Syria Country Report

2023 IMPACT ASSESSMENT

OF UNFPA's MULTI-COUNTRY RESPONSE TO HUMANITARIAN CRISES

VOLUME II

ASSESSMENT REPORT

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Acknowledgements

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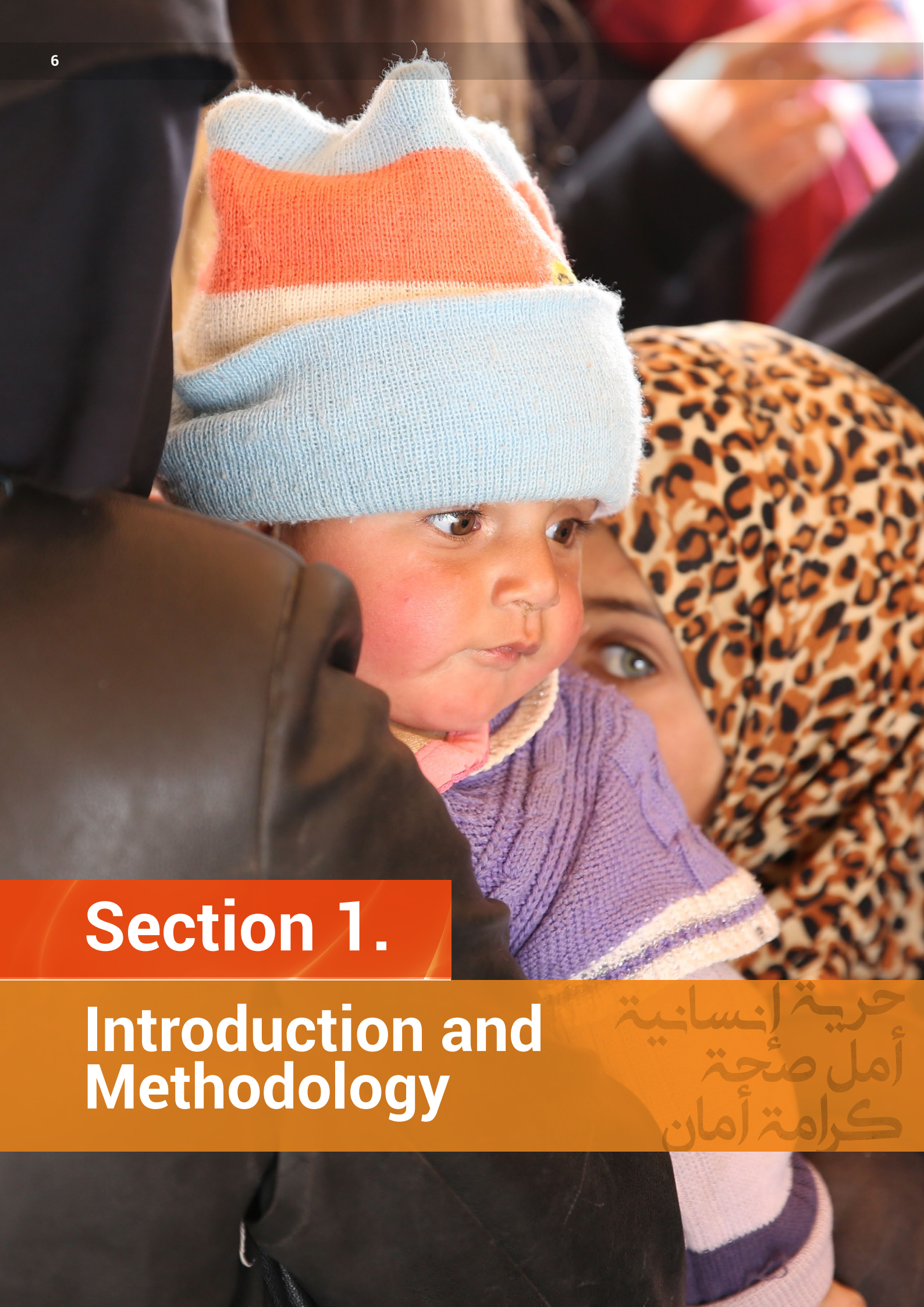


Section 1.

Introduction and Methodology

Section 1. Introduction and Methodology

Background

As of late 2023, with the Syrian crisis entering its thirteenth year, the country remains one of the world's most complex health and protection emergencies.[1] While there are currently 5.2 million refugees and asylum-seekers in neighbouring countries (including Türkiye), there are also 6.8 million Internally Displaced People (IDPs) within Syria.[2] The crisis began in March 2011, when Syria catapulted into a complex and multi-sided civil war, with a number of countries militarily involved in the crisis. This ultimately led to the emergence of several self-proclaimed political entities, including the Islamic State.[3] From 2016 to 2018, the Global Peace Index ranked Syria as the most violent country in the world.[4] As of 2023, Syria is ranked as the third least-peaceful country in the world, after Afghanistan and Yemen.[5]

On the latest Sustainable Development Goals (SDG) Index, Syria ranked 130 out of 166, with a score of 58.18.[6] Regarding SDG Goal 3: Good Health and Wellbeing, Syria was on track to achieve its targets, with a maternal mortality rate of 29.0 deaths per 100,000 births (as of 2020), a neonatal mortality rate of 10.7 deaths per 100,000 births (as of 2022), and an under-five mortality rate of 22.40 (as of 2020).[7] However, Syria continues to face challenges with life expectancy at birth (72.67 years in 2019), and births attended by skilled personnel (96.20 in 2009), based on the most recent data available via the SDG tracker and the World Bank.[8] On SDG 4: Gender Equality, Syria's score has been declining, with major challenges reported, especially regarding the demand for family planning and female labour-force participation.[9]

According to the 2023 Syria Humanitarian Needs Overview (HNO) conducted by OCHA, an estimated 15.3 million people inside Syria are in need of humanitarian assistance, and 6.8 million people remain internally displaced from their homes.[10] While the security situation has improved in recent years, waves of hostilities continue to affect various parts of the country, especially in Northeast Syria, where the situation remains particularly volatile. Public infrastructure, such as health facilities and schools, is on the verge of collapse, while chronic electricity, fuel, and water shortages continue to disrupt the delivery of basic services. Due to the deteriorating economic situation, more than 90 per cent of Syrians live below the poverty line,[11] and inflation has sent the costs of basic commodities skyrocketing. Syria is also grappling with the lingering aftermath of the COVID-19 pandemic and the devastating earthquakes in February 2023.[12,13]

In 2022, only 59 per cent of Syria's public hospitals and 57 per cent of the country's public health centres were fully functioning. There continue to be attacks on health facilities and medical personnel, and more than 50 per cent of health workers are estimated to have left the country over the last decade. According to the 2023 Syria HNO, 4.2 million women of reproductive age require access to essential Sexual and Reproductive Health (SRH) services, including family planning, maternal healthcare, and emergency obstetric care. Gender-based Violence (GBV) continues to be a daily reality for women and girls in Syria and has become normalised in many communities. Roughly 7.9 million women and girls require assistance for GBV. Limited education, employment, training, and livelihood opportunities, particularly for women and youth, have led to harmful coping strategies, such as child labour; child, early, and forced marriage; and illegal migration.[14] The protracted nature of the crisis has also had a detrimental effect on the mental health and psychosocial wellbeing of the crisis-affected populations.

1 UNHCR. (2023). *Syria.* https://www.unhcr.org/sy/
2 UNHCR. (2023). *Syria Situation.* https://reporting.unhcr.org/operational/situations/syria-situation
3 UNHCR. (2023). *Syria.* https://www.unhcr.org/sy/
4 Institute for Economics and Peace. (2023). *Global Peace Index 2023.* https://reliefweb.int/report/world/global-peace-index-2023
5 Institute for Economics and Peace. (2023). *Global Peace Index 2023.* https://reliefweb.int/report/world/global-peace-index-2023
6 SDG. (2023). *Country Rankings.* https://dashboards.sdgindex.org/rankings
7 SDG. (2023). Syrian Arab Republic. https://dashboards.sdgindex.org/profiles/syrian-arab-republic
8 SDG. (2023). *Syrian Arab Republic.* https://dashboards.sdgindex.org/profiles/syrian-arab-republic
9 SDG. (2023). *Syrian Arab Republic.* https://dashboards.sdgindex.org/profiles/syrian-arab-republic
10 OCHA. (2023). *Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022) [EN/AR].* https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2023-humanitarian-needs-overview-december-2022-enar
11 OCHA. (2023). *Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022) [EN/AR].* https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2023-humanitarian-needs-overview-december-2022-enar
12 UNICEF. (2023). *Recovering From Earthquakes in Syria and Türkiye.* https://www.unicef.org/emergencies/Syria-Turkiye-earthquake
13 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
14 OCHA. (2023). *Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022) [EN/AR].* https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2023-humanitarian-needs-overview-december-2022-enar

By the end of 2023, UNFPA Syria had reached 1,158,764 people with SRH services, 560,050 people with GBV prevention and response services, and 42,370 people with youth initiatives. UNFPA Syria has also provided 9,250 women with Humanitarian Cash and Voucher Assistance (CVA), which has been employed to support the needs of pregnant and lactating women (PLW) and to provide transportation to medical facilities for childbirth/delivery. UNFPA Syria supports 269 service delivery points, including 96 static health clinics, 108 integrated mobile teams (IMTs), 45 Women and Girls' Safe Spaces (WGSS), one family protection unit (FPU), seven community wellbeing centres (CWCs), and 12 youth-friendly spaces (YFS).

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 safe spaces, health facilities, youth centres, and 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 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:** Syria;
3. **Thematic:** UNFPA GBV, SRH, and youth programming including SDPs and associated outreach activities of WGSS, health facilities, and youth centres.

The **target audiences** of this assessment include both primary and secondary cohorts. Primary audiences include UNFPA ASRO Syria Response Hub, UNFPA Country Office in Syria, 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 quarters of 2023 and covers programming that took place from mid-2022 until mid-2023.[15]

15 For secondary data, the reporting period was from October 1,2022 to October 1, 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, and efficiency—across three types of service delivery points: WGSS, health facilities, and youth centres.

This 2023 Impact Assessment country report for Syria 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 country, 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, SRH, and youth services supported by UNFPA.

Primary data was collected by UNFPA staff and consultants via remote, one-on-one key informant interviews (KIIs), focus group discussions (FGDs), and client feedback forms (CFFs) completed by beneficiaries. Table 1 provides the numbers of respondents or participants for each of these relevant primary data collection tools used in Syria. The data and contributor sample included in this impact assessment was designed to ensure good representation of the broader population of stakeholders and service beneficiaries for UNFPA's humanitarian programming in the country between 2022 and 2023.[16]

Table 1. Primary Data Collection Overview in Syria

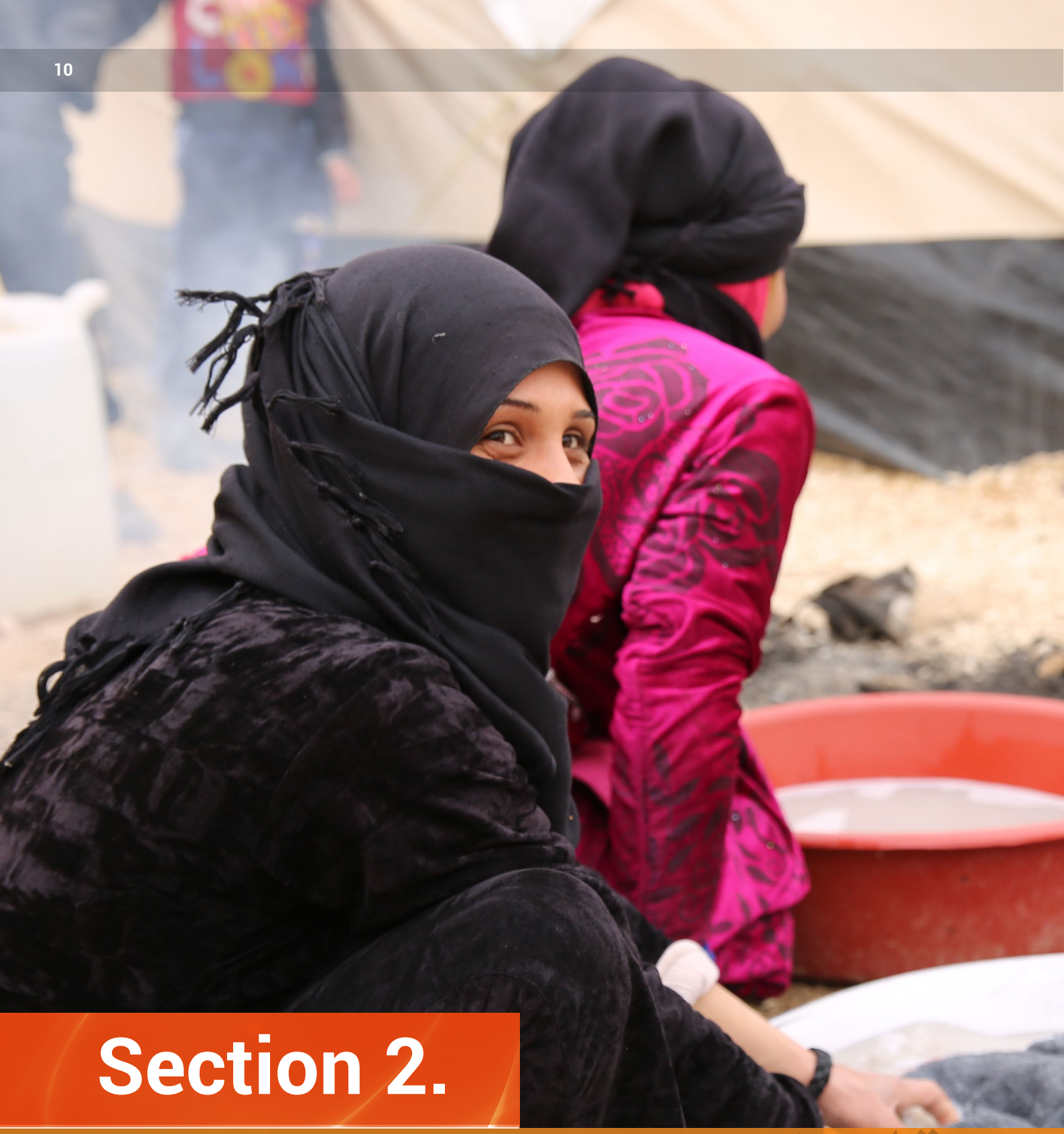
Key Informants			
UNFPA	**Non-UNFPA**	**Total**	
4	32	36	
FGD Participants			
Female	**Male**	**Total**	
348	24	372	
CFF Respondents			
WGSS	**Health Facilities**	**Youth Centres**	**Total**
398	393	398	1,189

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.

16 The impact assessment methodology and approach have been described in detail in the inception report and in the 2023 Regional Impact Assessment.



Section 2.

Syria Impact Assessment Findings

Section 2. Syria Impact Assessment Findings

The UNFPA Syria country office seeks to support a wide range of programmes and interventions across the three mandate areas: SRH, GBV, and youth. These programmes and interventions are provided through three types of service delivery points (SDPs): WGSS, health facilities, and youth centres.

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

WGSS are highly valued by beneficiaries in Syria, with 57% of respondents saying that the services were absolutely essential to their lives, and 31% saying that the services were very important. The proportion of respondents in Syria who claimed that the services were absolutely essential is well above the regional average of 43%. WGSS were the most valued of the three types of SDPs in Syria. These findings were relatively consistent across all age groups, genders, and disability statuses.

WGSS were considered to be valuable providers of key services by women across different age groups in Syria. That said, girls in the 10–17 and 18–19 age groups were least likely to consider WGSS services to be absolutely essential. In line with expectations, the services provided at WGSS were considered most important to women of reproductive age.

Range of services

The most highly rated services provided by WGSS were (1) vocational training, (2) awareness sessions, and (3) medical consultations. Mental health sessions were also recognised as providing important support. Vocational training was particularly appreciated by younger participants (10–17 and 18–19). Clinical Management of Rape (CMR) was identified by a significant minority (10%) as being one of the least-relevant activities; this indicates that there could be strong stigma associated with rape.

The least relevant services provided by WGSS were perceived to be (1) recreational activities, (2) legal counselling, and (3) time and space to socialise with other women and girls. The inclusion of the latter as one of the least-relevant activities is likely a reflection of the role of WGSS as an entry point: some activities are designed to attract specific ages and user profiles but are seen as less relevant by other demographics. However, in comparison to other humanitarian responses, there was a higher percentage of people in Syria indicating that "all services are important."

The services most desired by beneficiaries include nursing courses, vocational training opportunities, and the provision of sanitary napkins. In general, nursing courses and vocational training opportunities were requested by beneficiaries because of the belief that they could help to support 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 44 of the 55 FGDs conducted in Syria.

Satisfaction with/impact of dignity kits

Eight per cent (8%) of the individuals surveyed in Syria reported that they had received a dignity kit; this is well below the regional average of 28%, and the second lowest across all humanitarian responses. All respondents who reported receiving dignity kits were female, with distribution taking place across age groups. People with disabilities did not appear to receive dignity kits, although it is unclear whether this was a matter of policy, or an accessibility issue related to distribution. The participants in FGDs also reported that they had not received dignity kits. The participants in FGDs also reported that they had not received dignity kits. Of the CFF respondents who received kits, 42% were between the ages of 10 and 17% were between the ages of 25 and 59, 11% were 20 to 24 and 60 or older, and 5% were 18 to 19.

Thirty-two per cent (32%) of those who received dignity kits were strongly satisfied with the kits; this is the lowest satisfaction rate reported throughout the region and is considerably lower than the regional average of 44%. Fifty per cent (50%) of women and girls in the 10 to 17 and 25 to 59 age brackets reported being somewhat satisfied with the dignity kits, which might indicate the need to better tailor the kits to the needs of women and girls.

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

All of the CFF respondents in Syria reported feeling safe at the centres, and 99% stated that they trusted the service provider. All quantitative respondents stated that staff were friendly and non-judgmental; this was reinforced by strongly positive discussions in FGDs. All respondents reported feeling respected in the centres.

Sixty-four per cent (64%) of respondents reported being aware of how to submit a complaint; this is significantly lower than the regional average of 86%. Awareness was relatively low across all age groups and vulnerability types, with a higher percentage of awareness reported among women between the ages of 25 and 59. Meanwhile, 94% of respondents indicated that they felt safe submitting feedback or complaints.

Health Facilities

Importance of services

Forty-five per cent (45%) of respondents in Syria indicated that health facility services were absolutely essential, while another 44% said that they were very important. This is slightly lower than the regional average, in which 50% of respondents found health services to be absolutely essential.

Health facilities were considered essential across all age groups, and among both men and women. The perceived value of health care services was especially high among women of reproductive age, and particularly among women aged 25 to 59); for younger girls between the ages of 10 and 17, the perceived importance of UNFPA health facilities is understandably lower. Interestingly, people with disabilities were notably less likely to rate health services as absolutely essential, compared to those without disabilities. The findings of various FGDs in different locations across Syria consistently point to a lack of transportation options for people with disabilities, which ultimately influences this demographic's perception of the services provided by health facilities.

Range of services

The most highly rated services provided by UNFPA-supported health facilities in Syria were (1) gynaecological consultations, (2) antenatal and postnatal care, and (3) family planning. Ratings of services varied strongly by age: gynaecological services were more likely to be used and appreciated by women of reproductive age, as were family planning services. The lack of uptake of SRH services, combined with beneficiaries' failure to rank SRH services as important, may indicate a gap in UNFPA's service provision in Syria.

According to beneficiaries, the least-relevant services provided by UNFPA-supported health facilities in Syria were (1) CMR services, (2) STI/HIV prevention/treatment, and (3) family planning. The inclusion of

STI/HIV tests among the least-relevant services could indicate cultural or societal stigmas toward those who have either STIs or HIV; it may also indicate a need to raise greater awareness about the dangers of STIs and HIV for both men and women. Additionally, as seen with related services at WGSS, the inclusion of CMR as one of the least-relevant activities may indicate that there could be strong stigma associated with rape.

The services most requested by beneficiaries included (1) sanitary napkins, (2) lab tests, and (3) paediatricians. These findings, which were also discussed in FGDs across different regions of the country, highlight the need for health facilities to adapt to the needs of beneficiaries. In FGDs in particular, many participants expressed a specific desire for paediatric clinics to be open daily.

Seventy-five per cent (75%) of respondents indicated that they had been given options regarding health care services and treatment, and 25% said that they had been 'somewhat' provided with options. Those who answered 'somewhat' may have received information that was either incomplete or that failed to target their literacy and awareness levels. This could be an issue worth addressing at health care facilities across Syria.

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

Ninety-seven per cent (97%) of respondents reported feeling safe in health facilities; these feelings of safety were strong across all age groups, as well as among people with disabilities. Ninety-nine per cent (99%) of respondents stated that staff were friendly and non-judgmental, and all respondents reported feeling respected at the centre. Fifty-nine per cent (59%) of respondents reported being aware of how to submit feedback, and 92% of those who knew how to provide feedback reported feeling comfortable doing so. Ninety-nine per cent (99%) of respondents believed that information they provided at health centres would be kept confidential.

Cash and Voucher Assistance (CVA): Sexual and reproductive health

UNFPA Syria and its partners have implemented CVA within the context of SRH programming, through its programme, "Transport Vouchers for Pregnant Women to Access Services-Aleppo Governorate." After the earthquake in Aleppo in February 2023, pregnant women needed urgent support in accessing 24/7 maternity care. In response, UNFPA Syria piloted its urban transport voucher programme, which aimed to increase obstetric health facility access for pregnant women in rural and remote areas at the time of delivery. The data illustrates that 258 CVAs were distributed to Syrian women and girls aged 14 to 45; only 17 of these beneficiaries were surveyed, a very low figure (see results below).

Based on the Post-distribution Monitoring (PDM) surveys, 100% of the respondents used the CVA, and reported that it significantly enabled them to access safe delivery services. Likewise, 100% of the respondents indicated that the transportation voucher had a positive impact on their family. All of the respondents were satisfied with the delivery method used to distribute the voucher (person responsible for handing the voucher, date, timing, location, etc.), and 59% confirmed that the service was very timely, while the remaining 41% stated that it was timely.

Youth Centres

Importance of services

Forty-eight per cent (48%) of respondents indicated that youth centre services are absolutely essential, and another 41% indicated that the services are very important. These figures are slightly lower than the regional average, in which 60% of quantitative survey respondents found that youth centre services were absolutely essential to their lives.

Youth centre services were particularly highly valued by youth between the ages of 18 and 19. This appreciation was expressed by both boys and girls, as well as people with disabilities.

Range of services

The most highly valued services provided to youth were (1) vocational activities, (2) life skills, and (3) SRH and GBV awareness sessions. Recreational activities were also very popular among youth, especially activities related to art, music, and photography (10%). It should be noted that there was very high demand for follow-up support and activities related to vocational training: youth are actively looking for help finding jobs, Curriculum Vitae (CV) support services, grants for small business start-ups, and other related support services. The desire for these follow-on employment activities links strongly with the topic of resilience: economic shocks are considered to be the most relevant and impactful shocks faced by local communities and were mentioned in 44 of the 55 FGDs held across Syria.

The least-valued services provided at youth centres bear a strong resemblance to the most-valued services: vocational activities, life skills, and art classes were ranked among the least valued services by CFF respondents. This strong overlap is likely to be associated with the specific topics of the trainings: youth tend to value trainings that are more likely to enhance their job prospects (e.g. computer classes, English classes). They are less likely to value training and activities that are perceived to be traditional or less likely to generate job prospects.

When survey participants were asked about the specific types of services they would like to see incorporated into youth centre programming, 9% of respondents said that they wanted psychological support, which indicates a highly relevant need among youth in Syria, and an opportunity for UNFPA to reach a greater number of youth beneficiaries. The remaining CFF respondents asked for trainings related to specific technical skills or resources to support their job prospects, such as toolboxes when graduating from vocational training, job linkages, and support for small projects. Some respondents also asked for specific recreational activities, such as interactive theatre or access to study halls.

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

Ninety-nine per cent (99%) of respondents reported feeling safe in youth centres, and 99% felt that the service provider was committed to maintaining their

confidentiality. All respondents felt that staff were friendly and non-judgmental, and reported feeling respected by staff. In general, high feelings of safety, respect, and trust were present across age groups, genders, and disability statuses.

Ninety-four per cent (94%) of youth centre participants reported being informed about how to submit feedback and complaints when necessary, which is significantly higher than seen at WGSS and health facilities in Syria, indicating a need for further investigation. Of those who knew how to submit feedback, 92% felt comfortable and safe doing so, while the remaining 8% of respondents were split in their reasons for not feeling comfortable, reporting either "shyness" or "I don't want to." Three per cent (3%) of respondents felt that feedback was not followed up on.

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

Women and girls who attended WGSS have clarified that no other service provider offers the same quality and combination of services in a safe and respected environment. In the Syrian context in particular, participants in FGDs stated that they valued the female-only nature of the WGSS spaces, and the efforts that partners had made over time to engage with local communities and to gain trust. UNFPA's role and the role of WGSS within camp settings was seen as particularly valuable.

Eighty-two per cent (82%) of respondents reported gaining awareness of the WGSS and its services through word of mouth, while 13% reported learning about the centre through social media. The prevalence of word of mouth indicates that UNFPA has strong traction within local communities—but it is still reliant on outreach and engagement with community members through a variety of channels, including social media.

Accessibility of services and facilities

Fifty-six per cent (56%) of respondents indicated that they could easily access WGSS, with 32% describing accessibility as 'moderate,' and 12% as 'hard.' Transportation remains a critical factor in accessing services at WGSS in Syria. Lack of transportation was the primary factor impacting access, as reported by 41% of respondents, while high transportation costs were reported as a significant factor by 29% of respondents. Based on insights derived from both CFFs and FGDs, the remaining factors that affect women and girls' access to services include (1) family disapproval and (2) being divorced, which creates stigma that can prevent women from attending WGSS.

Accessibility for vulnerable groups

People with Disabilities: Eleven per cent (11%) of people with disabilities or caretakers of people with disabilities stated that they faced challenges in accessing WGSS. The highest concentration of those who reported access challenges were between the ages of 25 and 59 and youth aged 10 to 17.

Youth: The quantitative data suggest that specific age restrictions and barriers exist in accessing the centres, especially for girls aged 10 – 17. Data suggests that there is a specific need to consider how to better engage with girls in this age range.

Elderly People: Based on the insights from FGDs, elderly people faced significant challenges in accessing the centres after the earthquake, with the primary reasons being a lack of transportation and the high cost of transportation.

Health Facilities

Addressing needs in the absence of UNFPA support

Although there are a few other health services available in Syria, respondents emphasised that these alternatives are very expensive, making them inaccessible to most. For example, when asked about what people would do if UNFPA health facilities did not exist and they needed these services, some participants answered as follows:

> *"There are free clinics, but we must pay for transportation; here it is closer, and services are better than others." — Syria FGD Participant*

> *"Other places don't provide psychological support sessions." — Syria FGD Participant*

When asked about how participants learned about UNFPA-supported health facilities and their services, respondents reported hearing about these services primarily through word of mouth (87%) and awareness efforts (10%). The high percentage of respondents who cited word of mouth indicates that UNFPA has strong traction within local communities.

Accessibility of services and facilities

Forty-three per cent (43%) of respondents said that it was easy to access health facilities, 39% said that accessibility was moderate, and 18% reported that it was difficult. Access was particularly challenging for women between the ages of 25 and 59, and for girls aged 10 to 17.

Transportation is a critical factor impacting the accessibility of services at health facilities in Syria. Lack of transportation remained the primary hurdle, as reported by 48% of respondents, while the high cost of transportation was cited by 42% of respondents. Based on insights from both CFFs and FGDs, the remaining factors that affect women's and girls' access to services include (1) lack of a chaperone or accompanying person and (2) lack of childcare, with the latter referring to a lack of childcare services, child-friendly spaces, and educational opportunities for children, all of which could be potentially useful activities or services to incorporate into health centres.

Accessibility for vulnerable groups

People with Disabilities: Eleven per cent (11%) of people with disabilities and/or caretakers of people with disabilities reported that they faced challenges in accessing health facilities. Those between the ages of 25 and 49 were most likely to express challenges associated with caring for someone with disabilities. Those with disabilities were also more likely to say that access to the facility was 'hard.'

Youth: In Syria, the specific needs of girls between the ages of 10 and 17 are different from those aged 18 to 19, and also differ from the needs of girls aged 20 to 24. Younger girls (10–17) face unique challenges in accessing health facilities, and upon access, they appear to find the services of lower utility. Those between the ages of 20 and 24 also face challenges in accessing health facilities, but their needs are often intersectional: they appear to be more likely to face challenges when caring for people with disabilities.

Elderly People: According to both CFFs and FGDs, elderly people face severe challenges in accessing health facilities. In FGDs, participants indicated that inclement weather and lack of public transportation were two particular issues impacting accessibility. Elderly women were also less likely to find the services provided by health facilities useful.

Youth Centres

Addressing needs in the absence of UNFPA support

In FGDs, youth consistently reported that there are no centres similar to the UNFPA-supported youth centres catering to the needs of young people, highlighting the relevance and importance of youth centres in Syria. The primary reasons that beneficiaries find youth centres to be unique include the comprehensiveness of services, the high quality of the centres and services, and their close proximity to youth. When asked what people would do if UNFPA-supported youth centres did not exist, some participants answered as follows:

> *"I would not receive any services or deprive myself of other needs to pay for getting the service." – Syria FGD Participant*

Respondents learned about the youth centres primarily through word of mouth (71%) and social media (56%). The high percentage of word of mouth indicates that UNFPA has strong traction within local communities. Given the age range of the target demographic, social media proved to be a more popular communication channel for raising awareness of youth centres than for WGSS and health facilities.

Accessibility of services and facilities

In Syria, 40% of CFF respondents said that it was easy to access youth centres, while 44% said that access was moderate, and 16% said it was difficult.

As with WGSS and health facilities, transportation remains a critical factor in accessing services at youth centres in Syria. The high cost of transportation was the primary accessibility challenge, as reported by 55% of respondents, while lack of transportation was cited as a challenge by 46% of respondents. Based on the results of both CFFs and FGDs, the remaining factors that affect women's and girls' access to services include (1) sexual harassment on the way to the facility, (2) the presence of stairs for people with disabilities, (3) session times being set with short notice, and (4) no chaperone or accompanying person.

Accessibility for vulnerable groups

People with Disabilities: Eight per cent (8%) of people with disabilities and/or caretakers of people with disabilities indicated that they faced challenges in accessing the youth centres. These challenges appeared to be disproportionately high among those aged 18 to 19.

Youth: In Syria, 28% of girls between the ages of 18 and 19 found it difficult to access youth centres, while 13% of girls aged 10 to 17 reported finding it difficult. Qualitative data has provided some additional insights about the needs of youth, particularly related to the harassment they face when trying to access the centres. These insights are further supported by the answers provided in CFFs. Further research needs to be done on how to tailor services to younger girls, and how to differentiate between the needs of those in different age brackets, including those aged 10 to 17, 18 to 19, and over 20.

Dimension C: Efficiency

The following dimension consolidates data and insights across all SDPs, including WGSS, health facilities, and youth centres.

Human Resources: Adequacy and Needs

In Syria, the value of local salaries is dropping rapidly due to local currency deflation and global inflation. These fast-paced changes have affected the degree to which salaries are perceived to be sufficient, which ultimately impacts staff motivation, as explained by key informants:

> *"The biggest challenge is the issue of salaries. As an employee, I must be flexible at work, and have that feeling that every problem has a solution, and that I am able to find these solutions, but I cannot overcome the issue of salaries in the centre." – Syria KII*

Key informants in Syria also highlighted a lack of staff across various SDPs. This limited capacity has increased the workload for existing staff, with many expressing that workers often occupy roles beyond the scope of their job description or function.

> *"No, the staff isn't enough. For example, the receptionist is doing the duties of another job, which is data entry. In the WGSS, there is no case management on the mobile team." – Syria KII*

"The staff isn't enough; for example, in the PSS, I'm doing more than one job. I am case management, PSS worker, activities provider, and relations officer." – Syria KII

In other cases, key informants stated that they have been demanding the hiring of health educators, nurses, and other medical staff to reduce their burden from the high number of visitors to the centres.

Training and Capacity-building

The topic of training is a divided issue in Syria. Some key informants spoke positively about the training provided, which covered CRM, the basics of the GBV, ICDL, accounting, graphic design, advanced Excel, maintenance of mobile phones and laptops, educational courses such as English and German language classes, and photography.

"Last year, I got training on the following: violence and exploitation, diagnoses and referrals, individual and group interference, and individual consultations. This year, I got two separate trainings. The first one was about group consultations, and the other one was about family consultations." – Syria KII

However, other key informants highlighted a need for more training, emphasising the need for more comprehensive training that goes beyond basic, surface-level skills. In particular, these key informants noted the importance of delving deeper into common issues faced at the centres, so that they feel more fully prepared, trained, and ready to support beneficiaries.

"The training department at the centre is very weak. I attended a training in Homs about providing individual consultations. It was very short, and we needed to get more information, because any psychological training requires a period of three to five days." – Syria KII

"We need trainings about abortion, family planning, and cases of sexual abuse." – Syria KII

Facility Adequacy and Needs

In Syria, key informants highlighted specific challenges related to the country's extreme currency depreciation. This has made it more difficult to ensure facility adequacy, including the maintenance and provision of basic materials. It had also become more difficult to procure both medicines and specialised equipment. Managing these volatile currency conditions and inflation are likely to continue to be crucial in the upcoming years, and it could be useful to develop specific trainings for partners about this issue.

"I WOULD NOT RECEIVE ANY SERVICES OR DEPRIVE MYSELF OF OTHER NEEDS TO PAY FOR GETTING THE SERVICE.

(SYRIA FGD PARTICIPANT)

> *"There is a significant shortage of therapeutic medicines, and only family planning methods are available. The provided medicines cover only a finite period of time, and currently there are no medicines. Also, not all of the family planning methods are available. Since the beginning of the project, IUDs have not been provided, while the rest of the family planning methods have only been provided since March." – Syria KII*

Medicines like vitamins and iron supplements, and products like condoms are also part of the shortage. Other key informants also underscored a need for extra medical equipment; for example, a staff member at one health facility explained:

> *"I'd like to comment on the shortage in the quantities of the medicines. Additionally, the simple medical equipment, such as blood pressure monitors and blood sugar analysers, are very important to us and to the beneficiaries. As I have said before, many beneficiaries come to the centre from distant places only to measure their blood pressure and blood sugar." – Syria KII*

Ongoing Challenges, Solutions, and Support

The economic situation in Syria remains the primary ongoing challenge in the country, which has contributed to an increase in economic shocks faced, which were mentioned in 44 of the 55 FGDs conducted in Syria. These situations affect both beneficiaries and staff members.

> *"We cannot deny the economic situation, the lack or delay of salaries, and the lack of a reward system due to the lack of profitable projects, and this fact requires greater effort from us." – Syria KII*

As with other humanitarian responses, key informants in Syria raised concerns about sustainability, stating that they would like to continue providing services despite low needs at different times. Key informants stated that these services should be normalised, rather than depending on funding from specific projects. The instability created by this kind of project-based funding ultimately causes uncertainty and anxiety among both staff and beneficiaries.

"We also feel instability in the project, because we do not know whether the project will be renewed or not." – Syria KII

Referrals were also highlighted as a challenging aspect of service provision in Syria. Referrals are essential for effective case management; they are also necessary for the appropriate provision of health services. Referral systems are often managed either by governments, where they have adequate capacity, or by international agencies and/or through the Protection Cluster. In several contexts, weaknesses have been noted within the referral system, including lack of follow-up and lack of appropriate service provision on the part of the actor to whom a patient is referred. In some situations, there were indications that some partner staff may need training on referral processes, modalities, and purposes.

"The biggest challenge is the pressure of the work. For instance, I'm the only one [available] to provide awareness services, I'm explaining to the beneficiary the symptoms of cervical cancer, and… about breastfeeding and its benefits. I also provide psychological support." – Syria 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 Syria

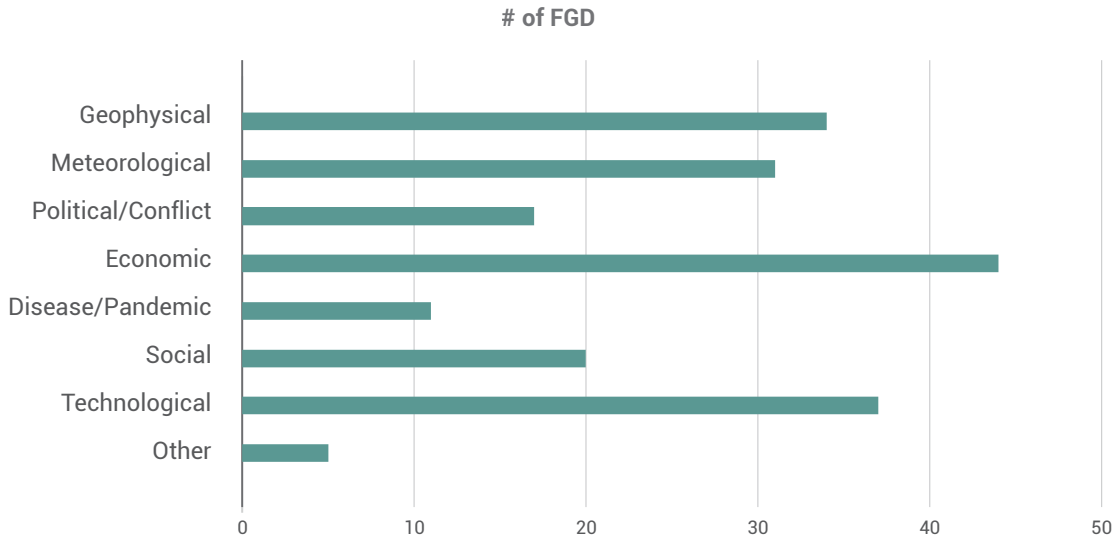


Table 2 highlights that, out of the 55 FGDs conducted in Syria, 'economic shocks' were reported in 44 of them (80%), 'technological shocks' were mentioned in 37 FGDs (67%), 'geophysical shocks' were reported in 34 FGDs (62%), 'meteorological shocks' were reported in 31 FGDs (56%), 'social shocks' were mentioned in 20 FGDs (36%), 'political/conflict shocks' were reported in 17 FGDs (31%), while 'disease/pandemic shocks' were reported in 11 FGDs (20%), and 'other shocks' were discussed in 5 FGDs (9%).

Economic shocks were the most common kind of shocks reported in Syria, and were largely associated with the aftermath of the 2023 Türkiye–Syria earthquakes, which significantly impacted individuals in Syria. FGD respondents highlighted the lack of economic resources to cover their basic needs. Syria also provides a vivid example of how shocks are interdependent, meaning that one type of shock can cause or affect other kinds of shocks. In Syria, climate issues have been noted to both act as a shock themselves, by causing a crisis or meteorological event, and serve as a factor that exacerbates other pre-existing challenges. In addition to being highlighted in focus group discussions, these challenges were also mentioned by staff members.

"We are working now by making and selling products, but [we are selling] few [products] due to the large increase in prices." – Syria FGD

Both qualitative and quantitative evidence in Syria demonstrates that UNFPA programming has helped women and girls build greater resilience to different kinds of shocks that have impacted their lives. This resilience is especially evident in the psychological and social impacts of UNFPA programming on beneficiaries, empowering women and girls to develop support networks in order to navigate climate and meteorological shocks. Priority support was also provided to pregnant women in Syria via the transportation CVA delivered as part of SRH programming, helping build resilience and support their access to services.

However, vulnerabilities persist in Syria, and strengthening partnerships may be pivotal to building greater economic resilience through economic opportunities, and to helping enhance climate and environmental resilience, in order to better prepare individuals for future challenges.

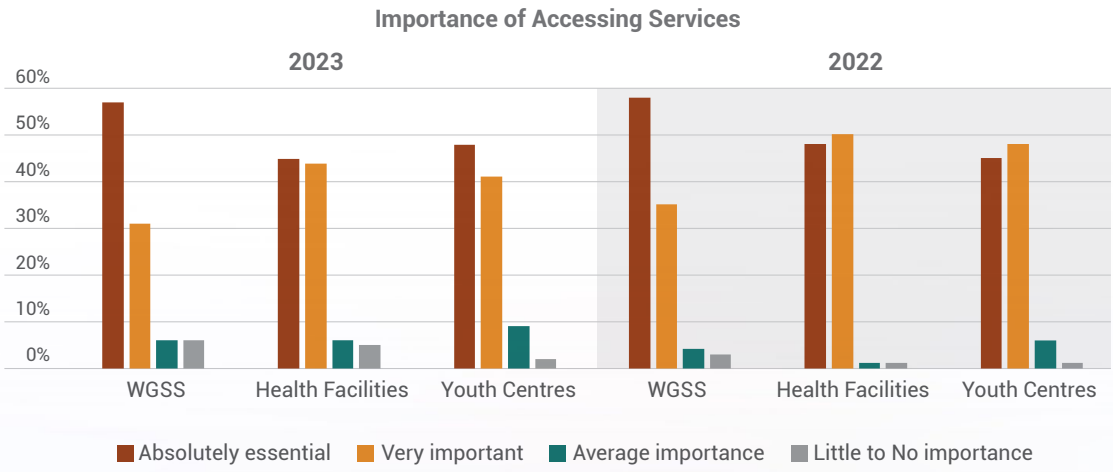
"OTHER PLACES DON'T PROVIDE PSYCHOLOGICAL SUPPORT SESSIONS.

(SYRIA FGD PARTICIPANT)

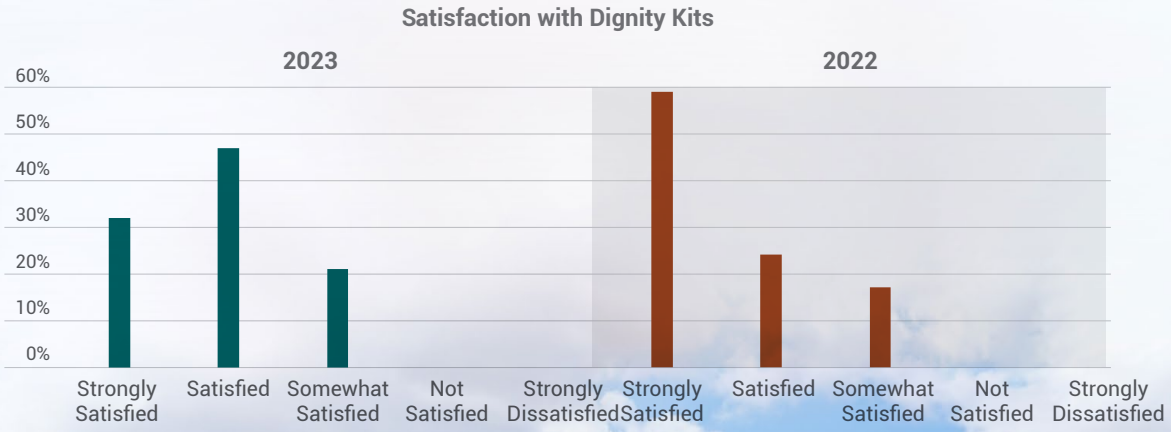
Dimension D: Trends/Comparison Against 2022 Dataset

Dimension A (Wellbeing) Trends

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

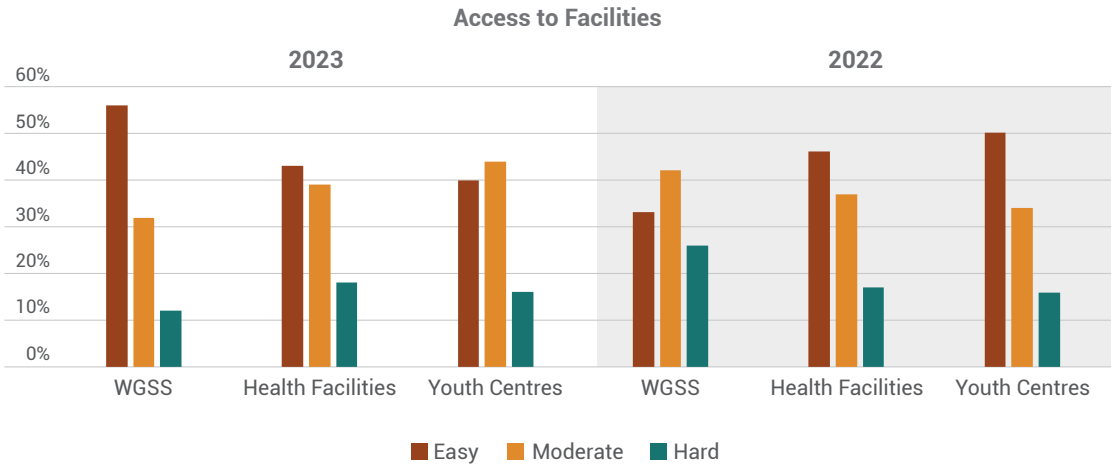


2. **If you received a dignity kit, how would you rate your overall level of satisfaction with the dignity kit? (Dignity Kit Satisfaction)**

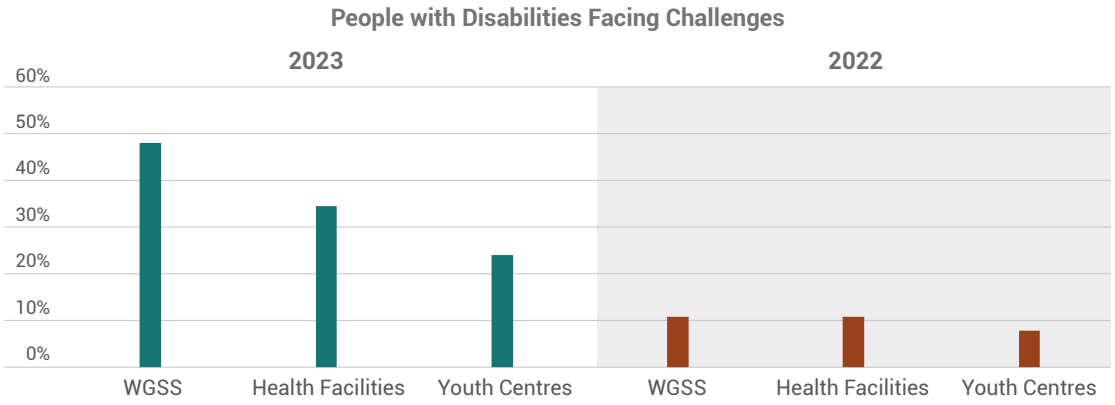


Dimension B (Access) Trends

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)**



Section 3.

Recommendations

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Section 3. Recommendations

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

Country Recommendations

1. **Train partners on how to engage with clients and inform them about health services.** Although 75% of CFF respondents felt adequately informed about treatment options, 25% claimed that they had received somewhat unclear information about their treatment options. To address this gap, UNFPA could work to enhance the communication skills of health facility partners, including providing training on best practices, FAQs, role-play scenarios, and many other skill-building endeavours that would allow beneficiaries to access more accurate information about the health services available to them. Such measures would ultimately enhance the quality of health facility SDPs.
2. **Reinforce accountability in WGSS and health facilities through training workshops.** Given the low percentage of respondents who were aware of how to submit feedback at these two kinds of SDPs, UNFPA could use this as an opportunity to provide training workshops on the Complaint and Feedback Mechanism (CFM) system. Aside from traditional training services, this could also take the form of CFM community meetings and/or an oral open forum to meet the needs of those who are illiterate.

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 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 with regard to 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.

    d. **People with disabilities:** A significant amount of work needs to be done in order 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 Syria and its partners should pay specific attention to possibilities for incorporating and improving dignity kit distribution and the tailoring 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.

WE ARE WORKING NOW BY MAKING AND SELLING PRODUCTS, BUT [WE ARE SELLING] FEW [PRODUCTS] DUE TO THE LARGE INCREASE IN PRICES.

(SYRIA FGD)

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 Syria, 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, in order 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. Syria 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 Syria office should share it with other actors.

10. **Strengthen 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 Syrian context, where there are also apparent stigmas around STIs and HIV, it may be useful to prioritise this recommendation.

> DEVELOP PARTNERSHIPS WITH OTHER ACTORS, SPECIFICALLY TO ADDRESS THE ISSUE OF CREATING ECONOMIC OPPORTUNITIES FOR YOUTH.

> WE CANNOT DENY THE ECONOMIC SITUATION, THE LACK OR DELAY OF SALARIES, AND THE LACK OF A REWARD SYSTEM DUE TO THE LACK OF PROFITABLE PROJECTS, AND THIS FACT REQUIRES GREATER EFFORT FROM US.
>
> (SYRIA KII)

Syria Country Report

2023 IMPACT ASSESSMENT

OF UNFPA's MULTI-COUNTRY
RESPONSE TO HUMANITARIAN CRISES

VOLUME II

ASSESSMENT REPORT