



Final Report for the Final Evaluation of OFDA Response program

July to October 2021



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Acronyms

CARE	Cooperative for Assistance and Relief Everywhere
ERM	Emergency Response Mechanism
FCS	Food consumption score
FGD	Focus group discussion
(S)GBV	(Sexual) Gender-based violence
HH	Household
KII	Key Informant Interview
IDP	Internally Displaced People
IYD	Insani Yardimlasma Dernegi
IOM	International Organization for Migration
IP	Implementing Partner
Ihsan RD	Ihsan Relief and Development
MPCA	Multi-purpose cash assistance
NFI	Non-food items
NWS	Northwest Syria
O&M	Operations and Maintenance
OECD-DAC	Organization for Economic Cooperation and Development – Development Assistance Committee
OFDA	Office of US Foreign Disaster Assistance
RCSI	Reduced Coping Strategies Index
RRM	Rapid Response Mechanism
S/NFI	Shelter/NFI
SRD	Syria Relief and Development

SRH	Sexual and Reproductive Health
TOR	Terms of Reference
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

1. Executive Summary

This report presents the final evaluation of the United States' Agency for International Development (USAID) Office of Foreign Disaster Assistance (OFDA) Response Program implemented by CARE Turkey and its partners in Aleppo and Idlib governorates of Northwest Syria (NWS). The evaluation aimed to assess the program's relevance, efficiency, effectiveness, impact, sustainability, and coordination using the Organization for Economic Co-operation and Development's Development Assistance Committee (OECD DAC) evaluation criteria and was carried out from July to October 2021.

1.1. Methods

The evaluation was guided by the evaluation matrix. Jouri's evaluation team used a mixed-method approach of quantitative and qualitative data collection and review of secondary data.¹ The type of key informants, activities, and locations were selected upon agreement with CARE. Jouri developed all data collection tools, and they were reviewed and commented upon by CARE's relevant staff.

- Jouri conducted a total of 40 key informant interviews (KIIs) with Implementing Partners' (IP) management, Internally Displaced People (IDP) Camp Managers, and local leaders, according to a purposive sampling approach.
- Jouri conducted 7 face-to-face Focus Group Discussions (FGDs) with direct beneficiaries from the intervention, reaching a total of 35 participants (5 beneficiaries in each group). Overall, the evaluation sought to conduct FGDs with beneficiaries from each sector as well as focus groups with both men and women.
- The evaluation team conducted a total of 753 surveys, all face-to-face with beneficiaries. Jouri randomly selected the beneficiaries based on lists shared by CARE, except for the WASH and Shelter activities, as no lists were available and household surveys were conducted in the geographic areas that benefited from the assistance.
 - For Protection, 138 surveys were conducted. A total of 79% were women and 21% were men.
 - For Sexual and Reproductive Health, 87 surveys were conducted where all respondents were women.
 - For the emergency response, 210 beneficiaries were interviewed. A total of 72% were men and 28% were women.
 - For the WASH and Shelter sector, 333 beneficiaries were surveyed. Of these, 58% were men and 42% were women.
 - A significant percentage of beneficiaries overall, about one-third, reported living with a disability.

¹ All data collection methods are developed in the sub-sections below.

1.2. Findings

"Through the project, we have met the basic needs. The basic needs are shelter, food and water. We have rehabilitated the shelter and provided the beneficiaries with cash and water. I think we have touched the needs of vulnerable groups."

- IP Project Manager

"I am very satisfied with this assistance in terms of graveling the road, providing the camp with water and upgrading the tents for the entire camp. All of those interventions were desperately needed. People are satisfied because the situation has improved within the camp."

-Camp Manager

"I can say that this service is very important in all aspects because it is securing clean and safe water for the neighborhood (...). Everyone in the neighborhood is satisfied with the services."

-FGD participant

Relevance

Overall, the evaluation found activities to be relevant to the evolving needs of beneficiaries. CARE and IP management worked closely with local and IDP camp authorities and conducted needs assessments to determine the best-fit approach to respond to enormous, ongoing needs. They also adapted activities based on lessons learned from previous activities, and gave several concrete examples of such adaptations. Transparent criteria were used to target the most vulnerable (such as in determining shelter and Emergency Response Mechanism - (ERM - beneficiaries), and in some cases entire camps or neighbourhoods were covered by services (e.g. WASH). The Protection and SRH were accessible to women, men, girls and boys in the communities and benefited from a good reputation, as most beneficiaries heard about the services from their neighbours or relatives. Modalities themselves were also responsive: in particular the cash modality responded flexibly to immediate, individualized needs. Sensitive responses were also made to people with disabilities; for example, when partners came across someone with a disability, they would adjust what they were providing to meet the person's specific requirements.

However, despite the relevance of activities, enormous needs persist, and beneficiaries reported that not all of their needs were met. At the same time, the program prioritized IDPs, while some local leaders reported to the evaluators that similar needs existed in neighbouring host communities and could contribute to exacerbating tensions among the communities.

Effectiveness

The activity has achieved its goal to respond to critical emergency, survival, and protection needs of vulnerable communities in Northwest Syria. It worked in all of the sectors that it intended to: the evaluation found evidence that CARE and its partners provided significant access to safe WASH and shelter, Sexual and Reproductive Health (SRH) services, Gender-based violence (GBV) prevention and response, as well as emergency response WASH, essential NFIs, and multipurpose cash provision.

Beneficiaries were generally satisfied with activities from all sectors, though interventions were not always considered sufficient or comprehensive by beneficiaries, camp managers, local leaders or IP staff. These unmet needs impacted beneficiary satisfaction ratings, with many reporting satisfaction only “to some extent,” because of them. Additionally, low quality was also reported by about half of beneficiaries for hygiene kits and NFIs.

While gender was certainly integrated into activities in terms of women’s inclusion, findings suggest that a gender-sensitive approach to programming could be improved. For example, the evaluation team found higher borderline food security for women than men, higher dissatisfaction ratings with the quality of hygiene kits among women, and some reports that camp latrines and shelters are reportedly not safe for women and girls (around 15% overall). Rather than providing the same services to all beneficiaries, vulnerable groups including women, people with disabilities and large families may need more tailored services to accommodate their specific needs.

About half of survey respondents were aware of complaints and feedback mechanisms. Eight percent (8%) overall said they had reported a complaint or feedback. Significantly, 48% of these said they had never received any response.

Impact and Sustainability

The impacts of the project are most evident in the reports of access to vital services and commodities. SRH and Protection beneficiaries reported significant positive impacts on their overall well-being, and all respondents felt that long-lasting positive effects of the services they received were likely. It was also relevant for beneficiaries to have access to both SRH and Protection services. Positive impacts of WASH shelter and ERM activities include short-term abilities to cover basic needs reported by all, and decreased tension among community members reported by 51% of beneficiaries.

A range of sustainable measures were implemented, such as expanding from emergency trucked water to improving water and sewage networks and working to reduce the running costs for water operation networks through the provision of solar power as part of the water system instead of using generators. There was also a focus on improving wastewater management in order to reduce environmental risks. Other medium-term sustainable interventions included the provision of bathrooms, shelter assistance to houses, and graveling camp roads.

However, the nature of the emergency assistance was not designed to effectuate a long-term impact and is conditioned upon the continuity of the support. This is reflected in the results: 30% of WASH and Shelter beneficiaries and 19% of ERM recipients reported they are “absolutely unable” to meet even their basic needs over the next three months, with another 43% reporting that they will “barely” cover basic needs, without additional support. Female ERM recipients showed less ability to cover needs than their male counterparts (46% of women reported absolute inability to cover needs versus 8% of men).

Efficiency

Overall, the resources and the budget were reported as adequate by the key informants among the implementing partners, even if the needs are high in the area. The intervention was implemented

smoothly, however, a few factors affected the activities, such as floods, the spread of COVID-19 and delays in receiving certain kits. Nevertheless, CARE offered flexibility to the IPs and in the budget in order to mitigate delays or the need for additional resources.

Coordination

Key informants reported that the coordination by CARE was effective with various stakeholders, ensured that the intervention did not duplicate other actions, and could complement other activities. While the coordination was rated as being generally satisfactory from all project stakeholders (CARE, IPs, local council members, and financial service providers), continuous and timely communication with the local authorities needs to be ensured in order to exchange information and to avoid tensions within communities on the beneficiaries' selection.

CARE was selected as the Shelter/NFI cluster co-chair to support and coordinate all shelter/NFI projects in the NWS hub. Reportedly, between 35-50 organizations are actively participating in meetings, while CARE is particularly making efforts to increase participation levels by transcribing notes in Arabic, for example.

Conclusions

CARE successfully provided lifesaving assistance to 695,452 individuals² in conflict-affected communities in NWS who faced enormous needs. WASH access was provided to beneficiaries who had no WASH infrastructure and systems prior to CARE interventions. The project upgraded sub-standard shelter conditions in camps and neighborhoods to adequate, dignified shelter for the most at-risk beneficiaries and considered their particular needs during the winter. Cash and other emergency assistance were provided to IDPs in camps; cash allowed beneficiaries the flexibility to meet their individual, urgent needs. CARE and its partners also provided significant, safe and high-quality protection and SRH services to women and girls, including Psychosocial support (PSS) services, life skills, awareness-raising, SRH consultations and a "Young Mother's Club" in safe spaces, as well as a variety of activities under the Adolescent Mothers Against All Odds (AMAL) Initiative.

Camp Managers and local leaders were very knowledgeable about interventions and spoke highly of CARE and its partners, highlighting the CARE consortium's expertise in coordination and building strong community ties.

Recommendations³

Aim for equity rather than equality. Different subgroups have different needs. Larger families may need larger cash disbursements and NFI baskets to provide equitable services. Women may need shelters with locks and brighter lights, or a pathway to a bathroom with adequate lighting at night. People with disabilities may need ramps, tents closer to roads, and different toilets.

² Number provided by CARE in October 2021.

³ More detailed recommendations, per sectors, can be found under section 5.

Further improve the gender-sensitive approach. Findings suggest that a gender-sensitive approach to programming could be improved. This includes starting with output and outcome indicator targets by gender. It then requires looking at the different results for men and women and tailoring interventions accordingly. For example, if women have higher food insecurity, then targeted food assistance to women may be warranted. Women could also be included on committees to choose hygiene kit items, and test them to ensure they are appropriate and high-quality.

Include host communities and consider conflict factors. Being displaced was a required criterion for some activity types, which left out vulnerable host community residents who were equally in need. As this can exacerbate community conflict, consider implementing mirror activities for host communities, particularly the one that are geographically adjacent to IDP camps.

Link services among all sectors. As combination interventions were rated highly, consider combining interventions among sectors to meet more household needs (for example, the combination of winterization kits and cash, or hygiene kits and non-food items, PSS and family planning, etc).

Review quality at more frequent intervals. Consumable hygiene kits were reported by large percentages of people as low quality; quantity was also an issue for trucked water (even if it exceeded CARE's target). Such quality feedback should be built into routine program monitoring by MEAL teams to address these issues in a timely way.

Continue building on lessons learned. This round of OFDA incorporated several significant lessons learned, particularly those helping to create sustainable solutions within the context of emergency programming. One way to gather lessons would be for CARE to review its CRM processes, understand why so many beneficiaries reported not knowing about it, and why beneficiaries are not getting feedback from IPs. Complaints can also be reviewed anonymously and aggregated, providing learning to CARE about which activities may require improvement from the perspective of beneficiaries.

Better documentation, learning from indicators and results. CARE should continue to strengthen the reporting of overall numbers of beneficiaries by activity type and subgroup such as IDP, host community, men, women and youth. It also includes providing gender disaggregation for all targets on a regular basis.

Consider expanding services for SRH and Protection beneficiaries. Beneficiaries and external stakeholders suggested that CARE expand the services provided by SRD with more literacy or language courses and provision of vocational trainings, as well as provision of medicines (specifically in camps), which will help to further improve beneficiaries' well-being. These suggestions were outside the scope of the current project but could be considered for future programs if greater resources and funding can be allocated to it.

2. Background

2.1. Project Background⁴

CARE is a major international humanitarian agency delivering emergency relief and long-term international development projects. Founded in 1945, CARE is non-sectarian, impartial, and non-governmental. It is one of the largest and oldest humanitarian aid organizations focused on fighting global poverty. CARE is operating in Syria through a network of local implementing partners and through direct implementation. Under the OFDA program, the implementers were: CARE Area Office in Jarablus, Aleppo; Insani Yardimlasma Dernegi (IYD); Syria Relief and Development (SRD); Ihsan Relief and Development (Ihsan RD); and Shafak.

Through the OFDA-funded Response Program, CARE has provided multi-sectoral assistance to conflict-affected communities in the Aleppo and Idlib governorates of North-West Syria (NWS). CARE has been providing humanitarian assistance to the most in-need households in the following five sectors: Water, Sanitation, and Hygiene (WASH); Shelter; Protection; Sexual Reproductive Health (SRH); and Multipurpose Cash. The program's principal goal is to increase access to safe, comprehensive, and gender-sensitive WASH, Shelter, GBV prevention and response, and Sexual and Reproductive Health (SRH) services, as well as multipurpose cash, providing life-saving humanitarian assistance to vulnerable communities in NWS.

2.2. Evaluation Objectives

This final evaluation aims to measure the effect (i.e. the change at the outcome and impact level) of the OFDA program on beneficiaries in the target operational areas of NWS. As outlined in the ToR, the specific objectives of this evaluation are as follows:

1. Assess change as a result of project activities, including baseline to endline comparisons of key indicators and qualitative analysis of change from key stakeholders.
2. Evaluate the effectiveness and relevance of the project modality, transfers, and complementary interventions to achieve activity outcomes.
3. Assess program impact on beneficiaries.
4. Highlight best practices, lessons learned, strengths, and challenges and provide informed recommendations to influence future WASH, Protection, Shelter, SRH, and CASH programming.

This final evaluation assesses the project's relevance, effectiveness, efficiency impact, sustainability and coordination using the OECD-DAC evaluation criteria. This evaluation was carried out between the period of July 2021 to October 2021.

3. Methodology

⁴ More details about the sectoral objectives and activities by implementing partners can be found in Annex

3.1. Approach

The evaluation was guided by the evaluation matrix and Jouri used a mixed-method approach of quantitative and qualitative data collection and review of secondary data.⁵ The types of key informants, activities and locations were selected upon agreement with CARE during the inception phase through a face-to-face meeting with Program teams and MEAL specialists. Jouri developed all data collection tools, which were reviewed and commented on by CARE's relevant staff (program teams, Monitoring, Evaluation and Learning team and gender specialist). The data collection was carried out between the 17th and the 25th of September 2021.

3.2. Desk Review

Jouri's evaluation team reviewed all of the relevant project documents, including: the project proposal, the project's summary documents per sector, the baseline report, narrative reports, accountability documents, monitoring reports, among other data and documents provided by CARE. The desk review informed the design of the methodology and data collection tools but was also used for data triangulation of primary findings where relevant.

3.3. Beneficiary Surveys

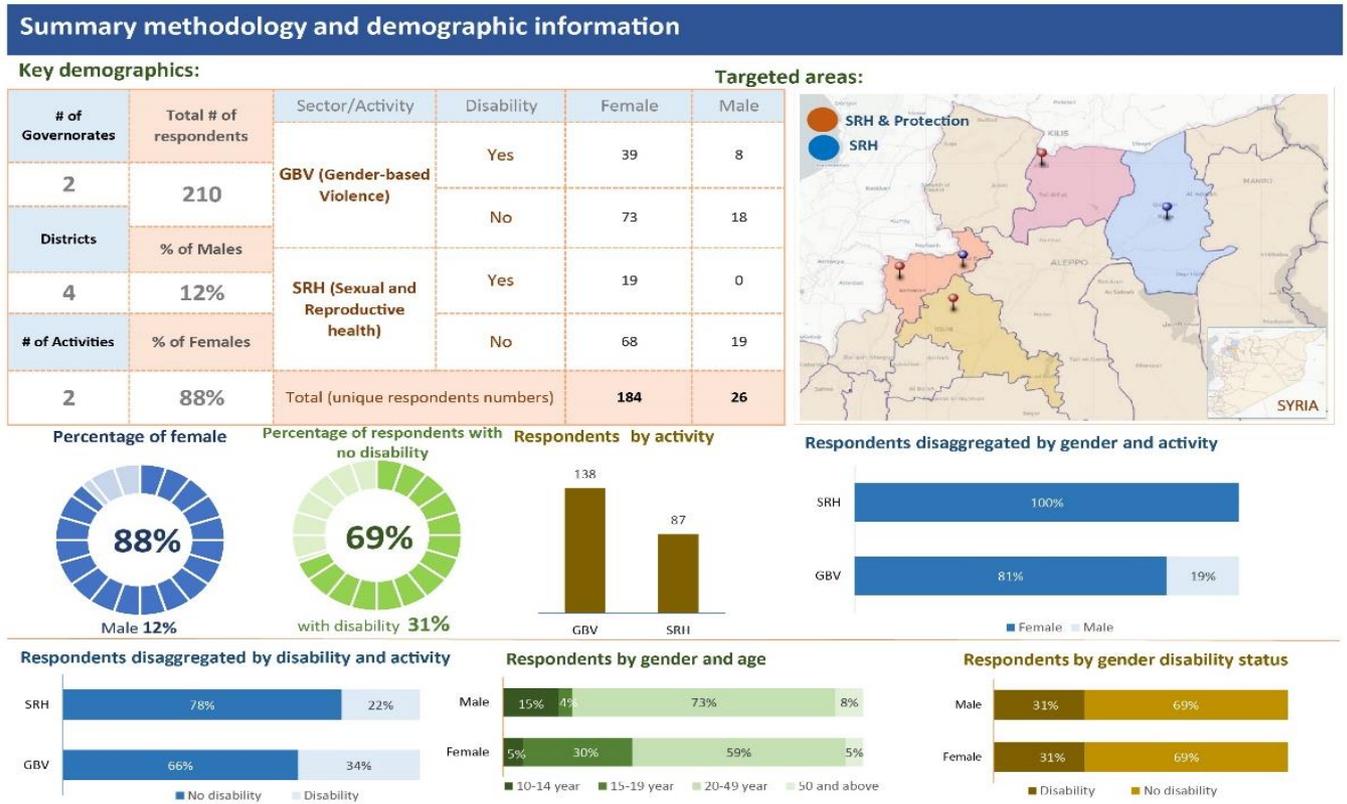
Jouri conducted 753 surveys in total, all face-to-face with beneficiaries from the intervention. The surveys lasted between 15 to 25 minutes, depending on the assistance received. Jouri randomly selected the beneficiaries based on lists shared by CARE, except for the WASH and Shelter activities, as no lists were available and household surveys were conducted in the geographic areas that benefited from the assistance. The breakdown of the demographic, per sector, is developed below.⁶

⁵ All data collection methods are developed in the sub-sections below.

⁶ Details of the demographics by activity/services can be found under this interactive link : [Microsoft Power BI](#)

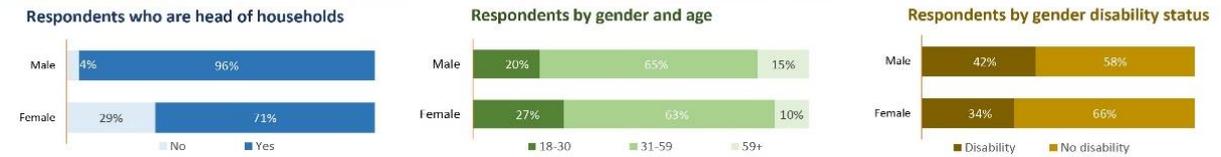
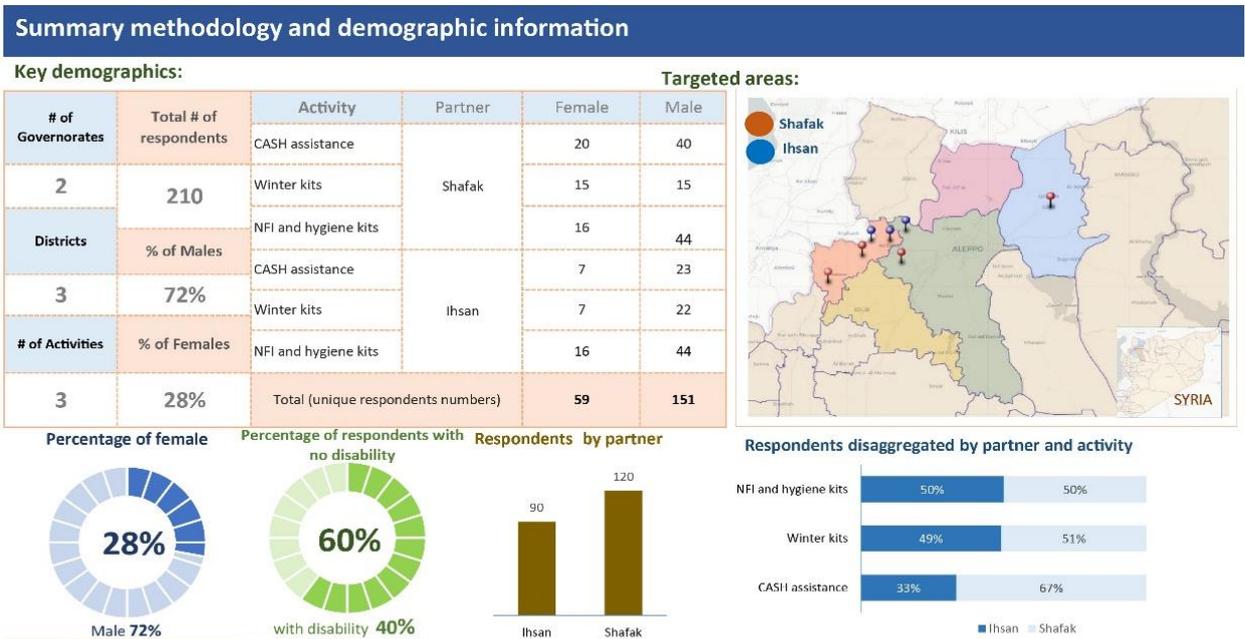
- For Protection and SRH beneficiaries, 210 surveys were conducted. A total of 88% were women and 12% men. 31% reported having a disability.

Figure 1: Protection and SRH summary methodology and demographic information



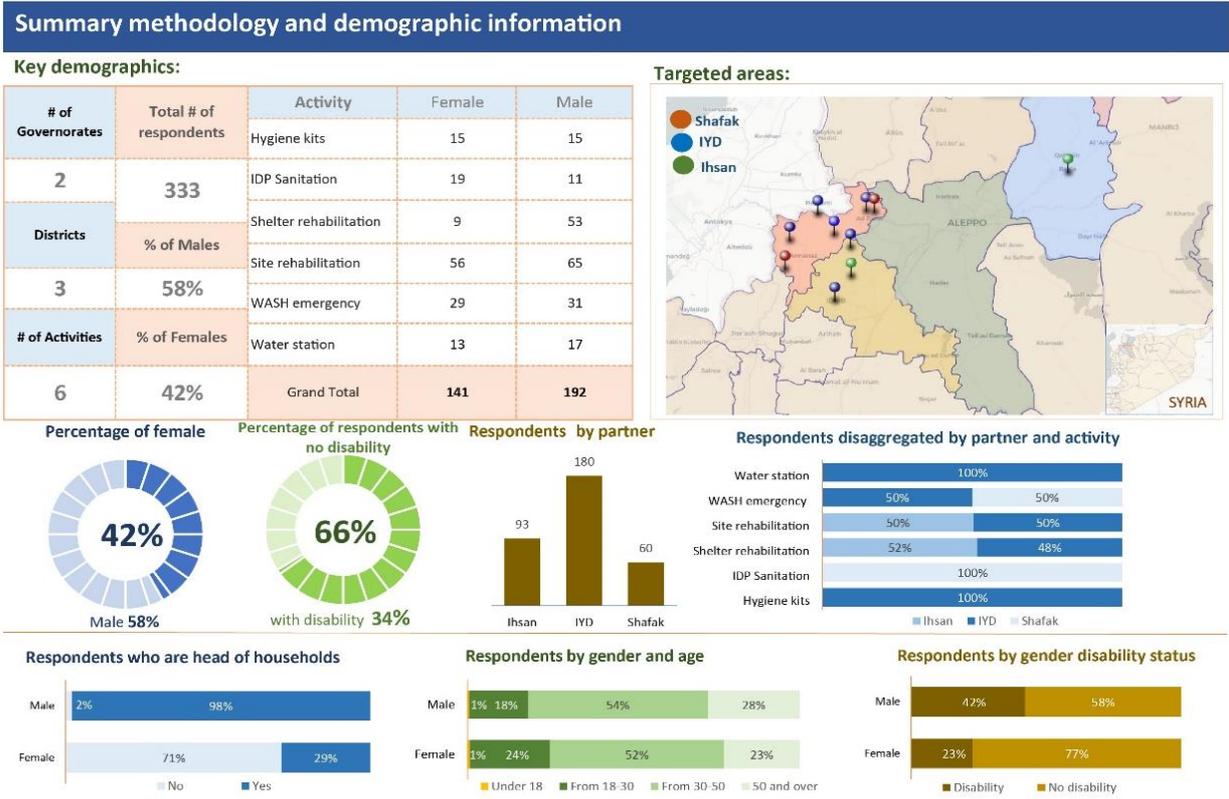
- For the emergency response, 210 beneficiaries were interviewed. A total of 72% were men and 28% were women. Overall, 40% reported having a disability.

Figure 2: Emergency Response Mechanism (ERM) summary methodology and demographic information



- For the WASH and Shelter sector, 333 beneficiaries were surveyed. Among which, 58% were men and 42% were women, and 34% reported having a disability.

Figure 3: WASH and Shelter summary methodology and demographic information



3.4. Key Informant Interviews

The interviews consisted of semi-structured interview protocols with the questions developed based on the evaluation matrix. The relevant key informants (KIs) were identified in cooperation with CARE and the IPs. All interviews in Syria were conducted face-to-face except in Jarablus, where the interviews were conducted online due to a COVID-19 outbreak among the staff. The interviews with IP staff were conducted online. The interviews lasted between 45 to 90 minutes depending on the informant. Details of the location and gender of respondents, by stakeholders, are provided in the table below:

Table 1: Key informant interviews (KII)

Type of informant	Number and Gender ⁷
Ihsan management Staff	3 men
Ihsan field staff	2 men
SRD management staff	1 woman
SRD field staff	2 men
Shafak management staff	2 men, 1 woman
Shafak field staff	2 men
IYD management staff	1 man
IYD field staff	2 men
CARE Area Office	2 men
S/NFI Cluster Coordination	1 man
Local council members	5 men
Camp managers	14 men
Financial service providers	2 men
Total	40 (38 men, 2 women)

3.5. Focus Group Discussions

Jouri conducted seven face-to-face Focus Group Discussions (FGDs) with direct beneficiaries from the intervention, totalling 35 participants. (5 beneficiaries in each group: 20 women and 15 men). The questions focused on the participants' awareness of the project and activities, their appreciation of the relevance of the intervention and satisfaction with the assistance and its impact and sustainability, as well as the feedback and complaints mechanism. One FGD was conducted online with six CARE

⁷ As discussed during the inception phase, gender diversity is not always possible for KIIs, as these are selected based on their relevance and knowledge.

management staff to evaluate the intervention under all criteria for this evaluation. The breakdown of FGs was as follows:

- 1 FGD with women benefiting from the Multipurpose Cash Assistance in Jisr Ash Shughur, implemented by Shafak
- 2 FGDs with women benefiting from services in A'zaz Women and Girls Safe Space (WGSS) and SRH Clinic (life skills activities and family planning/SRH services), implemented by SRD
- 1 FGD with women who benefited from site rehabilitation in Harim (Kafr Hum camp), implemented by IYD
- 1 FGD with men who benefited from community solar installation and operating water station in Idleb (Al Konsorwa), implemented by IYD
- 1 FGD with men who benefited from non-food items (NFI) distribution in Deir Hassan (Nahda extension camp), implemented by Ihsan
- 1 FGD with men who benefited from shelter upgrade in Qourqeena (Radwa camp), implemented by Ihsan

3.6. Limitations and Mitigations

The implementation of the assignment encountered the following limitations and challenges:

- i. The overall timeline for the evaluation was challenging for the evaluation team as the project itself was not completed until September 2021. For example, by the time of report writing, not all logframe data was shared with Jouri, making it more challenging to assess progress towards the targets. The targets and number of beneficiaries reached were shared by CARE but the data provided at the time of the report was not sufficient to allow confirmation/verification of those numbers.
- ii. The great variety of activities and a broad geographic coverage made it challenging to establish a work plan under the short timeline for the evaluation. It was partially solved by asking CARE program staff to identify the priority location and activities to be evaluated. Therefore, the sampling initially agreed upon was amended to reflect those priorities.
- iii. Several operational challenges hindered data collection. During the inception phase, it was agreed with CARE management staff to conduct surveys with beneficiaries from hygiene kits in Jarablus. However, two days before the data collection in the area, Jouri was informed that the hygiene kits distributed were not under OFDA. The hygiene kits under OFDA fund were distributed later in September and it was agreed with CARE that it would not be possible to conduct surveys with those beneficiaries as it would have further delayed the evaluation. Similarly, during the inception phase, it was agreed to conduct interviews with beneficiaries from WASH activities by CARE Area office in Jarablus. However, when the field researchers reached the location, they were informed that the activities have not started yet. Therefore, the surveys could not be conducted. Therefore, the data related to CARE direct implementation is limited to two interviews with field staff and CARE management staff's FGD.

- iv. Due to COVID-19 cases in Jarablus, interviews with the field staff from CARE direct implementation was collected via phone.
- v. In Al Naha camp, Ihsan provides services related to the distribution of NFI (Non-food items) and kitchen sets (emergency response) and water trucking services. One FGD was planned with beneficiaries of the NFI distribution, however as the distribution took place in April, the respondents mostly remembered and focused on the water services provided by the same implementing partner but under a different fund, resulting in limited information.
- vi. During the inception phase, it was agreed to conduct an FGD with women who benefited from the shelter upgrade implemented by Ihsan. However, only male beneficiaries agreed to participate in the FGD. Therefore, the information in this FGD only reflects the perspective of men. However, this data can be looked at broadly and triangulated with the surveys conducted with men and women.
- vii. The selection of informants, who were overwhelmingly men, limited the information coming from women. However, the selection of key informants was based on suggestions by CARE and IPs, as well as on the relevance of their knowledge and their positions, as in the communities of the intervention, the external stakeholders are mostly men.

4. Findings

Below, we present the findings by criterion: Relevance, Effectiveness, Efficiency, Impact & Sustainability and Coordination.

4.1. Relevance

- 1. Were the interventions chosen in line with local priorities and were they the most appropriate and relevant for improving the beneficiaries' life conditions, taking into account the operational environment and the overall context?**
- 2. To what extent have CARE and IPS successfully adapted approaches and aid modalities to the evolving needs of the beneficiaries?**

Overall, the evaluation found activities to be relevant to the evolving needs of beneficiaries. CARE and IP management worked closely with local and IDP camp authorities and conducted needs assessments to determine the best-fit approach to respond to enormous, ongoing needs. They also adapted activities based on lessons learned from previous activities, and gave several concrete examples of such adaptations. Transparent criteria were used to target the most vulnerable (such as in determining shelter and ERM beneficiaries), and in some cases, entire camps or neighborhoods were covered by services (e.g., WASH). Modalities themselves were also responsive: in particular, the cash modality responded flexibly to immediate, individualized needs. Sensitive responses were also made to people with disabilities; for example when partners came across someone with a disability, they would adjust what they were providing to meet the person's specific requirements.

However, despite the relevance of activities, enormous needs persist, and beneficiaries reported that not all of their needs were met. At the same time, the program prioritized IDPs, while some local leaders reported to the evaluators that similar needs existed in neighboring host communities.

4.1.1. Activity and beneficiary selection

All 13 staff interviewed reported that needs assessments had been carried out prior to the start of the project. For shelter and Emergency Response Mechanism (ERM) projects, staff said that a selection process was carried out, including a vulnerability assessment as well as a secondary check/confirmation by the MEAL team of those who were selected. Some of the vulnerability assessment criteria included: number of family members, people with special needs, woman-headed households, and for shelter programs, status of shelter. ERM beneficiaries were reportedly directly affected by floods. All of the SRH clinic beneficiaries reported hearing about services from neighbors or friends, so there was no specific selection process. It should also be noted that family size was not always taken into consideration: for cash and NFI baskets, the same package was given to all beneficiary families regardless of family size.

A theme among WASH personnel was that activities targeted all members of specific IDP camps or communities, so there was no specific beneficiary selection process. For example, one staff member noted: *“The process of selecting the beneficiaries was not biased, distinguished or favored because the project is general and benefits everyone without exception.”*

Likely because there were no specific criteria, it appears that the IPs did not conduct any specific community meetings; all IDP camp WASH beneficiaries reported hearing about the activity only from the camp manager. Similarly, focus group participants of water station projects had only heard from neighbors or friends about the project but had little information about who had implemented it.

Activity Types

Water, Sanitation and Hygiene (WASH) activities were diverse. The most common across partners included water station provision, WASH emergency assistance, IDP sanitation and water provision, and hygiene kits.

Shelter activities included site and shelter rehabilitation in IDP camps.

Emergency Response Mechanism (ERM) activities included winter cash (\$100 and winter kits (4 blankets and 1 jerry can) for IDPs and other vulnerable families, multipurpose cash grants of \$150 to IDPs, non-food items (NFIs) including kitchen sets and hygiene kits to displaced families.

Protection and sexual and reproductive health (SRH) activities included (among others) awareness raising sessions for both men, women, boys and girls ; life skills sessions, community cohesion, reproductive health information sessions (women only), antenatal and postnatal care (women only), family planning, referrals, psychosocial support (PSS) for both women and men, case management and a “Young Mother’s Club”.

Three local leaders⁸ and one partner KII noted that only IDPs were considered for some types of shelter, WASH and ERM/flood assistance, which left out vulnerable host community residents who were equally in need.

Survey respondents felt that the services provided were relevant to their needs, with 55% overall saying that services provided were “very relevant” and another 29% saying they were “relevant.” There was no major difference by gender.

By activity, WASH Emergency services and hygiene kits (related both to WASH and ERM) were rated as less relevant than other activity types—with respondents reporting that such services were only relevant “to some extent.” The lower ratings for these activities were reportedly because they didn’t cover complete household needs and quality was poor: consumable hygiene kits were only given for two months, and the quality was often reported as poor. WASH emergency services in the camps only partially covered household water needs. The sanitation in camp was rated as being the most relevant activity for the WASH/shelter sector.

Additionally, ERM beneficiaries who only received either NFI or hygiene kits reported less overall relevance than the group who received both, underscoring high needs overall and that the combined distributions were able to cover more household needs.

Overall the protection and SRH services were reported as being relevant to the needs of the beneficiaries. Most particularly, 90% of the beneficiaries who benefited from both the antenatal care visits and the reproductive health awareness sessions found the services very relevant to them. For protection, all activities for this evaluation were seen as relevant and beneficial to the communities, with particularly positive effects resulting from the life skills services and PSS sessions. The survey respondents for SRH reported that all the activities were relevant to their needs, with a slight difference for the Young Mother’s Club where 4% of the beneficiaries stated that it was “relevant to some extent”. The FGD participants who benefited from SRH services reported that it was highly relevant to them and their communities, as there is a great need for more knowledge about family planning and sexual and reproductive health. It also helped relieve financial pressure on beneficiaries as they received the services completely free of charge.

Inclusion of vulnerable group needs in project design

For all activities, the inclusion of the needs of vulnerable groups (women and girls, People living with a disability...) in project design was mixed. According to staff interviews, no specific gender assessments were completed. Some staff and camp managers reported that because WASH and ERM activities that were targeted to all beneficiaries, the needs of vulnerable groups, in particular, were not distinguished from other beneficiaries for these activities. However, other camp managers and staff said that vulnerable groups' needs were taken into accounts, such as adapted toilet chairs that were provided for people with disabilities and the elderly. With regards to non-food items, all people received the same kits. For shelter, staff reported that the selection criteria focused on vulnerable groups. As noted above, these criteria included IDPs, people with disabilities, female-headed households, and large household size. Protection and SRH staff confirmed that while they provided

⁸ Reported in both KIIs and FGs

services to everyone, they targeted vulnerable groups including children, the elderly, people with disabilities, and women and girls with diverse backgrounds exposed to violence.

Unmet needs

“Good heating materials and winter clothes are needed because winter is approaching, and education expenses for children. Cash assistance is good, but the amount is small for one time. We took it about six months ago, so it certainly will not be enough, and now most of our needs are paid for on credit, so we are now \$250 in debt.”

-- Female focus group participant, ERM cash recipient

Despite providing much-needed assistance, both camp managers as well as IDP and host community beneficiaries reported that immediate, unmet needs persisted. Staff acknowledged these limitations and were aware of the service provision gaps. Some of the additional services needed include the following (which might be out of the project’s scope):

- Camp managers suggested that the number of bathroom blocks be increased, that seating toilets be installed for the elderly and people with special needs, that the blocks be provided with a special hygiene baskets and that the number of water tanks needed to be increased (Alrabee and Basma Amal Zarzour camps in Jisr-al-Shugur). Some also suggested installing and distributing solar energy, and that expanded kitchens were required in the camps. Others said that job opportunities were needed (Radwa camp). The general consensus among camp managers and resident beneficiaries was that the project met some, but not all needs.
- Camp residents also said that medical care was needed in the camp (A’zaz and Salqin) as well as provision of medicines. Protection and SRH beneficiaries also reported a need for more education opportunities (language and literacy courses) and vocational trainings.
- One camp manager reported that “the organization’s policy should be amended with regard to those who have more than one wife, or large family sizes, as all families received the same amount in their NFI packages and cash disbursements regardless of family size (Al-Tarib, Al-Tawamah).
- Consumable hygiene kit items could be of a much better quality in order to be used for the intended purpose, as reported by beneficiaries in surveys and FGDs (Reef Almuhendisin camp, Jabel Samaan).
- Recipients of water projects repeatedly said that their greatest need was to provide water to the neighborhood “on a continuous basis.” Reportedly, 1,000 liters of water costs between 15-30 TL, which is beyond their means if they have to buy extra water not supported by the project (Alrabee Zarzour camp, Jisr-al-Shugur).
- Shelter beneficiaries noted that graveling the floors of their tents in the IDP camp is an urgent necessity, “because we used to wake up in the winter while we were soaked with water because the nature of the land in the camp is soft and the water comes out during the rain in the winter”. (Kafr hum camp)
- Similarly, roof insulation is urgently needed to protect tents from rain in the winter, as is winter heating assistance (Radwa camp).

4.1.2. Building on Lessons Learned

Staff reported building on lessons learned from previously-implemented OFDA programs, with one citing in particular learning how to bring a gender-sensitive lens to beneficiary selection to shelter programming. Shelter management staff also reported that they took on board learning by specifying

the needs of different groups and include these in bills of quantity (BoQs), such as latrines for disabled people. They also took on board community requests learned through previous implementation such as private toilets and additional safety and protection measures for beneficiaries (e.g. lights and locks for toilets).

Early planning was another lesson learned that enabled the team to more effectively ensure that activities were provided at the right time, i.e., in time for winter. The team worked closely with IOM to ensure a proper delivery into Syria before the start of the distribution. When the team faced delays in installing the stoves as part of the winter kits, they cancelled the stove from the kits to stay in the timeline and not delay the overall winter response. This year, they started planning and preparation of the winter distribution early in September. Overall, the early planning was found to be critical to support the implementation in a timely manner.

Another lesson learned was related to sustainability; one manager said that sustainability had been highlighted in the past as an issue. To address this, he noted that WASH activities were expanded from emergency trucked water to improving water and sewage networks and working to reduce the running costs for water operation networks, such as through the provision of solar power as part of the water system instead of using generators.

Managers also reported that the provision of cash was also based on lessons learned from the past, where cash was faster, preferred by beneficiaries, and successful in providing targeted assistance tailored to beneficiaries' needs. Finally, SRH managers noted that they had taken on board prior requests of beneficiaries regarding transportation to services. IP's management staff for SRH and protection beneficiaries also reported that another important factor, which enhanced the success of the intervention, was the presence of qualified and trained team members who have extensive experience in the field and who have good relationships with the communities. The IP is specialized in providing protection services in particular, and had a very relevant position for this intervention.

4.2. Effectiveness

- 3. To what extent have the activity's interventions adhered to planned implementation and achieved intended goals, purposes, and outcomes? How effective is the accountability/feedback mechanism?**
- 4. What were the levels of satisfaction of the beneficiaries with the project's activities?**

Overall, the activity has achieved its goal to respond to critical emergency, survival and protection needs of vulnerable communities in Northwest Syria. It worked in all of the sectors that it intended to: the evaluation found evidence that CARE and its partners provided significant access to safe WASH and shelter, SRH services, GBV prevention and response as well as emergency response WASH, essential NFIs and multipurpose cash provision.

Beneficiaries were largely satisfied with all activities from all sectors, though services were not always considered comprehensive by beneficiaries, camp managers, local community leaders or project staff. This was because so many needs existed, and teams needed to prioritize interventions. Highlighting such gaps, low satisfaction levels were typically due to a reported insufficient quantity of a particular item or service. Low quality was also reported by about half of beneficiaries for hygiene kits and NFIs.

While gender was certainly integrated into activities in terms of women’s inclusion, findings suggest that a gender sensitive approach to programming could be improved. For example, the evaluation team found higher borderline food security for women than men, higher dissatisfaction ratings with the quality of hygiene kits among women, and some reports that camp latrines and shelters that are reportedly not safe for women and girls (around 15% overall). Rather than providing the same services to all beneficiaries, vulnerable groups including women, people with disabilities and large families may need more tailored services to accommodate their specific needs.

Program Goal:
The goal of the program is to respond to critical emergency, survival and protection needs of the most vulnerable communities in Northwest Syria by delivering a timely and at-scale multisectoral humanitarian program including: increasing access to safe, comprehensive and gender-integrated WASH and Shelter; expanding sexual and reproductive health services; GBV prevention and response, as well as through rapid response with emergency WASH, essential NFIs and multipurpose cash.

About half of survey respondents were aware of complaints and feedback mechanisms. Eight percent (8%) overall said they had reported a complaint. Significantly, 48% of these said they had never received any response.

4.2.1. Achievement of outcomes and related performance measurements

In order to determine whether or not the program has achieved its outcomes, Jouri intended to review CARE’s partners’ indicator tables, which it provided during the desk review stage of the assignment. From files received, it appears that each partner is supposed to update an indicator table measurement for each sector. Because CARE did not provide a comprehensive summary to the evaluation team that included total beneficiary counts by gender, migration status or activity type, Jouri was unable to conduct a comprehensive analysis. This also suggests that CARE should strengthen the reporting of his achievements on a timely basis. The numbers in the table below were provided by CARE after the first draft of the report and could not be verified by the evaluation team through lists of beneficiaries. For Shelter & Settlement, CARE management staff stated that the under-achievement reported is due to the fact that some beneficiaries received both NFI and hygiene kits, as while these were noted

separately in the targets they were only counted once in targets reached (i.e. to avoid double counting). Concerning the large overachievement for the WASH sector, CARE management and program staff specified the following: “There was no need for heavy-cost rehabilitation. Adding, three stations were retrofitted with solar which drop the operation cost through fuel up to 70%. The saving from the rehabilitation of water stations, other sectors, and staffing were allocated to support IDPs sites with emergency WASH life-savings services. Around 4% were topped up to the WASH sector and approved by BHA.”

Table 2: Total beneficiary numbers provided to Jouri by CARE, October 2021

Sector	Overall program targets	# of beneficiaries ⁹
WASH (including NFIs) ¹⁰	175,755	507,207
ERM (MPCA)	3,250	3,376
Shelter & settlement ¹¹	150,500 ¹²	141,480
Protection	14,605	19,752
SRH	12,740	23,637
Total	365,850	695,452

4.2.2. Key performance indicators

Jouri assessed the ERM recipients in two specific performance indicators of interest to the CARE team: Reduced Coping Strategy Index (rCSI), Percentage of Households with Poor, Borderline and Acceptable Food Consumption Score (FCS), and different beneficiary groups in community knowledge and access to WASH, Protection, and SRH services.

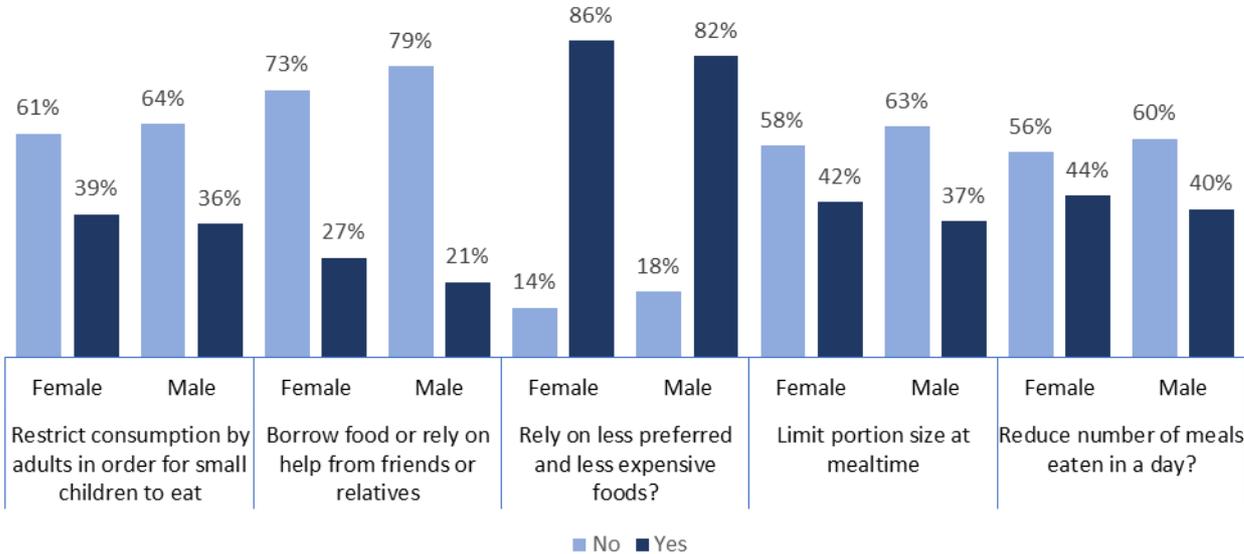
Reduced Coping Strategy Index (rCSI)

When respondents were asked what food coping mechanisms they had applied in the last 30 days, the majority of respondents reported relying on less preferred or less expensive food (84%). A total of 40% of survey respondents limited their portion size during mealtime and 42% reduced the number of meals eaten in a day. An overview on applied coping mechanisms follows by gender of household head. Overall, there were not major differences between men and women. However, it is not possible

⁹ As provided by CARE in October 2021.
¹⁰ The numbers include the Area Office by CARE as well as the NFIs distribution under ERM as provided by CARE in October 2021.
¹¹ The numbers include NFI and winter kits that were provided under ERM.
¹² This was shared by CARE as the shelter targets, CARE’s team explained that this number was wrongly calculated and the actual figure should be 122,250 according to CARE’s estimation, CARE will share that update with OFDA as a part of the final report that will be submitted to the donor soon) based on that CARE’s shelter performance can be considered as overachievement not underachievement.

to assess change from baseline to endline, as it was not calculated during the baseline assessment by CARE, which limits the ability to discuss effectiveness of the intervention in this regard.

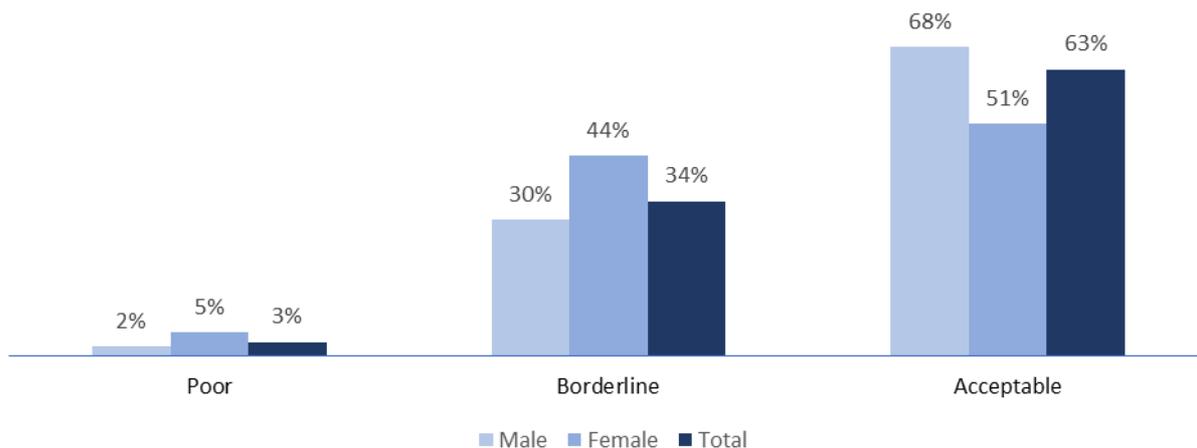
Figure 4: Food-related coping strategies employed in last 30 days



Percentage of Households with Poor, Borderline and Acceptable Food Consumption Score (FCS)

Overall, the majority of ERM beneficiaries reflected acceptable FCS (63%), with differences among men and women: men were much more likely to have acceptable FFCS (68%) than women (51%). Similarly, women were more likely to report borderline FCS, while fewer than 3% overall reported poor food security. These results reflect a significant percentage of people at risk, with greater overall numbers of women than men showing this risk. These numbers reflect the targets set by CARE (poor 0%, borderline 35% and acceptable 65%). However, it is not possible to assess change from baseline to endline, as it was not calculated during the baseline assessment by CARE, which limits the ability to discuss effectiveness of the intervention in this regard.

Figure 5: Poor, borderline, acceptable FCS



Assessing community knowledge of and access to WASH, Protection, and SRH services

The charts below highlights community knowledge and reports of access to different service types. Overall, the vast majority of people (95%) said that they knew about protection and SRH services and 88% said they could access such services. The main barriers to access such services, as reported by the respondents, are the distances to the centres (32% of the respondents), and family and community pressure (26%). Women were a little more likely to know about such services (96%) than men (88%).¹³

Table 3: Knowledge of and access to Protection and SRH services

		Do you know where to go for GBV-related and SRH services?			Could you access services in last three months?	
		Yes	No	I don't know	Yes	No
Protection and SRH services	Overall	95%	2%	3%	88%	12%
	Male	88%	4%	8%	92%	8%
	Female	96%	1%	3%	87%	13%

In terms of WASH activities, the majority of respondents had access or partial access to vital WASH services. The majority of beneficiaries relied on water trucking; many were dissatisfied with the quantity provided (see Table 3 related to satisfaction with WASH services). Basic hygiene needs were met for 67% of beneficiaries, and community garbage collection was reported for 90% of beneficiaries. However, about a third of beneficiaries overall said they couldn't meet basic hygiene needs for their families for the past six months and that there were not enough garbage bins in the community. Significantly, nearly one in five respondents for Emergency WASH (18%) said that latrines are not meeting the special needs of women and girls. This is because some people feel that women and girls do not have safe access to the latrines in the camps.

¹³ Please note these questions were only asked of SRH and protection program beneficiaries

Table 4: Community access to vital WASH services

	Private borehole	Purchasing water	Water network	Water trucking
Access to water: WASH emergency beneficiaries	13%	5%	5%	77%
Access to water: Water Station beneficiaries		20%	80%	
	No	Partially	Yes	
In the past 6 months, were you able to meet the basic hygiene needs such as soap, detergent, and pads improved?	33%	57%	10%	
Does anyone collect garbage in your community?	10%		90%	
Do you have enough garbage bins in your community?	31%	40%	28%	
Are the provided latrines meeting the special needs of women/girls and respecting cultural norms of the community?	18%	27%	55%	

4.2.3. Beneficiary satisfaction levels

Below are detailed beneficiary satisfaction levels by sector.

WASH

In terms of WASH Activities, the majority of participants reported that they were either “very satisfied” or “satisfied” with most activities. However, there were significant percentages that reported dissatisfaction levels for the following activities:

- Quantity of water available from water trucking; 45% were somewhat or very dissatisfied; they reported that it only partially covered their household’s needs and purchasing water was expensive. However, the average quantity of water delivered through water trucking was exceeding CARE’s target (25 liters/person/day) as found by the evaluation (37 l/p/d) and CARE’s endline value (32.55 l/p/d).
- Quality of solid waste collection: 10% were dissatisfied because there was no solid waste collection and/or because there was a lack of garbage bins
- 30% were dissatisfied with desludging services, particularly reporting that these services were not provided often enough
- More than half were dissatisfied with the quality of the consumable hygiene kit items, with many saying the quality was so poor to render items unusable. As reported by a camp manager and survey respondents, the shampoo and soap had a bad smell. Moreover, the products caused some irritation of the skin of some beneficiaries and the washing powder caused the discoloration of clothes. About one-third also said that they hygiene kit quantity was not sufficient for their family for one month.
- For 40% of recipients, water tanks only partially met or didn’t meet capacity needs
- Latrine needs in camps were not fully met due to an insufficient quantity, the distance between the shelters and latrines, and because latrines were communal (some women (5

reported that they are afraid to go at night because of this). CARE’s target was to reach an average of 20 users per functioning toilet, while the baseline reported 53 users per functioning toilet. CARE’s endline value showed that the target was slightly underachieved, with an average of 27 users.

Table 5: Beneficiary satisfaction levels with various WASH activities

	Very satisfied	Satisfied	Somewhat dissatisfied	Very dissatisfied
Quantity of water from water trucking	22%	33%	33%	12%
Quality of water from water trucking	70%	28%		
Quantity of water from station	43%	53%	3%	
Quality of water from station	50%	50%		
Quality of solid waste collection	35%	55%	-	10%
Satisfaction with schedule and regularity of desludging services	38%	32%	25%	5%
Quality of consumable hygiene kit items	30%	17%	53%	-
	Yes	No		
Was hygiene kit quantity sufficient for one month	63%	37%		
	Met all needs	Met most needs	Met some needs	Didn't meet needs
How well did water tank meet needs of capacity?	30%	30%	30%	10%
Are the latrines in the camp enough to meet the need and solve the problem of open defecation ?	52%	32%	12%	5%

Shelter

Overall, the vast majority of camp beneficiaries and house upgrade beneficiaries (98%) reported they were either satisfied or very satisfied with their upgrade. However, 40-44% said they still faced problems with their shelter. The biggest issues are outlined in the relevance section, and for camps, include the need for gravel and tent winterization needs. For houses, improved roofing needed to withstand winter conditions was the largest cited need. Overall, most of the dissatisfied respondents reported that some maintenance work was still needed, most commonly installing doors and windows. Of note, the vast majority of beneficiaries also felt that shelters were adequate to provide protection for women and girls, and about half thought people with disabilities could access shelter appropriately; the other half thought that people with disabilities could only access “to some extent.”

Table 6: Beneficiary satisfaction levels with various Shelter activities

		Very satisfied	Satisfied	Somewhat dissatisfied	Very dissatisfied
Camp-related shelter	Satisfied with shelter upgrade?	51%	47%		2%
		Yes	To some extent	No	

	Do you and your family feel safer?	85%		15%	
	Do you still face problems with your shelter?	44%		56%	
	Is your tent well insulated	69%		31%	
	Do you think women and girls can easily access shelter?	87%		13%	
	Do you think PWD can easily access shelter?	49%	47%	3%	
House-related shelter	Are you satisfied with the house rehabilitation services you received?	77%	21%	3%	
	Do you feel safer in your house after the intervention?	76%		24%	
	Do you continue to face problems?	40%		60%	
		Adequate	Fair	Poor	Inadequate
	How would you rate current house condition?	47%	48%	3%	2%

Emergency Response Mechanism

Overall, participants reported satisfaction with cash assistance and in-kind winterization assistance. The vast majority said that the cash came “at the right time,” while 15% of women and 8% of men said it came “too late.” A full 82% of all recipients reported they were still using winter items (i.e. mostly the blankets) received nearly nine months ago, while the rest stated that they gave, sold or exchanged the items with someone else. Most were happy with the type of items received in hygiene kits, but one-third overall thought that the quantity was not sufficient for one month for their household. Additionally, women were much less satisfied with quality: only 28% of women versus 60% of men reporting they were “very satisfied” and 15% of women versus 4% of men reporting dissatisfaction.

In focus groups, respondents explained that the one-time amount of assistance was appreciated, but not sufficient. This applies to cash, food baskets, hygiene baskets and other emergency NFI, such as sponges, blankets and insulators. Some respondents’ dissatisfaction was also reportedly due to the low quality of the NFI (e.g. washing-up liquid, detergent, shampoo, soap).

Table 7: Beneficiary satisfaction levels with various ERM activities

		Yes	No		
Were you satisfied with the amount of cash received?	Female	93%	7%		
	Male	94%	6%		
		Right time?	Too late		
Cash assistance timing	Female	85%	15%		
	Male	92%	8%		
		Yes	Yes, barely	No	
	Female	11%	78%	11%	

Was the cash amount sufficient to cover one month of needs?	Male	16%	70%	11%	3%
		Very satisfied	Satisfied	Somewhat dissatisfied	Very dissatisfied
How satisfied were you with the winter assistance items you received?	Female	50%	45%	5%	
	Male	57%	41%	3%	
How satisfied were you with the quality of winter assistance items?	Female	45%	41%	9%	5%
	Male	45%	41%	8%	3%
		Using all or some	Gave away	Exchanged them	Sold them
Are you still using winter items received?	Female	84%	0%	4%	12%
	Male	81%	12%	5%	2%
		Yes	No		
Is hygiene kit enough for one month HH needs?	Female	69%	31%		
	Male	69%	31%		
		Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Are you satisfied with the type of items you have received?	Female	47%	50%	-	3%
	Male	63%	38%		
Are you satisfied with the quality of items you received?	Female	28%	56%	6%	9%
	Male	60%	35%	1%	3%

Protection and SRH

Overall, both men and women rated protection and SRH services highly overall, with at least 76% in each category rating the service as “very good” and the remaining as “good.” A total of 87% of women and 82% of men also reported improvements after participating in one of the activities or after receiving the services; more details are provided in the impact section. The services that were rated the highest were the “cohesion and gender norms services” (100% stated it was “very good”); while slightly more respondents stated that the Young Mother’s Club sessions were “good” (27%). Additionally, this last activity was the only one where some respondents stated that they did not notice any improvement in their life following the access to the services (8% of the respondents). The FGD respondents who benefited from SRH services, mostly family planning, stated that the services were excellent as it increased their own knowledge and the community’s awareness in general, which will support the development of “healthier new generations”. The FGD that benefited from life skills services (sport club) reported that the activity is excellent for the whole community, as it increases cohesion and improved the participants’ comfort: they only wish for the activity to be maintained in the long-term.

Table 8: Beneficiary satisfaction levels with protection and SRH services

How would you rate the quality of protection services provided to you by SRD?	Very good	Good	Total
PSS	93%	7%	100%
Awareness raising session	88%	12%	100%
Life Skills services	86%	14%	100%

Cohesion and gender norms services	100%		100%
Young Mother's Club Sessions	73%	27%	100%
Reproductive health awareness raising sessions	90%	10%	100%
Antenatal care visits	87%	13%	100%

4.2.4. Accountability: Effectiveness of beneficiary accountability mechanisms

Overall, knowledge, utilization and responsiveness for beneficiary accountability mechanisms was mixed, with protection and SRH showing the strongest results.

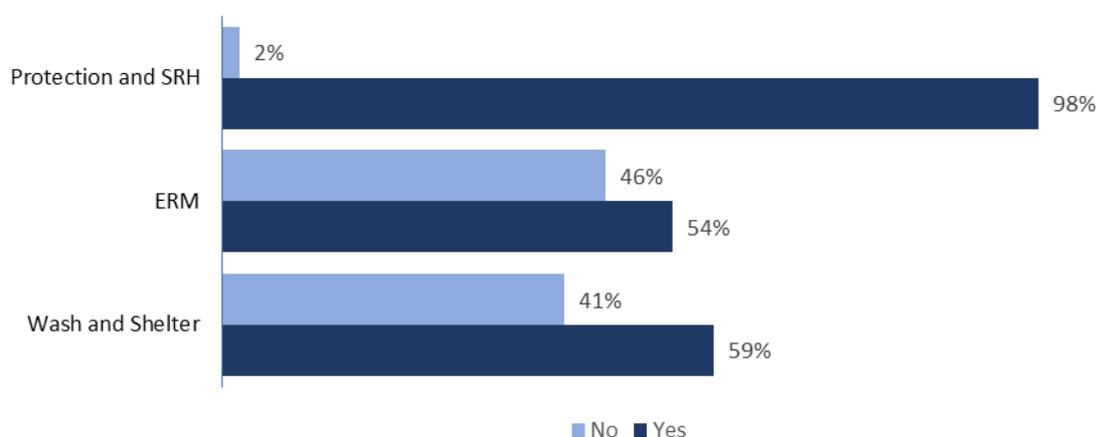
Beneficiary awareness of feedback mechanisms

In terms of beneficiary awareness of feedback mechanisms, 46% of ERM beneficiaries and 41% of WASH and shelter beneficiaries said they were not aware of any mechanism to share complaints or feedback on the assistance they received. In contrast, 98% of protection and SRH beneficiaries said they were aware of such mechanisms. There was no significant difference between men and women. By partner, Shafak had the highest rates reporting not aware at 54%, followed by IYD (39%), Ihsan (36%) and then SRD (2%).¹⁴ As reported by some IPs management staff, for the ERM and WASH/Shelter sectors, it is more difficult to raise awareness in the communities as beneficiaries do not always remember the name of the organizations. Specifically, for some activities such as hygiene kits or NFI distribution, or cash distribution, it is difficult for beneficiaries to remember how and where to give feedback or a raise a complaint. The majority of the respondents (between 73% for WASH/Shelter and 94% for ERM) heard about the feedback mechanism through the IP's staff. On the other hand, many Protection and SRH beneficiaries go on a frequent or regular basis to the centres of SRD to attend sessions, and the staff benefit from higher levels of trust from the beneficiaries.

- For WASH/Shelter, most of the beneficiaries who heard about the feedback mechanism benefited from shelter rehabilitation (81% of awareness), while the lower levels of awareness came from beneficiaries of the sanitation activities in camp (40% of awareness), the water station (33%) and the WASH emergency activities (45%).
- For ERM, the lowest levels of awareness came from the beneficiaries of the MPCA and winter cash (32% of awareness).

¹⁴ During the presentation of the final report, CARE's accountability team members stated that they are heavily insisting with IPs to develop materials for raising awareness among community members (i.e videos) and half of the feedback received came from WASH/Shelter sectors.

Figure 6: Do you know how you can share complaints and feedback on the assistance you received (by sector)



Feedback mechanism channels and usage rates

KIIs reported that existing channels include a WhatsApp number, complaints phone number, complaints box and direct contact with partner employees. Some respondents reported that the CFM within the camp is done by communicating it to the camp director, whether by calling his own number or by visiting his tent, and he, in turn, forwards it to the implementing partner. Staff and camp managers reported that they inform the residents of their camps about the mechanism and its way of functioning in person and through a WhatsApp group that includes all camp residents. For WASH/shelter sectors, the channels that would be preferred by the beneficiaries are WhatsApp (91%) and face-to-face contact with staff (23), while protection/SRH beneficiaries would rather use the complaint/feedback box in the centre (94%) and then WhatsApp (42%). ERM beneficiaries reported that they would prefer using a complaint box (77%), WhatsApp (76%) or face-to-face (27%). The FGD respondent in Al Nahda camp, who received NFI and kitchen kits, reported that most of the residents do not have a phone and therefore pass their complaint/feedback to the camp manager. Half of them were satisfied with this method, while the others felt that it was inadequate, depending on the complaint. However, as reported by field staff and some survey and FGD respondents across sectors, using WhatsApp is a very practical method and it is inclusive for people with difficulties in writing, as it is possible to send voice notes.

About 8% of people overall said they had reported a complaint, with no major differences by gender, sector or partner. A total of 15% reported they were “very satisfied” with the result and another 35% said they were “satisfied.” Dissatisfaction rates overall were 3%; the one exception to this was 20% for partner Shafak. Significantly, nearly half who reported a complaint (48%) said that they never received an answer to their complaint or feedback. This ranged from a high of 73% for partner Ihsan, and 63% overall for the WASH and Shelter sectors.

Table 9: Satisfaction rates with reported feedback mechanisms

Sector		Very Satisfied	Satisfied	Dissatisfied	I never received an answer to my complaint/feedback
		Protection & SRH	25%	35%	0%
	RRM	25%	50%	0%	25%

	WASH & Shelter	0%	31%	6%	63%
Gender	Female	20%	32%	4%	44%
	Male	7%	40%	0%	53%
Partner	Ihsan	0%	27%	0%	73%
	IYD	0%	50%	0%	50%
	Shafak	20%	40%	20%	20%
	SRD	25%	35%	0%	40%
Total	Grand Total	15%	35%	3%	48%

4.3. Impact and Sustainability

The impacts of the project are most evident in the reports of access to vital services and commodities. SRH and Protection beneficiaries reported significant positive impacts on their overall well-being, and all respondents felt that long-lasting positive effects of the services they received were likely. Positive impacts of WASH/shelter and ERM activities include short-term abilities to cover basic needs and decreased tension among community members as reported by 51% of beneficiaries.

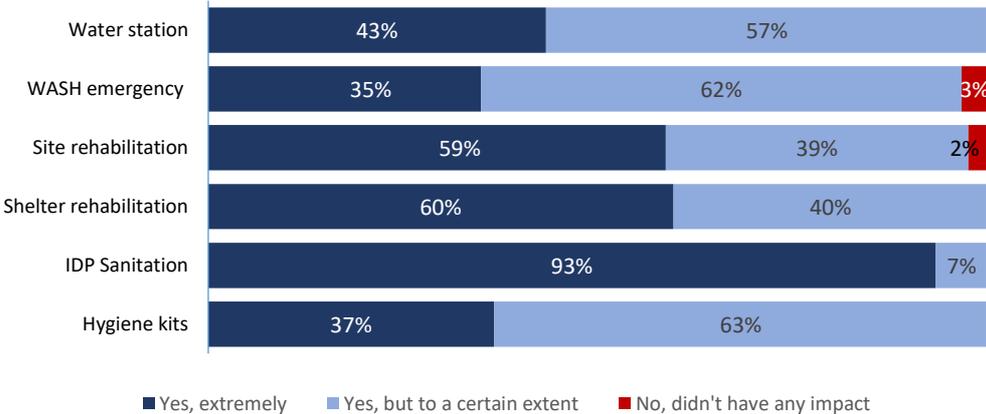
A range of sustainable measures were implemented such as expanding from emergency trucked water to improving water and sewage networks and working to reduce the running costs for water operation networks through provision of solar power as part of the water system instead of using generators. There was also a focus on improving wastewater management in order to reduce environmental risks. Other medium-term sustainable interventions included the provision of bathrooms, shelter assistance to houses, and gravelling camp roads.

However, the nature of the emergency assistance was not meant to be sustainable. This is reflected in the results: 30% of WASH and Shelter beneficiaries and 19% of ERM recipients reported they are “absolutely unable” to meet even their basic needs over the next three months, with another 43% reporting that they will “barely” cover basic needs. Female ERM recipients showed less ability to cover needs than their male counterparts (46% of women reported absolute inability to cover needs versus 8% of men).

4.3.1. WASH & Shelter

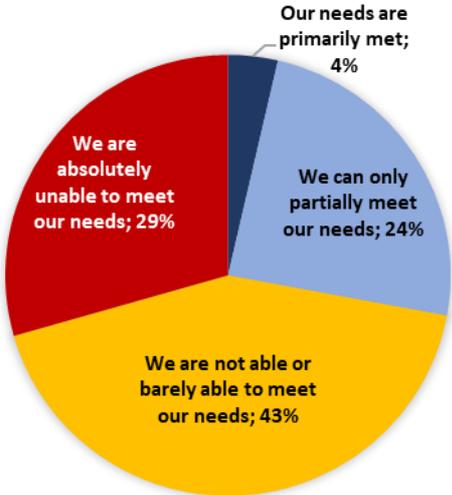
A total of 98% of WASH and Shelter beneficiaries reported that the intervention had impacted their life or others in the household positively. By activity, IDP sanitation activities had the most positive overall impact (93% reported an extreme positive impact, with others ranging between 37% (hygiene kits) to 60% (shelter rehabilitation). The remaining beneficiaries generally reported a more limited impact. There were no major differences by gender. At the same time, a total of 51% of WASH and Shelter beneficiaries overall reported that activities had reduced tensions among community members; especially in the case of the sanitation activities, through increasing the number of latrines in the camps.

Figure 7: Did the intervention impact your life or the lives of others in your household positively? (by activity)



In terms of the ability to meet needs over the next three months, only 4% reported that their needs would be met, while 30% said they would absolutely be unable to meet their needs and another 43% reporting that they would “barely” meet their needs over the next three months. There were no major differences by gender for these sectors.

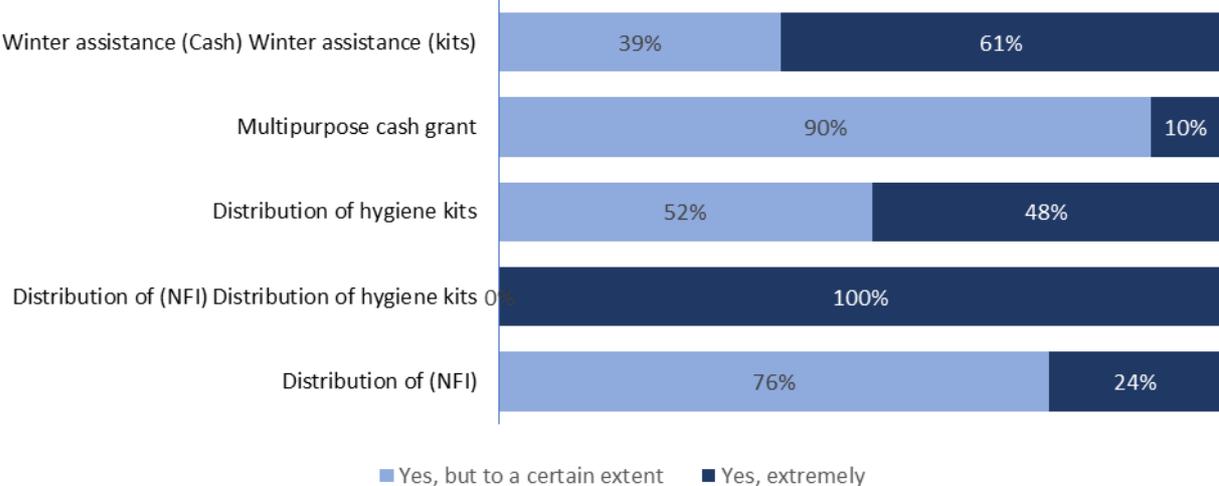
Figure 8: WASH and Shelter beneficiaries' ability to meet needs over next three months



4.3.2. Emergency Response Mechanism

All ERM respondents said that the activity would have a positive impact on their household, with 43% overall saying “yes, extremely.” The most positively related activities were the combination of NFI and hygiene kits (100%) and combination of winter assistance cash and kits (61%). 90% said that the multipurpose cash grant would impact the household to a limited extent only.

Figure 4: Did the intervention impact your life or the lives of others in your household positively? (by activity)



Some focus group respondents expressed their concerns that the assistance in distributing hygiene kits, water, or removing garbage would not have a long-term effect, as the project would end and its effect would therefore disappear, mainly because the hygiene kits and some NFI would be consumed and end shortly after the project’s end.

Respondents reported that road gravelling, water tank provision, rainwater drainage and WC blocks and tent lift assistance would on the other hand sustainably benefit households.

The self-estimated ability of the targeted households to meet their overall needs is illustrated by the charts below and demonstrates that, even though the impact of the emergency response assistance is positive for a short-term perspective (one month), households are not able to meet their needs without it. Only 1% say they can meet their needs, with 19% saying they won’t be able to meet their needs, and the remaining 80% saying they can barely or partially meet needs only. There are stark differences by gender: 46% of women versus 8% of men say that they will “absolutely be unable” to meet their needs over the next month.

Figure 9: ERM beneficiaries’ ability to meet household needs for next one month

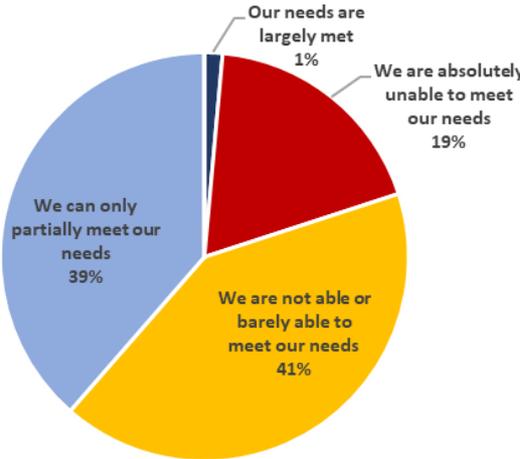
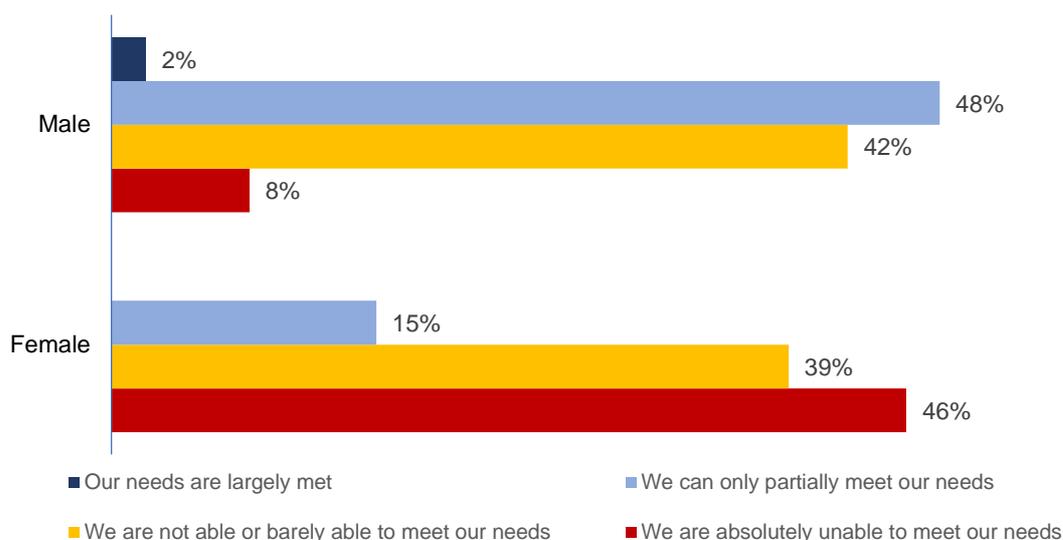


Figure 10: ERM beneficiaries' ability to meet households needs for next one month (by gender)



4.3.3. Protection and Sexual and Reproductive Health

Beneficiaries of the protection services were asked whether they noticed any improvement after participating in the activity or receiving the services: 82% reported noticing a “great improvement” and 17% a “slight improvement”. The life skills participants reported overwhelmingly that they felt “great improvement” after participating (86%), as did participants in the PSS sessions (83%) and the awareness raising sessions (81%). This was reported slightly less by participants in the “cohesion and gender norms services” (75% reported a “great improvement” and the rest a “slight improvement”). Notably, the protection beneficiaries reported that they now “think of themselves as a strong person when dealing with life’s challenges and difficulties”. The services and activities increased the participants’ positive coping mechanisms and improved their self-confidence. The FGD participants stated that the protection activities improved their psychological comfort and it reflected positively with other family members, including reducing tensions.

Concerning the SRH services, 77% of the beneficiaries reported that it met to a great extent the needs of women and girls in their community, while 33% reported that it only partially met the needs. Specifically, the “antenatal care visits” were reported as meeting very much the needs of the women and girls (83% of the respondents), while this was slightly less for the Young Mother’s Club sessions (73%). The FGD participants reported that the SRH services helped them to take better care of themselves and their families, and improved their relationship with others. However, some participants highlighted the need for provision of vocational trainings and literacy courses, as well as more general support to improve access to medicines.

“The effect is positive. It opened up new horizons for me to take care my children’s education and to take care of my health and of my family’s health as a whole.” FGD participant in A’zaz SRH clinic

Overall, 89% of beneficiaries reported that there had been improvements in their lives over the last three months because of access to services. At the same time, 52% felt that it was “very likely” and

48% “likely” that such services would have a long-lasting effect on their lives, with no gender differences. The FGD participants receiving SRH services reported that they will continue to apply what they have learnt in the future and share their knowledge with others around them:

“I know how to be an ideal mother and this will make my life better in the future.” FGD participant in A’zaz SRH clinic.

4.4. Efficiency

- 5. What internal and external factors have affected the cost and resource efficiency of the intervention?**
- 6. To what extent did the project achieved cost and resource-efficiency in their response?**
- 7. Has the project observed any constraints with the activities due to a lack of/delay in/inadequate resources? Why?**

Overall, all the respondents underlined the good experience of the staff, as well as that of the service providers, including technical expertise and local knowledge, which contributed to minimal delays and no cancellations of the project activities. Some minor delays caused by the requirements to replace the NFI of insufficient quality with the quality more suitable to the beneficiaries’ needs have demonstrated the project actors’ high commitment and ability to react timely and efficiently as soon as the need for this arises (e.g. some initial problems with providing transportation for the P&SRH-related activities were promptly solved). The two informants from the financial service providers reported that there was no delay in receiving cash from the IPs. Moreover, for each distribution, they have an additional amount of money to avoid shortage in case a larger number than planned of beneficiaries attend the distribution.

Some external factors that affected the implementation were the security situation in certain areas as well as heavy floods, as reported by key informants among the management staff of the implementing partners. With regards to the COVID-19 pandemic, prevention methods were taken during each stage of the intervention, therefore no affected project staff or beneficiary were reported during the project intervention in most of the project locations. Nevertheless, the most common reasons for the delays were related to the re-allocation of resources from Turkey to Syria, shortage of human resources in some cases (mainly regarding engineering expertise), and some reported sick-leaves of the staff (reportedly COVID), which to some extent impeded the communication with the staff in the field. In Jarablus, one CARE management staff reported challenges in finding items in the local markets (water pumps, for example) which had to be imported from Turkey, as well as delays in the procurement process.

Coordination of the expertise, planning and efforts contributed to the project efficiency, according to all the respondents.

All CARE and IP Management respondents stated that the project resources were, overall, adequate to meet the project targets and assess the entire intervention as highly efficient. Two key informants among the management staff of the implementing partners mentioned that there was flexibility in requesting additional resources, especially when the implementation faced challenges, such as floods or COVID-19 transmission. However, the informants reported being conscious that the needs are huge

in the areas of the interventions and not all of them could be covered, and therefore would need additional resources in the future.

4.5. Coordination

8. To what extent did CARE effectively coordinate with the local /International NGOs present and local stakeholders to avoid overlap and ensure complementarities?

According to all the collected data and information, the level of coordination between the involved interlocutors has remained high, with a significant degree of transparency and information-sharing throughout the entire project intervention. This ensured the interlocutors' awareness of the project intervention gaps and overlaps, for instance the vast majority of the informants were aware of the "Who-Where-What" provided assistance. As reported by the IP management staff, the coordination with the clusters, the local councils and other NGOs was important to avoid overlap of the interventions. CARE management staff reported conducting mapping that supported effective referral during the implementation and identified other actors/services in the area. It was reported that there was no overlapping in general, however there were, reportedly, a few duplications between OFDA and FFP grants. CARE, as cluster co-chair for Shelter/NFI, has a highly relevant position to ensure complementarity of work, through the collection of data and advocacy with donors for more flexibility on the field. Some exceptions were, reportedly, related to the overlapping cash assistance due to a lack of coordination between the organizations related to this component, however, some cash assistance implementations differed in their modalities.

The lessons learnt from the previous years ensured that, for instance, the NFI distribution was better coordinated this year due to the knowledge of the certain NFI quality capacity in relation to each provider, which helped to coordinate which provider distributes what, according to the feedback provided by the beneficiaries and involved IPs, i.e. kitchen sets and comprehensive hygiene kits to displaced families (received from IOM as a partner of OFDA).

The vast majority of KII respondents were, reportedly, satisfied with the coordination between them and the organization. However, one respondent mentioned the necessity to improve communication and coordination by intensifying meetings between the involved interlocutors, including the mobile teams in the camps. Another respondent - having expressed his satisfaction with the level of coordination - underlined the necessity of the permanent presence of an employee responsible for the project in the region to ensure that the process is run smoothly and with a required level of flexibility. One respondent indicated that within the water distribution project, coordination was not good due to the lack of information exchange between the camp manager and the organization regarding the water supply contract signature. In general, the issues were solved through communication and meetings with the camp managers, local council members, as well as with UN OCHA, in order to receive approval to carry the activities.

Several respondents believe that face-to-face contact between the organization and camp managers is the best and most effective way to go due to the camp managers' knowledge of and experience in the needs of their communities, and, hence, will ensure the type of the aid provided in accordance with the needs. Camp managers particularly reported that more meetings are needed and one informant suggested that each IP has a dedicated staff member for coordination with camp managers.

Overall, the CARE and IP Management, as well as the S/NFI Cluster Coordinator and the external key stakeholders report the satisfaction with the coordination and communication. More particularly, CARE was selected as the S/NFI cluster co-chair in order to support and coordinate all shelter/NFI projects in the NWS hub. CARE's target was to involve 50 organizations fully or partially in attending Cluster meetings and working groups. As reported by the key informant from the cluster, between 35 to 50 organizations are actively participating but it differs from one month to another. It was reported as being more challenging due to internet connection and the shifting to online meetings. Moreover, a key challenge remains as the communication in English. Therefore, the content is explained in Arabic at the end of the meeting to encourage the participants in contributing to the meeting.

"The coordination approach is extremely effective because of having information management through colleagues – the collecting of data, analysing them, guiding and taking real-time actions with the cluster. During the meetings, such information is helpful in avoiding any overlapping and by reflecting on any uncovered locations or unmet needs. They also make sure by the end of the meetings to recap and summarize the main ideas in Arabic to make sure that messages and instructions are properly delivered." (Key informant from the S/NFI cluster)

One area for improvement as mentioned by the cluster key informant is the need to link indicators of the projects with the clusters' indicators, or to add some indicators to be aligned with the cluster.

5. Conclusions and Recommendations

CARE was successful in providing lifesaving assistance to around 695,452 people in conflict-affected communities in NWS who faced enormous needs. WASH access was provided to beneficiaries who had no WASH infrastructure and systems prior to CARE interventions. The project upgraded sub-standard shelter conditions in camps and neighborhoods to adequate, dignified shelter for the most at-risk beneficiaries, and considered their particular needs during the winter. Cash and other emergency assistance was provided to IDPs in camps; cash allowed beneficiaries to flexibly meet their individual, urgent needs. CARE and its partners also provided significant, safe and high-quality protection and SRH services to women and girls, including safe spaces, PSS services, life skills, awareness raising antenatal and postnatal care services, family planning and a range of different activities under the Adolescent Mothers Against All Odds (AMAL) Initiative.

Camp Managers and local leaders were very knowledgeable about interventions and spoke highly of CARE and its partners, highlighting the CARE consortium's expertise in coordination and building strong community ties. Most beneficiaries also knew about programs and selection criteria; the main exception to this were community water station projects where beneficiaries did not always know who had implemented the activity despite reporting increased water access in their neighborhoods.

The project also sought to incorporate lessons learned from previous interventions, including those regarding planning in advance for winter activities and introducing sustainable measures into emergency programming where possible. While needs assessments were also carried out prior to all interventions, specific assessments to understand differing needs among vulnerable populations including women, people with disabilities and large family sizes were not done; this meant that a standard package of services intended to equitable across all IDPs in a camp did not always meet the particular needs of different groups.

The resources allocated to the intervention were overall estimated as being adapted to reach the goals and flexibility from CARE ensured adaptation to changing and challenging conditions. The coordination made by CARE and IPs with various stakeholders was crucial for the design phase and the implementation, in order to ensure complementarities and avoid overlapping with other actors. Efforts for coordination needs to be pursued and continuous, particularly with camp managers and local council members to avoid any delay in the implementation of the activities.

CARE's Feedback Complaints and Response Mechanism was not well-known by all beneficiary groups, with about half of WASH, Shelter and ERM beneficiaries unaware of the mechanism. Additionally, nearly half of those who had used the mechanism to provide feedback or a complaint reported not receiving a response. This is a missed opportunity in terms of learning from beneficiaries and further building a trusting relationship among communities and partners. However, beneficiaries in the protection and SRH centers reported high levels of awareness of the FCRM.

5.1. Recommendations:

Based on the findings of this evaluation, the following recommendations are made (cross-sectoral and by sectors):

Aim for equity rather than equality. Different subgroups have different needs. Larger families may need larger cash disbursements and NFI baskets to provide equitable services. Women may need shelters with locks and brighter lights, or a pathway to a bathroom that has adequate lighting at night. People with disabilities may need ramps, tents closer to roads and different toilets.

Further improve the gender-sensitive approach. Findings suggest that a gender sensitive approach to programming could be improved. This includes starting with output and outcome indicator targets by gender. It then requires looking at the different results for men and women and tailoring interventions accordingly. If women have higher food insecurity for example, targeted food assistance to women may be warranted. Women could also be included on committees to choose hygiene kit items, and test them to ensure they are appropriate and high-quality.

Include host communities and consider conflict factors. Being displaced was a required criteria for some activity types, which excluded vulnerable host community residents who were equally in need. As this can exacerbate community tensions and conflict, consider implementing mirror activities for host communities for all activities, particularly in host communities geographically adjacent to IDP camps.

Link services among all sectors. As combination interventions were rated highly, consider combining interventions among sectors to meet more household needs (for example the combination of winterization kits and cash, or hygiene kits and non-food items, PSS and family planning, etc).

Review quality at more frequent intervals. Consumable hygiene kits were reported by large percentages of people to be of low quality; quantity was also an issue for trucked water (even if it exceeded CARE's targets). Such quality feedback should be built into routine program monitoring by MEAL teams to address these issues in a timely way.

Continue building on lessons learned. This round of OFDA incorporated several significant lessons learned, particularly those that are helping to create sustainable solutions within the context of emergency programming. One way to gather lessons would be for CARE to review its CRM processes, with the local authorities to understand why so many beneficiaries reported not knowing about it, as well as why beneficiaries are not getting feedback from IPs. Complaints can also be reviewed anonymously and aggregated, providing learning to CARE about which activities may require improvement, from the perspective of beneficiaries.

Better documentation and learning from indicators and results. CARE should continue to strengthen the reporting of overall numbers of beneficiaries by activity type and subgroup such as IDP, host community, men, women and youth. It also includes providing gender disaggregation for all targets.

Consider expanding services for SRH and Protection beneficiaries. Beneficiaries and external stakeholders suggested that CARE expands the services provided by SRD with more literacy or language courses and provision of vocational trainings, as well as provision of medicines (specifically in camps), which will help to further improve beneficiaries' well-being. These suggestions were outside the scope of the current project but could be considered for future programs if greater resources and funding can be allocated to it.

Recommendations by sectors:

WASH and Shelter:

- Review the quantity of trucked water; if possible increase the amount given the widespread dissatisfaction with existing quantities.
- Rehabilitated WASH-infrastructure remains in need of regular maintenance in order to be preserved.
- Improve hygiene kit quality, especially for women. See overall recommendation above.
- As it was the most well-regarded, continue providing IDP sanitation services
- Provide more garbage bins in communities and IDP camps.
- Provide shelter and additional latrines that meet needs of people with disabilities and women and girls (conduct a survey in each camp to determine what these exact needs are)
- To enhance the quality of the renovations, as well as to motivate the beneficiaries, it is recommended to consider the option of Cash-for-Work where the beneficiaries work on the renovation and rehabilitation of their own shelter, WASH-facilities in the camps, and community services (e.g. garbage collection).
- Provide roof insulation and gravel (on the floor) for tents so that people don't get wet in their shelter during the night in the winter.

ERM:

- Continue the cash modality; if possible, expand it to additional months.
- Because 82% of all recipients reported they were still using winter items received nearly nine months ago, this bears recommendation for replication due its dual immediate and sustainable prospects.
- As combination interventions such as winter assistance cash + kits were rated highly, consider combining interventions for households to meet more needs.
- Consider providing heating materials and winter clothes in any upcoming activities
- NFI distributions, are recommended to be tailored according to seasonal needs, as well as due to the nature of emergencies of different scale (e.g. lice-shampoos, warmer blankets, etc).

Protection and SRH:

- Increase Outreach. All of the SRH clinic beneficiaries reported hearing about services from neighbors or friends. It was not clear if the IP conducts outreach at camps and in neighborhoods. Such outreach is warranted, or if it is done, should be expanded.
- Consider providing general medical care within IDP camps if future funds allow, as suggested as being a need by camp managers. Such centers could also provide protection and SRH services or referrals.
- It is recommended to link beneficiaries with other NGO activities in the region, or to bring in services to the camps. This could include educational and vocational services.

