Informed Programming

GENERATING BETTER PROGRAMME DATA TO INFORM HUMANITARIAN RESPONSES
THE KNOWLEDGE SERIES

The UNFPA Knowledge Series aims to provide all stakeholders in the humanitarian community with simple, effective, and replicable information or approaches that can aid humanitarian responses. These are based on best practices and lessons learned from UNFPA programming and operations in the Arab region and are meant to serve as practical tools to inform responses or enable actors to adapt successful approaches which suit their contexts.

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Recent years have witnessed a significant increase in the number and severity of humanitarian crises impacting communities around the world, necessitating greater resources, innovation, agility, and sustainability from humanitarian actors. Many of these crises are taking place within the Arab region, where communities are being pushed to the brink by geopolitical conflicts, protracted mass displacements, spiralling economic deterioration, worsening climate-related risks, and other critical challenges.

In addition to highlighting the universality and interconnectedness of the issues, these converging crises have further underscored the significance of documenting and sharing knowledge and experiences that can aid the delivery of impactful humanitarian programmes.

A cornerstone of effective humanitarian response is the collection of quality data to improve decision making and support advocacy efforts. As needs grow and funding gaps widen, humanitarians are being called upon to strengthen the design, quality, and effectiveness of the programmes being implemented, and to establish knowledge-driven foundations upon which better and more coordinated responses can be developed. *Informed Programming* tackles this increasingly central topic, providing a detailed overview of UNFPA’s experience across multiple complex humanitarian settings in the region.

Given its broad and essential mandate and coordinated regional responses to some of the worst crises taking place today, UNFPA is uniquely positioned to provide useful, adaptable, and scalable insights that can support humanitarian actors in gathering and using data to improve various aspects of humanitarian responses. The information provided in the following pages joins the ever-growing repository of knowledge being captured and communicated through the UNFPA Knowledge Series. Our hope is that humanitarian actors will be able to incorporate these insights into response programmes to further strengthen the collection, monitoring, analysis, communication, and ultimate use of data.

Sincerely,

Laila Baker

UNFPA Regional Director, Arab States
Informed Programming
Generating better programme data to inform humanitarian responses
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INTRODUCTION

Upholding standards in terms of thematic and programmatic responses is essential in humanitarian settings. Ensuring that programme data are collected in a safe, accountable, and timely manner is essential as well. In emergency situations this even becomes more challenging due to the increased number of access constraints hindering regular monitoring visits. These challenges have certainly been further exacerbated by COVID-19, making it even more difficult to reach geographic areas and population groups. Additionally, there may be connectivity issues and limited partner capacities.

These challenges underscore the importance of collaboration, knowledge sharing, and holistic responses that aim to leave no one behind. Delivering strategic and impactful responses to humanitarian crises in a manner that directly addresses the needs of the people and contributes to the long-term resilience of their communities requires increased efforts. This also holds true when it comes to monitoring and evaluation and safeguarding the generation of quality programme results data.

This UNFPA Knowledge Series guide aims to support staff working in the fields of monitoring and evaluation, information management, and those overseeing programmes to gather and make use of humanitarian programme data to improve decision making and support advocacy efforts. This guide provides a set of good practices and lessons learned in the collection, analysis and presentation of UNFPA programme data with a focus on how this can help inform UNFPA's humanitarian responses and remain accountable to both the people we serve and the donors that fund UNFPA programmes. This Knowledge Series product also provides insights on information management relating to GBV coordination, in the context of UNFPA's inter-agency leadership of the GBV Area of Responsibility (GBV AoR).

This document was developed based on the experience of the UNFPA Regional Humanitarian Hub for Syria and the Arab States (The Hub), a part of the Arab States Regional Office (ASRO), and the Whole of Syria, Türkiye, Lebanon, Jordan, Iraq, and Egypt country offices. A holistic and harmonised response monitoring approach was established in these countries with partners collecting, analysing and reporting data against the same indicators. This was then used for evidence-based programming and advocacy and communications.

The experience and related improvements in the regional Syria response context contributed to several outcomes, such as effective decision-making, bridging service delivery gaps identified by the available data, and improving donor reporting. They also supported improvements in the social inclusion agenda throughout the response by, for example, identifying access barriers for adolescent girls and people with disabilities. Finally, these efforts also helped deliver stronger advocacy for and communications on UNFPA’s response. Continuous monitoring of the regional Syria response over the years, enabled tracking of evolving trends and achievements. These efforts have also contributed to enhanced partner reporting by streamlining the monitoring, thus allowing for information to be made more widely available for decision-making.

Data collection has ethical implications and adherence to ethical principles of data collection is the backbone to any M&E and information management work. A careful consideration of which data to collect is recommended before setting up any data collection systems in order to avoid collecting data that are not needed.

This Knowledge Series product offers insights on how to:

1. Set up data collection systems
2. Ensure the quality and accuracy of the data collected to better inform programmes and donors and to remain accountable to affected populations.
3. Harmonise results monitoring and data collection efforts across countries, and multi-country crisis response.
4. Build institutional M&E capacity amongst local organisations and collaborate with partners to put adequate reporting tools in place.
5. Analyse and make use of the data collected

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1. Whole of Syria encompasses operations managed from Damascus and Türkiye (and from Jordan and Iraq until 2019).
SETTING UP DATA COLLECTION SYSTEMS
1.1 HARMONISED IMPLEMENTING PARTNER REPORTING TOOL

While many organisations have reporting systems in place, at the onset of a crisis some may not. UNFPA is responsible for supporting implementing partners to ensure that quality data collection systems are in place, and for providing partners with guidance on how to capture the required programme data in a structured manner.

UNFPA is currently using a harmonised implementing partner reporting tool across its Whole of Syria operation.

When a programme is supporting health facilities, GBV static facilities (including Safe Spaces) and mobile units, it is important to be able to capture information on unique people served and avoid double counting. It is also vital to obtain information on the types of services that are provided, taking into consideration different service delivery modalities, and, in the context of last mile assurance, to track supplies, including reproductive health kits that have been distributed as well as dignity kits. When the programme includes cash and voucher assistance, a strong and safe data collection system should be in place as well.

Moreover, in order to ensure the social inclusion of all affected populations, collect information on various population groups, including internally displaced people, refugees, adolescent girls, youths, people with disabilities, the LGBTQI+ community and so forth.

As mentioned above, a good example of how to capture these different components is the implementing partner reporting tool used in the regional Syria response, which ensures that all relevant programme and service delivery data is collected accurately and consistently. The tool incorporates the 5Ws of reporting (what, where, who, for whom and when) to provide detailed information on the supported Sexual and Reproductive Health (SRH) and GBV programmes. Developed using Microsoft Excel, the tool also provides instructions and definitions to clarify frequently asked questions. It has been set up to capture unique people reached by year and facility type, using separate entries that have been added to register people accessing the services for the first time in the calendar year.

The implementing partner reporting tool encompasses various essential sections, which can be adapted to different contexts. It includes:

- an inventory control stock tracker that lists the number of kits in stock at the implementing partner’s warehouse;
- a CVA tracker to collect the cash and voucher assistance with the related amounts and fund codes;
- an incident tracker to show the number of security incidents at UNFPA-supported facilities to shed light on operational challenges;
- a sign-in tracker for GBV beneficiaries accessing Women and Girls Safe Spaces to better understand total sign-ins versus unique people reached;
- a training tracker to monitor the delivery and impact of capacity-building programmes, including details of training package, knowledge gains and the number of participants.
- A financial progress report against the work plan whereby the implementing partners provide budget-related information;
- a narrative report that offers greater detail on specific programmes, including lessons learned, key challenges and best practices, to provide information beyond quantitative data.

The tool was also set up to support the tracking of adolescent girls (10-19 years old), which is a recurring challenge in most humanitarian settings.

The reporting tool includes the following sex-and-age-related data elements:

- 0-9 y/o (male vs. female)
- 10-14 y/o (male vs. female)
- 15-17 y/o (male vs. female)
- 18-19 y/o (male vs. female)
- 20-24 y/o (male vs. female)
- 25-49 y/o (male vs. female)
- 50-59 y/o (male vs. female)
- 60 y/o and above (male vs. female)
These categories ought to be in place for any UNFPA programme. They enable offices to report against various target populations such as adolescents, youth, children, women of reproductive age, older people, etc. These are being collected in order to gain an understanding of the differences among specific population groups, and in turn to better inform programmatic responses and ensure no one is left behind.

Moreover, these categories assist with identifying specific issues such as gender-based violence against adolescent girls and can therefore be used for more efficient and effective GBV-SRH integrated programming.

A category for people with disabilities should be included in partner data collection tools, disaggregated by sex and ideally by age group. The implementing partner reporting tool used for the regional Syria response includes information on the number of people with disabilities reached, including their sex.

For example, UNFPA incorporated data points on mental and physical disability into its quarterly assessments tools, using the Washington Group short set of questions and related data collection methods as guidance. UNFPA now has more systematic data on disability in relation to its programming in Syria and therefore the ability to make programme adjustments where necessary (e.g. training of service providers, simple changes in infrastructure and equipment, etc.). Recommendations coming from these assessments can now be followed up more systematically by using a centralised tracking system at the Whole of Syria level in addition to individual hub-level systems.

There are various examples of data collection systems which were set up by UNFPA country offices to inform their programmes. The UNFPA Iraq and Lebanon country offices are using Google Sheets to collect information from implementing partners. The offices in Egypt and Whole of Syria are using MS Excel-supported implementation partner reporting tools. UNFPA Jordan is using WizMonitor to obtain reports from partners. In Türkiye, a specific application named Zoho Creator is being used to support real-time data collection from programmes (additional details on Zoho Creator can be found in section 2.1).

Examples of data collection systems

One good example comes from the UNFPA Jordan country office. The WizMonitor system was originally developed in-house and customised as an online data collection, monitoring, and reporting system. WizMonitor, a unified tool used among all implementing partners, includes specialised features such as online data reports. The system enables high-standard verification processes for reported data and can swiftly generate reports for both UNFPA and the partner. WizMonitor supports:

- Real-time data collection and monitoring;
- Evidence-based decision-making and advocacy efforts by obtaining information quickly that is summarised in a comprehensive dashboard;
- Efficient donor reporting;
- Quarterly and bi-annual data analysis, including trend analysis;
- Programming and planning;
- In-depth analysis and data aggregation.

The UNFPA Iraq country office has decided to use Google Workspace. The cloud-hosted platform allows the office and partners to access the data 24/7 from any location, with the option to collect and view data online and offline. In addition, all UNFPA staff have a Business Account that provides access to Google Workspace, enabling easy access to the information. The two main applications used are Google Sheets for data entry and Google Data Studio for data visualisation (dashboards). Data Studio is part of the Google applications ecosystem that can be readily linked to the database in Google Sheets.

Specialised systems, such as the GBV Information Management System (IMS) used in several countries, were established to provide a simple system for GBV project managers to collect, store and analyse data, and to enable the safe and ethical collection, storing, analysing and sharing of reported GBV incident data. The GBV IMS assists service providers to better understand the GBV cases being reported and enables actors to share data internally across project sites and externally with agencies for trend analysis, thus contributing to stronger GBV responses.
1.2 SOCIAL INCLUSION

One of the key objectives of UNFPA's work and mandate is the inclusion of populations at risk of discriminatory practices. Specific attention and careful consideration is given to which data is collected, in order to avoid any potential harm to programmes and the people reached that might result from data collection practices. Target populations include adolescents, young people, the LGBTQI+ community, widows and divorcees, people with disabilities, and older people. UNFPA remains committed to fulfilling the needs of these populations. Additional information, for example on marital or residence status, can be helpful to inform programming as well.

Example: The Hub developed a Social Inclusion Data Strategy in 2019 to address the need for a more comprehensive understanding of the reach of UNFPA’s programmes. The plan sought to include these population groupings:

- Women, girls, men and boys who are living with disabilities
- Adolescents (females and males aged 10 – 19 years)
- Youth (females and males aged 10 – 24 years)
- Older people (females and males aged 60 years and above)

The related data elements were added to UNFPA’s implementing partner reporting tool both for new people served and for sign-ins.

Challenges

Current limitations in data collection include the absence of information relating to the LGBTQI+ community in the implementing partner reporting tool and in the social inclusion data plan. Moreover, the current inability to disaggregate people with disabilities by age group also remains a challenge. The various countries in the region hosting Syrian refugees might also slightly divert from globally agreed disaggregation during data collection, having to estimate some of the requested information based on assumptions. One way to overcome these challenges is to include the required data elements in their information management systems.

GBV Coordination

Some of the good practices around social inclusion in data collection are also valid for GBV coordination structures. These practices informed the discussion to improve data collection within the Whole of Syria (WoS) GBV Area of Responsibility. The WoS GBV AoR streamlines the data collection systems (through the 4Ws) with the WoS protection cluster, plus the Child Protection and Mine Action AoR.

For example, in the WoS GBV coordination, social inclusion data include age groups 11 and below, 12 to 17 and 18 to 59 and 60+. When it comes to reporting GBV interventions for PWD, “case management for GBV survivors” is the only service currently collecting disaggregated information on disability.

It is also important to note that the capacity of GBV actors varies with regard to data collection and management and that they have different data collection systems in place. For this reason, the GBV AoR encourages GBV actors to align with coordination reporting formats and to improve their respective data management capacities, despite not having a mandate to convey concrete requests. This is why the GBV AoR organizes regular trainings for GBV actors to ensure minimum reporting standards, and to improve data management capacities.

Data management systems also play a role in improving the quality and accuracy of the data. Moving from excel sheets to an advanced reporting system (e.g. Activity info) can help better collect and analyse data, including digital reporting, error checking, automated validation, skip-logic functionality and mandatory data entry.
1.3 CASH AND VOUCHER ASSISTANCE (CVA)

CVA data collection systems & tools

Data collection systems have been set up to collect information on CVA programmes in different countries in the region and standardised tools have been developed with the aim of enhancing harmonization.

Tools used to collect data from people participating in CVA programmes

Post-distribution Monitoring (PDM) Surveys: The survey is administered to a sample of people served receiving cash assistance based on targets and intervention type. Kobo software is used to facilitate data collection and analysis. Implementing partner staff inform UNFPA when forms are filled incorrectly or if they have been erroneously submitted more than once. Information to rectify the forms is sent by email and records are deleted from the database if adequate justification is provided. In Jordan, 70 percent of cash recipients are part of the quantitative PDM exercise through different rounds, depending on whether the assistance received was one single instalment or recurrent for three or six months.

GBV Coordination

The Türkiye cross-border operation GBV Sub-Cluster has developed a Post-Distribution Survey Questionnaire, included in the GBV M&E Toolkit and Training, to collect information on cash and voucher assistance in north-west Syria. The purpose of the tool is to collect quality and comparable data to understand how cash and in-kind assistance was used by GBV survivors to achieve objectives and mitigate current and further risks. In addition, the tool also helps to assess how the beneficiary perceives the quality and appropriateness of the cash distribution process, especially in relation to standards of safety and confidentiality. Additionally, one UNFPA partner has developed a standardised template for “Referrals to Cash Assistance for GBV Case Management” between GBV Sub-Cluster members. This tool facilitates timely, safe, and appropriate support to GBV cases through cash or voucher assistance in North-west Syria.

In-depth Interviews: Provide a more in-depth understanding of beneficiary perceptions on transfer modalities, use of cash and generated impact. The interviews are conducted in person in a safe and private location by female data collectors trained in qualitative methods. The interviews are audio-recorded when consented to by the interviewee. In Jordan, 10-to-20 percent of cash recipients participate in the qualitative in-depth interviews.

Focus Group Discussions and Key Informant Interviews: Qualitative data collected for the Syria UNFPA-WFP Pregnant and Lactating Women Voucher Programme includes beneficiary preferences, experiences and satisfaction with referrals to reproductive health and GBV services, quantity and quality of voucher assistance, expenditure patterns, and retailer behaviour.

“One of the key objectives of UNFPA’s work and mandate is the inclusion of populations at risk of discriminatory practices. Specific attention and careful consideration is given to which data is collected, in order to avoid any potential harm to programmes and the people reached that might result from data collection practices.”

Tools used by partners and UNFPA staff to monitor CVA programmes

CVA tracking: This tool is used by partners to report the actual CVA transfers provided on a monthly basis in accordance with the different types of intervention (e.g. Recurrent Cash Assistance, Emergency Cash Assistance and Cash for Transport). Data elements include demographic data (case code, sex, age, nationality) and programme data (delivery mechanism, amounts and the main needs). The system avoids double counting by using the unique case code.

ASRO CVA Reporting Tool: A recently introduced reporting tool used by UNFPA offices in the Arab region to report on Cash and Voucher Programmes from previous years. The system forms a basis for future reporting.

Monthly Monitoring Tracking Tool: Used in Lebanon CO and Jordan CO (WizMonitor) to inform and track IP monitoring activities and detailed information by type, month, location, target, and intervention type. It was used in 2021 by Jordan CO as part of a joint monitoring exercise in collaboration with John Hopkins University.
ENSURING DATA ACCURACY AND RELEVANCE
Ensuring that the collected data are accurate and relevant for the response programmes so that donors and UNFPA can remain accountable to the people we serve is of paramount importance. This can be achieved through:

2.1 COLLECTING DATA ON PEOPLE REACHED AND SERVICES PROVIDED.

One important way to measure impact is to obtain an understanding of the number of people reached through the humanitarian programmes. Although, for planning purposes, it is important to have an idea about the magnitude of services provided, what is really critical to know is the number of unique people reached by programmes. In humanitarian contexts, this can be difficult due to the prevailing volatile environment, frequent migration and/or the risks associated with data collection – especially if client and patient systemic tracking are not in place. COVID-19 restrictions may further complicate data collection.

Programmes should avoid estimates based on self-decided calculation methods. This could be achieved through better alignment with global or regional guidance.

Programme teams should establish systems to record the number of people reached. This can be done through:

Tracking systems: A set of indicators can be added to collect information on unique people reached at each facility type with either GBV or reproductive health services.

In the regional Syria crisis, indicators included in the IP reporting tool are:

1. GBV beneficiaries accessing Safe Spaces
2. GBV beneficiaries accessing other static facilities
3. GBV beneficiaries reached through outreach activities/mobile response
4. RH beneficiaries accessing static health facilities
5. RH beneficiaries accessing mobile clinics
6. RH beneficiaries reached through outreach activities

Programmes on Cash and Voucher Assistance within the Arab region collect information on unique people provided with cash or vouchers and include robust systems to address double counting.

Avoiding double counting

Once the indicators are in place, the focus is to ensure that the data on the unique people reached is collected without double counting. In the regional Syria crisis, the information requested relates to each person’s history of visiting a specific service delivery point. Those who indicate a first time visit for the respective year will be counted as such and recorded separately from the rest. This will make it possible to accurately calculate how many unique people were reached during the year by service delivery point type. The implementing partner reporting tool, for example, has dedicated variables to report those reached for the first time in the year, including age, sex and disability disaggregated information.

The implementing partner reporting tool also allows recording and reporting all the visits or “sign-ins” at a specific service delivery point, taking account of each time a person accesses the same service delivery point. This data can be used to better understand variations in how busy different service delivery points can be as well as the overall capacity of each service delivery point.

A good example for addressing double counting is provided by the UNFPA Türkiye country office, which rolled out an online data collection system, the Zoho Creator application, for all projects. This allows for the swift collection and presentation of data on the services provided (including distribution of dignity kits and RH commodities), referrals and people reached, with disaggregation on gender, nationality, disability and age. In the context of the Key Refugee Project (targeting LGBTQI+ individuals, people living with HIV and sex workers), UNFPA collects disaggregated data on sexual orientation and gender identity, as well as HIV and sex work status.

Given the sensitivity of this data, collecting this information should only be done when a strong data management and data safety system is in place. Collecting disaggregated data allows monitoring of specific needs, identifying gaps and ensuring that services provided are tailored to the specific needs of people reached by UNFPA programmes. During the registration process, after entering the beneficiary’s personal information (i.e. age, gender, disability and nationality) in the system, the service provider assigns each beneficiary with a unique identification number (ID) for subsequent use by the beneficiary and centre staff every time services at UNFPA supported service delivery points are accessed.

The registration process in the Zoho Creator database can be completed both at the service delivery point or during outreach activities. The application supports offline data collection as well. The data is collected with complete adherence to standard safety and confidentiality principles. Before registration, people served are informed that all data are kept confidential and cannot be shared externally. Multiple consent forms are used to formalise this approach. Moreover, personal information is encrypted and cannot be accessed by staff during service provision. The exact number of people reached can be calculated for any time period and facility type. In addition, Zoho Creator allows the monitoring of the type and number of services received per beneficiary. Recently a new module on inventory management was integrated in the Zoho Creator data collection system. This supports the tracking of distributed dignity kits and RH commodities per service delivery point, the stock on-hand, and the number of people reached with UNFPA supplies.
2.2 COLLECTING OUTCOME LEVEL DATA

A great deal of monitoring tends to occur at the output or activity level. However, it is also possible to monitor at the outcome level in order to demonstrate impact of programmes. This section provides examples of how to monitor at the outcome level.

Annual regional impact assessment

The annual regional impact assessments which have been organised in Iraq, Jordan, Lebanon, Whole of Syria and Türkiye since 2016 are a prime example of monitoring at the outcome level. Organised to better understand the impact associated with the UNFPA programmes in humanitarian settings, the last impact assessment conducted aimed to ascertain if services provided at UNFPA-supported service delivery points achieved their intended objectives. These included improving the physical and psychosocial well-being of those in need of gender-based violence prevention and response services and those in need of sexual and reproductive health services. The impact assessment also seeks to understand whether the availability, accessibility, acceptability and quality of gender-based violence and sexual reproductive health services have increased. Since the onset of the COVID-19 pandemic, UNFPA has been able to continue carrying out these impact assessments with minor adjustments to address various COVID-19 risks and limitations.

The overall outcome indicator used is the degree to which women, girls, men and boys that access the UNFPA-supported programmes report an increased sense of well-being from participating in the programmes (i.e. through accessing safe spaces, youth centres and health facilities).

An overarching impact assessment framework is used to guide various countries on data collection and management. This entails the use of one central database that incorporates all the collected information, intuitively prepared for analysis. Main areas of interest cover the well-being of people reached with UNFPA

Double counting may still occur if someone accesses both services for the first time. For example, a person accessing a Safe Space for the first time who also accesses an outreach activity will be recorded as a new beneficiary at both service delivery points.

Another limitation relates to time-spans. With the current system, we are able to understand sign-ins or visits and the number of unique people reached, but only by year. Unique beneficiary data by month is currently not being collected since most countries ask people served if it is their first visit or sign-in of the year. These limitations render it impossible to reliably arrive at the number of unique people reached in a month or within any specific time period (e.g. February to April).

GBV Coordination

The Whole of Syria GBV AoR 4Ws is set up to calculate unique people served, and avoiding double counting. The 4Ws also enables the reporting of people reached by the GBV response for the first time in a particular year.

On a monthly basis GBV actors report people reached for the first time during the year for three selected indicators:

- GBV beneficiaries accessing safe spaces
- GBV beneficiaries accessing other static facilities
- GBV beneficiaries reached through outreach activities or by mobile response

These three indicators were identified as those that best represent the totality of the service provision types. This means that all people accessing GBV services would go through one of these service provision types and this therefore enables a calculation for the overall number of people reached in Syria.
programmes, the accessibility by those participating in UNFPA programmes and efficiency in programme delivery. The impact assessment presents the findings by service delivery modality and by country, followed by specific recommendations to trigger action to enhance the attainment of stated objectives.

Current limitations include context-specific challenges related to accessibility. For example, the service delivery points where patient feedback is collected might suffer from accessibility issues. Internet connectivity, which is frequently a challenge in humanitarian settings, can determine which interviewees are selected for key informant interviews or focus group discussions as well.

Moreover, focus group discussions are often arranged by the organisations providing the services, which can potentially affect findings as well but also helps overcome security and safety barriers, as the FGDs are conducted by trained facilitators that are also protection practitioners and can easily refer participants to specialised services should the need arise during the session. Some country offices and operations have opted to use third party monitoring consultancies to address this challenge. The UNFPA Türkiye country office, for example, engages staff members who are not known to the people reached by UNFPA programmes. Overall, third party monitoring can still be seen as the gold standard.

CVA Post-distribution monitoring surveys

Post-distribution Monitoring Surveys for the Cash and Voucher Assistance integrated within Case Management in Jordan, Lebanon and Northwest Syria offer some good examples of outcome-level data with regard to the following indicators:

- Percentage of GBV survivors who reported CVA has helped in accessing necessary needs or services to recover from the incident of violence disclosed
- Percentage of GBV survivors who reported the amount and timing of the transfer adequate to improve their safety
- Percentage of GBV survivors who reported that the assistance had mitigated the risk of intimate partner violence
- Percentage of GBV survivors who reported that the assistance had mitigated the risk or exposure to sexual harassment, exploitation or abuse
- Percentage of GBV survivors who reported that the assistance improved their physical and mental well-being.

Project evaluations

UNFPA Türkiye has been implementing humanitarian programmes that are funded by different donors. In reference to donor requirements, UNFPA is conducting project evaluations at the conclusion of the implementation phase. A project evaluation serves three main purposes: (i) demonstrate accountability to stakeholders on achieving targeted results and invested resources; (ii) enhance evidence-based decision-making; (iii) add key lessons learned to the existing evidence base on accelerating the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

In addition, the results emanating from these evaluations are used to improve future projects and document good practices and lessons learnt that could be used in designing and implementing new projects.

The evaluations are designed to examine the OECD/DAC evaluation criteria, including relevance, effectiveness, efficiency and sustainability, along with criteria that are required in humanitarian settings as coverage and connectedness and UNFPA specific criteria on coordination.

2.3 THE IMPORTANCE OF COLLECTING QUALITATIVE DATA

Qualitative data enables decision makers to better understand the “how” and “why” behind the abundant quantitative information we obtain through reports and surveys. It amplifies the voices of the people we reach with our programmes. It is also particularly useful when monitoring or collecting data on GBV programmes.

Numbers do not always provide us with the kind of substantive and in-depth information we obtain through qualitative data-generation efforts. Qualitative data collection remains a vital component of independent monitoring and impact assessments. It supports us in exploring the challenges and identifying the best practices of our programmes. Exploratory data collection also contributes to augmented overall accountability to the affected populations we serve.

The annual regional impact assessment offers a good
In Türkiye, in the context of post-distribution monitoring of dignity kits, a series of FGDs were organised between September and November 2021 with people served in receipt of dignity kits, family dignity kits and maternity kits. The FGDs sought to acquire a better understanding of how people served felt about the distribution of UNFPA dignity kits through supported service delivery points, and whether they were satisfied with the quality, quantity and usefulness of the items delivered in this manner. The FGDs also aimed to learn more from the people served about what additional items they thought should be included in the kits. The findings were used by the UNFPA Türkiye country office to adjust the contents of the family dignity and maternity kits. Moreover, in the context of Key Refugee Groups (KRG) project, regular FGDs are conducted on protection topics, to assess people’s needs and changes in protection risks faced by various vulnerable groups.

Human interest stories can be helpful to explore issues and can help shape questions for future research. It is important to avoid generalisations, given that challenges faced by one individual might not be experienced by the wider group of people reached by UNFPA’s programmes.

2.4 THIRD PARTY MONITORING

Due to the remote management of UNFPA humanitarian programmes and operations inside north-western Syria, third party monitoring (TPM) is required to complement and triangulate partner M&E data and reports in order to verify the provision and impact of reproductive health and gender-based violence services. For this purpose, UNFPA contracted an independent monitoring and evaluation consultancy firm to help assess performance and impact of its supported programmes in north-western Syria within the framework of its long-term humanitarian intervention.

TPM is a process which complements and reinforces the ongoing M&E activities conducted by UNFPA and its partners. All UNFPA’s partners have M&E systems that solicit beneficiary feedback through established accountability mechanisms. TPM offers comprehensive insights and verification of other M&E efforts in addition to an independent review of ongoing programming with the overall objective of improving humanitarian programmes on the ground through the gathering of actionable data. TPM findings are used by UNFPA internally, and in collaboration with partners, to improve performance, inform programme strategies and foster accountability mechanisms.

TPM evaluates UNFPA services and programming along four criteria:

- **Availability** of services, trainings and equipment based on check-lists created by UNFPA and the feedback of both project staff and people served;
- **Accessibility** of services, including availability of transportation, affordability of services, working hours of support facilities, and the presence of any discrimination toward people served;
- **Acceptability** of services, including perceptions about respect towards beneficiaries, community perceptions of services, ethics, cultural appropriateness and sensitivity;
- **Relevance** and appropriateness of services, including evaluation of available services by people served and project staff, and the identification of gaps in service provision.

Complementing and triangulating existing M&E on the ground

TPM does not set out to replace ongoing M&E conducted by UNFPA’s IPs. Rather, it provides an additional layer of M&E that is used for triangulation and to supplement the programme’s own monitoring data. TPM offers a comprehensive insight and verification of those efforts in addition to an independent review of ongoing programming with the overall objective of improving humanitarian life-saving efforts on the ground through strategic gathering of actionable data. TPM reports are used by UNFPA internally, and in collaboration with IPs, to improve performance and inform future programming. TPM is also used by UNFPA as a key accountability mechanism towards donors.
Required investment of time and resources

Bi-weekly meetings are held with the TPM company, in which updates are given (written and verbal) on progress and any setbacks. UNFPA has a dedicated liaison focal point for TPM, which has enabled effective communication and, when needed, immediate information exchange. Communication between UNFPA and TPM often occurs on a daily basis. UNFPA invested extensive time and effort to ensure that TPM has clear guidance and information regarding required data and how best to gather it. UNFPA worked extensively with the TPM company to develop the TPM Monitoring Tools to monitor SRH and GBV programmes. An example of new tool development has been the recent effort to capture the work of Safe Space outreach teams.

Systematized data collection and presentation

The scope of work that TPM covers includes health facilities; associated mobile clinics; Safe Spaces; associated Safe Space outreach teams; and Dignity Kit distributions. UNFPA provides TPM with a list of around seven service delivery points, in addition to Dignity Kit distributions, to be monitored ahead of each quarter. TPM field researchers capture data pertaining to fraud and Prevention of Sexual Exploitation and Abuse (PSEA) through beneficiary questions in addition to verifying that IPs have appropriate PSEA mechanisms in place at service delivery points and during in-kind distributions.

Quantitative, qualitative, and physical verification

TPM provides qualitative data in addition to quantitative. A comprehensive toolkit is used, which consists of focus group discussions, beneficiary surveys, key informant interviews, photos, GBV attitude scale and extensive observation check-lists (to monitor supplies, trained staff, implementation of relevant protocols, pharmacies, warehouses, delivery rooms, RH Kit 3, etc.).

High quality reports

TPM and the UNFPA Türkiye Cross Border programme have jointly developed and improved the structure, content and graphic design of TPM reports. TPM reports provide, inter alia: political context background; maps; photos; monitoring objectives; methodology, follow-up on past agreed recommendations and; challenges and lessons learned. Each report contains a detailed and concise recommendations section, which UNFPA communicates with its IPs through an established tracker system to ensure implementation and accountability. Executive summaries are translated into Arabic and shared with IP field staff to ensure that they are all able to access the top line findings and recommendations. Each quarter a summary report is collated, which contains all recommendations from each monitored facility.

Knowledge management loop

All TPM reports are shared by UNFPA with respective IPs ahead of quarterly programme meetings. All TPM recommendations are plugged into the Google doc tracker system for IPs to respond on implementation and for UNFPA to monitor progress against. TPM data gathering and subsequent reports also include follow-up on past agreed recommendations. This provides an additional layer of accountability, which also ensures implementation of the full knowledge management loop.

GBV Coordination

To support donors in their TPM of GBV programmes, a dedicated guidance document was developed for third party monitoring entities and donors on handling external M&E and verification processes for GBV and other protection programmes.

Examples of TPM findings and subsequent follow-up actions

- **Enhancing accountability of Dignity Kit distribution:** Each individual Dignity Kit now contains a content list in Arabic so that each beneficiary can be sure that they have received all items as informed to them by the distributing partner.

- **Enhancing knowledge of relevant health staff on the objectives and usage of RH Kit 3 (clinical management of rape):** UNFPA has tailored global guidance on the usage of RH Kit 3. The tailored guidance (which explained exactly what is in RH Kit 3 and how to use it) has been disseminated through ‘training of trainers’ with soft and hard copies provided to all health facilities. During the following round of TPM, UNFPA asked the TPM to look specifically whether all relevant staff were aware and trained on this guidance.
HOW TO HARMONISE RESULTS MONITORING AND DATA COLLECTION EFFORTS
Harmonisation is one of the cornerstones of an effective M&E system. In addition to significantly increasing the breadth of usable data, harmonisation also simplifies the process of tracking the people we serve and measuring critical trends, such as service delivery, barriers to access, and overall impact. This harmonisation should be done at different levels:

3.1 HARMONISED DATA COLLECTION TOOLS

Standardised tools across countries and hubs are important to ease data aggregation. Having a harmonised reporting tool simplifies the reporting process, enabling the development of a unified data repository for use in various reports and products. Furthermore, it guarantees that the required data is made available in a consistent manner by the various implementing partners, which assists with swift aggregation to provide a holistic picture of a particular response or programme. Harmonisation of the data collection tools is also beneficial for multi-country crises, whereby the humanitarian responses organised in each country consistently collect similar data to report against regional and global indicators. This facilitates the provision of a holistic view for an entire (regional) response.

When establishing such a harmonised data collection tool, it is vital to ensure continued harmonisation. Operations will naturally want to update certain aspects of the tool to suit their response, but this may create challenges when harmonising at regional level. As such, any changes require multi-country consultations to maintain consistency in the general structure of the tool and ensure that all the required information continues to be collected and included.

3.2 HARMONISED INDICATOR LIST AND DEFINITIONS

A clear understanding among UNFPA staff and IPs on the kind of information to be collected is crucial to ensure cohesion of the requested information and the accuracy of the aggregation-related calculations across different regions/countries.

Having clear definitions and metadata can avoid misinterpretation and misunderstanding especially when harmonising across different locations or country offices. This also helps to understand which data is collected and reported and how, as well as the frequency of data collection and its required means of verification. One way of doing this, is to ensure that a clear list of indicators, with definitions and calculation methods, is in use, possibly with information on the frequency of data collection and the means of verification.

An example of an unclear indicator

_Dignity kit distribution: 100_

In the above, it is unclear if this refers to the number of kits distributed or the number of people that have received a kit. A clearer indicator would be the number of people reached with dignity kits.

An example of harmonised indicators is the development of a comprehensive list of all indicators used in the context of the Syria response. This list aims to provide an overview of standardised indicators, with definitions, limiting misinterpretations. Meanwhile, the partner reporting tool used in the Whole of Syria response includes clear definitions. These are provided by indicators in both English and Arabic and record the unit (e.g. people, consultations, kits, etc.) being tracked.

Another example is the monthly Regional Situation Report for the Syria Crisis, which includes reports from Egypt, Iraq, Jordan, Lebanon, Syria and Türkiye and comes with a definition sheet. An overview of the indicators is provided, including their basic definitions, reporting time-spans, and reporting units, which helps cultivate a shared understanding and reduces the margin for error.

“Having clear definitions and metadata can avoid misinterpretation and misunderstanding.”
GBV Coordination

The Whole of Syria Gender-based Violence AoR works closely with the Türkiye cross-border, Syria and Northeast Syria hubs to ensure that all required information to report against the Humanitarian Response Plan and other information products is collected in a consistent and coherent manner. This is achieved by regularly updating the 4Ws template in use. The 4Ws, a Microsoft Excel tool, is the main reporting tool for the partners of the Whole of Syria Gender-based Violence response.

The Whole of Syria Gender-based Violence AoR has published a number of supporting documents to aid the interpretation of presented information:

- **The Whole of Syria Gender-based Violence Framework** includes explanation of the Humanitarian Response Plan indicators;
- **The GBV 4Ws Guidelines** (see annex) functions as the key reference in clarifying the 4Ws reporting and includes a list of the GBV activities and sub-activities to support GBV actors in correctly reporting GBV activities through the 4Ws on a monthly basis. The guidelines are updated in tandem with the annual 4Ws template revisions. The guidelines also explain in detail how the Humanitarian Response Plan (HRP) indicators should be calculated from the 4Ws data.

All these documents are updated regularly to support overall transparency and to avoid conflicting interpretations of the disseminated information. This is done in partnership with the Protection cluster and the Child Protection and Mine Action AoRs, for further alignment across the Protection sector.

Reproductive Health Coordination

Similar to the GBV AoR 4Ws, the standardised reporting tools used by UNFPA Whole of Syria facilitate the reporting to the Health cluster 4Ws as well.

The **Regional Situation Report for the Syria Crisis**, produced on a monthly basis, is an example of streamlined reporting. UNFPA country offices including Whole of Syria, Egypt, Iraq, Jordan, Lebanon, and Türkiye report against an agreed set of indicators (see figure below) on a monthly basis using an online spreadsheet (Google Sheets). This information is compiled, validated and presented in the Situation Report.

This standardised reporting also enhances the ability to share information with other reporting modalities including the humanitarian master sheet, the strategic information system and the global programming system.

Other examples of harmonisation include the regional impact assessment and **Institutionalised Accountability**, which lays out a regional M&E approach for UNFPA offices supporting the Syria crisis.

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**Snapshot from the Regional Syria Situation Report (Early 2022)**

**RESPONSES FROM ALL OPERATIONS**

**OPERATIONS IMPLEMENTED THROUGHOUT THE REGION, INCLUDING THE WHOLE OF SYRIA, TURKEY, LEBANON, IRAQ, AND EGYPT.**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reproductive Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family planning consultations</strong></td>
<td>35,903</td>
<td>98%</td>
</tr>
<tr>
<td><strong>Normal and assisted vaginal deliveries</strong></td>
<td>2,381</td>
<td>100%</td>
</tr>
<tr>
<td><strong>C-sections</strong></td>
<td>1,253</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Ante-natal care consultations</strong></td>
<td>45,572</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Post-natal care consultations</strong></td>
<td>10,516</td>
<td>100%</td>
</tr>
<tr>
<td><strong>People trained on SRH-related topics</strong></td>
<td>49</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Gender-Based Violence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>People reached with dignity kits</strong></td>
<td>4,088</td>
<td>97%</td>
</tr>
<tr>
<td><strong>People provided with GBV case management</strong></td>
<td>2,580</td>
<td>95%</td>
</tr>
<tr>
<td><strong>People reached with GBV awareness messages</strong></td>
<td>49,730</td>
<td>92%</td>
</tr>
<tr>
<td><strong>People trained on GBV-related topics</strong></td>
<td>52</td>
<td>69%</td>
</tr>
<tr>
<td><strong>Youth Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>People trained on youth-related topics</strong></td>
<td>190</td>
<td>79%</td>
</tr>
</tbody>
</table>

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**Informed Programming**

**Generating better programme data to inform humanitarian responses**
Informed Programming
Generating better programme data to inform humanitarian responses

BUILDING M&E CAPACITIES OF LOCAL ORGANIZATIONS
It is essential to continually train partners to ensure that (i) quality information is being collected and reported; (ii) that partners understand the tools and all new staff members are trained on how to use them properly; and (iii) that mentoring and support on information collection and management is integrated into regular work plans.

Some good examples include annual workshops for partners to refresh the reporting modalities, including on the implementing partner reporting tool. Field missions and virtual mentoring provide good opportunities to provide mentoring and coaching, particularly for new implementing partners.

Useful topics to train on are: data reporting, data cleaning, data collection tools, data management, and Results-based Management (RBM). Training on capturing social inclusion data such as data on disability, age, and adolescents, is also key.

In Egypt, one-to-one orientation sessions are held annually for each implementing partner to discuss their M&E plans, reporting requirements, M&E tools and timeline. On-the-job mentoring and refresher trainings are regularly conducted.

The UNFPA Lebanon country office regularly holds orientation sessions with all implementing partners when monitoring frameworks are finalised. Human interest stories are also collected as part of the process to help contextualise and humanise the technical data being presented. Moreover, a case study reporting template was developed and incorporated into the regular induction sessions organised for partners, while independent sessions are regularly held to discuss indicator definitions and potential solutions to reporting challenges.

The UNFPA Türkiye country office organises orientation and refresher trainings for implementing partner staff on the provision of protection and SRH services, which includes a module on data collection and reporting.

In Syria, the UNFPA country office organises on-the-job training sessions during field missions to allow a better understanding of the challenges on the ground including COVID-19 restrictions, ensure that the trainees dedicate sufficient time for data collection, and maximise knowledge retention.

“"It is essential to continually train partners to ensure that (i) quality information is being collected and reported; (ii) that partners understand the tools and all new staff members are trained on how to use them properly; and (iii) that mentoring and support on information collection and management is integrated into regular work plans."
Informed Programming
Generating better programme data to inform humanitarian responses

5

MAKING USE OF THE DATA
5.1 CAPACITY TO SUPPORT DATA ANALYSIS

One of the golden rules of data management is that the data collected is used and analysed to inform decision making. Programmes are advised to invest sufficiently in software packages and human resources to enable adequate data analysis, thereby expanding data use. Data analysis is often grouped into two main methods based on the type of information collected: quantitative and qualitative. Getting qualified people on board with adequate understanding of these methods, who are able to plan for related data collection exercises and follow-up analysis, is essential for adequate, evidence-based decision-making.

5.2 ENHANCED DATA PRESENTATION AND USE

Data visualisation increases overall transparency and accountability of programmes as it enables a swift understanding of the data presented. Available and quality data also support enhanced decision-making, especially information regarding UNFPA’s target populations (i.e. people with disabilities, adolescent girls, etc.) and has been increasingly used over the past years.

The annual regional impact assessment provides an overview of existing programmatic gaps, including a list of recommendations guiding the various UNFPA country offices in how to improve their programmes.

Data gathered can be leveraged for advocacy and communications in multiple ways. In addition to enhancing routine products like situation and donor reports, data can become the rubric for a variety of tools to further highlight needs, progress, and achievements. These include but are not limited to:

- Fact sheets and infographics;
- Advocacy campaigns, including those intended for social and digital media;
- Knowledge products, including research and position papers, manuals, etc.;
- Specialised and feature publications on specific demographics or subjects;
- Online reporting tools, such as websites and dashboards.

One of the key products produced by The Hub is an annual funding overview that summarises the combined appeals related to UNFPA’s regional Syria crisis response. In addition to outlining the funding required per component and response framework, the overview presents key impact data from response collected over the span of a year, allowing donors and other stakeholders to place the needs in context.

The country programme evaluation is another good example where outcome and output-level data play a significant role in enriching the evaluation exercise, including the trends and information to respond to the evaluation questions. Both data types are considered: quantitative through the partner reporting systems and qualitative data from the people reached by our programmes and other stakeholders.

GBV Coordination

The Whole of Syria GBV AoR online dashboard helps monitor the targets set in the Syria GBV Humanitarian Response and provides detailed information regarding people reached, interventions provided and people trained. It also provides information by geographical area including the governorates, districts and sub-districts. The GBV Severity Scales of the Humanitarian Needs Overview are included as well. The dashboard assists coordinators and other stakeholders such as donors to identify response gaps and understand needs. It is possible to filter by location, including by hub to support further detailed analysis.

As the GBV AoR dashboard is based on the 4Ws the data can be affected by partner reporting rates and timeliness, as well as compliance to established guidelines. Digital reporting systems that include mandatory entries, skip logic, and error checking can contribute to the quality assurance process.

5.3 BETTER COMMUNICATION

Within any response, communications play a critical role in highlighting the needs on the ground, mobilising resources, and sharing essential information that could benefit other humanitarian actors. Implemented strategically, communications can quickly become an extension of the reporting process, offering even greater access to other stakeholders such as journalists, host communities, policymakers, and others.
Since its establishment, The Hub has advocated for an integrated communications approach that works to eliminate the silos between resource mobilisation, M&E, and traditional communications. The strategy also draws on the basic principles of evidence-based decision-making by ensuring that all advocacy efforts are based on consistent and reliable communication of data. The Hub also ensures that communication approaches are adapted to match the requirements of target audiences, creating tailored products and leveraging different mediums to ensure that key messages are getting across. The main pillars of the strategy include:

- **Effective use of data**: The strategy employs the use of quantitative and qualitative data to illustrate an accurate and thorough picture of the situation on the ground, including needs, challenges, and achievements. Special focus is given to the use of qualitative data, such as quotes and information collected through focus group discussions, interviews, and other sources of data. This is only used with the informed consent of the individuals involved.

- **Maintaining quality**: This includes careful copy editing and strategic positioning of information being communicated in order to avoid “data dumping” as well as providing the right information to the right people at the right time. The approach also focuses on layout and presentation, allowing for the consistent delivery of well-designed, intuitive, and impactful products.

- **Ensuring consistent communications among all stakeholders**: The Hub has focused on ensuring that communications products directly feed into or are based on other information products and reports being developed. This guarantees consistent coordination between programme development, reporting, and communications, allowing for seamless integration and harmonisation of strategies. It also includes coordinating with the people being served and ensuring that communications products — often directly informed by their feedback — make their way back to them to foster a sense of agency. Noteworthy examples include the annual gender-based violence advocacy briefs as well as products aimed at amplifying the voices of adolescent girls, such as *Unbroken* and *In Her Words*, which present the information collected in intuitive, well-designed products.

### 5.4 USING THE COLLECTED INFORMATION

The data discussed in Chapter 1 and collected through structured monitoring tools can be used to feed into other internal and external information requests such as:

- **Donor reports**, meeting recurring donor information demands speedily thanks to readily accessible programme data.

- The Regional Situation Report for the Syria Crisis, which has become a key communications and advocacy tool for donors, partners, and other stakeholders.

- **Global programming system**, the UNFPA electronic work plan management tool.

- **Strategic Information System (SIS)**, UNFPA’s internal reporting system requiring quarterly updates against key achievements with standardised indicators.

- **UNFPA supply chain and inventory management** that tracks supplies such as the distribution of dignity kits and reproductive health commodities as well as the number of people being reached.

- Reporting within the UN-wide result frameworks (e.g., UNSCDF).

- **Coordination-related reporting** including UNHCR’s Regional Refugee & Resilience Plan and UNOCHA’s Humanitarian Response Plans.

- **Global Humanitarian Master Sheet** listing indicators that humanitarian offices have to report on.

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**Strengthening accountability to affected population**

In 2022, UNFPA Türkiye fully digitalized the Complaint and Feedback Mechanism (CFM) in some supported service delivery points and embedded it in the Zoho Creator database (online data collection system) in line with confidentiality protocols. UNFPA is planning to scale this up.

The complaints and suggestions received via the available channels (complaint boxes, hotlines, dedicated email addresses, or direct feedback to service providers) are added to the online database by a staff member according to the assigned roles described in the AAP Standard Operating Procedures (SOP). Furthermore, the SOP includes information on the notion of accountability to the affected population, internal workflows on CFM, data analysis, reporting, using communication tools to strengthen accountability, and roles and responsibilities within complaint management along with the time frame. In 2023, UNFPA plans to use the digital CFM in all supported facilities.

Capacity strengthening trainings are provided to implementing partner staff once the data collection system updates are completed. Regular monitoring of CFMs at facilities is conducted to analyse the type of complaints, the follow-up actions, and the corrective measures.

To ease the reporting process and to ensure confidentiality, standard complaint and feedback forms were prepared in different languages which comply with personal data protection laws. These standard forms are used to submit a complaint or suggestion in the boxes at UNFPA supported facilities. Information, education and communication (IEC) materials were developed in various languages to raise awareness on the available feedback channels and their use.
The following recommendations are based on good practices’ lessons learned from the regional Syria crisis. They aim to support UNFPA country offices, including programme and M&E teams in gathering robust programme data to inform UNFPA programmes, advocacy and resource mobilisation.

1. **Always consider ethical principles before collecting, analysing and presenting data.** This includes, ensuring that the data of people accessing services remain protected and inaccessible to unauthorised personnel. Consider collecting only data that is going to be used and avoid any unnecessary data collection. Always conduct data collection and management in a safe and ethical manner, in keeping with international standards. These considerations are important in order to remain accountable to all people served and to avoid a reduction in the number of people reached due to trust issues and fear of poor data protection. Regular workshops with UNFPA staff should be organised to provide a (refresher) orientation on ethical data management.

2. **Develop new systems and strengthen existing systems to ensure measurement of unique people reached without double counting.** Ensuring that reporting systems are able to determine people already reached within the year and those that are visiting for the first time. This will allow for calculations that provide the unique number of people reached in a year. This will enable calculations to understand the unique people reached by year.
3. **Develop patient or beneficiary registration systems to avoid loss of information.** This will ensure that, as people are registered and profile information is collected, none of the information will be marked as unknown in the final database (data can often get lost during paper-based reporting). To accomplish this, service providers should simply scan the ID to understand who is accessing their services, where and when.

4. **Ensure that social inclusion is at the core of any data collection and information management plan.** Develop systems to adequately capture age, gender and diversity disaggregation. As a minimum, ensure the following information is collected for any UNFPA humanitarian programme:
   - Adolescents (10-19 years old)
   - Youth (10-24 years old)
   - Older People (50-54, 55-59, 60-64 years old and 65 and above)
   - Women of Reproductive Age (15-49 years old)
   - People with Disabilities (according to the Washington Group definition)
   - Children (below 18 years)
   - Adults (18 years old and above)
   
   *All of the above should be sex disaggregated if applicable*

5. **Ensure availability of a list of standard indicators descriptions.** Clear descriptions and related explanations are crucial for data interpretation. It is recommended that supporting documents such as indicator definition lists or calculation methods are also developed to assist in interpreting the information.

6. **Increase the use of data visualisation tools,** as this contributes to overall transparency and accountability towards evidence-based decision-making. It is recommended that programme teams enhance the presentation of the information to provide a situational overview, support decision-making, demonstrate existing data gaps, and shed light on reporting compliance.

7. **Include qualitative information to enrich quantitative data.** Qualitative research remains an important component of evidence-generation endeavours. Good examples include *Voices from Syria*, the aforementioned Knowledge Series guide, *Beyond Numbers*; and the UNFPA [regional impact assessment](#). Discussions on the applied methodology can continue and amendments can be made to better serve contextual needs.

8. **Invest in advanced digital reporting systems** to enhance reporting rates, accuracy and timeliness, and to automate data analysis and presentation. This reporting system would ideally be aligned to the indicators listed in the logical frameworks or strategy documents to ensure that only the necessary data is collected.

9. **Increase the frequency of quality checks conducted at the global, regional, and country levels.** For example, the humanitarian programme data specialist at The Hub reviews the regional Syria response situation reports on a monthly basis, which guarantees an extra layer of technical review. Additionally, the Situation Report data collection tool includes an analysis sheet that can monitor the data over months, therefore helping responses to see trends and patterns over time as well as supporting the identification of any data issues in a particular period. This informs possible improvements and best practices. Additional layers of quality checks could also be added by comparing different types of data including the quantitative information shared by partners every month and the qualitative data emanating from discussions with the people served and interviews with service providers. As noted, this also requires investment in M&E staff and partner capacities.
Evaluations and lessons learned have shown that UNFPA has made great progress in the Arab region over the past 10 years regarding the quality and availability of programme data which is vital for decision-making and achieving greater impact. Tools were developed or upgraded to better align with information needs and requirements, and capacities have been built. Yet gaps still exist and the UNFPA Regional Humanitarian Hub for Syria and the Arab States commits to addressing these by building on the latest innovations and working with country offices and the people that we serve.

CONCLUSION

Informed Programming
Generating better programme data to inform humanitarian responses
ANNEX

Click here to access aforementioned tools and materials.
Informed Programming

GENERATING BETTER PROGRAMME DATA TO INFORM HUMANITARIAN RESPONSES