



Gaziantep Cross-Border Report

2023 IMPACT ASSESSMENT

OF UNFPA'S MULTI-COUNTRY RESPONSE
TO HUMANITARIAN CRISES

VOLUME II

ASSESSMENT REPORT

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إنسانية





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Section 1.

Introduction and Methodology

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Section 1. Introduction and Methodology

Background

The Gaziantep Cross-border (GXB) humanitarian response programme, also known as the north-west Syria Cross-border operation, is one of several United Nations Office for the Coordination of Humanitarian Affairs (OCHA) hubs working together to implement the Syrian humanitarian response plan.

As of late 2023, the humanitarian situation in north-west Syria remains dire for the 4.1 million people who are dependent on humanitarian assistance provided through the cross-border operations. Almost half of those in need are children. Of the area's 4.5 million population, 2.9 million are internally displaced. Of those, 2 million live in camps and informal settlements.¹ In February 2023, two powerful earthquakes and multiple aftershocks hit north-west Syria, severely impacting the governorates of Idlib and Aleppo.² As a consequence of this natural disaster, more than 10,600 buildings were completely or partially destroyed, taking the lives of 4,500 people, and injuring another 10,400 people.³ Thousands of people, including pregnant and lactating women, have lost their homes and been displaced, living in reception centres, camps, informal settings, or on the street. The Camp Coordination and Camp Management (CCCM) cluster recorded 108,000 displacement movements after the earthquakes, exacerbating, among other issues, protection risks, with reduced access to critical and lifesaving services.⁴

According to figures reported by the cross-border humanitarian response, by the end of 2023, UNFPA GXB had reached 175,443 people with various Sexual and Reproductive Health (SRH) services, and another 123,373 people with various Gender-Based Violence (GBV) programming and services. UNFPA GXB has continued to provide lifesaving, comprehensive, and integrated SRH, GBV, and response services, supporting a total of 25 service delivery points, including nine health facilities, 14 Women and Girls' Safe Spaces (WGSS), two mobile clinics.



WE ABSOLUTELY NEED SOMETHING TO HELP US
DEPEND ON OURSELVES.

(GXB FGD PARTICIPANT)

1 OCHA. (2023). *North-West Syria Situation Report*. <https://reliefweb.int/report/syrian-arab-republic/north-west-syria-situation-report-21-dec-2023-enar>

2 Syrian Centre for Policy Research. (2023). *The Impact of the Earthquake in Syria: The Missing Developmental Perspective in the Shadow of Conflict [EN/AR]*. <https://reliefweb.int/report/syrian-arab-republic/impact-earthquake-syria-missing-developmental-perspective-shadow-conflict-enar>

3 Relief Web. (2023). *Türkiye/Syria: Earthquakes - Feb 2023*. <https://reliefweb.int/disaster/eq-2023-000015-tur>

4 OCHA. (2023). *Cluster Status: Camp Coordination and Camp Management*. <https://reports.unocha.org/en/country/syria/card/6ie00ofT2j/>



Objectives and Scope

The overall aim of the 2023 Impact Assessment is **to determine whether the services provided by UNFPA-supported Service Delivery Points (SDP)—including WGSS and health facilities, as well as outreach activities conducted by these SDPs—are achieving their intended objectives**. More specifically, the 2023 Impact Assessment aims to:

1. Determine the extent to which those accessing SRH services, GBV prevention and response services, and youth engagement programmes are benefitting from improved physical and psychosocial **wellbeing**;
2. Understand the **accessibility** and availability of integrated GBV and SRH services for the intended beneficiaries of UNFPA programmes;
3. Analyse the **efficiency** of service provision and the ways in which resources can be more effectively deployed for both staff and beneficiaries.

The scope of this Impact Assessment country report is inclusive of the following parameters:

1. **Temporal:** Mid-2022 (where the scope of the previous assessment ended) to mid-2023;
2. **Geographic:** north-west Syria;
3. **Thematic:** UNFPA GBV and SRH programming, including SDPs and associated outreach activities of WGSS and health facilities.

The **target audiences** of this assessment include both primary and secondary cohorts. Primary audiences include UNFPA ASRO Syria Response Hub, UNFPA GXB, and UNFPA donors. Secondary audiences include UNFPA ASRO, UNFPA IPs, other humanitarian and development actors, other UNFPA regional and country offices; and the UNFPA Humanitarian Response Division (HRD).

The 2023 Impact Assessment includes data collected during the second and third quarter of 2023 and covers programming that took place from mid-2022 until mid-2023.⁵



I THINK THERE SHOULD BE A SALARY [INCREASE] DUE TO THE HIGH COSTS OF LIVING.

(GXB KII)

⁵ For secondary data the reporting period is 1 October 2022 to 1 October 2023.

Data Sources

The 2023 Impact Assessment builds on the established methodology of the previous Impact Assessment which rationalised and systematised the different tools and questions previously used (2016-2022) into one overarching Impact Assessment Framework (IAF). This framework looks at three dimensions—wellbeing, access, efficiency—across three types of service delivery points: WGSS, health facilities, and youth centres. However, as GXB does not conduct or oversee youth centre activities, this type of SDP does not apply to GXB and has not been included in this report.

This 2023 Impact Assessment report for GXB has been developed based on a suite of primary and secondary data designed to measure and illuminate the achievements, outcomes, constraints, and challenges faced by UNFPA in its humanitarian programming throughout the territory, between mid-2022 and mid-2023. It incorporates data from internal and external reporting, relevant interagency publications, and from the perspectives of UNFPA staff, partner agencies, service providers and users/recipients of the GBV and SRH services supported by UNFPA GXB.

Primary data was collected by UNFPA staff and consultants via remote, one-on-one key informant interviews (KIIs), focus group discussions (FGDs), and using Third Party Monitoring (TPM) data pertaining to feedback from service users. Table 1 provides the numbers respondents or participants for each of these primary data collection tools used in GXB. The data and contributor sample included in this impact assessment was designed to ensure good representation of the population of stakeholders and service beneficiaries for UNFPA's humanitarian programming in the territory between 2022 and 2023.⁶

Table 1. Primary Data Collection Overview in GXB

Key Informants			
UNFPA	Non-UNFPA	Total	
2	25	27	
FGD Participants			
Female	Male	Total	
94	0	94	
CFF Respondents			
WGSS	Health Facilities	Youth Centres	Total
200	258	N/A	458

Report Structure

The findings of this assessment are divided into the following sections:

- **Dimension A: Wellbeing.** This section looks at both the most popular and least relevant services, how much these services impact beneficiaries' wellbeing, and how safe and comfortable people feel at the service centres/facilities.
- **Dimension B: Access.** This section looks at barriers to accessibility and how people learn about various services.
- **Dimension C: Efficiency.** This section looks at how staffing and equipment impact the provision of services.
- **Climate, Environmental Impact, and Resilience.** This section examines the different types of shocks experienced by UNFPA beneficiaries.
- **Dimension D: Trends.** This section compares key trends observed in the 2022 and 2023 impact assessments.

⁶ The impact assessment methodology and approach are described in detail in the inception report and in the 2023 Regional Impact Assessment. GXB did not conduct CFFs, as they had already integrated some of the core questions into their quarterly Third Party Monitoring (TPM). To limit respondent fatigue, this Q3 TPM data was used instead of new CFFs.



Section 2.

GXB Impact Assessment Findings

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Section 2. GXB Impact Assessment Findings

The UNFPA GXB humanitarian response seeks to support a wide range of programmes and interventions across the mandate areas of SRH and GBV. These programmes and interventions are offered through two types of service delivery points (SDPs): WGSS and health facilities.

Dimension A: Wellbeing

This dimension looks at the physical and psychosocial wellbeing of GBV survivors and those who are at risk of GBV, as well as those in need of SRH or youth services. Data was collected to assess respondents' perceptions on the following key points:

- Importance of services
- Range of services provided, including any desired changes
- Satisfaction with/impact of dignity kits (WGSS only)
- Feelings of safety and respect, as well as awareness and effectiveness of accountability mechanisms

Women and Girls' Safe Spaces

Importance of and reasons for attending services

Twelve per cent (12%) of respondents reported that the services provided at WGSS were absolutely essential to their lives. Although this is the lowest percentage across the humanitarian responses, and a significant decrease of 79% from 2022, it is important to highlight that 86.5% of respondents reported that these services were 'very important.'

WGSS were considered valuable providers of key services for women across different age groups, with most of demographics stating that the spaces provided them with important services. Younger girls between the ages of 10 and 17 were least likely to consider the services to be absolutely essential: of those who found the services absolutely essential, only 8% were between the ages of 10 and 17. In line with expectations, services were particularly important to women of reproductive age, especially among women aged 25 to 45, with 42% of them considering these services to be absolutely essential.

Range of services

The most highly rated services provided by WGSS were (1) awareness sessions on rights and gender, (2) psychosocial support, and (3) psychological first aid (PFA). The latter was offered as part of the earthquake response. Life skills training sessions and information about health services were also perceived as valuable services, occupying fourth and fifth places among the responses to the three related questions.

The least relevant services provided by WGSS were perceived to be (1) information about essential WGSS services, (2) recreational activities, and (3) information about health services. Among these, information about essential WGSS services was considered the least relevant service, which may indicate that beneficiaries already have familiarity with the services offered by WGSS.

The services most desired by beneficiaries include (1) literacy training, (2) nursing training (first aid), and (3) language teaching (literacy). In general, these services are desired because women believe that they could help enhance their resilience and self-reliance; this is especially important in a context where women have rated economic shocks as one of the most pertinent factors affecting their lives, as reported in nine of the 13 FGDs conducted in GXB.

"We absolutely need something to help us depend on ourselves." – GXB FGD Participant

"I hope that the second level of first aid [training] will be provided, in addition to educational lessons for the subjects of the two certificates." – GXB FGD Participant

Satisfaction with/impact of dignity kits

The monitoring of dignity kit distributions in north-west Syria, as detailed in the "Dignity Kit Distribution and Post Distribution Monitoring Report," was conducted across four sub-districts. A total of eight distributions were monitored on-site, covering the locations of Atareb, Kafr Takharim/Harim, Maaret Tamsrin, and A'zaz. The direct monitoring occurred between 7 March 2023, and 16 March 2023. The Post-Distribution Monitoring (PDM) involved conducting 390 face-to-face surveys through KoboToolBox, with the surveys conducted on different dates for each location: Atareb on 21 March, Maaret Tamsrin on 27 March, Kafr Takharim on 28 March, and A'zaz on 30 March. The resulting report on the distribution of dignity kits in north-west Syria indicates generally positive outcomes. Beneficiaries expressed high satisfaction with the distribution process, appreciating the organisation and information provided by staff. Sixty-seven per cent (67%) of respondents were "very satisfied" with the distributed items, 31% were "somewhat satisfied," and only 2% expressed some degree of dissatisfaction.

Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

Across the five questions related to safety, respect, and accountability, respondents in GXB reported an average satisfaction rate of 95%, with beneficiaries stating that they felt safe in the centres and trusted the service providers. All quantitative respondents stated that staff were friendly and non-judgmental; this was reinforced by highly positive discussions in FGDs.

95% of the respondents reported being aware of how to submit a complaint; this is higher than the regional average of approximately 85%. Awareness was high across all age groups and vulnerability types (with a higher percentage of people aged of 25 to 45 and people with disabilities indicating that they were aware of feedback mechanisms). Furthermore, 99% respondents indicated that they felt safe submitting feedback or complaints. Fifty per cent (50%) of respondents stated that their suggestions or complaints were addressed and followed up on, while the other 50% reported that they were mostly followed up on.

Cash and Voucher Assistance (CVA): GBV case management

The UNFPA GXB operation conducts CVA programming through two partner organisations. UNFPA acknowledges that cash modalities are recognised as an enabler for survivors seeking to access services, particularly when they face financial barriers. CVA is acknowledged to meet the priority protection needs for GBV survivors and women and girls at risk of GBV. However, UNFPA also acknowledges the potential risks of CVA for the individual receiving the cash, both in terms of the risks of theft and in terms of the risks of other individuals discovering the cash. Comprehensive risk mitigation mechanisms have been firmly established, guided by standard operating procedures, in order to govern the use of cash within the framework of GBV case management.

As of 2023, the three PDMs conducted in GXB under the framework of GBV case management reported that a total of 81 women and girls had received CVA. Based on the resulting data, 100% of the respondents reported that CVA was part of their action plan to enhance their safety. Similarly, 100% of respondents who were survivors of GBV reported that CVA helped them access services necessary for them (or their child) to recover from the violence that they had disclosed. On average, while 62% of respondents stated that the amount of CVA was sufficient to improve their safety, 39% stated that it was only somewhat adequate. These results reflect the understanding that there are aspects of GBV mitigation beyond the scope of CVA, in which additional strategies or interventions may be necessary to improve the safety of individuals. Lastly, while the impact of CVA was extremely positive, the data highlights that food services remain the highest priority for recipients when utilising their CVA.

Cash and Voucher Assistance: Income-generating activities

UNFPA GXB has partnered with two local organisations to respond to WGSS beneficiaries' requests for more income-generating activities (IGA). This has included the provision of small grants for women to start small projects/businesses designed to help them achieve economic independence, thus contributing to GBV prevention and mitigation, the development of self-reliance, and the promotion of longer-term self-sufficiency. UNFPA GXB has provided income-generating opportunities for women that are culturally appropriate and consistent with the individual's dignity, including non-traditional livelihood options for adolescent girls and women.

PDM surveys polled 95 individuals who benefitted from CVA programming within the context of income-generating activities. According to 95% of respondents, the assistance provided was sufficient to help improve their safety. All respondents said they received the aid as cash in hand, with 77% of them mentioning that they had received the money at the WGSS centre and 22% stating that they had received it in the market where they bought the necessary goods or items. All respondents affirmed that they did not experience any safety concerns or issues as a result of obtaining the cash, nor did they face any issues while on the way to receive or redeem the assistance.

However, 70% of CVA recipients in this context considered the funding they received to be insufficient for carrying out their project. This figure sheds light on the understanding that funding limitations persist for the expansion of gender-transformative IGAs, in addition to highlighting the fact that different projects entail different budgetary requirements, especially considering the rapid economic downturn and currency devaluation.

While 73% of the PDM respondents said that their projects were new, 15% said that the grant had enabled them to restart a stalled project, and 12% said that they had used the funding to expand their projects. Respondents were asked to rate the progress of their own business: 60% of them said it was good, 38% of them said it was acceptable, and 2% said it was poor, because they were forced to stop working and leave their houses after the earthquake. Lastly, 96% of respondents confirmed that the income they earned from their business had helped improve their daily standard of living.

Cash and Voucher Assistance: Individual protection assistance

In response to the February 2023 earthquake, GXB scaled up the distribution of CVA programming within the context of individual protection assistance (IPA). As part of the earthquake response, two major CVA IPA programmes have been carried out. This assistance was aimed at reducing the immediate protection risks heightened by the consequences of the natural disaster.





The first of these programmes took place from April to June 2023 and included the distribution of CVA in the Azaz, Jarablus, Afrin, and Jebel Saman districts of Aleppo, and in the Harim district of Idleb. In the subsequent PDM survey, 360 CVA recipients were polled, 50% of whom were IDPs and 50% of whom were part of host communities. Ninety-eight per cent (98%) of respondents reported that they were informed about when and where they would receive cash assistance in advance of the distribution (84% before one day, 16% before two days of distribution). Ninety-nine per cent (99%) of respondents confirmed that the IPA intervention did not cause any problems or conflicts among their families or neighbours, with the remaining 1% preferring not to answer the question.

According to the survey results, 59% of respondents reported that the receipt of CVA had positively enhanced their family's ability to meet or maintain their essential needs; another 36% indicated a partial improvement, while the remaining 5% stated that there was no improvement. The data also highlights that food services remained the highest priority for recipients when utilising their CVA. These results may be attributed to the fact that 98% of respondents did not have fixed monthly income during the three months prior to the IPA intervention.

The second CVA programme took place in June 2023 and included the distribution of CVA programming in the Suran, Armanaz, Kafr Karmin, Jandaris, Jarablus, and A'zaz areas. After receiving CVA, a significant majority of respondents (91%) reported feeling a strong sense of safety. Additionally, as expected, both types of cash assistance (one-off distributions and multiple distributions) had positive impacts on the physical and mental wellbeing of beneficiaries. However, multiple distributions of cash assistance had a more positive impact, compared to one-off payments. The recipients of multiple payments indicated that the cash assistance had significantly helped them mitigate the risks of abuse and exploitation (66%), whereas one-off payment beneficiaries reported a more moderate reduction of these risks (50%).

Multiple distributions of cash assistance had a more significant impact on reducing the risks of early child marriage, child labour, and forced labour (39%), while one-off cash assistance had a more moderate (42%) and slight (35%) impact, albeit on a larger number of recipients. The results highlight that recipients of multiple CVA payments may experience a sustained alleviation of protection risks, while the one-off payment recipients tend to experience a more limited impact. It is important to account for the fact that the specific needs and circumstances of beneficiaries vary considerably, which can contribute to significant variations in the results of CVA. Lastly, the data showcased widespread concern about the lack of female protection personnel operating under the IPs, and on *hawala* agents.

Health Facilities

Importance of services

Fifty-three per cent (53%) of respondents in GXB indicated that health facility services were absolutely essential, compared to the regional average of 51%. Meanwhile, another 46% of respondents said that the services provided by health facilities were very important. Health facilities were the most valued SDP available in GXB. Considering the absence of national institutions in north-west Syria, the work of UNFPA is particularly essential in this context, as there is no functional public health system.

Health facilities were considered important by all age groups and genders. The value of the services provided at these facilities was particularly high among women of reproductive age, especially those between the ages of 25 and 45, 51% of whom classified the services as absolutely essential; for young

girls aged 10 to 17, the perceived importance of the health facilities is particularly and significantly low, with only 0.72% of girls in this demographic considering the services to be absolutely essential. However, people with disabilities in GXB were more likely to rate health services as absolutely essential than people with disabilities in any other humanitarian response. It is important to highlight that people with disabilities and people facing intersecting forms of discrimination have extremely limited options in GXB, and over the past few years, UNFPA has invested considerably in ensuring that its services reach these groups—especially people with disabilities and older women.

Range of services

The most highly rated services provided by UNFPA-supported health facilities in GXB were (1) gynaecological consultations, (2) antenatal care (ANC), and (3) postnatal care (PNC). Other services that were ranked highly by beneficiaries included treatment for infections (STI/RTI/UTI), C-sections, and family planning.

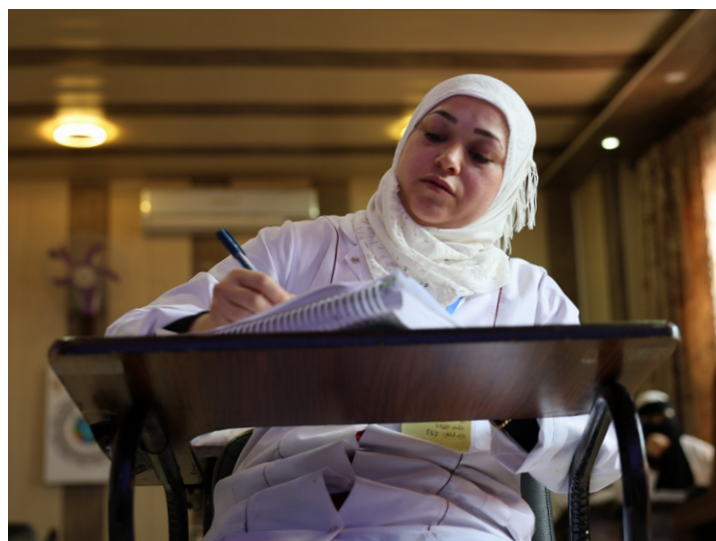
The least relevant services provided by health facilities were reported to be (1) family planning, (2) menstrual disorders, and (3) miscarriage/post-abortion care. The inclusion of these services may indicate a need to raise greater awareness about these issues and topics.

The most-requested service was access to paediatricians, with 26% of respondents indicating a desire for these services. In FGDs, although participants acknowledged the centres' existing paediatrician services, they nonetheless asked for more paediatricians to be available, in order to align with the needs of their children.

Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

Across the five main questions related to safety, respect, and trust in service providers, respondents in GXB reported an average satisfaction rate of 95%. Feelings of safety were high across all age groups and among people with disabilities. Additionally, 75% indicated being informed on how to submit feedback, and all of the respondents stated that they felt comfortable doing so, which was corroborated by responses in FGDs.

When asked whether their suggestions or complaints have been addressed or followed up, all of the respondents stated "Yes, completely." It could be interesting to use health facilities in GXB as a 'best practices' case study on feedback mechanisms, in order to examine why feedback and responsiveness to feedback is perceived to be stronger for health facilities than in WGSS.



Initiatives that target youth

UNFPA GXB continues to engage with youth through a variety of initiatives, such as the Adolescent Mothers Against All Odds (AMAL)⁷ and Rebel Girl. Through AMAL, UNFPA has been able to educate and engage with youth on topics such as early marriage, family planning, early pregnancy, self-esteem, and leadership training, among others. A particular component of this initiative is the Young Mothers' Club, which provides safe spaces to pregnant adolescents and first-time mothers in crisis, allowing them to gain essential skills and learn more about SRH.

UNFPA GXB has also partnered with Rebel Girl⁸, launching an Arabic version of the 'I Am a Rebel Girl' journal, which aims to empower girls to become more confident, challenge harmful social norms, celebrate creative expression, and allow them to imagine a future that embraces their realities.

⁷ CARE. (2024). *AMAL Initiative*. <https://www.care.org/our-work/disaster-response/health-in-emergencies/amal/>

⁸ UNFPA Arab States. (2022). *Rebel Girls: Journaling Tales of Empowerment*. <https://arabstates.unfpa.org/en/news/unfpa-partners-rebel-girls-launch-arabic-edition-%E2%80%98-am-rebel-girl%E2%80%99-journal>

Dimension B: Access

This dimension looks at the availability and accessibility of GBV, SRH, and youth services for refugees, internally displaced persons (IDPs), and host communities. In particular, the access dimension looks at the challenges faced by people with disabilities or those who are otherwise vulnerable, as well as the associated restrictions placed on certain facilities or services. Data was collected to assess respondents' perceptions on the following key points:

- How needs could be addressed in the absence of UNFPA
- Overall accessibility of services and facilities
- Accessibility for vulnerable groups

Women and Girls' Safe Spaces

Addressing needs in the absence of UNFPA support

Although there are a few other related services offered in GXB, respondents emphasised that these alternatives are located very far away, making them inaccessible. As a result, women and girls in all of the FGDs reported that there are no other services that offer the same quality and comprehensiveness of activities, including easily accessible social activities. Most importantly, these participants indicated that there are no comparable alternative services that are exclusively female-only spaces, as UNFPA-supported WGSS.

Fifty-three per cent (53%) of respondents reported learning about the WGSS through word of mouth, 12% through outreach, and 7% through awareness activities. The high prevalence of word of mouth indicates that UNFPA has strong traction with local communities, but it is also still reliant on referrals and awareness activities with community members.

Accessibility of services and facilities

In GXB, 96% of people found it easy to access WGSS, 2% found accessibility moderate, and 2% found it difficult to access WGSS. It is important to highlight that the 96% is the highest rate of 'easy' access reported across all SDPs throughout all the humanitarian responses, showcasing a substantial investment from GXB operations over the last year in providing free-of-charge transportation for all women and girls accessing WGSS, and for vulnerable groups accessing health facilities.

Based on the insights derived from both TPMs and FGDs, the factors that continue to affect women and girls' access to services are (1) facilities being far away, (2) the age of the respondents, particularly among girls aged 10 to 17 and the elderly, and (3) the lack of a chaperone or accompanying person.

"It is difficult; if transportation was available, I would have been able to attend all the activities and training." – GXB FGD Participant

Accessibility for vulnerable groups

People with Disabilities: Six per cent (6%) of TPM respondents with disabilities or who were caretakers for people with disabilities reported facing challenges in accessing the WGSS and its related activities.

Youth: Although beneficiaries between the ages of 25 and 45 were most likely to express challenges associated with caring for someone with disabilities, this demographic was closely followed by beneficiaries aged 10 to 17, as well as those aged 20 to 24. Further research needs to be done on how to better tailor services to younger girls, and how to differentiate between the needs of girls aged 10 to 17, 18 to 19, and over 20.

Older People: In the FGDs, most women aged 60 or older indicated that they had faced no significant challenges in accessing the WGSS, with the exception of a few, due to the centres being far from them.



Health Facilities

Addressing needs in the absence of UNFPA support

While services similar to those provided at UNFPA-supported health facilities do exist in GXB, women and girls participating in the FGDs reported that there are private doctors or clinics that charge high costs for their services. Respondents emphasised the high costs of these other centres, underscoring the free access and services provided by UNFPA. In addition to being more affordable, UNFPA-supported health facilities are often in closer proximity to beneficiaries, facilitating easier access. These participants also reported the unique comprehensiveness of services provided at UNFPA-supported health facilities.

*"There are no other places close to us, except the private one... but I can't afford it."
— GXB FGD Participant*

Seventy-seven per cent (77%) of respondents reported learning about the health facilities through word of mouth, 17% through awareness activities, and 10% through social media. The prevalence of word of mouth indicates that UNFPA has strong traction among local communities, but it is also still reliant on awareness activities and social media for awareness, although the prevalence of social media is slightly lower than in other humanitarian responses. The prevalence of word of mouth, meanwhile, is one of the highest across the humanitarian responses.

Accessibility of services and facilities

In GXB, 81% of people found it easy to access health facilities, while 7% said that accessibility was moderate, and 12% found it difficult to access health facilities.

Transportation issues remain a factor impacting the accessibility of services at health facilities in GXB. Both the (1) lack of transportation and (2) high transportation costs were highlighted by beneficiaries, with around 67% of respondents expressing concern across these two factors. Based on TPM data and FGDs, the remaining factors that affect women and girls' access to services include (1) lack of ambulances and (2) facilities being far away.

"It is difficult because we are far from the hospital. We stand on the road for a long time to find someone to drive us." — GXB FGD Participant

Accessibility for vulnerable groups

People with Disabilities: Four per cent (4%) of TPM respondents with disabilities and/or caretakers of people with disabilities (PWD) reported facing challenges in accessing health facilities and their related activities. Those between the ages of 25 and 45 were most likely to express challenges associated with caring for someone with disabilities.

Youth: In GXB, the health care needs of girls aged 10 to 17 differ from those of girls aged 18 to 19 and those between the ages of 20 and 24. Younger girls (10 to 17) are the second most likely demographic to face challenges related to accessing health facilities, with 22% reporting challenges: those aged 25 to 45 were most likely to face accessibility challenges (40%), and those aged 20 to 24 came in third, with 14% facing challenges.

Older People: As with WGSS, in the FGDs conducted with health centre beneficiaries, most women aged 60 or above indicated that they had no significant challenges accessing health facilities, with the exception of a few, due to the centres being far away for them.



IT IS DIFFICULT BECAUSE WE ARE FAR FROM THE HOSPITAL. WE STAND ON THE ROAD FOR A LONG TIME TO FIND SOMEONE TO DRIVE US.

(GXB FGD PARTICIPANT)



Dimension C: Efficiency

The following dimension consolidates data and insights across all SDPS, including WGSS and health facilities.

Human Resources: Adequacy and Needs

In GXB, there have been issues with staffing shortages, as well as with modalities and schedules of payment. Key informants indicated that salaries are not paid on a monthly basis but are only received periodically. This is associated with logistical constraints and complicated money transfer processes; this results in challenging conditions for staff. The timely payment of salaries on a monthly basis is often the responsibility of implementing partners, but these partners face challenges with their own cash flow and administrative systems.



"I'd like to draw your attention to the fact that the salaries are paid every three months. This delay affects us too much." – GXB KII

Furthermore, in GXB, the value of salaries has dropped dramatically due to currency deflation and global inflation. These fast-paced changes have affected the degree to which salaries are perceived to be sufficient. Staff motivation, in turn, is affected by the adequacy of salaries.

"The most challenging [issues] are... the low salaries that have resulted from the global inflation and the increase in the prices of commodities. Staff have started looking for other job opportunities in other places." – GXB KII

"I think there should be a salary [increase] due to the high costs of living." – GXB KII

Last, but not least, all of the key informants in GXB noted a lack of sufficient staff across different SDPs. This limited staffing capacity has increased the workload for existing staff, who have expressed that, often, employees are forced to occupy roles that are outside the scope of their job, or they must complete tasks very quickly.

"We need more staff. For instance, in the gynaecological clinic, we have only one nurse. It is impossible for one nurse to work around the clock with this very high workload. We need at least another nurse." – GXB KII

Training and Capacity-building

Key informants highlighted numerous trainings that had been conducted as part of the SRH and GBV integration initiatives, which aim to foster greater integration of GBV services within health facilities already providing reproductive health services across north-west Syria.⁹ As of 2023, thousands of individuals have trained. The significance of this initiative can be exemplified by the results in the endline assessments, which highlight that most of the personnel at these facilities are well-trained and have knowledge of the necessary protocols. Eighty per cent (80%) of medical staff were trained on GBV Basics and SOPs, compared to 41% in the baseline assessment. Furthermore, about 62% of medical staff were trained on safe identification & referral procedures.¹⁰

⁹ Whole of Syria. (2022). *GBV & SRH Integration Initiative*.

¹⁰ Whole of Syria. (2023). *GBV Integration into Health Facilities in NW Syria*.



I'D LIKE TO DRAW YOUR ATTENTION TO THE FACT THAT THE SALARIES ARE PAID EVERY THREE MONTHS. THIS DELAY AFFECTS US TOO MUCH.

– GXB KII

"[We were] trained on primary psychological support in emergency cases. This indicates people's satisfaction with our provided services." – GXB KII

"The professional trainings help to improve women's conditions and reduce the protection risks to which they are exposed, especially the risks of GBV." – GXB KII

We attend trainings. We attended trainings about TOT and case management and awareness raising. Previously, we felt there was a shortage, but in the centre, there are [now] continuous trainings." – GXB KII

"We support mental health in our services, training our doctors on PSS and ensuring PSS teams are included in outreach teams." – GXB KII

Other informants asked for the possibility of receiving additional training that goes beyond the scope of SRH services, although they acknowledged the funding limitations. For example, one key informant stated:

"Previously, there were trainings about breast cancer and cervical cancer, in addition to the SRH [trainings]. I wish to get enlisted and invited to attend more trainings, because they enrich my knowledge and give me new information." – GXB KII

"The biggest challenges that WGSS face are shortages of funding... [there is] still lots of demand to access training." – GXB KII



Facility Adequacy and Needs

In GXB, due to strong currency depreciation, it has become harder to ensure facility adequacy, including maintenance and the provision of basic materials.

Key informants highlighted that while medical equipment is sufficient, there are growing needs for things like (1) tools for endoscopic surgery, (2) hormonal tests, (3) and equipment used to detect HIV and hepatitis. There is also a substantive lack of medicine, such as (1) antibiotics and (2) vitamins for pregnant women.

"We have a very large shortage of medical supplies. We don't have medicines, even for emergency cases, such as antibiotics. The patients are the ones to get themselves the medicines from the private pharmacies." – GXB KII

While electronic/digital tools and items are available, key informants highlighted the need for new ones, as many are old, overused, or very slow.

Ongoing Challenges, Solutions, and Support

In GXB, there are ongoing challenges related to outreach and communication with beneficiaries and their communities. For example, there is widespread concern about how patients communicate and understand diagnoses, and there is reportedly some confusion between medical, or physical and psychological diagnoses. Such lack of information offers an opportunity for UNFPA to train partners on how to provide information to beneficiaries, and to conduct awareness sessions with beneficiaries that can help to improve medical literacy.

Key informants also highlighted issues engaging with different communities: for example, some key informants stated that there were challenges in connecting with beneficiaries in the Kurdish and Turcoman villages during mobile team visits. This lack of engagement has been attributed to the caution that beneficiaries exhibit when dealing with staff, which inhibits the delivery of services.

"Sometimes it is difficult for me to go alone to the sessions, due to the outlook of the community." – GXB KII



THE BIGGEST CHALLENGES THAT WGSS FACE ARE SHORTAGES OF FUNDING... [THERE IS] STILL LOTS OF DEMAND TO ACCESS TRAINING.

(GXB KII)



Climate, Environmental Impact, and Resilience

In 2023, for the first time, questions were asked in FGDs about the types of shocks facing UNFPA beneficiaries, and analyses were conducted on the ways in which these shocks affected needs of women, girls, boys, and men in both the short- and long-term.

Table 2: Types of Shocks Reported in GXB

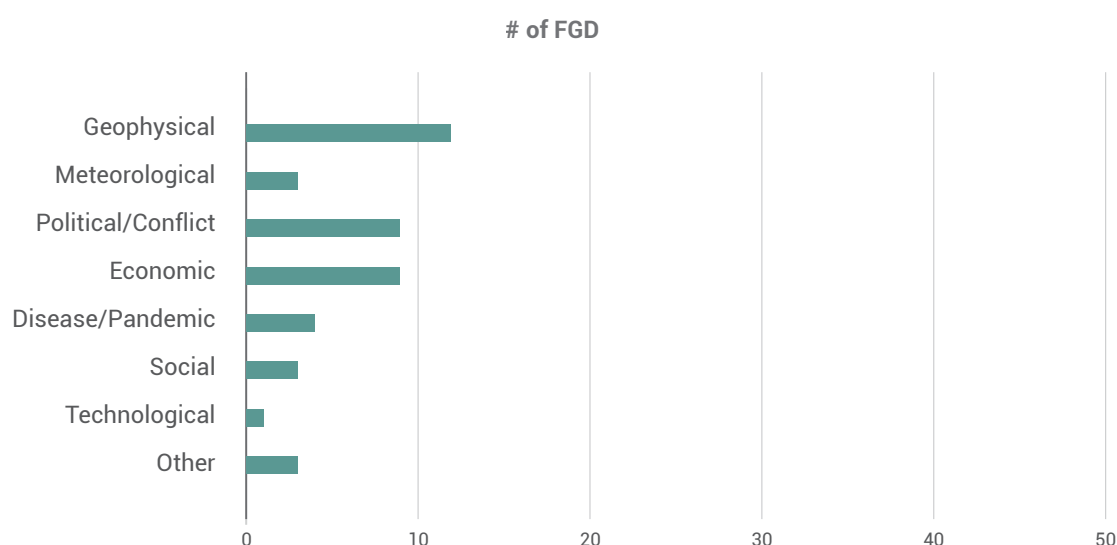


Table 2 highlights that, out of the 13 FGDs conducted in GXB, 'geophysical shocks' were reported in 12 of them (92%), 'political/conflict' and 'economic' shocks were each mentioned in nine FGDs (69%), and 'disease/pandemic shocks' were reported in four FGDs (31%). Meanwhile, 'meteorological,' 'social,' and 'other' shocks were each reported in three FGDs (23%) and 'technological shocks' were reported in one FGD (8%).

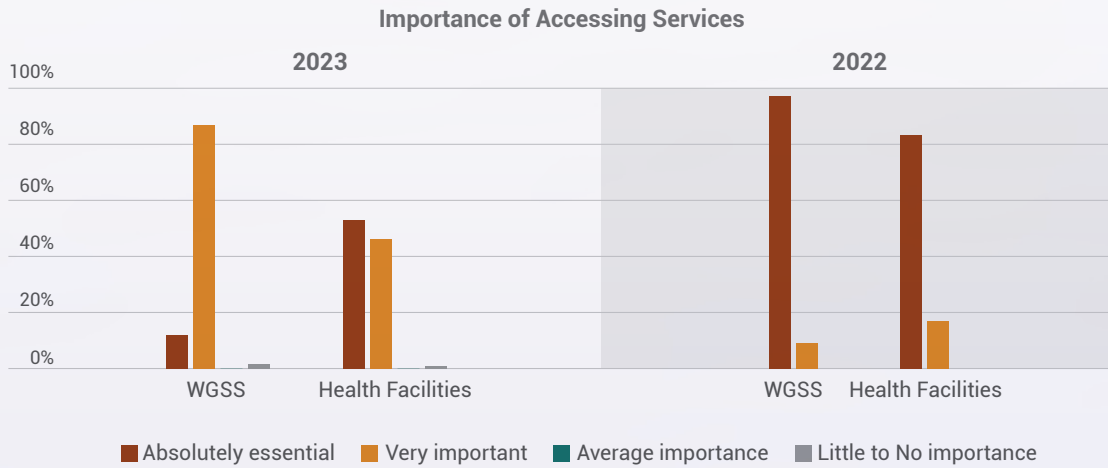
Geophysical shocks were the most reported type of shock in GXB, strongly associated with the 2023 Türkiye–Syria earthquakes, which significantly impacted individuals and communities across north-west Syria. North-west Syria provides a vivid illustration of how shocks are often interdependent, meaning that one can affect the other. In other words, in GXB, geophysical issues can both act as a shock—causing an acute crisis—and as a factor that exacerbates pre-existing challenges, such as economic issues. For example, data demonstrates that individuals who were affected by the earthquakes were subsequently faced with a lack of economic resources to cover their basic needs.

Both the qualitative and quantitative evidence in GXB highlights that UNFPA programming has helped women and girls affected by different kinds of shocks, enabling them to build greater resilience. This resilience is most evident in the psychological and social impacts of programming, empowering women and girls to develop support networks that can help them navigate climate and meteorological shocks. This resilience was also supported by the fact that WGSS served as shelters during the aftermath of the earthquake. Likewise, the CVA provided within the context of individual protection assistance programming also had a positive impact on the resilience of beneficiaries. Continuing to strengthen the partnerships necessary for CVA distribution could play a pivotal role in enhancing the resilience of women and girls in GXB, especially in response to environmental and climate-related shocks.

Dimension D: Trends/Comparison Against 2022 Dataset

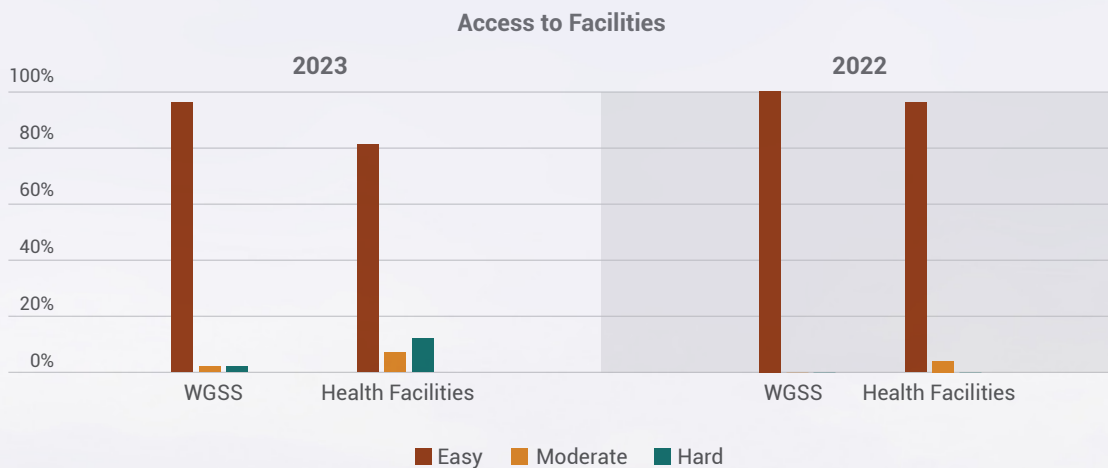
Dimension A (Wellbeing) Trends

1. How important is it for you to have received this service today? (Importance of Accessing Services)



Dimension B (Access) Trends

1. How do you describe the accessibility of this facility?



2. If you are a person with disabilities or if you are supporting a person with disabilities, did you or the person you support face any challenges in accessing the centre and its related services? (Accessibility of different services for PwDs)



* Data for 2022 is not available.



WE HAVE A VERY LARGE SHORTAGE OF MEDICAL SUPPLIES. WE DON'T HAVE MEDICINES, EVEN FOR EMERGENCY CASES, SUCH AS ANTIBIOTICS. THE PATIENTS ARE THE ONES TO GET THEMSELVES THE MEDICINES FROM THE PRIVATE PHARMACIES.

(GXB KII)

Section 3.

Recommendations

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أمل صالحة
كرامة أمان

Section 3. Recommendations

All regional recommendations are relevant to GXB. In addition to these regional recommendations, the following context-specific recommendations should also be considered:

GXB Recommendations

1. **It is imperative to maintain and expand GBV service delivery points in north-west Syria.** These include women and girls' safe spaces, community centres with integrated GBV services, and health facilities with integrated GBV services. These service points remain the primary lifelines for GBV survivors to access immediate, lifesaving assistance.
2. **Expand the vocational activities available to women and girls at WGSS.** In addition to developing partnerships for livelihood activities for youth, as indicated in the relevant regional recommendations below, both qualitative and quantitative data indicates a strong demand from WGSS beneficiaries for vocational opportunities, such as literacy training, nursing training, language teaching, courses with certificates, and more advanced first aid courses. This demand is likely driven in part by the prevalence of economic shocks and their strong effect on women and girls across the region. UNFPA could introduce these activities independently or partner with other actors—especially those with expertise in livelihood programmes.
3. **Expand referral services to paediatricians for women with children.** Both qualitative and quantitative data shows that while some paediatric services are being offered at health facilities, there is a high demand for more of these kinds of services. The expansion of these referrals within health facilities would align with the needs of women and their children.
4. **Participate in a 'Lessons Learned' and 'Best Practices' exercise related to Complaints and Feedback Mechanisms (CFM).** Considering that respondents in health facilities reported a 100% follow-up on their complaints and feedback, health facilities in GXB could serve as a case study to understand why CFM, at GXB health centres was viewed more favourably than at WGSS in GXB, in addition to being viewed more favourably than at different SDPs across other humanitarian responses throughout the region. These findings would help strengthen feedback processes at WGSS, where a 50/50 divide existed between those affirming follow-ups on their feedback and those indicating that their feedback was "mostly" followed up on. These results would also help strengthen the feedback processes employed across all humanitarian responses.



5. **Maintain the CVA pilot approach and scale up CVA assistance to address the evolving needs and vulnerabilities of programme participants.** Considering that economic, geophysical, and meteorological shocks were the top three most commonly reported shocks faced by communities in GXB, CVA should continue to be provided for income-generating activities and individual protection assistance, and should be expanded to include other modalities.

Relevant Regional Recommendations

1. **Develop partnerships with other actors, specifically to address the issue of creating economic opportunities for youth.** The data indicates a strong demand from youth for economic opportunities, activities, and programmes, including job matching, small business startup support, and Curriculum Vitae (CV) tailoring. This demand is likely driven in part by the prevalence of economic shocks and their strong effect on women, girls, and youth across the region. While this is a key issue for beneficiaries, it also falls outside UNFPA's mandate. UNFPA could, however, partner with other actors, particularly those with expertise in livelihoods and markets, to support referrals and integrated service provision addressing economic wellbeing.
2. **Conduct analysis specifically on barriers facing (1) beneficiaries in specific age groups (10-17, 18-19, and over 60) and (2) people with disabilities in accessing services.** Four demographic groups have been identified as having notable vulnerabilities: this report has identified some ways in which services can be tailored to better support them. However, more analysis needs to be conducted at both the country and regional levels.
 - a. **Youth 10-17:** This group faces specific access challenges across all seven humanitarian responses. Those in this age group who are responsible for caring for people with disabilities face additional, compounded issues and challenges. Youth in this age range show preferences for specific activities and services; greater understanding of these preferences could help to tailor service offerings to their needs.
 - b. **Youth 18-19:** This group values specific services and activities, including health services and vocational training opportunities. However, these preferences tend to be specific to the country context. Those who act as caretakers for people with disabilities also face additional challenges and issues.
 - c. **Women over 60:** Women over the age of 60 face a unique array of issues, both regarding services provided and in terms of accessibility. Of the services provided, the contents of dignity kits are not well-suited to older women, and some of the health services offered do not meet their needs. Women in this demographic also find it particularly difficult to access facilities and centres, especially in contexts characterised by physical insecurity.



WE SUPPORT MENTAL HEALTH IN OUR SERVICES, TRAINING OUR DOCTORS ON PSS AND ENSURING PSS TEAMS ARE INCLUDED IN OUTREACH TEAMS.

(GXB KII)



- d. **People with disabilities:** A significant amount of work needs to be done to better reach and support people with disabilities, including developing a strategy to improve accessibility in non-camp contexts. This strategy should include the following considerations: (1) transportation needs for people with disabilities and their caretakers; (2) medical, pharmaceutical, and laboratory needs of this demographic; (3) recreational services that are appropriate for this group; and (4) specific support that can be provided to caretakers.
3. **Participate in a 'Lessons Learned' and 'Best Practices' exercise specifically related to dignity kits, including a cross-country and cross-modality comparison.** This exercise should be led by the Hub, but UNFPA GXB and its partners should pay specific attention to possibilities for improving dignity kit distribution and tailoring the contents of the kits to different groups and demographics.
4. **Improve communication about the ways in which feedback and complaints are handled (e.g. through quarterly community feedback sessions).** Most beneficiaries remain unaware of the ways in which complaints are responded to and addressed. Accountability to Affected Populations (AAP) processes throughout the region should be adjusted to include feedback modalities that are appropriate for each specific country context. This may include stories on social media, meetings at the SDP, or other mechanisms identified by UNFPA staff and partners.
5. **Train local and partner health staff on how to communicate with clients about service options, risks, and mitigation measures.** Across all countries, trainings should be conducted with local and partner health staff on how to inform patients about their service delivery options. These trainings should focus on explaining service options using non-technical language and actively listening to patients about their needs and preferences.
6. **Conduct an analysis and implement additional programming related to embedding all SDPs into communities and gaining wider social acceptance.** In GXB, this analysis should be conducted jointly with other relevant actors to support the successful uptake of results and recommendations.
7. **Consider the integration of Child Friendly Space (CFS) facilities and health services.** Availability of childcare was identified as one of the top five accessibility barriers faced by beneficiaries. Many participants identified childcare services, child-friendly spaces, and educational opportunities for children as potentially useful activities. Expanding multi-service centres to include CFS could support improved accessibility.
8. **Conduct a review of the various approaches to supporting transportation, to identify best practices and lessons learned.** Transportation has been identified as a major access barrier across several years' worth of data on UNFPA's activities in the Syria response. That said, UNFPA and partner agencies have piloted several approaches to enhancing transportation options, including the provision of free transport and the subsidisation of transport costs. GXB should participate in a regional learning exercise on the topic of transportation.
9. **Develop a briefing note on funding status, risks, and opportunities.** This briefing note should be developed by the regional office, but the GXB office should share this note with other actors.
10. **Strengthen Clinical Management of Rape (CMR) programming by developing country-specific plans to reduce stigma for survivors of GBV.** CMR services have been identified as the least relevant activity by a significant minority of quantitative survey respondents. The classification of CMR as an activity with low relevance may be associated with cultural and community stigma toward survivors. In the GXB context, where there are also apparent stigmas around STIs and HIV, it may be useful to prioritise this recommendation.



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THE PROFESSIONAL TRAININGS HELP TO IMPROVE WOMEN'S CONDITIONS AND REDUCE THE PROTECTION RISKS TO WHICH THEY ARE EXPOSED, ESPECIALLY THE RISKS OF GBV.

(GXB KII)



PREVIOUSLY, THERE WERE TRAININGS ABOUT BREAST CANCER AND CERVICAL CANCER, IN ADDITION TO THE SRH [TRAININGS]. I WISH TO GET ENLISTED AND INVITED TO ATTEND MORE TRAININGS, BECAUSE THEY ENRICH MY KNOWLEDGE AND GIVE ME NEW INFORMATION.

(GXB KII)



Gaziantep-Cross Border Report

2023 IMPACT ASSESSMENT

OF UNFPA's MULTI-COUNTRY
RESPONSE TO HUMANITARIAN CRISES

VOLUME II

ASSESSMENT REPORT

