed in 1993⁸. Across numerous strategic plans, UNFPA has re-articulated this mandate in various forms, but always with

⁷ IAWG 2012-2014 Global Evaluation

⁸ http://rconline.undg.org/wp-content/uploads/2011/11/UN-Entities-Information-Sheet_UNFPA.pdf

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

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

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

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

Gender-Based Violence in Emergencies - GBViE

“Gender-based violence is a pervasive and life-threatening health, human rights, and protection issue. Deeply rooted in gender inequality and norms that disempower and discriminate, GBV is exacerbated in humanitarian emergencies where vulnerability and risks are high, yet family and community protections have broken down”.⁹

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

Conflict and disaster situations¹⁰ often exacerbate GBV. Tensions at household level can increase intimate partner violence (IPV) and other forms of domestic violence (DV).¹¹ The pervasive impunity with which conflict settings are characterised can exacerbate sexual violence, including its use as a weapon of war. Poverty, displacement and increased dependency resulting from crises often increase the risk for women and girls of being forced or coerced to engage in sex in return for safe passage, food, shelter or other resources.¹² The breakdown of community protection systems, insufficient security in camps and informal settlements, temporary shelters – which are typically overcrowded with limited privacy and reduced personal security – all increase the risk of sexual and physical assault, as well as other issues of GBV such as trafficking.¹³ Child marriage rates are often impacted by

⁹ Call to Action on Protection from Gender-based Violence in Emergencies, Road Map 2016–2020, September 2015, p.3.

¹⁰ Humanitarian contexts cover a range of diverse situations and settings, including, but not limited to, natural disasters, conflict, rapid onset, slow onset, cyclical, protracted, fluctuating, and complex displaced/refugee situations in camps or within urban host communities, and often mixed situations. Each of these settings has specific challenges.

¹¹ Domestic Violence is a term used to describe violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. Intimate partner violence applies specifically to violence occurring between intimate partners, and is defined by WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (IASC GBV Guidelines, p.321)

¹² R. Murray, ‘Sex for Food in a Refugee Economy: Human Rights Implications and Accountability’, in *Georgetown Immigration Law Journal* 14 985–1025

¹³ UN, 2007, Report of the Special Representative of the Secretary-General for Children and Armed Conflict, New York, UN General Assembly

humanitarian settings (either by girls being married younger, and / or more girls being married at a young age).¹⁴ A humanitarian crisis in a setting with high levels of Female Genital Mutilation (FGM) means maternal and new-born health (MNH) services as life-saving activities are even more critical.

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

The extent and impact of GBV affects not only survivors, it also limits the ability of entire societies to heal from conflict and disaster. Violence may affect child survival and development by raising infant mortality rates, lowering birth weights, and affecting school participation. GBV can limit women's access to reproductive health services including family planning, leading to unwanted pregnancies and unsafe abortions, and increasing women's risk of HIV infection.¹⁵ GBV increases costs to public health and social welfare systems and decreases women and children's participation in social and economic recovery.

As highlighted in a report published by the International Rescue Committee (IRC): "Preventing and responding to GBViE is recognized as a life-saving measure and an essential component of humanitarian action." The report concludes that, "In spite of this, response to GBViE remains grossly inadequate in humanitarian settings."¹⁶

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

"All humanitarian actors must be aware of the risk of GBV and – acting collectively to ensure a comprehensive response¹⁷ – prevent and mitigate these risks as quickly as possible within their areas of operation."¹⁸

This responsibility is supported by a framework that draws on international and national law, UN Security Council Resolutions, Humanitarian Principles and Humanitarian Standards and Guidelines. However, UNFPA has a unique responsibility for GBV in emergencies as per its role as Cluster Lead Agency for the GBV AoR.¹⁹

¹⁴ The impact of emergencies on child marriage as a cultural norm / harmful practice is extremely complex and nuanced, based on factors such as the median spousal age difference, whether dowry or bride price (in some cases used simultaneously) is more important, and the nature of the crisis, particularly whether it leads to displacement or not. An increase in child marriage can be both more girls being married and/or girls being married at an earlier age. Motivating factors include disruption of education systems (education and child marriage are inextricably linked), protecting 'honour' (particularly in camp settings where the fear of rape is high and fathers believe being married will offer a level of protection for both their daughter and the family honour), and economic reasons. Additionally, child marriage can become a new harmful practice in certain circumstances based not on a social norm but as a negative coping strategy: for example, Syria had a relatively low level of child marriage before the conflict but Syrian refugee communities across Jordan and Lebanon currently have extremely high child marriage rates, a practice adopted as a negative coping strategy.

¹⁵ GBV fuels the HIV epidemic as women who have experienced violence are up to three times more likely to contract HIV. (http://www.unicef.org/about/partnerships/index_60239.html)

¹⁶ International Rescue Committee (2012). *Lifesaving, Not Optional: Protecting women and girls from violence in emergencies*. <https://www.rescue-uk.org/sites/default/files/Lifesaving%20not%20optional.%20Protecting%20women%20and%20girls%20from%20violence%20in%20emergencies%20FINAL.pdf>

¹⁷ In this context, "response" relates to the overarching GBV activities which form a GBV programmatic intervention – including risk reduction, mitigation, prevention, and response to a survivor. In other contexts, the term "response" relates to the specific "response for a survivor" component of a comprehensive humanitarian GBV intervention, including clinical, psychosocial, legal/justice, and shelter/socio-economic empowerment services.

¹⁸ IASC GBV Guidelines, p.14.

¹⁹ Until 2017 the GBV AoR was co-led by UNFPA and UNICEF. In 2017 a transition has taken place to sole leadership by UNFPA.

The GBV AoR is part of the Global Protection Cluster led by UNHCR. The GBV AoR has been boosted by the 2013 Call to Action for GBV in emergencies and the specific focus, particularly by donors, that this Call to Action affords the issue. The updated IASC GBV Guidelines released in 2015,²⁰ backed up by a well-designed and well-funded dissemination strategy, have also served to increase focus and attention to GBV in general and therefore, de facto, to the GBV AoR.

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

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

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

In addition to the CLA responsibility for the GBV AoR, UNFPA has produced its own 2017 GBV Minimum Standards for GBV in Emergencies.²¹ This guidance consists of 18 standards organised as foundational standards, mitigation, prevention, and response standards, and coordination and operational standards and exist currently as an aspirational comprehensive framework for UNFPA GBViE programming.

In 2017 across SRHiE and GBViE programmes, UNFPA planned to reach 38 million women, girls and youth across 56 countries with a total of \$308 million for emergency response interventions. 2016 results achieved included 11.4 million women, girls and youth reached across 55 countries with a total of \$158 million (out of a requested \$311 million). Services included 481 mobile clinics across 27 countries, 2,488 facilities supported to provide EmOC across 38 countries, 9,959 youth facilitators trained on SRH across 27 countries, 485 safe spaces established across 34 countries, and 741 facilities supported to provide Clinical Management of Rape (CMR) across 33 countries.²²

In terms of human resources, UNFPA has had a surge capacity for five years, but since 2015 it has become increasingly systematised and professionalised. There are currently approximately 280 people on the roster with different profiles or competencies across GBV coordination, GBV programming, SRH programming, humanitarian coordination and information management²³. Those on the surge roster receive a one-week long intensive training – with five workshops being held in 2016. There are currently four standby partners for surge (RedR, Danish Refugee Council, Norwegian Refugee Council, and Canadem) – with an extra two (Swiss and Swedish) being considered. Additionally, there is ongoing consideration of moving the surge function from humanitarian management to human resources management.

²⁰ These Guidelines are an IASC-endorsed product.

²¹ Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, UNFPA, 2017

²² UNFPA Humanitarian Action Overview, UNFPA, 2017

²³ There are 12 generic surge profiles.

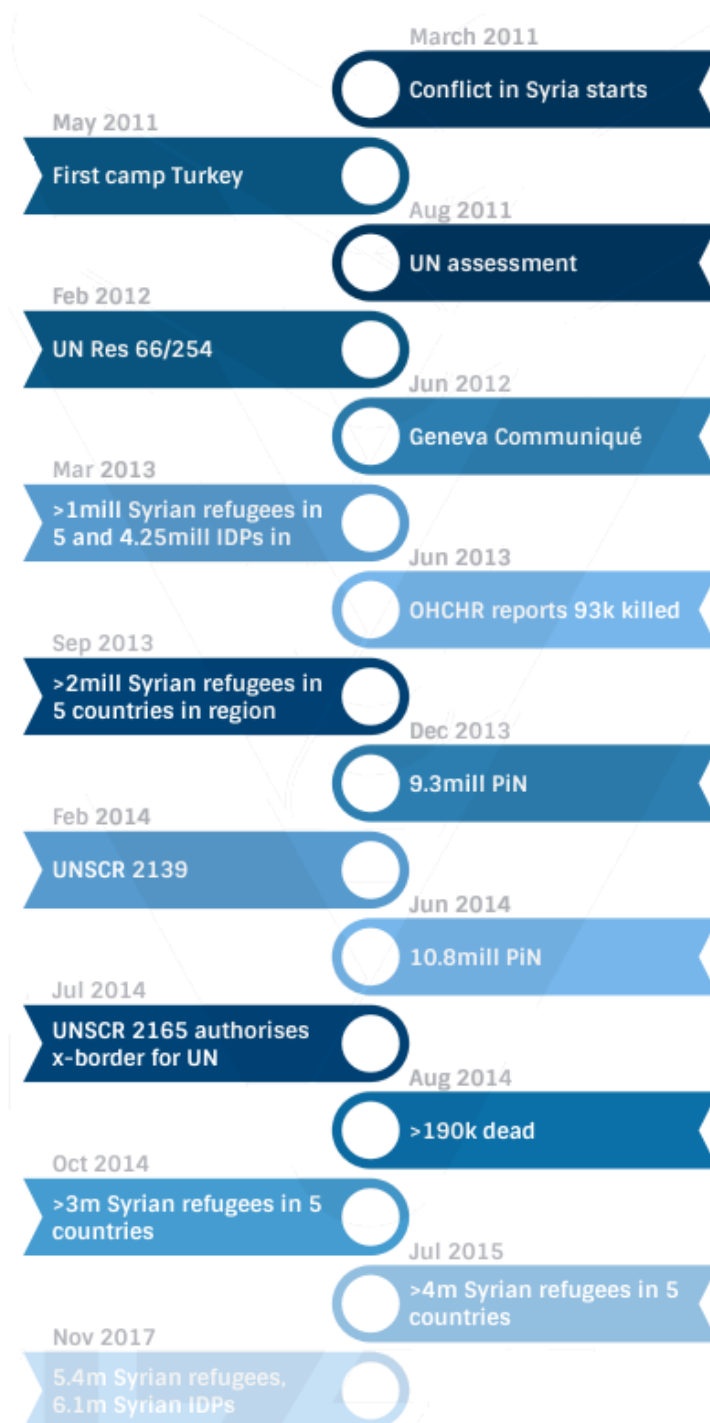
UNFPA RESPONSE IN SYRIA

It has been estimated that since 2011 an average of 50 Syrian families have been displaced every hour of every day²⁴ and the “pace of displacement remains relentless”. Current displacement figures indicate 3.3 million *registered* Syrian refugees in Turkey; 1 million in Lebanon; 655,000 in Jordan; 247,000 Syrian refugees in Iraq; and 126,000 Syrian refugees in Egypt. Unregistered refugees and those registered under alternative legal frameworks in Jordan, Lebanon and Egypt total an additional 1.5 million Syrians.²⁵

6.1 million Syrians are internally displaced within Syria. More than 250,000 people have been killed. Life expectancy for Syrians has decreased by 20 years since 2011.²⁶

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

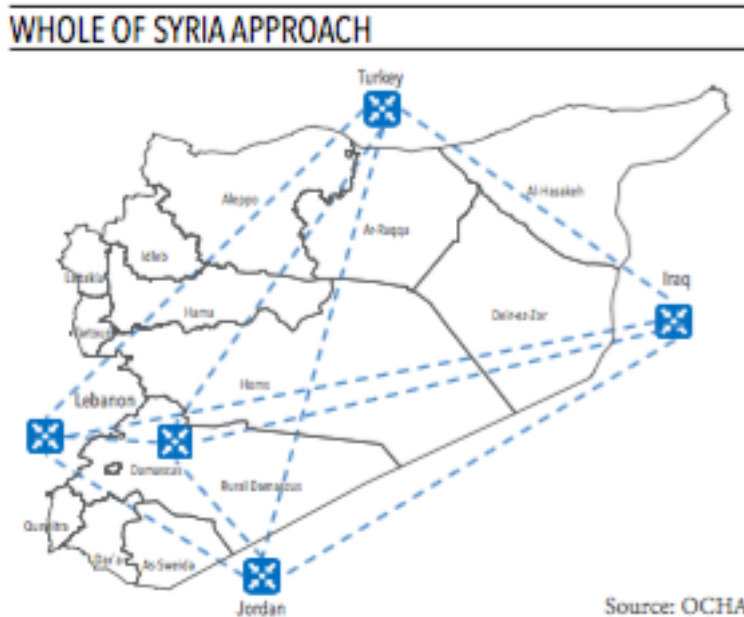
Syria Crisis Timeline



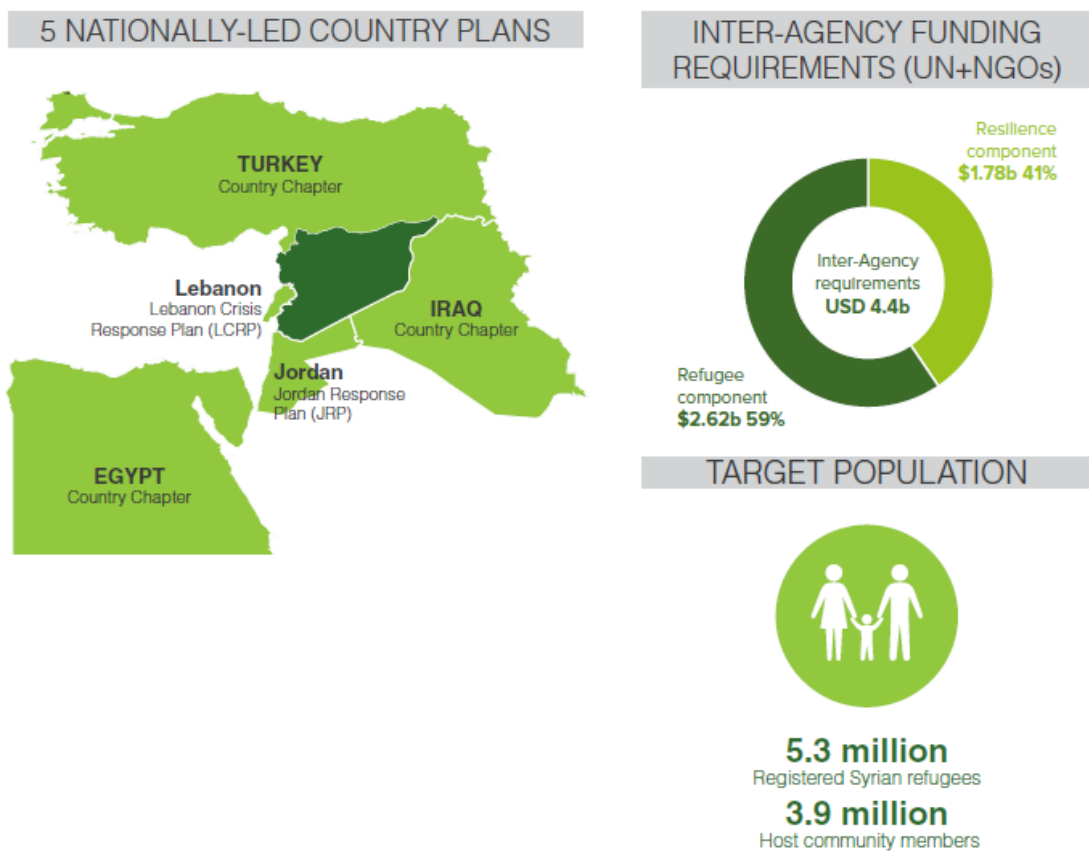
²⁴ 2016 Humanitarian Needs Overview

²⁵ 3RP 2018-2019 – Regional Strategic Overview

²⁶ 2016 Humanitarian Response Plan



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



The UNFPA response is coordinated through the Syria Response Hub ('the Hub'), agreed upon in 2012 and established in Amman in 2013 following the declaration of L3 crisis level for Syria. This hub was established as part of the ASRO structure, and before USCR2165 or the overall Whole of Syria Response structure. It was established in response to UNFPA recognising the need to scale up the Syria response and improve coordination between different COs. A regional Humanitarian Coordinator was appointed in February 2013 with further dedicated posts being subsequently created, particularly in the areas of GBV, communications, and monitoring and evaluation.²⁷

In January 2015 UNFPA codified their management arrangements for cross-border activities for the Whole of Syria approach, agreeing that the UNFPA CO in Damascus would be involved in all aspects of humanitarian service delivery within Syria, regardless of the modality of geography of origin, but recognising that the situation in Syria had deteriorated to such an extent that the CO could not fully and directly manage all humanitarian aid flows, and information flows were severely restricted and highly sensitive within Syria, thus necessitating a coordination hub outside of the country.²⁸ This reflects the strategy adopted by the whole Syria UN Country Team (UNCT).

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

Despite resources received being approximately half of resources requested from 2015, UNFPA have reached 1.2 million women, girls and youth in Syria through 95 mobile clinics, supporting 929 facilities providing EmOC services, 13 facilities providing CMR services, and through 37 safe spaces.²⁹

²⁷ Audit of Syria Response Syria Response Hub, Jordan April 2017

²⁸ Agreement on UNFPA Management Arrangements for Cross-Border Activities under the 'Whole of Syria' Approach, January 2015

²⁹ <http://www.unfpa.org/data/emergencies/syria-humanitarian-emergency>

EVALUATION PURPOSE, OBJECTIVES, SCOPE

UNFPA evaluations serve three purposes:

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

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

The more **summative** aspect of this evaluation is to ensure accountability at all levels - to the individuals and communities receiving aid, assistance and protection, within the UNFPA Response; to partner countries, and to donors. The more **formative** and forward-looking aspects of this evaluation will identify good practice, key lessons learnt, and generate recommendations for the continued UNFPA Response.

The specific objectives of the evaluation are:

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

The scope of the evaluation has three dimensions:

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

The primary intended users of the evaluation are

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

EVALUATION CRITERIA AND INDICATIVE AREAS FOR INVESTIGATION

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

Table 1: Primary and Secondary Purposes

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

STAKEHOLDER MAPPING AND EVALUATION FOCUS

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

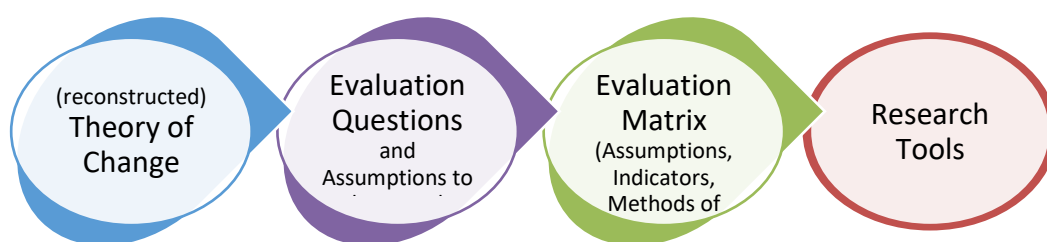
Table 2: Primary and Secondary Users

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

ANALYTICAL FRAMEWORK

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

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



UNFPA WHOLE OF SYRIA RESPONSE: RECONSTRUCTED THEORY OF CHANGE

For the purposes of this evaluation, the reconstructed Theory of Change for the Evaluation of UNFPA's Response to the Syria Crisis is grounded in UNFPA's overall mandate (which has remained constant since the creation of UNFPA in 1969) and purpose, which has not substantively changed in its articulation across different Strategic Plans relating to the Evaluation period.³⁰ It is also grounded in UNFPA's humanitarian objectives, outcomes and outputs as outlined in the 2012 2nd Generation Humanitarian Strategy. Simultaneously, this reconstructed Theory of Change aligns with both the Whole of Syria objectives as articulated within successive Humanitarian Response Plans and the regional strategic directions as articulated within successive Regional Refugee and Resilience Plans.

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

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

Specific foundational markers that this ToC draws from are:

- The UNFPA 2008-2013 Strategic Plan;
- The UNFPA 2012-2013 interim Strategic Plan (following the mid-term review of the 2008-2013 Strategic Plan);
- The UNFPA 2014-2017 Strategic Plan;
- The UNFPA 2018-2021 Strategic Plan;
- The UNFPA 2012 "Second Generation" Humanitarian "Strategy";
- UNFPA modes of engagements defined in the UNFPA 2014-2017 Strategic Plan;
- Successive Whole of Syria HRPs/SHARPs (reviewed across 2012 to 2017) and 3RPs/RRPs (reviewed across 2014 to 2017),³¹
- Current programming interventions of the UNFPA Syria Response³² (reviewed from UNFPA Regional Situation Reports for Syria Crisis).³³

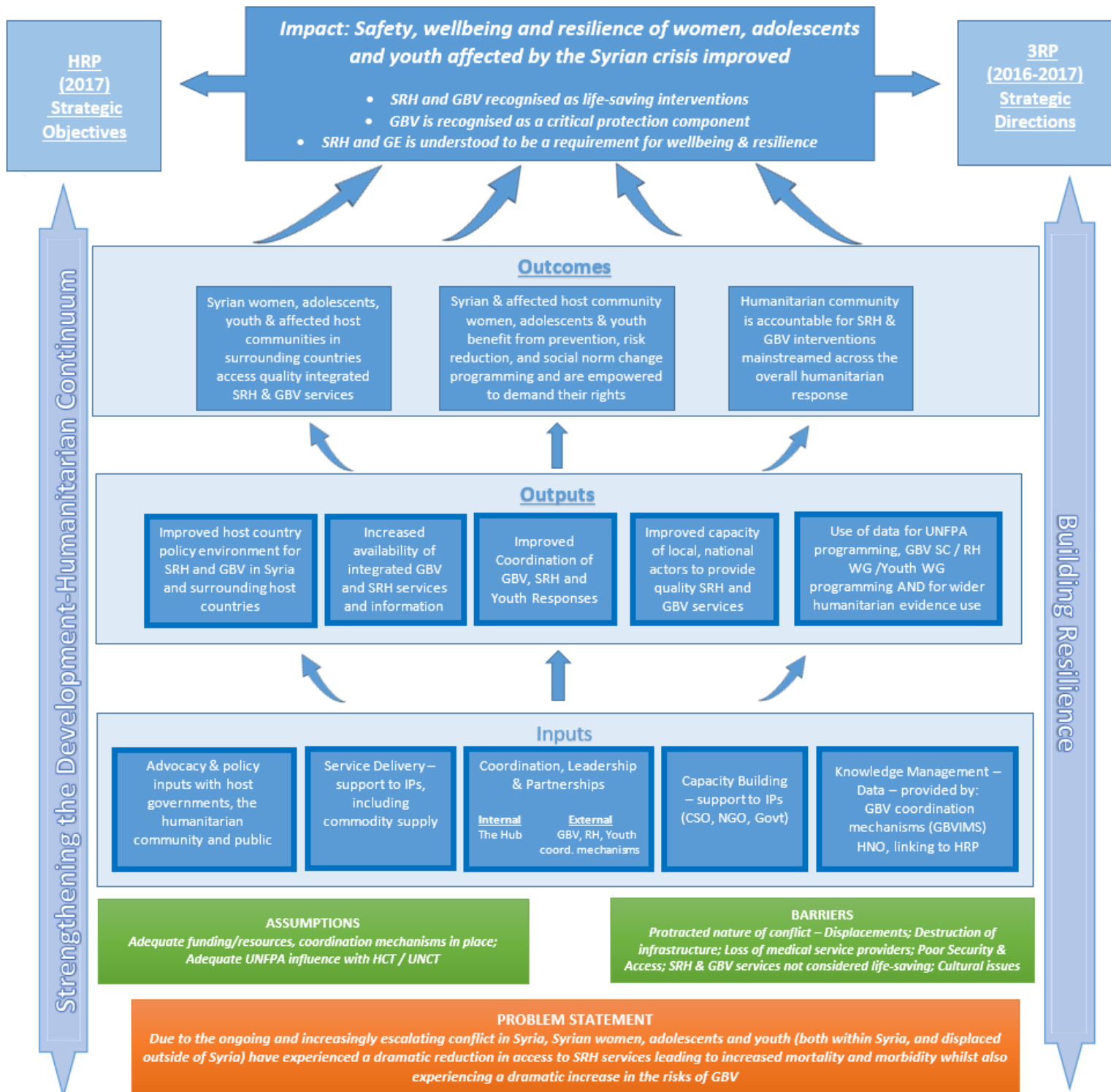
The ToC is presented diagrammatically on the following page, with the origin and logic of the specific intervention elements discussed in the following section.

³⁰ The Strategic Plans relating to the Evaluation period include the 2012-2013 interim Strategic Plan (following the mid-term review of the 2008-2013 Strategic Plan) and the 2014-2017 Strategic Plan. The 2018-2022 Strategic Plan was also reviewed to ensure a forward-looking, formative understanding.

³¹ There have been 6 Syria Response Plans (2012, 2013 Syria Humanitarian Assistance Response Plans and 2014, 2015, 2016, and 2017 Humanitarian Response Plans) and two 3 Regional Refugee and Resilience Plans (2015-2016, 2016-2017).

³² The UNFPA Syria Response refers to both the Whole of Syria (inside Syria) response and the refugee and resilience response in surrounding countries.

³³ No 60, August 2017 is latest provided but more recent Situation Reports will be reviewed during the data collection phase. For the purposes of reviewing general interventions for reconstructing the ToC, those provided up until August 2017 have been adequate.



FIRST LEVEL – PROBLEM STATEMENT

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

NEXT LEVEL – BARRIERS AND ASSUMPTIONS

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

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

Assumptions listed here are more generic.

NEXT LEVEL – INPUTS

The five inputs align with UNFPA’s general intervention engagement strategies (as articulated within consecutive Strategic Plans and as classified as ‘modes of engagement’ within 2014-2017 Strategic Plan.³⁴ There is an additional input of humanitarian coordination, leadership and partnerships reflecting UNFPA’s leadership within the humanitarian community promoting SRH and GBV as life-saving interventions, and the partnerships necessary for that. Coordination relates to both internal coordination – the Hub – and external coordination, being both formal IASC coordination accountabilities (across GBV Sub-Clusters/Sub-Working Groups) and more informal coordination responsibilities (across RH Sub-Working Groups and Youth Task Forces).³⁵

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

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

³⁴ For example, in the 2012-2013 Strategic Plan (following the mid-term review of the 2008-2013 Strategic Plan) UNFPA does not reference ‘modes of engagement’ but does reference “what role the organization should play (for example, whether it can best support countries by delivering services, by generating evidence, by building capacity, or by advocating, providing policy advice)” (p5) which align to the four modes of engagement articulated more specifically in the 2014-2017 Strategic Plan.

³⁵ whilst leading the RH Working Group is not a formalised role for UNFPA within IASC, it is an expected and recognised role. For youth working groups, UNFPA has led – with IFRC – on the Youth Compact which formed from the World Humanitarian Summit since 2016. This is not a formalised IASC role and is an emerging and unofficial responsibility for UNFPA.

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

NEXT LEVEL – OUTPUTS

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

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

NEXT LEVEL – OUTCOMES

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

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

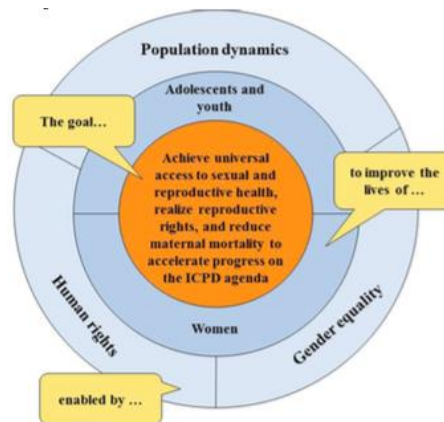
The outcome on humanitarian accountability references SRH and GBV interventions being mainstreamed and / or recognised across the humanitarian response. This relates specifically to SRH being recognised as a life-saving intervention (for example, through programme criticality frameworks) and GBV being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

NEXT LEVEL - IMPACT

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

NOTE:

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



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

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

EVALUATION QUESTIONS

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

The definitions of criteria have been adapted from overarching normative framework sources as best fit the requirements of this evaluation. The sources include original OECD-DAC evaluation criteria; the 2006 ALNAP Guide on using OECD-DAC criteria in humanitarian settings; the 2009 ALNAP Real-Time Evaluation Guide; the 2015 ALNAP State of the Humanitarian System Report; and the 2017 ALNAP Inception Report for the 2018 ALNAP State of the Humanitarian System Report.³⁶ The criteria are also aligned to the criteria provided within the Evaluation Terms of Reference (see Annex VII).

	Question	Assumptions
Relevance/ Appropriateness	1. To what extent have the specific defined outputs and outcomes of the UNFPA Syria Crisis Response [hereafter referred to as UNFPA Response] been based on identified actual needs of Syrians within Whole of Syria and within the 3RP countries?	1. UNFPA Response has been based on needs of women, girls, and young people identified at community, sub-national, and national level; 2. UNFPA Response is based on coherent and comprehensive gender and inclusion analysis; 3. UNFPA Response is based on clear human rights-based approaches and aligned with humanitarian principles of humanity, impartiality, neutrality and independence, and with International Humanitarian Law (IHL), International Human Rights Law (IHRL), and International Refugee Law (IRL).
	2. To what extent is UNFPA using all evidence, sources of data, and triangulation of data to able to adapt its strategies and programmes over time to respond to rapidly changing (and deteriorating) situations, in order to address the greatest need and to leverage the greatest change?	4. The UNFPA Response reacts flexibly to rapidly changing situations (of displacement, besiegement, movement) based on overall UN and UNFPA-specific information; 5. UNFPA have systematic mechanisms for adapting interventions based on shifting needs and in line with humanitarian principles; 6. The UNFPA Response is based on its comparative strengths with relation to other actors for SRH, GBV and youth.
Coverage	3. To what extent did UNFPA interventions reach the population groups with greatest need for sexual and reproductive health and gender-based violence services, in particular the most vulnerable and marginalised?	7. The UNFPA Response systematically reaches all geographical areas in which women, girls and youth are in need and in line with humanitarian principles; 8. The UNFPA Response systematically reaches all demographic populations of vulnerability and marginalisation (i.e. women, girls, and youth with

³⁶ <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>, accessed 20th December 2017; ODI, *Evaluating humanitarian action using the OECD-DAC criteria. An ALNAP guide for humanitarian agencies.* ALNAP, 2006; J Cosgrove et al, *Real-time evaluations of humanitarian action. An ALNAP Guide. Pilot Version.* ALNAP, 2009; A Stoddard et al, *The State of the Humanitarian System.* 2015 Edition. ALNAP, 2015; ALNAP, *The State of the Humanitarian System 2018.* Inception Report. ALNAP, 2017

Question	Assumptions
<p>Coordination</p> <p>4. To what extent has UNFPA’s formal leadership of the GBV AoR (at international, hub, and country levels) and informal leadership of RH WGs and youth WGs (at hub and country levels) contributed to an improved SRH, GBV, and youth-inclusive response?</p>	<p>disabilities; those of ethnic, religious, or national minority status; Lesbian/Gay/Bisexual/Trans (LGBT) populations etc.)</p> <p>9. UNFPA’s support to and use of coordination within the GBV AoR at global level and the GBV Sub-Clusters at Hub and Country level has resulted in improved effectiveness of GBV programming in the Syria Response: Overall GBV response under UNFPA direction through leadership if the GBV SC is based on needs of women, girls, and young people identified at community, sub-national, and national level and is based on coherent and comprehensive gender and inclusion analysis and Human Rights-Based Analysis (HRBA);</p> <p>10. UNFPA’s support to and use of coordination within the RH WG at Hub and Country level has resulted in improved effectiveness of SRH programming in the Syria Response: Overall SRH response under UNFPA direction through leadership of the RH WG is based on needs of women, girls, and young people identified at community, sub-national, and national level and is based on coherent and comprehensive gender and inclusion analysis and HRBA;</p> <p>11. UNFPA’s support to and use of coordination within the Youth WG at Country level has resulted in improved effectiveness of youth engagement and empowerment programming in the Syria Response.</p>
<p>Coherence</p> <p>5. To what extent is the UNFPA Response aligned with: (i) the priorities of the wider humanitarian system (as set out in successive HRPs and 3RPs); (ii) UNFPA strategic frameworks; (iii) UNEG gender equality principles; (iv) national-level host Government prioritisation; and (iv) strategic interventions of other UN agencies.</p>	<p>12. UNFPA is institutionally engaged with, and drives focus on SRH and GBV, at UNCT, HCT and Strategic Steering Group (SSG) levels in all response countries;</p> <p>13. UNFPA Response is aligned with:</p> <ul style="list-style-type: none"> a. UNFPA global mandate and global humanitarian strategy; b. UNFPA Regional Office strategies; c. UNFPA CO strategies; d. National-level host Government prioritisation (SAR, Turkey, Lebanon, Iraq, Jordan); e. International normative frameworks; f. UN global development strategies (MDGs, SDGs). <p>14. The UNFPA Response is aligned to the priorities decided in Cluster Forum; specifically:</p> <ul style="list-style-type: none"> a. The GBV AoR; b. The Global RH Coordination Forum (currently IAWG).

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

	Question	Assumptions
<p>Effectiveness</p>	<p>10a. To what extent does the UNFPA response contribute to access to quality SRH and GBV services as life-saving interventions for women, girls, and youth in the Syrian Arab Republic.</p>	<p>24. UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:</p> <ul style="list-style-type: none"> a. Syrian women, adolescents and youth access quality integrated SRH and GBV services; b. Syrian women, adolescents and youth benefit from prevention, risk reduction and social norm change programming and are empowered to demand their rights; c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.
	<p>10b. To what extent does the UNFPA response contribute to access to quality SRH and GBV services as life-saving interventions for Syrian refugee and host community women, girls, and youth in Turkey, Lebanon, Jordan, and Iraq.</p>	<p>25. UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:</p> <ul style="list-style-type: none"> a. Syrian refugee women, adolescents and youth, and affected host communities in surrounding countries access quality integrated SRH and GBV services; b. Syrian refugee women, adolescents and youth and affected host community women, adolescents and youth benefit from prevention, risk reduction and social norm change programming and are empowered to demand their rights; c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.

METHODOLOGY

OVERALL APPROACH

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

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

GUIDING PRINCIPLES

In addition to the evaluation being in accordance with the *UNEG Norms and Standards for Evaluations*, the *UNEG Ethical Guidelines for Evaluations*, the *UNFPA Country Programme Evaluation Handbook*, and the *WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, ISG will use a range of participatory methods to ensure that key stakeholders and partners are centrally involved in reflective and forward-thinking processes and will adhere to the following principles:

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

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

DATA SOURCES

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

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

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

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

DATA COLLECTION TOOLS AND PURPOSES

Document and data review

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

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

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

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

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

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

Key informant interviews (KIIs)

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

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

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

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

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

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

KII Process

Questions are not defined as a formalised interview process with all questions being asked in order. The key informant interview is a semi-structured process with the questions providing 'talking points' whereby specific themes can be introduced and explored at the depth and detail relevant to the quantity/quality of information held by the interviewee.

Evaluation team members will select questions relevant to specific interviewees, grouped as:

- UNFPA Global Colleagues
- UNFPA Regional Colleagues
- UNFPA Hub / Country Colleagues
- Other UN Agency Global Colleagues
- Other UN Agency Regional Colleagues
- Other UN Agency Hub / Country Colleagues
- NGO Global Colleagues
- Implementing Partner Country Colleagues
- Other NGO Country Colleagues
- CSO Colleagues
- Government Partners
- Donor Partners
- Academic Partners
- Others

Focus Group Discussions (FGDs)

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

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

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

FGD Process

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

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

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

Site Visits and Direct Observations

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

SAMPLING PLAN/DATA COLLECTION SCHEDULE

Key Informant Interviews

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

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

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

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

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

Site Visits and Focus Group Discussions

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

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

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

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

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

DATA COLLECTION RISKS AND LIMITATIONS

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

DATA CODING AND ANALYSIS

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

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

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

REPORTING

Sharing of preliminary findings

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

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

Syria Regional Response Hub Case Study Report

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

Cross-Border Interventions Case Study

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

Country Notes

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

Final report

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

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

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

PRESENTATION AND DISSEMINATION OF FINDINGS WORKSHOP

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

REVISION AND SUBMISSION OF FINAL REPORTS

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

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

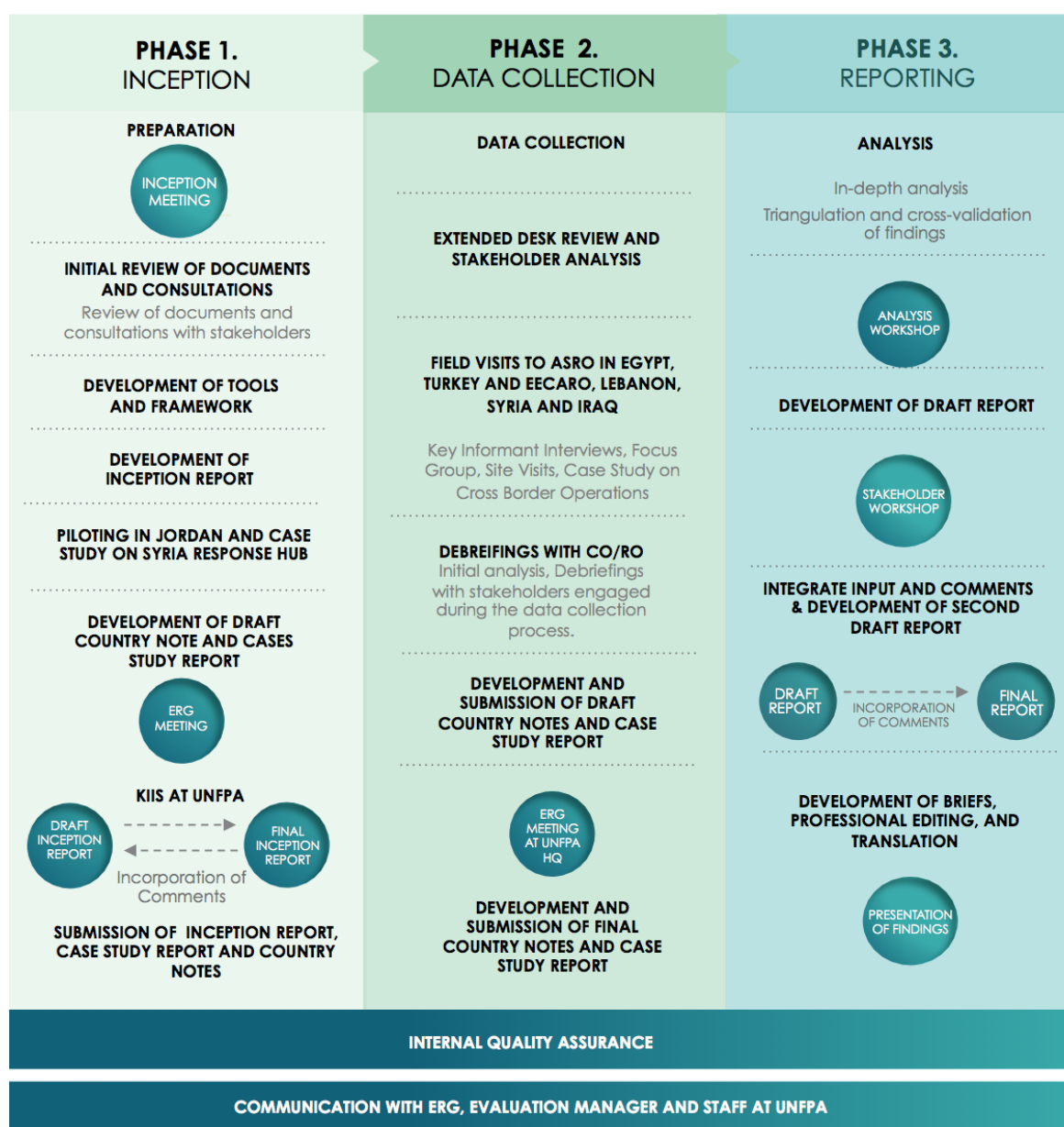
- (a) UNFPA Country Offices (COs);
- (b) The UNFPA Syria Regional Response Hub;
- (c) UNFPA Regional Offices (ROs) – the Arab States Regional Office (ASRO) and the Eastern Europe and Central Asia Regional Office (EECARO);
- (d) UNFPA Humanitarian and Fragile Contexts Branch (HFCB);
- (e) UNFPA Senior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

EVALUATION PROCESS & NEXT STEPS

OVERVIEW

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

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



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

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

During this phase, the evaluation team will conduct:

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

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

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

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

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

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

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

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

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

FIELD VISIT PROTOCOLS/LOGISTICS

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

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

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

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

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

Arrival in country

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

Post-visit

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

EVALUATION WORKPLAN

	November				December				January				February				March				April				May				June				July				August				September			
	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w	w				
Phase 1 - Inception																																												
Inception meeting		X																																										
Initial Document review		X	X	X																																								
Initial Key Informant Interviews					X	X	X	X																																				
Development of Tools and framework			X	X	X	X	X	X	X																																			
Stakeholder analysis			X	X	X	X	X	X	X																																			
Development and Submission of first Draft Inception Report			X	X	X	X	X	X																																				
Pilot Mission in Jordan with Debriefing (rescheduled)									X	X	X	X																																
Development and Submission of Draft Country Note									X	X	X	X																																
Submission of draft Case Study report on Syria Response Hub													X	X																														
ERG Meeting and KIIs at HQ								X	X																																			
Finalization and Submission of Final Inception Report									X	X																																		
Presentation of final Jordan Country Notes and Final Draft Jordan Case Study									X	X	X	X																																
Phase 2 - Data Collection and Initial Analysis																																												
Extended Desk Review and Stakeholder Analysis										X	X	X	X	X	X	X	X	X	X																									
KIIs at UNFPA HQ										X	X	X	X	X	X	X	X	X	X																									
KIIs at ASRO and EECARO										X	X	X	X	X	X	X	X	X	X																									
Field visit in Iraq (with debrief)										X	X	X	X	X	X	X	X	X	X																									
Field visit in Syria (with debrief)										X	X	X	X	X	X	X	X	X	X																									
Field visit in Lebanon (with debrief)										X	X	X	X	X	X	X	X	X	X																									
Field visit in Turkey (with debrief)										X	X	X	X	X	X	X	X	X	X																									
Development/Submission of draft country notes for Syria, Lebanon, Turkey, Iraq										X	X	X	X	X	X	X	X	X	X																									
Development/Submission of draft case study on Cross Border Operations										X	X	X	X	X	X	X	X	X	X																									
Second ERG meeting										X	X																																	
Submission of Country Notes, Final Case Study on Cross-Border Operations										X	X																X																	
Phase 3 - Final Analysis and Final Reporting/Dissemination																																												
Data Analysis																									X	X	X	X	X	X	X	X	X	X	X	X	X							
Two Day Analysis Workshop																								X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Development and Submission of First Draft evaluation report																								X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Stakeholder Workshop in NY (PowerPoint)																							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Revision and Submission of Second Draft Final Evaluation Report																							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Submission of Final Evaluation Report																							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Development of Evaluation Briefs in English, Spanish and French																							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Professional Editing of Evaluation Briefs and Evaluation Report																							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Presentation to the UNFPA Executive Board (PowerPoint)																							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							

QUALITY ASSURANCE

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

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

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

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

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

ANNEX I: PORTFOLIO OF RELEVANT INTERVENTIONS

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

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

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

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

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

ANNEX II: EVALUATION MATRIX

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

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

COVERAGE

EQ3: To what extent did UNFPA interventions reach the population groups with greatest need for sexual and reproductive health and gender-based violence services, in particular, the most vulnerable and marginalised?

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

COORDINATION

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

Assumption 9	Indicators	Source	Data collection
UNFPA’s support to and use of coordination within the GBV AoR at global level and the GBV Sub-Clusters at Hub and Country level has resulted in improved effectiveness of GBV programming in the Syria Response: : Overall GBV response under UNFPA direction through leadership if the GBV SC is based on needs of women, girls, and young people identified at community, sub-national, and national level and is based on coherent and comprehensive gender and inclusion analysis and HRBA.	- Number of GBV SC members reporting GBV SC as useful functioning forum for improved coordination and programming and UNFPA support to this.	<ul style="list-style-type: none"> •GBV SC documentation •KII Notes 	Document Review Interviews
Assumption 10	Indicators	Source	Data collection

<p>UNFPA’s support to and use of coordination within the RH WG at Hub and Country level has resulted in improved effectiveness of SRH programming in the Syria Response: : Overall SRH response under UNFPA direction through leadership of the RH WG is based on needs of women, girls, and young people identified at community, sub-national, and national level and is based on coherent and comprehensive gender and inclusion analysis and HRBA.</p>	<p>- Number of RH WG members reporting RH WG as useful functioning forum for improved coordination and programming and UNFPA support to this.</p>	<p>•RH WG / Health Cluster documentation •KII Notes</p>	<p>Document Review Interviews</p>
<p>Assumption 11</p>	<p>Indicators</p>	<p>Source</p>	<p>Data collection</p>
<p>UNFPA’s support to and use of coordination within the Youth WG at Hub and Country level has resulted in improved effectiveness of youth engagement and empowerment programming in the Syria Response.</p>	<p>- Number of youth WG members reporting youth WG as useful functioning forum for improved coordination and programming and UNFPA support to this.</p>	<p>•Youth documentation •KII Notes</p>	<p>Document Review Interviews</p>
<p>COHERENCE</p>			
<p>EQ5: To what extent is the UNFPA Response aligned with: (i) the priorities of the wider humanitarian system (as set out in successive HRP’s and 3RP’s); (ii) UNFPA strategic frameworks; (iii) UNEG gender equality principles; (iv) national-level host Government prioritisation; and (iv) strategic interventions of other UN agencies.</p>			
<p>Assumption 12</p>	<p>Indicators</p>	<p>Source of</p>	<p>Data collection</p>
<p>UNFPA is institutionally engaged with, and drives focus on SRH and GBV, at UNCT, HCT, and SSG levels in all response countries.</p>	<p>- Evidence of UNFPA engagement at UNCT and HCT levels across countries.</p>	<p>•UNFPA documentation •UNCT, HCT, and reports •KII Notes</p>	<p>Document Review Interviews</p>
<p>Assumption 13</p>	<p>Indicators</p>	<p>Source of</p>	<p>Data collection</p>
<p>The UNFPA Response is aligned with:</p> <ul style="list-style-type: none"> ○ UNFPA global mandate and global humanitarian strategy; ○ UNFPA Regional Office strategies; ○ UNFPA Country Office strategies; ○ National-level host Government prioritisation (SAR, Turkey, Lebanon, Iraq, Jordan);³⁷ ○ International normative frameworks. ○ UN global development strategies (MDGs, SDGs). 	<p>- Proportion of UNFPA interventions aligned with:</p> <ol style="list-style-type: none"> (1) UNFPA mandate, SP and humanitarian strategy (2) UNFPA RO strategies; (3) CPDs; (4) National Government priorities; (5) Global frameworks. 	<p>Documentation and KII notes at different levels:</p> <ul style="list-style-type: none"> •CO and global UNFPA level documentation and KII Notes •CO and RO level docs and KII Notes •Syria Response Hub guidance notes / resources/evaluations •CO and Government Policy / HRP / national-specific 3RP Chapter documentation and KII Notes •CO and normative global frameworks documentation 	<p>Document Review Interviews</p>

³⁷ For Whole of Syria, not all strategies are aligned with SAR government prioritisation, particularly in areas not under the control of the SAR Government.

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

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

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

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

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

EFFECTIVENESS

EQ10a: To what extent does the UNFPA response contribute to access to quality SRH and GBV services as life-saving interventions for women, girls, and youth in the Syrian Arab Republic

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

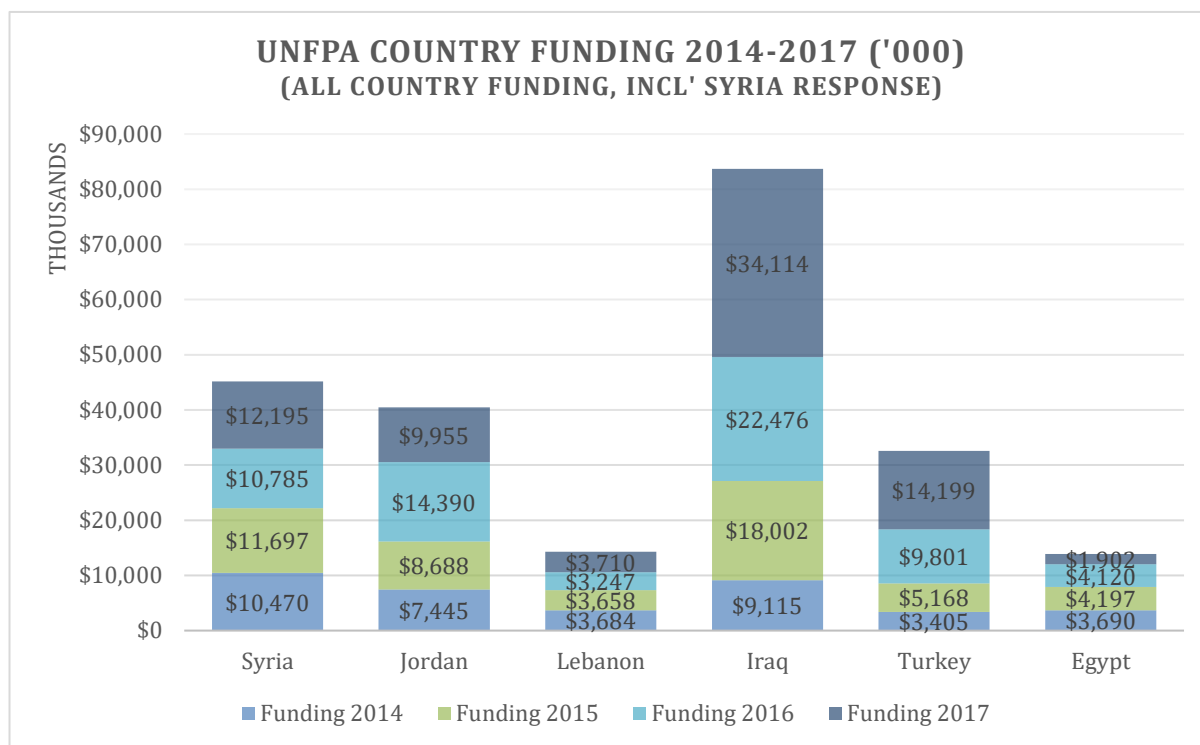
<p>and are empowered to demand their rights</p> <p>c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.</p>	<ul style="list-style-type: none"> - Evidence of Sex and age-disaggregated data (SADD) routinely, ethically, and robustly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

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

ANNEX III: STAKEHOLDER ANALYSIS

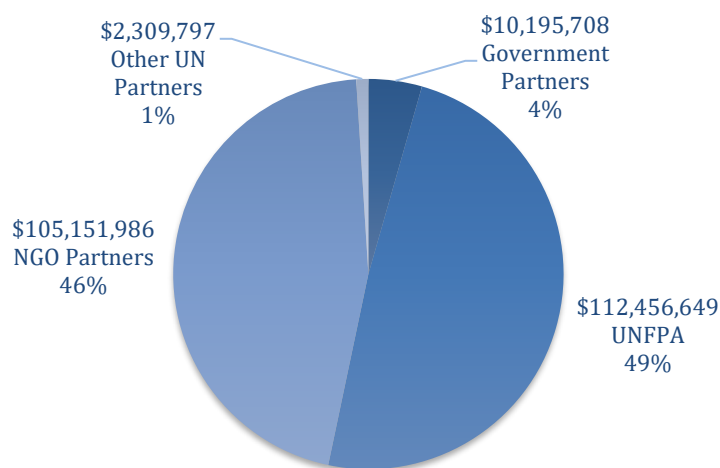
The following chart presents a country breakdown of overall UNFPA funding that has been disbursed within the key countries since 2014.³⁸ This *overall* funding incorporates all of UNFPA’s expenditures for each country, including that for Syria response activities. The bulk of the overall funding has been provided to Iraq, increasing allocations for Iraq every year since 2014, a reflection of the increasing humanitarian crisis resulting from the rise and decline of the Islamic State group in Iraq between these years. Turkey has also seen a progressive increase in funding since 2014, while funding streams for Syria, Jordan, Lebanon and Egypt have remained relatively static.



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

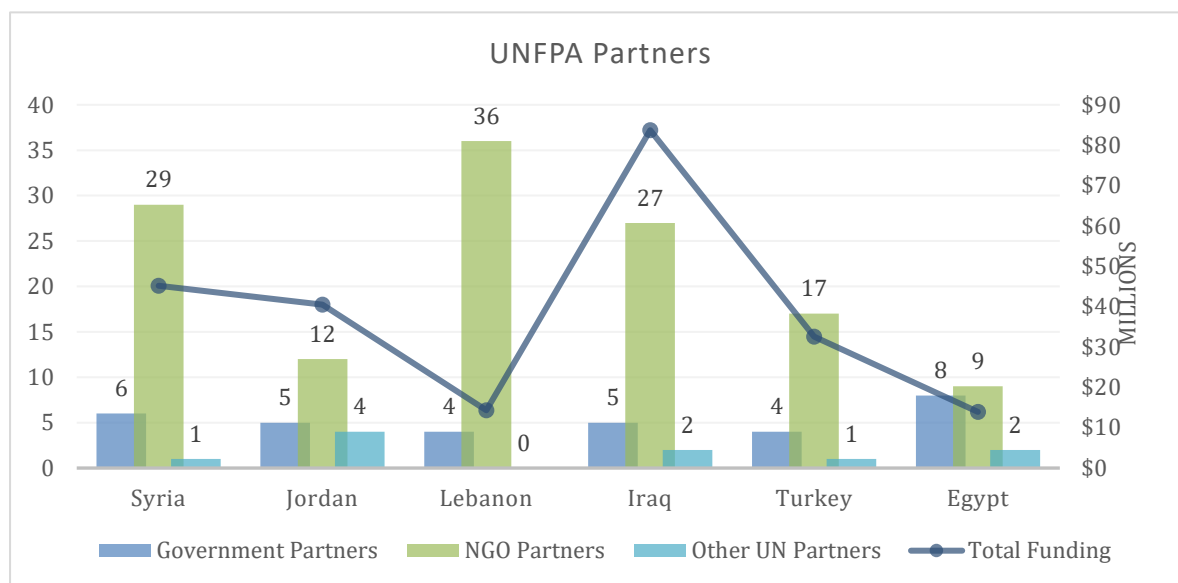
Almost half (49%) of funding is programmed directly by UNFPA (not disbursed to implementing partners) – amounting to over \$112 million over the course of the time period, with a slightly smaller amount (46%, \$105 million) being disbursed to NGO partners – both national NGOs and international NGOs. Over \$10 million has been provided to government partners in the six countries, with 1% (\$2.3 million) being provided to other UN agencies.

Total UNFPA Funding by Partner Type - 2014-2017



³⁸ Financial data for 2011-2013 was not available at the time of research. Tracking the 2011-2013 funding flows will be part of the more comprehensive secondary research and analysis.

An analysis of partner type across the five countries reflects this breakdown of funding – most partnerships are with NGOs (a mix of national and international NGOs³⁹), followed by government partners (4-8 different ministries per country), and a small number of UN agency partners.



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

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

³⁹ More specific analysis of types of NGO partners – in terms of national and international organisations – will be part of the ongoing desk review and research of the evaluation, specifically with a view to localisation of humanitarian programming and the transition to longer-term development.

ANNEX IV: DATA COLLECTION TOOLS

DATA COLLECTION CONSULTATION TOOLS

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

(1) Master List of Questions – Key Informant Interviews

Introduction – to all:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Connectedness – humanitarian-development nexus

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

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

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

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

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

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

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

Q28 – How has UNFPA used partnerships strategically? Evidence?

Effectiveness – outcomes across WoS and regional refugee and resilience response

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

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

Notes:

Questions are not defined as a formalised interview process with all questions being asked in order.

The key informant interview is a semi-structured process with the questions providing

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

- UNFPA Global Colleagues
- UNFPA Regional Colleagues
- UNFPA Hub / Country Colleagues
- Other UN Agency Global Colleagues
- Other UN Agency Regional Colleagues
- Other UN Agency Hub / Country Colleagues
- NGO Global Colleagues
- Implementing Partner Country Colleagues
- Other NGO Country Colleagues
- CSO Colleagues
- Government Partners
- Donor Partners
- Academic Partners

(2) Community Focus Group Discussions

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

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

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

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

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

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

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

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

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

Question Areas:

(1) General Situation / Priority Concerns

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

(2) RH services

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

(3) GBV issues – prevention and response

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

(4) Harmful Practices – child marriage

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

(3) Rapid Clinic Checklists

Record –

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

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

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

Final Report

Number of pages: 50-70 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

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

1 Introduction

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

2 Methodology

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

3 Findings

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

4 Conclusions

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

5 Recommendations

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

Annexes shall be confined to a separate volume

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

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

Cross-Border Case Study Report

Number of pages: 20-30 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

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

1 Introduction

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

2 Methodology

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

3 Findings

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

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

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

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

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

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

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

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

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

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

4 Conclusions

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

5 Recommendations

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

Annexes shall be confined to a separate volume

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

Syria Regional Response Hub Case Study Report

Number of pages: 20-30 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

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2 Methodology

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

3 Findings

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

1. Relevance

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

2. Coverage

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

3. Coordination

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

4. Coherence

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

5. Connectedness

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

6. Efficiency

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

7. Effectiveness

- **EQ 10:** Access to quality SRH and GBV services
 - UNFPA Hub’s contributions to the outcomes articulated in the reconstructed ToC:
 - a. Syrian women, adolescents and youth access quality integrated SRH and GBV services;
 - b. Syrian women, adolescents and youth benefit from prevention, risk reduction and social norm change programming and are empowered to demand their rights
 - c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.

4 Conclusions

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

5 Recommendations

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

Annexes shall be confined to a separate volume

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

Revised Syria Hub Evaluation Questions/Assumptions

8. Relevance

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

9. Coverage

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

10. Coordination

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

11. Coherence

- **EQ 5:** To what extent are the UNFPA Hub's response activities aligned with: (i) the priorities of the wider humanitarian system (as set out in successive HRPs and 3RPs); (ii) UNFPA strategic frameworks; (iii) UNEG gender equality principles; (iv) national-level host Government prioritisation; and (iv) strategic interventions of other UN agencies.
 - **Assumption 12:** UNFPA, at Syria Hub level, is institutionally engaged with, and drives focus on SRH and GBV, at UNCT, HCT and Strategic Steering Group (SSG) levels in all response countries;
 - **Assumption 13:** The UNFPA Hub's response activities are aligned with:
 - a. UNFPA global mandate and global humanitarian strategy;

- b. UNFPA Regional Office strategies;
- c. UNFPA CO strategies;
- d. National-level host Government prioritisation (SAR, Turkey, Lebanon, Iraq, Jordan);
- e. International normative frameworks;
- f. UN global development strategies (MDGs, SDGs).
- **Assumption 14:** The UNFPA Hub's response is aligned to the priorities decided in Cluster Forum; specifically,
 - a. The GBV AoR
 - b. The Global RH Coordination Forum (currently IAWG)

12. Connectedness

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

13. Efficiency

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

14. Effectiveness

- **EQ 10a:** To what extent does the UNFPA Hub facilitate or contribute to access to quality SRH and GBV services as life-saving interventions for women, girls, and youth in the region?
 - **Assumption 24:** The UNFPA Hub's coordination, fundraising, communication and representation functions contribute to the following outcomes articulated in the reconstructed ToC:
 - a. Syrian women, adolescents and youth access quality integrated SRH and GBV services;
 - b. Syrian women, adolescents and youth benefit from prevention, risk reduction and social norm change programming and are empowered to demand their rights
 - c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.

Country Note

Number of pages: 20-30 pages without the annexes

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2 Methodology

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3 Findings

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

4 Conclusions

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

5 Recommendations

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

Annexes shall be confined to a separate volume

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

ANNEX VI: PROPOSED DESK REVIEW BIBLIOGRAPHY

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

ANNEX VII: STAKEHOLDER LIST FOR INTERVIEW

ANNEX VIII: TERMS OF REFERENCE

EVALUATION OF THE UNFPA RESPONSE TO THE SYRIA CRISIS

27 JULY 2017

A. Introduction

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

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

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

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

3. The primary intended users of the evaluation are:

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

(ii) the UNFPA Syria Regional Response Hub;

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

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

(v) UNFPA Senior Management.

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

(i) beneficiaries of UNFPA interventions and affected populations;

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

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

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

B. Background and context

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

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

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

7. In response to the need to scale up the UNFPA Syrian humanitarian crisis response, UNFPA established a regional response hub in 2013. The hub was meant to allow a more effective UNFPA representation at the different humanitarian coordination forums, increase the effectiveness and visibility of humanitarian response activities and enhance resource mobilization efforts. As from 2014, within the framework of the WoS approach, the hub was assigned the overall coordination role of cross-border assistance.

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

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

C. Purpose, objectives and scope of the evaluation

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

10. The specific objectives of the evaluation are:

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

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

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

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

D. Evaluation criteria and indicative areas for investigation

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

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

16. The below list of indicative areas for investigation, structured around the above-mentioned evaluation criteria, will form the basis for the formulation of evaluation questions by the evaluation team at inception stage⁴⁰. The final list of evaluation questions will be limited to a maximum of ten. Based on the agreed list of evaluation questions, the evaluation team will prepare an evaluation matrix⁴¹, linking questions with associated assumptions to be assessed, indicators, data sources and data collection tools.

- **Relevance/Appropriateness**

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

- **Coverage**

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

- **Effectiveness**

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

- **Efficiency**

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

⁴⁰ Criteria should only be used if they directly relate to questions to be answered. What matters are the questions, not the criteria. The latter are tools to think with and help devise additional relevant questions where necessary

⁴¹ See **Annex 2**, Outline of the evaluation matrix

- **Coherence**

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

- **Connectedness**

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

E. Methodology and approach

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

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

19. At a minimum, the approach will comprise:

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

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

F. Evaluation process, timeline and deliverables

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

- **Preparatory phase**

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

- **Inception phase**

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

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

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

The outputs of this phase are:

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

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

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

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

- **Data collection phase**

During this phase, the evaluation team will conduct:

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

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

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

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

- **Reporting phase**

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

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

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

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

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

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

- **Dissemination phase**

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

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

A presentation of the evaluation results to the UNFPA Executive Board (requiring the presence of the team leader in New York for **1 working day**) may take place at the annual session of the Executive Board, in January 2019.⁴²

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

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

⁴² The exact date of the presentation, in case it is confirmed, will be communicated to the evaluation team in due course

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

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

<p>5. Debriefing meetings at the end of each field visit</p> <p>6. Submission of draft country notes (Syria, Lebanon, Turkey, Iraq)</p> <p>7. Submission of draft case study report on cross border operations</p> <p>8. 2nd ERG meeting</p> <p>9. Submission of final country notes and final case study report on cross-border operations learned from the case studies</p>	<p>preliminary results of the data collection, including preliminary findings and lessons</p> <ul style="list-style-type: none"> ● 4 final country notes ● Final case study report on cross-border operations (evaluation team) 	<ul style="list-style-type: none"> ● Lebanon: 10 working days (evaluation team) ● Turkey: 10 working days ● Iraq: 10 working days (evaluation team) ● New York: 2 working days (team leader) 	
<p>Reporting phase</p> <p>1. Analysis workshop</p> <p>2. Submission of draft final report</p> <p>3. Stakeholder workshop (focusing on recommendations)</p> <p>4. Submission of final evaluation report</p>	<ul style="list-style-type: none"> ● 1st draft final report (with tentative conclusions and recommendations) ● Powerpoint presentation for the stakeholder workshop ● Final evaluation report 	<ul style="list-style-type: none"> ● Analysis workshop: 2 working days in New York⁴³ or other location proposed by the bidder ● Stakeholder workshop in New York: 2 working days (evaluation team) 	<p>July-September 2018</p>
<p>Dissemination and follow up phase</p> <p>1. Preparation of evaluation briefs in EN, FR and SP</p> <p>2. Professional copy editing and design of the final report and the evaluation briefs</p> <p>3. Presentation to the UNFPA Executive Board (To Be Confirmed)</p>	<ul style="list-style-type: none"> ● Evaluation briefs in EN, FR and SP ● Professional copy edited and designed evaluation report (by November 2018) ● Professional copy edited and designed evaluation briefs in EN, 	<ul style="list-style-type: none"> ● New York: 1 working day (team leader) 	<p>September 2018 - January 2019</p>

⁴³ The analysis could take place in New York, just after the 2nd ERG meeting

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

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

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

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

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

H. Composition of the team

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

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

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

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

I. Quality assurance

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

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

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

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

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

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

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

J. Budget and payment modalities

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

- The evaluation as defined in the Terms of Reference, including other expenses as defined in the Terms of Reference associated with the editing, design (final evaluation report and evaluation briefs) and translation (evaluation brief);
- The travel related costs for the participation in the reference group meetings, the stakeholder workshop and the presentation to the executive board as well as all field missions.

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

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

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

40. The payment modalities will be as follows:

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

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

Annex 1: Humanitarian Action Evaluation Criteria

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

Coordination	The extent to which the interventions of different actors are harmonised with each other, promote synergy, avoid gaps, duplication, and resource conflicts. (Often folded into effectiveness.)
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Source: Adapted from Buchanan-Smith, M., Cosgrave, J. and Warner, A. (2016) Evaluation of Humanitarian Action Guide. ALNAP. Pp.113-114.

Annex 2: Outline of the evaluation matrix

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

Annex 3: Outline of the inception report

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

1 Introduction

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

2 Background and context

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

3 Intervention logic

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

4 Methodology

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

5 Proposed Evaluation Questions

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

6 Next Steps

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

8 Annexes

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

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

Annex 4: Outline of the final report

Number of pages: 50-70 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

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

1 Introduction

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

2 Methodology

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

3 Findings

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

4 Conclusions

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

5 Recommendations

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

Annexes shall be confined to a separate volume

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

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

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

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

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

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

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