



Evaluating the Effectiveness of Shelter, Health, and Education Programs for Iraqi and Syrian Refugees in Jordan, Lebanon, and Turkey

Synthesis Report

February 2017

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ACRONYMS

CC	Community Center
CFS	Child Friendly Space
CRS	Catholic Relief Services
DoS	U.S. Department of State
DRC	Danish Refugee Council
ECM	Emergency Case Management
ET	Evaluation Team
FBS	Functional Bureau Strategy
GBV	Gender Based Violence
GoJ	Government of Jordan
GoL	Government of Lebanon
GoT	Government of Turkey
ICMC	International Catholic Migration Commission
IMC	International Medical Corps
INGO	International Non-Governmental Organization
IO	International Organization (multilateral partner)
IOM	International Organization for Migration
IRC	International Rescue Committee
IS	Informal Settlements
MEHE	Ministry of Education and Higher Education (Lebanon)
MoE	Ministry of Education
MoH	Ministry of Health
MoNE	Turkish Ministry of National Education
MSC	Multiservice Support Center
M&E	Monitoring and Evaluation
NFE	Non-Formal Education
NGO	Non-governmental Organization
NP	Non-governmental Organization Partner
NRC	Norwegian Refugee Council
PHC	Primary Healthcare Center
PRM	Bureau of Population, Refugees, and Migration
PUI	Première Urgence Internationale
SHE	Shelter, Health, Education
SI	Social Impact, Inc.
SNF	Special Needs Fund
SSB	Sub-Standard Shelter Buildings
TEC	Temporary Education Center
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USG	United States Government
WASH	Water, Sanitation and Hygiene

EXECUTIVE SUMMARY

Introduction

This report, produced by Social Impact, Inc. (SI), is the culmination of a sixteen-month performance evaluation of shelter, health, and education (SHE) programs for Syrian and Iraqi refugees supported by the United States Department of State, Bureau of Population, Refugees, and Migration (DoS/PRM). The core purpose of this evaluation is to examine the effectiveness of SHE programs for Syrian and Iraqi refugees implemented in Jordan, Lebanon, and Turkey by PRM multilateral and non-governmental organization (NGO) partners during fiscal years 2012-2015.¹

PRM Partners ²	Jordan	Lebanon	Turkey
Caritas	✓		
Catholic Relief Services (CRS)			✓
Danish Refugee Council (DRC)			✓
International Catholic Migration Commission (ICMC)	✓		
International Medical Corps (IMC)	✓	✓	
International Organization for Migration (IOM)			✓
International Rescue Committee (IRC)		✓	
Norwegian Refugee Council (NRC)	✓		
Première Urgence Internationale (PUI)		✓	
United Nations High Commission for Refugees (UNHCR)	✓	✓	✓
United Nations International Children's Emergency Fund (UNICEF)	✓	✓	✓

This final synthesis report examines the key themes identified after analysis of data collected through a desk review and field evaluations in Jordan, Lebanon, and Turkey conducted by SI throughout 2016. This report summarizes the major results achieved, any problems encountered, and notable successes realized by the programs evaluated. The report synthesizes these key themes into actionable recommendations for PRM, as well as for other program stakeholders. Additionally, this report provides various tools and guidance intended to assist PRM with the following tasks: supplying guidance to NGOs for proposals, reviewing such proposals, supporting the design and implementation of SHE programs with strong performance monitoring and evaluation (M&E) systems, and monitoring SHE programs in the field. These tools and guidance documents are included as Annexes V-VII.

I. Overarching Successes and Achievements

Sector-specific findings can be found in the body of the report, Pages 6-8.

1. Partners consider PRM to be an accessible, approachable, flexible, and fair donor.
2. The **majority of beneficiaries** interviewed across all three countries **were satisfied** with the services they received from PRM partners. (Exceptions are noted below in Section 2.)
3. The majority of PRM-supported programs **improved the quality of life** of beneficiaries.

¹ For the complete Scope of Work, please see Annex I

² For program descriptions, please see Annex II

4. PRM-supported programs are **accessible to vulnerable groups**.
5. PRM partners in Jordan and Lebanon, where relevant, **include host community members in their programs**. In both countries, partners in the education sector did not target host community children as they are generally enrolled in formal public schools.
6. PRM partners **adapted their programs to difficult socio-political contexts and shifting government regulations**. Coordination with municipalities improved programming in a number of contexts, but the degree of coordination varied by country and partner. Coordination helped with program acceptance, outreach and targeting of vulnerable hosts and refugees, emergency contingency planning, and overall program implementation.
7. **Some partners embedded sustainability and longer-term integration of refugees into program design**—specifically IMC’s health and mental health programs in Jordan and Lebanon, and UNICEF’s support to the Ministry of Education in all three countries. In Turkey, the Ministry of National Education (MoNE) has begun the process of integrating Temporary Education Centers into the Turkish education system and UNICEF is taking steps to integrate Syrian teachers’ incentives into the MoNE payroll system.
8. **Partners took advantage of favorable conditions for cash programming** in Jordan and, to a lesser extent, in Lebanon. UNHCR is heavily engaged in multi-purpose cash programming. UNICEF is engaged in cash for education programs, as well as other cash programs not evaluated by SI.

II. Summary of Problems Encountered

Sector-specific findings can be found in the body of the report, Pages 9-11.

1. **Host government regulations limit programming opportunities for PRM partners**. At the time of the evaluation, the Government of Jordan (GoJ) had periodically frozen shelter programs and did not approve of livelihoods programming despite the urgent need.³ The Government of Lebanon restricts the type of shelter materials that can be used in informal settlements, which weakens the sustainability of structures. Also in Lebanon, the Ministry of Education limits the ability of NGOs to work in non-formal education (NFE) or access public schools. In Turkey, CRS reported that MoNE’s unexpected involvement in managing and supervising TEC schools delayed programming and created challenges for effective program implementation.
2. **All three host governments support refugee return and either do not consider integration as a durable solution or have not fully committed to it**. Some host government policies are harmful to the well-being of refugees and may violate their basic rights to freedom of movement and employment. For example, refugees who are unable to obtain residency permits in Lebanon encounter detainment and periodic abuse by government forces. Such conditions **limit the sustainability of programs in the face of likely eventual donor withdrawal**, as continued support for refugees will depend on the political will of the host governments. Although Turkey has demonstrated more willingness to integrate refugees by issuing work permits, other barriers like employment quotas are symptomatic of a “cautious” approach to integration by the Government of Turkey (GoT).⁴

³ According to communication with PRM representatives in February 2017, the GoJ changed its policy in 2016 and now supports livelihood programming.

⁴ Ahmet İçduygu & Doğu Şimşek. “Syrian Refugees In Turkey: Towards Integration Policies.” Turkish Policy Quarterly. December 20, 2016.

3. **There is a lack of consistency among partners with regard to providing information to refugees** about their access to or denial of program benefits. Lack of information sows distrust toward humanitarian organizations and may prevent access to essential support. Most partners do not have an institutionalized system for collecting feedback from beneficiaries, including receiving complaints.
4. **Financial constraints limit the provision of important services to highly and severely vulnerable refugees.** In Lebanon, for example, approximately 15 percent report receiving multi-purpose cash from UNHCR, while the vast majority (90 percent) are deemed highly or severely vulnerable.⁵
5. **The abbreviated length of PRM's funding cycles limits the sustainability of programs, their ability to effect long-term impact, and partners' readiness to engage in robust outcome or impact evaluations.** Some multilateral partners described that the timing of PRM funding announcements was unpredictable, which affected planning, budgeting, and program implementation.

III. Most and Least Successful Program Interventions

The evaluation team identified the following **areas of success** during its fieldwork in the three countries. For sector-specific successes, please see Page 11 in the full report.

- Overall, the evaluation team concluded **that PRM plays an important humanitarian and diplomatic role** in engagement with host governments and implementing partners to respond to the Syrian refugee crises in Jordan, Lebanon, and Turkey.
- PRM's contributions to Syrian refugees and their SHE needs **have largely been relevant and effective.** PRM-supported SHE programs in all three countries build upon existing structures, enhance existing capacities, and fill gaps to address specific needs of Syrian refugees where government-supported services are not available.
- The majority of SHE beneficiaries in Jordan, Lebanon, and Turkey reported that services provided during the evaluation period **improved their quality of life.**

The evaluation team identified some **areas for improvement** during its fieldwork in the three countries. For sector-specific information, please see Page 14 in the full report.

- **The extent to which the most vulnerable Syrian and Iraqi refugees and host community members accessed PRM-funded SHE services varied.** In Jordan, vulnerable Iraqis and Syrians have limited access to basic services outside Amman and northern Jordan. Also, some programs did not specifically target vulnerable Jordanians, and others did not reach the 30 percent quota put forth by the GoJ. In Turkey, SHE services were available and utilized by host community members to a limited extent. Unlike in Jordan and Lebanon, the overall demand for services by Turkish host communities is low because Turkish social programs address the needs of its vulnerable citizens.
- **In all three countries, sustainability of SHE programs could be unsuccessful** because, to a large degree, sustainability depends on donor funds and will be dictated by the capacity and political will of respective governments. NGO partners in Jordan and Turkey have sustainability plans for maintaining SHE programs to a limited degree. The potential for long-term integration of refugees in Jordan, Lebanon, and Turkey is greatly affected by national policies and political will of governments, which are outside the programs' scopes of influence. The only exceptions might be the process started by the Turkish MoNE to integrate temporary education centers into the

⁵ Reported in the UNHCR Inter-agency Information Sharing Portal, September 2016.

Turkish education system, and UNICEF-Turkey's efforts to integrate teachers' incentives into the MoNE payroll system.

- **PRM partners' coordination with local governments and local civil society organizations could be improved.** In Jordan, coordination with local institutions is limited because they are not typically engaged in SHE programming; however, PRM partners missed opportunities to collaborate with community-based organizations, which offer contextual information and positive relationships with communities. Local organizations have generally been "used" as a tool for outreach and gaining access to communities, but relationships have not been mutually beneficial. In Turkey, NGO partners involved and coordinated with local civil society to a limited extent; the Turkish law that prevents international NGOs from recruiting Turkish citizens as volunteers presents a considerable barrier to the involvement of local civil society. However, there is increasing coordination between PRM's partners and local authorities, which is essential to NGOs' ability to operate in Turkey. Coordination at the central government level is challenging for multilateral and NGO partners alike due to the political sensitivity of the refugee issue and the initial reluctance of Turkey to receive aid from the international community. While coordination with lower-level government entities is variable, there are some notable successes. In Lebanon, all partners could increase cooperation with local authorities.
- Refugees reported various levels of satisfaction with the quality of PRM-supported services. However, a **common concern** voiced by beneficiaries in all three countries related to **information about eligibility criteria, length and assistance process, and feedback and complaint opportunities.**

IV. Recommendations for Action

The evaluation team offers the actionable recommendations in this section based on good/emerging practices for SHE programming in humanitarian contexts as well as its analysis of evidence-based findings from fieldwork in Jordan, Lebanon, and Turkey. These recommendations are intended to guide PRM's operational and programmatic efficiency, influence funding decisions and diplomatic engagement, inform PRM Refugee Coordinators' monitoring efforts, and enable PRM partners to increase their impact. In the full report, country-specific recommendations are provided under each of the following overarching recommendations on Page 15.

1. Ensure—and make any necessary improvements for—targeting of and support to the most vulnerable Syrian, Iraqi, and other non-Syrian refugees.
2. Improve outreach to beneficiaries and vulnerable groups, and involve beneficiaries in program design.
3. Conduct program monitoring and research to strengthen the evidence base for SHE programming.
4. Continue advocacy, coordination, and information-sharing efforts with central host governments, donors, and NGO partners.
5. Ensure that host communities are included in programming, when appropriate, to strengthen social cohesion and integration.
6. Increase consultation and implementation of activities in coordination with local governments and civil society actors to promote ownership and sustainability.
7. Develop sustainability plans for SHE interventions, and foster long-term integration into existing structures.

I. Introduction

This report, produced by Social Impact, Inc. (SI), is the culmination of a sixteen-month performance evaluation of shelter, health, and education (SHE) programs for Syrian and Iraqi refugees supported by the United States Department of State, Bureau of Population, Refugees, and Migration (DoS/PRM). The core purpose of this evaluation is to examine the effectiveness of SHE programs for Syrian and Iraqi refugees implemented in Jordan, Lebanon, and Turkey by PRM multilateral and non-governmental organization (NGO) partners during fiscal years 2012-2015.⁶

This final synthesis report examines the key themes identified after analysis of data collected through a desk review and field evaluations in Jordan, Lebanon, and Turkey conducted by SI throughout 2016. This report summarizes the major results achieved, any problems encountered, and notable successes realized by the programs evaluated. The report synthesizes these key themes into actionable recommendations for PRM, as well as for other program stakeholders. As well, this report provides various tools and guidance intended to assist PRM with the following tasks: providing guidance to NGOs for proposals, reviewing such proposals, supporting the design and implementation of SHE programs with strong performance monitoring and evaluation (M&E) systems, and monitoring SHE programs in the field. These tools and guidance documents are included as Annexes 5-7.

II. Program Background

The evaluation team (ET) reviewed the following shelter, health, and education (SHE) programs supported by PRM in Jordan, Lebanon, and Turkey.

Table 1: PRM SHE Programming Partners

PRM Partners ⁷	Jordan	Lebanon	Turkey
Caritas	✓		
Catholic Relief Services (CRS)			✓
Danish Refugee Council (DRC)			✓
International Catholic Migration Commission (ICMC)	✓		
International Medical Corps (IMC)	✓	✓	
International Organization for Migration (IOM)			✓
International Rescue Committee (IRC)		✓	
Norwegian Refugee Council (NRC)	✓		
Première Urgence Internationale (PUI)		✓	
United Nations High Commission for Refugees (UNHCR)	✓	✓	✓
United Nations International Children's Emergency Fund (UNICEF)	✓	✓	✓

⁶ For the complete Scope of Work, please see Annex I

⁷ For program descriptions, please see Annex II

Jordan

Caritas Jordan

Caritas implements PRM-supported Education programming to increase vulnerable Syrian refugee children's sense of stability and well-being through providing access to education opportunities. Caritas provides children with the academic and intellectual skills necessary to function in Jordan and to eventually re-build Syria, and also provides entire families with a sense of normalcy and stability. Caritas' education program also allows children to socialize and address their experiences of trauma and loss through guided play or more intensive psychological care as needed. Caritas Jordan also implements health program supported by PRM. The Caritas Health program's objectives are: 1) vulnerable individuals experience increased access to basic and lifesaving clinical healthcare services; 2) vulnerable conflict-affected families increase their psychosocial health and well-being; 3) vulnerable individuals with chronic diseases experience regulation of or improvement in disease symptoms through participation in an integrated chronic disease management programs.

International Catholic Migration Commission (ICMC)

The PRM supported ICMC program in Jordan aims to address the needs of the affected populations in protection, shelter, and hygiene sectors. The program objectives related to the shelter program (focus of this evaluation) are improved access to adequate shelter, and improved vulnerable households' knowledge and access to services through outreach, information materials, and information sessions. Activities include: 1) identification and assessment of vulnerable households in hard-to-reach areas by a volunteer teams, with expert input from caseworkers; 2) referral of identified vulnerable groups to other relevant humanitarian partners or service providers for a specialized assistance, with a follow up within one month of referral to ensure assistance has been given; 3) provision up to 4 months of rental assistance to extremely vulnerable households by disbursing cash directly to landlords.

International Medical Corps (IMC)

IMC utilizes PRM funds to improve the wellbeing of, and promote awareness of mental health services among, Syrian and Iraqi refugees and vulnerable host populations in Jordan. The main objective of the program is to provide mental health services for Syrian and Iraqi refugees and vulnerable Jordanians through national health and community-based institutions. IMC follows a comprehensive multidisciplinary case management approach in providing mental health care services. Services are provided through a case management team that consists of psychiatrists, psychologists, mental health nurses, occupational therapists, and social workers. Activities include: a) provision of clinical mental health services by integrating services into governmental and non-governmental Primary Health Care (PHC) facilities; b) provision of mental health care services to Syrian and Iraqi refugee children (focus on children between the ages of 5-14 years) with developmental disorders; c) promotion of awareness of mental health services among refugees and vulnerable Jordanians in the south of Jordan.

Norwegian Refugee Council (NRC)

The PRM-supported NRC program objectives are: 1) to increase the housing stock and availability of adequate and affordable shelter and link these with vulnerable Syrian refugees based on secure tenure agreements, in targeted host communities; 2) to provide Syrian refugees in host communities with information and counselling in relation to their rights to legal identity, refugee status determination, housing, land and property, and access to essential services; 3) to provide Syrian refugees in host communities with livelihood opportunities to enable them to mitigate economic vulnerability. NRC supports the creation of new and adequate housing in local communities, by: a) providing funds to property owners to complete unfinished housing, who in return host Syrian refugees without charge for

an agreed period, a minimum of 12 months; b) providing funds to property owners and their Syrian tenants to renovate sub-standard properties in return for 12 months reduced rent and enhanced security of tenure. NRC also aims to ensure Syrian refugees living in host communities in Jordan are able to enjoy and exercise their rights to legal identity, refugee status determination, housing, land and property and access to essential services.

United Nations High Commissioner for Refugees (UNHCR)

UNHCR receives un-earmarked funds from PRM to support its refugee program in Jordan. The UNHCR programs include: a) camp coordination and camp management; b) cash assistance; c) community empowerment and self-reliance; d) health; e) protection; and f) shelter and core relief items in camps. For this evaluation, the team focused on UNHCR's general cash support program provided through cutting-edge IrisGuard technology in collaboration with Cairo-Amman bank to extremely vulnerable refugees. UNHCR also provides supplemental cash support to vulnerable pregnant women to cover maternal health costs.

United Nations International Children's Emergency Fund (UNICEF)

UNICEF focuses its humanitarian assistance to refugee children in Jordan primarily in four sectors. Specifically, these are: 1) Child Protection program in camps and host communities; 2) Water, Sanitation and Hygiene (WASH) program in camps and host communities; 3) Education program in camps and host communities; 4) Health and Nutrition program focused on providing life-saving health and nutrition interventions in camps, and emergency polio vaccination. For education, PRM funding is used for UNICEF's "Makani – My Space" flagship alternative education program run by UNICEF's local NGO partners. The Makani Centers provide vulnerable children and youth with learning opportunities, psychosocial support and referrals, life skills training and social cohesion opportunities in over 220 centers across the country. UNICEF also provides supplemental cash support to UNHCR-supported vulnerable households with school age children to help ensure children stay in school. UNICEF has also been advocating that the Ministry of Education (MoE) offer admissions exams, and catch up classes for 6-11 year-olds that have missed more than three years of school, and strengthening the capacity of relevant MoE departments and local NGOs in effective planning and managing services for children.

Lebanon

International Medical Corps (IMC)

IMC has been operating in Lebanon since 2006. PRM supports IMC's work in the health sector, including mental health. PRM provides funds to IMC to support primary health centers (PHCs) in the country, health awareness-raising, and mobile health clinics. For mental health, PRM is supporting the national mental health strategy as well as the operation of mental health clinics throughout the country. For this evaluation, the ET focused on IMC health and mental health programs in the Bekaa Valley and southern Lebanon.

International Rescue Committee (IRC)

IRC began its work in Lebanon in the education sector in 2014. Until 2016, it focused on community-based non-formal education (NFE) and basic numeracy and literacy. In 2015, when the Ministry of Education and Higher Education (MEHE) progressively restricted humanitarian organizations from providing full curriculum community-based education outside of public schools, IRC shifted its programming to focus on early childhood education (ECE) and remedial support to children enrolled in public schools. For this evaluation, the ET evaluated IRC's education programs in Akkar District and the Bekaa Valley.

Première Urgence Internationale (PUI)

PUI receives funds from PRM to provide shelter sector support through two modalities: 1) support for informal settlements (IS), primarily with tent reinforcements, and 2) rehabilitation of sub-standard shelter buildings (SSB). PUI has been working in Lebanon for 12 years, initially to support Palestinians (2005-2014); since 2012, its predominant support has been to Syrian refugees. For this evaluation, the ET focused on PUI programs in Akkar District and southern Lebanon. In the South, PUI works under UNHCR's umbrella.

United Nations High Commission for Refugees (UNHCR)

UNHCR receives un-earmarked funds from PRM to support its refugee programming in Lebanon. PRM supports a host of activities including the basic assistance program, as well as SSB rehabilitation and IS. PRM also supports health; protection; WASH; formal and non-formal education, social cohesion and livelihoods, and coordination mechanisms throughout Lebanon. For the evaluation, the ET focused on UNHCR's shelter sector programs in Akkar District, the South, and the Bekaa Valley.

United Nations International Children's Emergency Fund (UNICEF)

UNICEF is supported by PRM funds primarily in the WASH, health and nutrition, child protection, basic assistance and education sectors (USAID also supports UNICEF for education). For education, PRM funding is predominantly used for teacher training, accelerated learning, and homework support for children. Funds are used for minor and major rehabilitation of public schools, as well as support for school directors and "schooling boxes" for students and teachers. For the evaluation, the ET focused on UNICEF's education programming in the Akkar District and the Bekaa Valley.

Turkey

Catholic Relief Services (CRS)

CRS implemented a PRM-supported program to increase Syrian children's access to education. CRS has two sub-awardees, both local NGOs: Caritas has been implementing in Hatay and Istanbul, while International Blue Crescent does so in Kilis. The program's objectives are: 1) vulnerable Syrian refugee children learn in a supportive educational environment, and 2) vulnerable Syrian refugees better cope with trauma and displacement. The program has three main pillars: 1) access to formal education through Temporary Education Centers (TEC), 2) Child Friendly Spaces (CFS), and 3) Information and Protection. Activities include a) establishing schools and support of TEC, b) training activities for Syrian teachers and school administrators, c) incentives for teachers and administrators, provision of teaching supplies and materials, d) bridge building activities to engage Syrian refugee children in cultural, sports, and community service activities with their Turkish peers, e) creating CFS to better cope with trauma and displacement, f) dissemination of information to refugees about available government and other NGO assistance.

Danish Refugee Council (DRC)

The PRM-supported DRC program aims to increase access to quality protection and essential services through sustainable community structures for displacement-affected communities in south and southeastern Turkey. The program objectives are: 1) provide quality psychosocial, information, and counseling services, and improve host-refugee relations through outreach and community center (CC) activities; 2) address vulnerabilities of Syrian refugees through tailored assistance and services; 3) enhance protection, psychosocial, management, and institutional capacity of DRC and partner staff and volunteers, and ensure handover of some centers to local partner. Activities include: 1) outreach and community

centers, 2) Special Needs Fund (SNF), and 3) training needs assessment and training of DRC and local partner staff on CC management, proposal development, and donor compliance.

International Organization for Migration (IOM)

IOM utilizes PRM funds to: a) distribute emergency assistance (basic needs and non-food items (NFI)/winterization items), b) support vulnerable households and individuals through Emergency Case Management (ECM), c) provide school transportation to children living in Sanliurfa (Urfa), Adana, Malatya, and Batman, d) and support the Gaziantep governorate's food kitchen. The ECM program aims to meet urgent needs of Syrian refugees in Turkey on an identified or referral basis. The target group of ECM is individuals or families with specific, emergency, and complex needs that are not met by other organizations. Types of ECM assistance include: medical equipment and care; accommodation and rental assistance; documentation/translation/legal costs; transportation; and material and food assistance. The school transportation program for students of TEC has been implemented since 2014 in coordination with the Ministry of National Education (MoNE) and local authorities.

United Nations High Commissioner for Refugees (UNHCR)

UNHCR indirectly implements PRM-supported activities that relate to the scope of this evaluation through its sub-contracted implementing partners International Medical Corps (IMC), an international NGO (INGO) and Association for Solidarity with Asylum Seekers and Migrants (ASAM), a local NGO (LNGO). ASAM has been providing services to Syrian refugees in Istanbul, Sakarya, Gaziantep, Izmir, and Adana through its Multiservice Refugee Support Centers (MSC). The main aim of the MSC is to improve access to healthcare and social services; mental health and psychosocial support; and informal education and legal counseling. MSCs also provide interpreting support; vocational training; and art, language, and music courses. In addition, distribution of NFI and voucher cards is intended to meet basic needs of vulnerable refugees. ASAM has also been conducting pre-registration procedures for non-Syrian refugees in Ankara since January 2013.

United Nations International Children's Emergency Fund (UNICEF)

PRM funds contribute to UNICEF's interventions in: a) education and protection for Syrian children; b) provision of basic winter and hygiene supplies, c) advocacy, communication, and partnership building activities; and d) capacity building, enhancement, and strengthening of existing education systems. PRM-supported UNICEF program activities in non-camp areas include: building prefabricated schools; back to school campaigns; student stationary kits; classroom supplies; teacher supply kits; emergency training for teachers; and incentive payments for teachers. PRM funds were also utilized to provide polio, measles, mumps, and rubella vaccinations.

III. Methodology

Each of the three country evaluations relied on similar data collection methods and sources. First, prior to conducting any fieldwork, SI conducted a desk review of both PRM-supported program documents and literature on good/emerging practices in SHE programs in the humanitarian context. This desk review informed the design of the field evaluations and some of the findings.

While in country, the evaluation teams employed qualitative data collection methods, including key informant interviews with various program stakeholders (e.g. donors, implementing partner staff, and local authorities), as well as individual and group interviews with beneficiaries of PRM-supported programs. Across the three countries, SI conducted over 370 interviews with more than 760 individuals, among them: 76 female and 59 male beneficiaries in Jordan, 87 male and 147 female beneficiaries in Lebanon, and 53 female and 34 male beneficiaries in Turkey. In addition, the teams conducted

unstructured, semi-structured, and structured site visits to program implementation sites and assorted service delivery centers. For a complete list of data sources, please see Annex III. Additional details on the methodologies for each field evaluation are contained in the individual country reports.

In order to arrive at the content selected for this synthesis report, SI team members revisited the findings, conclusions, and recommendations from the three country-specific evaluation reports. In this synthesis report, the team elected to include information related to successful and least successful interventions, as well as challenges encountered by programs in all three countries.

IV. Summary of Successes and Achievements

Overarching Successes and Achievements

1. Partners consider PRM to be an **accessible, approachable, flexible, and fair donor**.
2. The majority of beneficiaries interviewed across all three countries **were satisfied with the services** they received from PRM partners. (Exceptions are noted below in Section V.)
3. The majority of PRM-supported **programs improved the quality of life of beneficiaries**.
4. PRM-supported **programs are accessible to vulnerable groups**.
5. PRM partners in Jordan and Lebanon, where relevant, **include host community members in their programs**. In both countries, partners in the education sector did not target host community children as they are generally enrolled in formal public schools.
6. PRM partners adapted their programs to difficult socio-political contexts and shifting government regulations. **Coordination with municipalities improved programming in a number of contexts**, but the degree of coordination varied by country and partner. Coordination helped with program acceptance, outreach and targeting of vulnerable hosts and refugees, emergency contingency planning, and overall program implementation.
7. **Some partners embedded sustainability and longer-term integration of refugees** into program design—specifically IMC’s health and mental health programs in Jordan and Lebanon, and UNICEF’s support to the Ministry of Education in all three countries. In Turkey, the MoNE has begun the process of integrating TECs into the Turkish education system and UNICEF is taking steps to integrate Syrian teachers’ incentives into the MoNE payroll system.
8. Partners **took advantage of favorable conditions for cash programming in Jordan and**, to a lesser extent, **in Lebanon**. UNHCR is heavily engaged in multi-purpose cash programming. UNICEF is engaged in cash for education programs, as well as other cash programs not evaluated by SI.

Sector-Specific Successes and Achievements: Shelter

1. In all three countries, refugees interviewed reported that their **primary concern and largest expense is rent**.⁸ In Lebanon and Jordan, **PRM fills an important gap** by supporting shelter programming, as host countries do not provide support to this sector (aside from formal refugee camps in Jordan).
2. Beneficiaries of PRM shelter support in Jordan and Lebanon reported that their **tenure was guaranteed and rental costs were stabilized during the period of intervention**. In Jordan, ICMC and NRC beneficiaries reported temporary financial relief as a result of PRM-supported shelter programs.

⁸ Note, however, that the 2016 VASYR ranks food as the largest expense for Syrian refugees.

3. PRM partners in Jordan and Lebanon that engaged in **relationship building with local communities and in tracking municipality behavior improved shelter programming** in terms of targeting vulnerable groups, ensuring rental agreements are respected, and providing emergency response in the case of eviction or forced relocation.
4. Sub-standard **shelter rehabilitation and support for informal settlements in Lebanon provided protection against harsh environmental conditions** such as heavy rains and cold temperatures.

Sector-Specific Successes and Achievements: Health

1. Health programs supported by **PRM increased access to healthcare for refugees**.
2. **Host community members use PRM-supported health services in Lebanon and Jordan**. Uninsured Jordanians access Caritas health services and described that they have few or no alternative options. In Lebanon, PHCs supported by IMC have seen an increase in the proportion of Lebanese beneficiaries, which is attributed to improvements in the quality of care provided.
3. Mental health and psychosocial support programs in Jordan, Lebanon, and Turkey have had a **positive impact on beneficiaries—including a decrease in symptoms and improvement in functioning**. Beneficiaries reported that without these PRM-supported services, they would not have access to mental health support. IMC's transportation support to beneficiaries in Lebanon increased access to services.
4. Some of PRM's partners support existing health structures, and others fill gaps that result from high demand on existing structures. **None of PRM's partners are supporting parallel health structures**.
5. **PRM's partners in Jordan and Lebanon participated in strengthening the national mental health strategy and improving the professionalization of mental health staff** in each country. These contributions ultimately support the long-term sustainability of mental health services.
6. PRM's partners in Turkey provide **tailored and emergency health and protection assistance to the most vulnerable refugee groups** such as disabled, elderly, unaccompanied minors, children with special needs, large families with multiple children, and women and children at risk of gender-based violence. DRC's Special Needs Funds (SNF) and IOM's Emergency Case Management (ECM) address special health needs that fall outside the minimum health package provided by the Government of Turkey GoT. DRC's SNF teams conduct house visits with gender-balanced teams to provide quality services both for women and men.
7. In Turkey, **DRC's hotline is an effective approach for providing immediate, free-of-charge, Arabic-Turkish interpretation** via phone to refugees in hospitals, clinics, and pharmacies.

Sector-Specific Successes and Achievements: Education

1. **NFE programs supported by PRM** in the form of community centers, NFE schools, child-friendly spaces, and temporary education centers have had **positive learning impacts on refugee children in Jordan, Lebanon, and Turkey** who would otherwise have difficulty accessing or attending formal schools.
2. **UNICEF's work with the Ministry of Education in Jordan, Lebanon, and Turkey has increased refugee access to public schools**. Support focuses on teachers, students, infrastructure, and expanding the physical space available for refugee children.

3. PRM's support to the Ministry/UNICEF partnership has **increased the quality and capacity of public education systems for the long-term** in Jordan and Turkey.
4. IRC in Lebanon was successful in **increasing community acceptance of NFE programs**.
5. **UNICEF is exploring unconditional cash transfers as a modality for improving refugee attendance** in public schools. Cash for education in Jordan reportedly increased school attendance and retention. The Lebanon pilot program has recently begun and will provide important insights on this modality.

V. Summary of Problems Encountered

Given the dynamic and politically sensitive context in which SHE programs operate, it is expected that PRM partners would encounter considerable challenges during implementation in Jordan, Lebanon, and Turkey. This section of the report highlights the ET's analysis of overarching and sector-specific problems faced by PRM partners.

Overarching Problems Encountered

1. **Host government regulations limit programming opportunities for PRM partners.** At the time of the evaluation, the Government of Jordan (GoJ) had periodically frozen shelter programs and did not approve of livelihoods programming despite the urgent need.⁹ The Government of Lebanon (GoL) restricts the type of shelter materials that can be used in informal settlements, which weakens the sustainability of structures. Also in Lebanon, the Ministry of Education limits the ability of NGOs to work in NFE or access public schools. In Turkey, CRS reported that MoNE's unexpected involvement in managing and supervising TEC schools delayed programming and created challenges for effective program implementation.
2. All three **host governments support refugee return and either do not consider integration as a durable solution or have not fully committed to it.** Some host government policies are harmful to the well-being of refugees and may violate their basic rights to freedom of movement and employment. For example, refugees who are unable to obtain residency permits in Lebanon encounter detainment and periodic abuse by government forces. Such conditions **limit the sustainability of programs in the face of likely eventual donor withdrawal**, as continued support for refugees will depend on the political will of the host governments. Although Turkey has demonstrated more willingness to integrate refugees by issuing work permits, other barriers like employment quotas are symptomatic of a "cautious" approach to integration by the GoT.¹⁰
3. There is a **lack of consistency among partners with regard to providing information to refugees about their access to or denial of program benefits.** Lack of information sows distrust toward humanitarian organizations and may prevent access to essential support. **Most partners do not have an institutionalized system for collecting feedback from beneficiaries**, including receiving complaints.

⁹ According to communication with PRM representatives in February 2017, the GoJ changed its policy in 2016 and now supports livelihood programming.

¹⁰ Ahmet İçduygu & Doğu Şimşek. "Syrian Refugees In Turkey: Towards Integration Policies." Turkish Policy Quarterly. December 20, 2016.

4. **Financial constraints limit the provision of important services to highly and severely vulnerable refugees.** In Lebanon, for example, approximately 15 percent report receiving multi-purpose cash from UNHCR, while the vast majority (90 percent) are deemed highly or severely vulnerable.¹¹
5. The abbreviated length of **PRM's funding cycles limits the sustainability of programs**, their ability to effect long-term impact, and partners' readiness to engage in robust outcome or impact evaluations. Some multilateral partners described that the timing of PRM funding announcements was unpredictable, which affected planning, budgeting, and program implementation.
6. **Delays in financial transfers—at multiple levels—impact beneficiaries.** In Lebanon, when IMC's payments were late to PHCs, clinics turned refugees away from medical services. International organizations (IOs) in Turkey reported that delayed transfers from PRM influenced program planning and implementation.
7. In part due to information gaps in humanitarian research, **partners lack adequate empirical information on the best modalities** for implementing SHE programs. For example, research on cash programming in emergency or protracted humanitarian situations is limited. Potential negative consequences include undesirable market effects (in rent or commodity pricing), contributions to gender inequality, and creation of parallel markets for refugees. Providing beneficiaries with cash may increase access to education and health, but it will not improve the quality of such services. At times, quality was found to be a larger barrier than access. Cash requires partners to maintain sophisticated and robust M&E systems. Limited research has been conducted on the long-term outcomes of different shelter modalities—including cash for rent, sub-standard shelter rehabilitation, or empty shelter finishing projects. There is an overarching need for partners to determine the rationale for using cash versus in-kind assistance to ensure that cash assistance is an appropriate modality for SHE needs. There is also a need to understand household decision-making power dynamics as they relate to cash spending habits so that unconditional cash assistance is inclusive.
8. **Several gaps exist in the provision of services to vulnerable groups, based their nationality and/or location.** In Turkey, programs do not reach refugees living in rural areas and lack inclusion of host community members. As well, Iraqi refugees had less access to services than Syrian refugees. In addition, most NGO partners in Turkey have limited outreach strategies, which may limit reaching the most vulnerable. The lack of a standardized referral system among NGOs and other actors involved in the humanitarian response decreases effective and timely provision of services to the most vulnerable refugees. In Jordan, refugees living in the south had less access to services than those living in Amman or the north. In Lebanon, mandate distinctions between United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and UNHCR have left Palestinian Refugees from Syria excluded from certain services, the most prominent of which is shelter support.

Sector-Specific Problems Encountered: Shelter

1. PRM is **not supporting partners in the shelter sector in Turkey**, despite the fact that refugees identified shelter as their most urgent and immediate need. The shelter sector is the least supported of all sectors by humanitarian actors in Turkey.
2. Beneficiaries of short-term rental support (one-four months) appreciated the assistance from ECM in Turkey and ICMC in Jordan, but they **would prefer longer-term support to promote stability**.

¹¹ Reported in the UNHCR Inter-agency Information Sharing Portal, September 2016.

3. **PRM support to Informal Settlements (IS) in Lebanon is limited in coverage, type, and durability.** GoL regulations limit the types of implements that can be provided, leaving residents of IS without proper drainage, sewerage, or access to water. Despite the short lifespan of tent supports (6 months to 1 year), PRM partners do not provide the same families with tent supports on an annual basis.
4. **The NRC shelter modality in Jordan has significant drawbacks:** high expenses per unit; long wait times for beneficiaries; a matching process that assigned some beneficiaries to inappropriate units; and a high percentage of refugees who are obliged to leave their units when rental agreements expire because rental costs are too high or because landlords want the property for personal use. Vulnerable Jordanians do not benefit from this program.
5. **ICMC's cash for rent programs in Jordan have significant drawbacks:** support is a short-term, emergency stop-gap that is not able to fundamentally change a beneficiary's living situation. The burden of ensuring that the landlords are present in person to retrieve bi-monthly checks from ICMC offices falls on the beneficiaries. Some landlords refuse to pick up checks because of mobility issues, inability to take off from work, or extreme distance from ICMC offices that would necessitate transportation costs. In such cases, beneficiaries often pay transport and time expenses incurred by their landlords.
6. **PRM partners do not systematically track beneficiaries** after rental agreements terminate, particularly in the medium and longer term. This lack of data hampers the ability of partners to be confident in the modalities they select to support refugees.

Sector-Specific Problems Encountered: Health

1. In Lebanon, IMC-supported **PHCs varied in their quality of leadership and the accessibility of medical professionals and medication** they offer.
2. **Refugee expectations about healthcare are often high and cannot be met**, even when healthcare services may be adequate. For example, in Jordan, a huge demand and limited supply prevent coverage of patients' comprehensive health needs due to "caps" on the budget for each patient. Lack of information from partners about the budget and length of coverage leads to confusion among refugees about why medication allowances suddenly stop and re-start.
3. In Jordan, Caritas **beneficiaries articulated a high level of dissatisfaction with health services**. They were confused about medical coverage, length of support, and the health service process. A subset described that they had been treated unfairly with little to no response process, and that the referral system was unpredictable and unclear. Caritas explained that uneven funding streams and internal policies inhibited the provision of consistent healthcare and transparent communication with beneficiaries about coverage. Some beneficiaries were excluded from health services and suffered moderate and severe consequences.
4. In Jordan, **IMC's mental health programs did not always provide beneficiaries with sufficient access** to psychotherapists and psychiatrists given high demand. Some IMC staff and beneficiaries indicated that space in some clinics did not provide adequate privacy. Few Jordanians accessed these services; while high levels of stigma surround mental health issues, this fact may also relate to IMC's weak outreach to host communities.
5. In Turkey, refugees might not access mental health services because of **stigma and lack of transportation**. In addition, **challenges in meeting basic needs makes psychosocial support sessions less of a priority**. On the supply side, skilled mental health professionals and quality interpretation is difficult to obtain.

6. In Turkey, **PRM partners have not created standardized referral systems or vulnerability frameworks** and scoring systems.

Sector-Specific Problems Encountered: Education

1. **Barriers to public school attendance by refugee children** include their need to work to support their families, lack of transportation, language barriers (in Lebanon and Turkey), discrimination and violence in schools (by teachers and students), and space limitations in public schools. In Turkey, partners identified education for refugee children with special needs as a gap due to lack of specialized staff as well as challenges related to the proximity and accessibility of buildings.
2. **Children who have missed multiple years of instruction have difficulty accessing public schools.** In Jordan, the government prohibits children who have missed three or more years of school from attending. In Lebanon and Turkey, curriculum is not adapted to assist children who need “catch up” support, though UNICEF is supporting the Lebanese Ministry of Education to provide an Accelerated Learning Program to integrate students in some schools. In Turkey, parents and NGOs in the education sector emphasized a need to provide education and life skills training for adolescent girls and boys, especially for those who missed multiple years of schooling. Partners consider this category of refugee as the most vulnerable and at risk of being exploited.
3. In Jordan, Lebanon, and Turkey (mainly in Urfa), parents of children enrolled in NFE are **concerned that their children do not receive certification for their attendance.**
4. In Jordan, **Caritas does not follow a structured education program or provide teachers with standardized materials**, which affects the consistency and quality of the non-formal education program.
5. In Lebanon, Syrian refugee children who live more than 2.5 kilometers from public school have access to school transportation under the Caritas Lebanon/UNICEF partnership. However, **few beneficiaries were aware of this transportation support.** As a result, parents did not enroll their children in school because they could not pay for transportation.

VI. Most Successful and Least Successful SHE Program Interventions

This section of the report contains the ET’s assessment of most successful and least successful aspects of PRM-supported SHE program interventions included in this evaluation scope.

Most Successful SHE Interventions

The ET identified the following areas of success during its fieldwork in the three countries:

- Overall, the ET concluded that PRM plays an important humanitarian and diplomatic role in engagement with host governments and implementing partners to respond to the Syrian refugee crises in Jordan, Lebanon, and Turkey.
- PRM’s contributions to Syrian refugees and their SHE needs have largely been relevant and effective. PRM-supported SHE programs in all three countries build upon existing structures, enhance existing capacities, and fill gaps to address specific needs of Syrian refugees where government-supported services are not available.

- The majority of SHE beneficiaries in Jordan, Lebanon, and Turkey reported that services provided during the evaluation period improved their quality of life.

Table 2: Most Successful SHE Interventions by Sector

Shelter	Health	Education
It remains unclear which type of shelter assistance is the most effective in supporting the needs of refugees, not least because of the small sample size of shelter programs evaluated. Despite some successes in the three countries, programs exhibit considerable weaknesses.	Despite some shortcomings, the mental health programs implemented by IMC are a successful type of health intervention in Jordan and Lebanon for the following reasons: a) free medication for mental health has a large positive impact on the lives of beneficiaries; b) integrating mental health priorities into the national health system by strengthening capacity of mental health services and supporting a national mental health strategy lays groundwork for longer-term sustainability; and c) free mental health services coupled with transportation support has improved access to mental healthcare in Lebanon.	UNICEF's interventions in Jordan, Lebanon, and Turkey have been successful in increasing refugee children's access to education, enhancing a sense of well-being, and establishing structure in the lives of children. Reasons for success include: a) collaborative work with the Ministries of Education to ensure the inclusiveness of the existing public education systems; b) support focusing on teachers, students, and infrastructure improvements; c) efforts in expanding the physical spaces available for refugee children; d) programs acting as a bridge from informal school to the public school systems; f) engagement in longer-term planning and sustainability (e.g., UNICEF's efforts to integrate teachers' incentives into the Turkish MoNE payroll system); g) exploring unconditional cash transfers to support education as a modality for improving refugee school attendance in public schools; and h) increasing knowledge about educational opportunities through awareness-raising and outreach campaigns (e.g., UNICEF's Makani Centers in Jordan).
	In Turkey, DRC's SNF and IOM's ECM health programs are particularly successful because they fill a gap by providing	In Lebanon, NFE programs supported by IRC were particularly successful for the following reasons: they were

	tailored emergency health assistance to the most vulnerable refugee groups: the disabled, unaccompanied minors, children with special needs, large families with multiple children, and women and children at risk of gender-based violence. The needs of these groups are otherwise unmet by the GoT.	embedded in communities and existed with the knowledge and cooperation of local municipalities; teachers had regular and consistent access to parents and children, which improved attendance; and the curriculum was adapted to children's education levels and supported the tailored educational and psychosocial needs of children.
		In Turkey, despite some weaknesses, CRS's CFS and DRC's CCs fill a gap by creating supportive spaces for male and female refugee children to learn, socialize, and reduce feelings of isolation. CCs address the needs of the refugee population by providing recreational services, awareness-raising sessions, language courses, sports, music, theater, handicrafts, and other life skills activities. CFSs create a supportive environment for children to better cope with trauma and displacement to improve their sense of well-being; and bridge-building activities help Syrians socialize with the local population. CFSs' outreach activities such as awareness-raising sessions on child labor, early marriage, hygiene, and sanitation have a positive impact on families' decision-making.

Least Successful SHE Interventions

The ET identified some areas for improvement during its fieldwork in the three countries:

- The extent to which the most vulnerable Syrian and Iraqi refugees and host community members accessed PRM-funded SHE services varied. In Jordan, vulnerable Iraqis and Syrians have limited access to basic services outside Amman and northern Jordan. Also, some programs did not specifically target vulnerable Jordanians, and others did not reach the 30 percent quota put forth

by the GoJ. In Turkey, SHE services were available and utilized by host community members to a limited extent. Unlike in Jordan and Lebanon, the overall demand for services by Turkish host communities is low because Turkish social programs address the needs of its vulnerable citizens.

- In all three countries, sustainability of SHE programs could be unsuccessful because, to a large degree, sustainability depends on donor funds and will be dictated by the capacity and political will of respective governments. NGO partners in Jordan and Turkey have sustainability plans for maintaining SHE programs to a limited degree. The potential for long-term integration of refugees in Jordan, Lebanon, and Turkey is greatly affected by national policies and political will of governments, which are outside the programs' scopes of influence. The only exceptions might be the process started by the Turkish MoNE to integrate temporary education centers into the Turkish education system, and UNICEF-Turkey's efforts to integrate teachers' incentives into the MoNE payroll system.
- PRM partners' coordination with local governments and local civil society organizations could be improved. In Jordan, coordination with local institutions is limited because they are not typically engaged in SHE programming; however, PRM partners missed opportunities to collaborate with community-based organizations, which offer contextual information and positive relationships with communities. Local organizations have generally been "used" as a tool for outreach and gaining access to communities, but relationships have not been mutually beneficial. In Turkey, NGO partners involved and coordinated with local civil society to a limited extent; the Turkish law that prevents international NGOs from recruiting Turkish citizens as volunteers presents a considerable barrier to the involvement of local civil society. Coordination at the central government level is challenging for multilateral and NGO partners alike due to the political sensitivity of the refugee issue and the initial reluctance of Turkey to receive aid from the international community. While coordination with lower-level government entities is variable, there are some notable successes. In Lebanon, all partners could increase cooperation with local authorities.
- Refugees reported various levels of satisfaction with the quality of PRM-supported services. However, a common concern voiced by beneficiaries in all three countries related to information about eligibility criteria, length and assistance process, and feedback and complaint opportunities.

Table 3: Least Successful SHE Interventions by Sector

Shelter	Health	Education
Shelter is the most urgent and immediate need as well as the top concern and challenge—in terms of tenure and cost—for female and male refugees in all three countries. NGO partners utilized various shelter assistance modalities in Jordan and Lebanon. Despite some success in shelter interventions, all programs demonstrated considerable weaknesses. In	In Jordan, the Caritas health intervention is less successful due to operational weaknesses and a lack of transparency related to coverage and intermittent access to health, which is related to Caritas policy and uneven funding streams. These conditions created a high level of beneficiary dissatisfaction (regardless of nationality, age, and gender)	Even though the Caritas education program in Jordan positively impacts the lives of Syrian children, this program is less successful because it lacks a structured education program and does not provide teachers with standardized materials, which affects the consistency and quality of the education provided to beneficiaries.

Turkey, PRM did not support traditional shelter programs, even though shelter is the most urgent need for refugees regardless of their nationality, sex, or geographic location.	with the delivery of chronic, lifesaving, clinical healthcare services for mothers and children. Beneficiaries would prefer access to comprehensive healthcare services, including timely medications, check-ups, coverage, and referrals to pathways outside the Caritas network.	
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VII. Recommendations for Action

The ET offers the actionable recommendations in this section based on good/emerging practices for SHE programming in humanitarian contexts as well as its analysis of evidence-based findings from fieldwork in Jordan, Lebanon, and Turkey. These recommendations are intended to guide PRM’s operational and programmatic efficiency, influence funding decisions and diplomatic engagement, inform PRM Refugee Coordinators’ monitoring efforts, and enable PRM partners to increase their impact.

Recommendation 1:

Ensure—and make any necessary improvements for—targeting of and support to the most vulnerable Syrian, Iraqi, and other non-Syrian refugees.

Jordan:

- a) PRM should consider funding interventions to address the needs of Iraqis, Palestinians, and other vulnerable groups in the south. Limited access to basic services for refugees in the south creates a push and pull factor toward Amman.

Lebanon:

- b) UN agencies should harmonize their approaches so as not to discriminate between types of refugees. This is particularly the case for Palestinians, who are a highly vulnerable population and generally ineligible to access programs implemented by UNHCR and in some cases unable to access programs implemented by UNRWA due to proximity constraints.
- c) UN agencies should improve dissemination of information to refugees about inclusion/exclusion criteria for assistance.
- d) NGO partners should strengthen their vulnerability assessments of both Lebanese and Syrian refugees to ensure proper targeting.
- e) NGO partners should be involved in the planning of new ISEs to reduce potential problems including drainage, overcrowding, or other hygiene-related issues.

Turkey:

- f) PRM should encourage IOs to include the needs of the most vulnerable Iraqi and other non-Syrian refugees in appeals, so that a proportion of funds is devoted to non-Syrian groups.
- g) UN agencies should include non-Syrian refugees in appeals, assessments, program designs, and implementation.
- h) PRM should ensure that partners explain in proposals how they intend to identify, target, and provide services to the most vulnerable refugees, including those residing in rural and hard-to-

reach urban areas. Alternatively, partners may design projects exclusively dedicated to serving particularly vulnerable refugees.

- i) Partners should track both targeting and service provision to vulnerable groups.

Recommendation 2:

Improve outreach to beneficiaries and vulnerable groups, and involve beneficiaries in program design.

Jordan:

- a) NGO partners engaged in shelter programming should improve communication with beneficiaries and landlords by informing stakeholders about the length and process of the shelter assistance as well as the program parameters for eligibility.
- b) NGO partners should not only provide information to beneficiaries, but also include beneficiaries in decision-making and program design so that their needs and preferences are taken into account, particularly those of disabled beneficiaries and female-headed households.
- c) NGO partners should strengthen feedback loops, follow-up, and responses to beneficiaries by establishing and/or improving a systematic feedback and response mechanism.

Lebanon:

- d) UNICEF should reconsider its school transportation strategy and its partnership with Caritas Lebanon. Awareness-raising may be required to inform refugees about their right to free transportation to public school.
- e) UN agencies should improve their information campaigns to avoid confusion and misinformation among refugees about eligibility criteria, coverage, and reasons for terminating benefits.

Turkey:

- f) NGO partners and UN agencies should improve engagement with beneficiaries by disseminating information about assistance processes and raising awareness about existing feedback and complaint mechanisms. Intentionally encourage children, female, and male beneficiaries to provide feedback on received services.
- g) Explore avenues for engagement and joint program planning with existing state structures providing similar non-formal education, e.g. Turkish Public Education Centers.
- h) Health and protection NGO partners should request that the Case Management Working/Discussion Group finalize standard operating procedures for referrals, a unified referral form, pathways, service mapping, and vulnerability criteria for effective targeting and timely response to the SHE needs of the most vulnerable refugees. Consider establishing a secure and safe online referral system.
- i) NGO partners should devise or refine outreach strategies outlining how the most vulnerable refugees will be identified, targeted, and engaged. Increase provision of transportation and interpretation options so that the most vulnerable may access and use services, possibly through mobile outreach teams. Other potential approaches include use of social media and/or local committees composed of refugees and host community members to disseminate information about available services and referrals.

Recommendation 3:

Conduct program monitoring and research to strengthen the evidence base for SHE programming.

Jordan:

- a) PRM should consider supporting research that sheds light on the relationship between cash modalities, gender, and market effects.
- b) PRM should support in-depth research on the efficacy of shelter modalities employed by NGO partners in terms of influence on markets and meeting short- and long-term shelter needs for vulnerable refugees and Jordanians. This research could also increase buy-in by the GoJ.
- c) NGO partners and UN agencies engaged in cash assistance should develop robust monitoring systems and measure impact of cash programming by comparing control and treatment groups, using qualitative and quantitative methods (survey, focus group discussions, and case study).

Lebanon:

- d) PRM should support external and NGO partner research, particularly related to cash as a general assistance modality and cash for SHE needs. In anticipation of research findings, PRM should “cash with caution,” particularly when considering sector-specific cash assistance.
- e) PRM should require NGO partners to monitor outcomes and evaluate long-term impacts of specific shelter modalities. M&E should include not only long-term follow up with beneficiaries, but also an assessment of market impacts and other unintended consequences such as migration pulls or tensions within host communities.
- f) UNICEF should develop robust M&E systems to understand the impact of cash for education programs in terms of attendance. UNICEF should also study and report on market impacts, tensions between host and refugee communities, and pull factors.
- g) NGO partners should strengthen their M&E systems, particularly to identify short-, medium-, and long-term outcomes for shelter beneficiaries.

Turkey:

- h) PRM should consider a shelter program that supports refugees with rental agreements. However, an in-depth assessment is needed to understand shelter-related needs, identify sensitivities, government policies, and potential shelter support implications for refugee assistance.
- i) PRM should consider supporting research to increase understanding of cash spending preferences and gendered power relations within refugee households.

Recommendation 4:

Continue advocacy, coordination, and information-sharing efforts with central host governments, donors, and NGO partners.

Jordan:

- a) PRM should advocate for improved accessibility to GoJ services, such as work permits for non-Syrian refugees.¹² One possibility would be to increase opportunities for improved communication and facilitation between ministries and donors. This may help to strengthen collaboration on SHE programs and support refugee integration.

¹² The GoJ has recently increased accessibility for Syrian refugees to obtain work permits and humanitarian organizations to engage in livelihood programming.

- b) PRM should continue to collaborate with the Ministry of Education on increasing access to the formal education system for refugee children, and to encourage the Ministry of Education to work closely with informal schools to ensure a smoother transition for children.
- c) PRM should continue to promote the development of a nationwide mental health strategy.
- d) PRM should consider whether it is more strategic to support Ministry of Health (MoH) in providing/expanding health services for refugees (through multilateral partners), or to support complementary/parallel services such as Caritas Health.

Lebanon:

- e) PRM should increase its presence in both formal and informal fora with GoL and other key stakeholders in order to highlight relevant protection priorities for action. Partners reported that PRM's overall presence and engagement in humanitarian diplomacy could be strengthened in Lebanon.
- f) PRM should—in a diplomatically sensitive manner—advocate for the GoL to: reduce the barriers for refugees to obtain residency permits, decrease abuse of refugees by the Lebanese Armed Forces, protect refugees from exploitation by landowners and employers, and increase access to documentation including birth certificates.
- g) PRM should work in cooperation with other donors to consider the advantages and drawbacks of basing their funding on the condition that the GoL respect the rights and dignity of refugees.
- h) Donors, UNHCR, and NGO partners should develop a centralized and responsive approach to monitor whether Lebanese stakeholders respect refugee rights and whether humanitarian assistance is accessible to refugees in municipalities across Lebanon.
- i) UNHCR should increase its role in advocacy, particularly in municipalities where protection concerns have been raised. Advocacy and program coordination within the protection sector and between sectors should be enhanced.

Turkey:

- j) Conduct regular information-sharing meetings with partners to provide an opportunity for NGO partners and PRM to clarify beneficiary targeting requirements, funding updates, reporting expectations, and PRM's strategies. Additionally, these meetings could provide a platform for NGO partners to exchange lessons learned, discuss challenges, find solutions, and identify potential programmatic linkages.
- k) Continue to increase opportunities for communication and facilitation between donors, such as the Turkey Donor Working Group, to shape better policy and advocacy coherence among donors.

Recommendation 5:

Ensure that host communities are included in programming, when appropriate, to strengthen social cohesion and integration.

Jordan:

- a) PRM should encourage NGO partners to follow GoJ regulations on host community inclusion. When such regulations are not appropriate, PRM should advocate for exemption of NGO partner programs from GoJ regulations.
- b) NGO partners should sensitize MoH staff at all levels about the availability of mental health services for Jordanians. Banners should be redesigned with inclusive language that targets Jordanians, and brochures and other informational materials should be made available in MoH waiting rooms.

- c) UNICEF and NGO partners should engage in outreach to Jordanians and increase their awareness about availability of and access to services.

Lebanon:

- d) UNICEF's cash for education program—intended to improve public school attendance of refugee children—should monitor any potential negative effects, including tensions between refugees and hosts who do not receive such support.

Turkey:

- e) PRM should support programs that foster social cohesion and promote interaction between refugees and host communities. Livelihoods programs are a potential avenue.
- f) PRM should encourage inclusion of host communities in programming by including related guidance in its calls for proposals.
- g) NGO partners involved in formal and non-formal education should gather feedback from Turkish beneficiaries and consult with host women, men, and children to identify preferences in activities and obstacles that prevent their participation and/or use of provided services. Leverage this information to adjust existing activities or design a tailored intervention.

Recommendation 6:

Increase consultation and implementation of activities in coordination with local governments and civil society actors to promote ownership and sustainability.

Jordan:

- a) PRM should prioritize funding for programs that consider meaningful partnerships with local organizations and a focus on local capacity building.
- b) NGO partners should consider consulting with community based organizations during program design to capitalize on local knowledge.
- c) NGO partners and community based organizations should jointly develop memorandums of understanding to clarify roles and responsibilities and avoid misunderstandings.
- d) NGO partners should increase their engagement with local organizations, consider partnerships, and support capacity strengthening of national staff.

Lebanon:

- e) NGO partners should work cooperatively to manage emergency shelter situations—including refugees living in squalid or dangerous conditions—and engage both donors and government officials to find immediate solutions.

Turkey:

- f) NGO partners should consider partnering with local civil society organizations for capacity building, data collection, joint activities, and service provision to refugees and vulnerable host communities.
- g) NGO partners and UN agencies should consider consulting with local authorities, community-based organizations, and community leaders in the program design phase to gain information on the experience of the host population and identify similarities and differences between their needs and preferences and those of refugees.
- h) NGO partners should continue engaging local authorities, community leaders, and small businesses in implementation of projects to ensure ownership and sustainability.

Recommendation 7:

Develop sustainability plans for SHE interventions, and foster long-term integration into existing structures.

- a) In all countries, PRM should consider expanding multi-year funding for NGO partners to improve planning, delivery, and continuity of services for refugees.

Jordan:

- b) NGO partners should increasingly integrate programming with the relevant GoJ ministries, such as the MoE and MoH, in order to increase consistency and quality of services.
- c) PRM together with multilateral organizations and NGOs should support the MoH to promote stronger oversight, engagement, and quality control across the health sector. This could involve direct capacity building for MoH programs and systems, as well as seconding experts to the Ministry.

Lebanon:

- d) PRM should strongly advocate with national and municipal government entities to expand the portfolio of permissible shelter materials so that NGO partners are able to provide more sustainable interventions that are longer-term, reduce flooding, and manage waste and water systems.
- e) PRM should encourage partners to monitor the impacts of the MEHE decision to limit NFE provided by NGOs. PRM should be prepared to engage with the MEHE should the new system lead to a significant decrease in refugee school attendance.
- f) NGO partners engaged in mental health programming should continue to support the national mental health strategy and increase the capacity of Lebanese mental health providers.
- g) PRM partners involved in education should continue to monitor barriers to enrollment and attendance in public school including abuse, quality, transportation, child labor, and inaccessible curriculum. PRM-supported programs should be adapted to reflect these barriers.

Turkey:

- h) PRM should promote communication and facilitation between line ministries and NGO partners to strengthen collaboration on SHE programs and identify opportunities for integration with existing structures (CFS, mental health and psychosocial support, MSC, CC).
- i) NGO partners should develop sustainability and/or transition strategies based on the findings of assessments, then coordinate with relevant government structures regarding transition of programs.
- j) Partners that implement SNF and ECM programs should develop plans to address emergency health, protection, and basic needs of the most vulnerable refugees.

VIII. Alignment of SHE Programs to PRM Functional Bureau Strategy

The table below demonstrates PRM goals and objectives outlined in the Functional Bureau Strategy (FBS), as well as the relevance of the SHE programs evaluated to the FBS. SHE programs evaluated by SI contribute directly to Goals 1, 2, and 3, as well as to the majority of their related objectives. SI recognizes that PRM supports other programs for refugees that may contribute to the FBS but cannot comment on their alignment, given that they are outside the scope of this evaluation. Goal 4 is largely related to PRM's internal functions and responsibilities, and the related objectives are thus beyond the mandates of most programs examined by this evaluation. Nevertheless, through the evaluation process, the SI team observed PRM staff working in support of this objective.

Table 4: Alignment of SHE Programs to PRM Functional Bureau Strategy

FBS Goal / Objective #	FBS Goal or Objective Name	Relevance of SHE programs to FBS
Goal 1	Humanitarian assistance saves lives and eases suffering	✓
Objective 1.1	Humanitarian assistance saves lives and improves the health of vulnerable populations	✓
Objective 1.2	Humanitarian assistance prevents and responds to gender-based violence (GBV)	✓
Objective 1.3	Emergency response helps meet basic and/or urgent needs	✓
Goal 2	Populations of concern find durable solutions	✓
Objective 2.1	Refugees in need of protection are resettled in the United States	✗
Objective 2.2	PRM makes progress in resolving protracted displacement situations	✓
Objective 2.3	Humanitarian migrants are resettled in Israel and achieve self-sufficiency	✗
Goal 3	The U.S. government advocates for the protection of vulnerable populations and exerts leadership in the international community	✓
Objective 3.1	PRM works effectively through the multilateral system and engages in humanitarian diplomacy and advocacy to protect the most vulnerable	✓
Objective 3.2	PRM advances effective and humane international migration policies	✓
Objective 3.3	The United States Government (USG) promotes effective international sexual and reproductive health and family planning policies and support for reproductive rights through global partnerships and multilateral engagement	✓
Goal 4	PRM manages its resources responsibly and promotes best practices in humanitarian response	♦
Objective 4.1	Administrative resources ensure PRM has the right people in the right positions to achieve the Bureau's strategic goals	♦
Objective 4.2	PRM supports staff training and learning, and promotes best practices in humanitarian response	♦
Objective 4.3	PRM evaluation efforts ensure that PRM assistance is effective and of high quality	♦

Key:

- ✓ Direct or partial contributions to goal or objective by evaluated SHE programs
- ✗ No direct or partial contributions to goal or objective by evaluated SHE programs
- ♦ Not Applicable (internal PRM function)

Goal 1: Humanitarian assistance saves lives and eases suffering

PRM's programming in response to the Syrian refugee crises in Jordan, Lebanon, and Turkey has been significant, providing needed assistance to refugees and host communities alike.

- **Objective 1.1:** The team found a generally consistent use of vulnerability and targeting criteria among implementers and countries. Although the criteria are standardized in some places, this is not true for all cases. For example, in Jordan, partners use a UNHCR-driven vulnerability assessment framework and its scoring system to identify vulnerability. In Turkey, partners do not use a unified, standardized vulnerability framework or scoring system. UNHCR recently started standardization of its vulnerability criteria, and the Case Management Working/Discussion Group is finalizing standard operating procedures for referrals and vulnerability criteria.
- **Objective 1.2:** PRM funds many programs that seek to prevent and respond to GBV, some of which SI evaluated in 2012-2013.¹³ Although several of the SHE programs included in this evaluation affect GBV-related issues, GBV was neither the foci of the programs nor of this evaluation.
- **Objective 1.3:** The country evaluations found evidence that services provided by the NGOs and multilateral partners address many of refugees' most urgent needs, especially shelter, though this remains an underserved area in all three countries.

Goal 2: Populations of concern find durable solutions

Return home is not currently a feasible or safe option for most Syrian refugees; however, it is the expectation of most neighboring host country governments that the refugees will return to Syria as soon as possible. As such, most programs evaluated do not focus on integration of refugees into host communities, though the team did hear of some programs' plans to propose integration-focused activities in Turkey. While PRM supports resettlement of refugees in other countries, this was not a feature of the programs evaluated.

- **Objectives 2.1 & 2.3:** As mentioned above, resettlement programs are outside the scope of this evaluation and the programs evaluated.
- **Objective 2.2:** The team observed examples of PRM conducting humanitarian diplomacy as well as providing humanitarian assistance. In all three countries, PRM participates in coordination of relief efforts with other UN and USG donors, which is related to the objective of resolving protracted displacement situations. However, there is no direct contribution to this goal as it is described in the FBS.

Goal 3: The U.S. government advocates for the protection of vulnerable populations and exerts leadership in the international community

PRM is a financial contributor to the international humanitarian community, as well as a participant in diplomacy, coordination and planning efforts, as mentioned under Goal 2. PRM is among the largest donors to multilateral organizations that work on refugee issues. In FY 2014 alone, PRM obligated over \$371 million to UNHCR, \$115 million to UNICEF, \$13 million to IOM, and \$70 million to NGO partners. PRM also contributes substantively to decision-making surrounding humanitarian interventions.

- **Objective 3.1:** It is through financial contributions that PRM operationalizes most of its humanitarian diplomacy, given that UNHCR leads much of the advocacy on refugee issues, particularly in Lebanon. However, PRM has taken other initiatives—for example, recently setting up the Donor Working Group in Turkey—to shape better policy and advocacy

¹³ Chad, Malaysia and Uganda/Gender-Based Violence Prevention Programs with Refugees, Social Impact, April 2014: <https://www.state.gov/f/evaluations/all/233673.htm>

coherence among donors. Key informants reported that PRM's participation in coordination and advocacy mechanisms in Jordan was quite strong, whereas others in Lebanon reported a desire for greater engagement by PRM.

- **Objective 3.2:** As mentioned above, PRM provides support for IOM. The ET is aware that PRM works on advocacy on humanitarian issues generally, though it is unclear to what extent this specifically focuses on migration.
- **Objective 3.3:** Most of the health components of the programs evaluated focused on primary or psychosocial care. However, IMC in Lebanon supported reproductive health and family planning in Lebanon—as such, the team notes at least a partial contribution to this objective.

Goal 4: PRM manages its resources responsibly and promotes best practices in humanitarian response

This goal relates to internal PRM functions and thus is outside the scope of the ET's examination. As such, this goal and its objectives are designated as “not applicable” in the table above. However, through the course of data collection, the team observed some related points that contribute to the objectives:

- **Objective 4.1:** The team cannot comment on this objective.
- **Objective 4.2 & 4.3:** PRM displayed commitment to identifying, disseminating, and using best practices through the commission of this evaluation and eventual publication of results.

ANNEXES:

Annex I: Scope of Work

STATEMENT OF WORK

-V. 7/9/2015-

U.S. Department of State Bureau of Population, Refugees, and Migration

Evaluating the Effectiveness of Shelter, Health, and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

Purpose

The purpose of this solicitation is to obtain the services of a contractor to carry out an evaluation, lasting up to 16 months, of shelter, health, and education programs for non-camp based Syrian refugees implemented by selected PRM multilateral and NGO partners in Lebanon, Jordan and Turkey from FY 2012 – FY 2015 (note: Turkey will be considered a Near East country for this evaluation.) The evaluation will consist of: (1) a comprehensive desk review and analysis of best practices/recurring mistakes regarding the implementation of shelter, health, and education programming for Syrian refugees in the Near East; and (2) fieldwork in Lebanon, Turkey, and Jordan where PRM has made significant investments in these sectors; and (3) guidance as to how PRM can optimize its programming and humanitarian diplomacy for the benefit of refugees and their host communities. PRM intends to use findings and recommendations to shape NGO funding decisions and diplomatic engagement with multilateral and host government partners. PRM partners will also make use of the findings and recommendations. The contractor will begin work within a month after the contract award.

Bureau of Population, Refugees and Migration

PRM's mission is to provide protection, ease suffering, and resolve the plight of persecuted and uprooted people around the world on behalf of the American people by providing life-sustaining assistance, working through multilateral systems to build global partnerships, promoting best practices in humanitarian response, and ensuring that humanitarian principles are thoroughly integrated into U.S. foreign and national security policy. The United States Government (USG), through PRM, is the largest bilateral donor to UNHCR as well as the International Committee of the Red Cross (ICRC), UNRWA, and among the largest bilateral donors for the International Organization for Migration (IOM). On a case-by-case basis, PRM may fund other multilateral organizations such as the UN Children's Fund (UNICEF), the World Health Organization (WHO), and/or the United Nations Development Program (UNDP). PRM funds NGOs to fill critical gaps in programming by multilateral organizations and host governments. PRM generally funds activities in 12 month increments although in recent years it has allowed NGO partners to apply for multi-year funding. It is important to note that the Bureau considers its humanitarian diplomacy to be as important as its programming.

PRM's programming and humanitarian diplomacy regarding Syrian refugees in Jordan is managed by the Asia and Near East (ANE) Office in Washington, DC. PRM has Regional Refugee Coordinators (Refcoords) who are based at embassies throughout the world. Relevant Refcoords are based in Ankara, Amman, and Beirut. It is important to note that the Bureau considers its humanitarian diplomacy to be as important as its programming.

The Bureau works closely with the Near East Affairs (NEA) Bureau and the European Affairs (EUR) Bureau, given its oversight of embassies throughout the region. Monitoring the performance of PRM

partners is a responsibility shared by PRM Regional Officers, Refcoords, and local staff, with M&E training and support provided by the Office of Policy and Resource Planning (PRP). PRP and ANE will work closely with the contractor for the duration of the evaluation. In accordance with the standards of good management and performance-based results, the contractor will be held accountable for cost, schedule, and performance results.

Evaluation Questions

The evaluations should answer the following questions with an emphasis on developing best practices, lessons learned, and actionable recommendations to inform the programming and diplomacy of PRM and its partners.

1. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices? Effectiveness is defined by the following:
 - Were refugees satisfied with the quality of services received? What was the impact of these services on refugees' quality of life?
 - To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female-headed-households, Iraqis and Palestinian Refugees from Syria (PRS)?¹⁴
 - To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?
 - Where applicable, to what extent were these services available and utilized by host community members?
 - To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures?)
 - To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?
2. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance?
3. How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?
4. How and to what extent was programming coordinated with local governments, local organizations, and civil society?
5. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

Methodology

Desk Review: The desk review should determine: (1) the characteristics of successful shelter, health, and education programs for Syrian refugees throughout the Near East including Turkey (2) the extent to which reporting provided to PRM is sufficient for demonstrating performance; and (3) whether PRM and its partners are incorporating best practices into programming and avoiding recurring mistakes. It will draw from already completed evaluations, such as an [evaluation of UNHCR's response in Jordan and Lebanon](#) covering the period between January 2013 – March 2014. The desk review is expected to inform the fieldwork.

¹⁴ To the extent that Palestinian Refugees from Syria are served under Syrian programs as other vulnerable populations, as UNRWA is not included in this evaluation.

Fieldwork

It is anticipated that fieldwork in Lebanon, Turkey, and Jordan will take up to six weeks in each country, not including travel days, to complete. This will allow time for consultation with UNHCR, other multilateral partners, international and local NGOs, host government officials, refugees, and other stakeholders. UNHCR will advise on issues relating to security and logistics. When in the field, a six-day work week with no premium pay is authorized. Upon award of contract, the evaluators will confer with PRM on a monthly basis, and particularly before each of the field assessments in Lebanon, Turkey, and Jordan. With PRM assistance, the contractor will consult with relevant U.S. Embassies prior to in-country data collection activities. The evaluators will need to coordinate closely with PRM and its Regional Refugee Coordinators in Adana (covering Turkey and, to a limited extent, Syria) and Amman (covering Jordan, Lebanon and Syria), and, when present, Beirut (covering Lebanon) when making travel arrangements and scheduling meetings with PRM's IO and NGO partners. The evaluation team will also need to consult and coordinate with UNHCR, as it has the international mandate for coordinating protection of and assistance to refugees, including health, shelter, and education. The contractors will provide oral out-briefs to U.S. Embassies, UNHCR, and PRM-funded NGO partners upon completion of field research in each country.

Recommendations should be concrete, actionable, and directed to specific stakeholders. Recognizing the increasingly protracted nature of this emergency, the evaluation should provide guidance on how PRM can programmatically improve shelter, health, and education programs for non-camp based Iraqi and Syrian refugees. This guidance should include checklists and indicators for PRM to consider when: (1) writing requests for proposals that include health, shelter, and education programs; (2) reviewing proposals with health, shelter, and education components; and (3) monitoring health, shelter, and education programs. Findings and recommendations may be used by PRM's implementing partners as well.

After completion and approval of the final report, a one-month window of availability shall be planned for presenting the final report to stakeholders, including PRM, other relevant State Department Bureaus, USAID, representatives of IOs and NGOs, and others as appropriate. It is anticipated that approximately four two-hour presentations will be conducted.

Deliverables (Based on 16 Months)

The contractor shall maintain open, timely, and effective communications with PRM, resulting in a relationship that proactively addresses potential problems with flexible, workable solutions. The below timeframe for each of these activities is projected and PRM requests the contractor provide a schedule of deliverables, including anticipated delivery dates, in the proposal.

- A detailed work plan with time lines (Week Two)
 - a. **Teleconferences:** Monthly teleconferences as to performance against the detailed work plan, challenges, and future plans. (Ongoing)
 - b. **Monthly Updates/Quarterly Reports:** The contractor shall submit five quarterly reports in English to PRM. These reports shall summarize progress and status of the major activities being undertaken in relation to the requirements of this program; comparison of actual accomplishments with the goals and objectives established for the period of the report; deviations from the work plan and explanations of such; indications of any problems encountered and proposals for remedial actions as appropriate; and projected activities for the next reporting period. Data measuring progress on each of the indicators selected as part of a monitoring plan shall be included in each report. Reports are due 30 days after Month Three, Six, Nine,

Twelve, and Fifteen. These reports would be shared only with PRM. However, PRM may decide to share these reports with select partners.

- c. **Desk Review and Country Summary Reports:** The desk review report will detail findings from a global desk review of shelter, education, and health programs for Iraqi and Syrian refugees in the Near East and Turkey. The desk review and each country summary report should not exceed 30 pages (although exceptions may be granted). PRM will provide feedback on the draft reports within 14 business days. The contractor shall submit the final version of the desk review and country reports 10 business days following the receipt of PRM feedback. If there is any cause for delay, the contractor should notify PRM immediately. (Desk Review: Week Six/Seven)
- d. **Summary Reports:** From each of the three field based evaluations (Months 4, 8, and 12)
- e. **Draft Report:** A draft evaluation report will be prepared for PRM review and comment (Month 14)
- f. **Final Report:** The contractor should deliver a draft final report to PRM at least 75 days before the completion date of this contract. PRM will provide feedback on the draft report within 14 business days. The final report shall summarize the major results achieved, any problems encountered, and notable successes realized in performing this program. The contractor shall also make recommendations of appropriate follow-up actions primarily for PRM, but also UNHCR and NGO partners where relevant. The final report shall include a section on how well programs support PRM's Functional Bureau Strategy. The contractor has 21 days to complete the final report after the draft report is returned by PRM. Evaluation reports should be no more than 30 pages in length (although an exception may be granted), not including any annexes and three to four pages for the Executive Summary. The SOW, data collection tools (i.e., interview protocols, checklists, etc.), properly documented sources of information and signed conflict of interest statements should be included in the annex. The evaluation methodology should be described in the report in detail. The final report shall include conclusions as to what types of health, shelter, and education interventions have been most (and least) successful, reasons why, and recommendations on best practices based on findings. Recommendations should be concrete, actionable, and tailored to specific stakeholders (Month 15)
- g. An executive summary of the final report findings and recommendations, no more than three pages long, should be prepared in English, Arabic, and Turkish. The summary should be brief, not more than two pages and should not include confidential issues. It should include the title of the evaluation, date of the submission of the report, evaluation questions, data collection methods, key findings and recommendations. PRM will provide a template for the summary. The evaluation summary for dissemination shall be submitted before the completion date of this contract. (Month 15)
- h. Oral presentations provided for PRM and other relevant stakeholders in Lebanon, Turkey, and Jordan (Month 4, 8, 12, 15/16)

Annex II: Data Collection Tools

Jordan

Semi-Structured Interview Schedule NGOs and UN Agencies

Date of interview: _____

Location: 1. Amman 2. Irbid 3. Ramtha 4. Karak

Gender of interviewee: 1. Female 2. Male

Organization: 1. ICMC; 2. Caritas; 3. IMC; 4. NRC; 5. UNHCR; 6. UNICEF

General

1. Please describe to us your current programs in the SHE sectors for Iraqi and Syrian refugees. Are there differences in your programs this FY, versus last year and the year before?
2. What % of these programs are funded by PRM?
3. What aspects of these programs are successful in your opinion? How has this changed over time?
4. What are the main challenges you face with these programs? How has this changed over time? What could be done to overcome these challenges?

Design

1. How did you decide to design the program the way you did?
 - a. What existing information did you use?
 - b. Did you collect any data yourselves?
 - c. How did you consider beneficiary needs/preferences?
 - d. How did you build on existing resources/capacities?
2. Does “vulnerability” figure into your program design? If so, how does your organization define this concept? How do you identify? Are there targets for inclusion?
3. Do host communities figure into your program design? How do you target them?
4. What would you change about the program’s design/activity in future programming?

Relationships with Other Structures

1. Related to SHE programming, please describe the quality of your relationship with:
 - the central government/related ministries
 - local government
 - Jordanian CSOs
 - UN agencies/INGOs
2. (For each category), how did you work with them (or not) during the design phase of your program? Startup phase? On-going?
3. What strategies help to promote positive interaction and coordination for each category of structures mentioned in Q1?

4. Are you involved in any coordination structures? Please describe how this works and the benefits/challenges to current structures.

M & E, Donor Requirements & Feedback

1. How are you aware of beneficiary satisfaction over the course of the program?
2. What opportunities do beneficiaries have to provide you with feedback? What kind of feedback are you receiving? How is this addressed?
3. What have been impacts of the program activities on beneficiaries? How have these been measured?
4. What is your reflection on usefulness of the established internal M&E mechanism in providing timely data to inform programming decisions?
5. Are there restrictions on donor funding that influences your ability to program the way you want?
6. What would you change about the reporting procedures to PRM? Are there any aspects currently missing?
7. What additional support from PRM is needed to implement program?

Bigger Picture & Future

1. Have you thought about/made efforts to streamline your programs across- sectors? What is your thinking on the benefits and drawbacks of doing so?
2. Have you considered cash programming? What are the benefits and drawbacks of doing so?
3. Have you thought about what will happen to programs and beneficiaries after donor withdrawal?
4. In your opinion, how could PRM improve their support for you & SHE programming for the Syria/Iraq response?
5. Are there any lessons you learned during the implementation of the program?

Semi Structured Interview Schedule for Service Providers

(CBOs, Volunteers, Health Workers, Members of Parent Teacher Orgs and Landlords)

Date of interview: _____

Location: 1. Amman 2. Irbid 3. Ramtha 4. Karak

Organization: 1. ICMC 2. Caritas 3. IMC 4. NRC

Nationality: 1. Syrian 2. Jordanian 3. Iraqi 4. Other

Respondent type:

1. CBO; 2. Volunteer; 3. Health Worker; 4. PTA 5. Landlord

No. of interviewees _____ Gender: M _____ F _____

1. Please tell us a bit about your familiarity with XX activity?

a. How did you become involved in XX activity?

b. Since when you have been involved?

c. What is your role/involvement in activities?

d. Terms of engagement

2. Where you involved in the design of XX activity?
3. What are the main challenges with XX activity/support?
4. What are the main successes with XX activity/support?
5. Please describe the quality of your relationship with NGO/UN organization.
6. How often do you communicate with them, and what is the nature of your communication?
7. If you have concerns or feedback (positive or negative), can you express them? How do you do so? How are these concerns addressed? Can you provide examples of this?
8. How are XX activities engaged or coordinated with
 - a. local authorities
 - b. CBOs
 - c. other local actors?
9. For each reported on above, please rate the quality of this engagement/coordination.
 1. Excellent; 2. Good; 3. Adequate; 4. Needs Improvement; 5. Don't knowIf needs improvement, please specify in what way? _____
10. Have XX's provided services been available to and used by host community members?
 1. Yes
 2. No
 3. Don't knowIf no, please elaborate, why do you think so? _____
11. In your opinion, how have the following groups of beneficiaries benefited from XX activities/services? (ask all that apply)
 1. Host community members; 2. Syrian refugees;
 3. Iraqi refugees; 4. Refugee female-headed households;
 5. Disabled; 6. Other _____Please elaborate. Why do you think so? _____
12. From your experience, what are the main challenges faced by beneficiaries that are engaged in XX activity?
13. How do you think XX activity/services could be improved?

Semi Structured Interview Schedule for Local and Central Government Officials

Coversheet

Date of interview: _____

Location: 1. Amman 2. Irbid 3. Karak

Organization: 1. ICMC 2. Caritas 3. IMC 4. NRC

Nationality: 1. Syrian 2. Jordanian 3. Iraqi 4. Other

Respondent type: 1. Local Government; 2. Central Government

No. of interviewees _____ Gender: M _____ F _____

1. Please describe your role/interface with XX organization and XX activity.
2. How did this relationship begin?
3. What involvement did you/your office have at the design phase of this program, beginning implementation phase, now?
4. How influential have you/your office been in this program? Please describe the frequency, type and quality of communication, including exchange and feedback loops.
5. How does this program support or complement government initiatives?
6. Does this program have any negative consequences for government initiatives or residents?
7. What do you think will happen if/when this program is terminated?
8. What are your main concerns for the residents of this location?
9. What are your main concerns for the refugees in this location?
10. What do you think are the best ways to address these concerns?

Key Informant Interview Guide DoS/PRM

Date of interview: _____

Location: _____ 1. Amman 2. Irbid 3. Ramtha 4. Karak

Gender of interviewee: _____ 1. Female 2. Male

1. Before we begin, could you please tell us a bit about your involvement with each of the following NGO partner (NPs)—NRC, IMC, ICMC, Caritas—and UNICEF and UNHCR in SHE programs? (Probe: role, duration, intensity, level of involvement)
2. Were you involved in the design of the program? If so, does the program as implemented today differ in any significant way?
3. What would you change about the program's design/activity in future programming?
4. Are you aware of any stated objectives for SHE programs? In your opinion, have SHE been equally successful in achieving these stated objectives or has one sector been stronger compared to other? (Probe: why?)
5. In your opinion, what are some of the specificities of the Jordan context that impact SHE programming? (Probe for positive and negative aspects)?
6. What is your reflection on cash assistance programming? What are the benefits and drawbacks of cash programming?
7. In your opinion, what have been PRM-funded programming successes so far? What have been its biggest challenges? (Probe: why? what factors contributed to it?)
8. How would you assess NPs' engagement with local/central government, local civil society organizations, UN agencies/INGOs?
 - a. Have they been more successful in engaging one certain structure/stakeholder compared to others?

9. We have learned that PRM conducts meetings with all PRM-funded partners. Could you please share how often do you conduct these meetings and what are the objectives?
- a. Do you follow up with partners as to whether the meetings increased information and knowledge about programming activities and applied?
10. What is your reflection on partners' monitoring and evaluation plans and reporting capacity? What aspects of reporting should be improved? What would you change about the reporting procedures?
11. What are your thoughts about partners' plans for sustaining programs after PRM withdrawal?
12. Are there restrictions/conditionalities from the USG that make your in-country work challenging or impact SHE programs in general?
- a. How do these restrictions/requirements differ between NGOs and UN agencies?
13. Are there any areas of the program that you feel are in need of improvement?
14. Is PRM engaging in/prioritizing/strategizing for inter-sectoral programs? Could you share with us your thinking on this?
15. You are one of our primary intended users for this evaluation. As such, our aim is to provide you with relevant and useful information to help you better manage/oversee this program. Is there anything in particular that you feel is important for us to explore during our fieldwork? (Emphasize limited time in-country)

**Semi-Structured Interview Schedule for Beneficiaries
(Individual & Group; Refugees & Host Communities)**

Date of interview: _____

Location: 1. Amman 2. Irbid 3. Ramtha 4. Karak

Organization: 1. ICMC 2. Caritas 3. IMC 4. NRC

Type of household: 1. Refugee 2. Host

No. of interviewees: _____ Gender: M _____ F _____

1. Since when you have been receiving service/assistance from XX organization? _____
2. Could you please tell us about the support that you receive/received from XX organization?
(Prompt for time period, exact support, locations, etc.)
3. If a cash assistance beneficiary, what do you spend the cash on?
4. How did you become aware of this support, and how did you access it?
5. Before you started receiving this support, what were your primary concerns (Generate list and rank top 3)?
6. How did this support address your concerns or not?
7. What are your primary concerns at present? (Generate list and rank top 3)
8. What do you think are the best ways to address these concerns?
9. Who can you go to for help with these concerns?
10. During the course of your relationship with XX organization, did you have contact with representatives of that organization?
 - 7a. Other representatives involved in that support (local admin, CBOs, partners, etc.)?
 - 7b. How often did you communicate with them? (ask for each)
 - 7a. What was the quality of your communication? (ask for each)

7b. Did you wish to provide them with feedback/complaints or ask questions? If so, what were your concerns? how did you do communicate these?

7c. How were these concerns addressed?

11. Did you face difficulty in accessing this support? Or did this support create difficulty for you in other areas of your life?

12. How could this support be/have been improved?

(Prompt for type of service, mode of administration, etc.) \

13. What is your understanding of how long this support will be provided to you? (*If support has terminated ask: Why did you receive support for X period of time?*)

14. How will you manage/how did you manage after the support stops?

LEBANON

Key Informant Interview Schedule NGOs, UN Agencies

Date of interview: _____

Location: _____

Organization: _____

No. of interviewees _____ Gender: M _____ F _____

General

1. Please describe your current programs in the SHE sectors for Syrian and Iraqi refugees. Are there differences in your programs this FY, versus last year and the year before?
2. What % of these programs are funded by PRM?
3. What aspects of these programs are successful in your opinion? How has this changed over time?
4. What are the main challenges you face with these programs? How has this changed over time? What could be done to overcome these challenges?

Design

1. How did you decide to design the program the way you did?
 - a. What existing information did you use?
 - b. Did you collect any data yourselves?
 - c. How did you consider female, male and youth beneficiary needs/preferences?
 - d. How did you build on existing resources/capacities?
2. Does "vulnerability" figure into your program design? If so, how does your organization define this concept? How do you identify, target and reach to "vulnerable" refugees? Are there targets for inclusion?
3. Do host communities figure into your program design? How do you target them?
4. What would you change about the program's design/activity in future programming?

Relationships with Other Structures

1. Related to SHE programming, please describe the quality of your relationship with:
 - The central government/related ministries
 - Local government
 - Lebanese CSOs
 - UN agencies/INGOs
2. (For each category), how did you work with them (or not) during the design phase of your program? Startup phase? On-going? Have you been more successful in engaging a certain category of stakeholder compared to another?

3. What strategies help to promote positive interaction and coordination for each category of structures mentioned in Q1?
4. Are you involved in any coordination structures? Please describe how this works and the benefits/challenges to current structures.

Programming & Sustainability

1. In your opinion, how could PRM improve their support for you & SHE programming for the Syria/Iraq response in Lebanon?
2. Have you considered cash programming? What are the benefits and drawbacks of doing so?
3. Have you thought about what will happen to programs and beneficiaries after donor withdrawal?
4. Have you thought about/made efforts to streamline your programs across- sectors? What is your thinking on the benefits and drawbacks of doing so?

M & E, Donor Requirements & Feedback

1. How are you aware of beneficiary satisfaction over the course of the program?
2. What opportunities do beneficiaries have to provide you with feedback? What kind of feedback are you receiving? How is this addressed?
3. Have your beneficiaries been referred to other organizations for specialized support? Is there a referral system in place? How do you inform your beneficiaries about a referral opportunity?
4. What have been impacts of the program activities on female, male and youth beneficiaries? How have these been measured?
5. What is your reflection on usefulness of the established internal M&E mechanism in providing timely data to inform programming decisions?
6. Are there restrictions on donor funding that influences your ability to program the way you want?
7. What would you change about the reporting procedures to PRM? Are there any aspects currently missing?
8. What additional support from PRM is needed to implement program?
9. Are there any lessons you learned during the implementation of the program?

Interview Schedule for Service Providers (CBOs, Health Workers, School administration, Teacher, and other service providers)

Date of interview: _____
 Location: _____
 Organization: _____
 Nationality: _____
 Respondent type: _____
 No. of interviewees _____ Gender: M _____ F _____

1. Please tell us a bit about your familiarity with XX activity?
 - a. How did you become involved in XX activity?
 - b. Since when you have been involved?
 - c. What is your role/involvement in activities?
 - d. Terms of engagement
2. Where you involved in the design of XX activity?
3. What are the main challenges with XX activity/support?
4. What are the main successes with XX activity/support?
5. Please describe the quality of your relationship with NGO/UN organization.
6. How often do you communicate with them, and what is the nature of your communication?

7. If you have concerns or feedback (positive or negative), can you express them? How do you do so? How are these concerns addressed? Can you provide examples of this?
8. How are XX activities engaged/coordinated with:
- local authorities
 - CBOs
 - other local actors?
9. For each reported on above, please rate the quality of this engagement and/or coordination.
1. Excellent; 2. Good; 3. Adequate; 4. Needs Improvement; 5. Don't know
- If needs improvement, please specify in what way? _____
10. Have XX's provided services been available to and used by host community members?
1. Yes 2. No 3. Don't know
- If no, please elaborate, why do you think so? _____
11. In your opinion, how have the following groups of beneficiaries benefited from XX provided services? (Ask all that apply)
- | | |
|---|------------------|
| 1. Female, male and youth host community; | 5. Disabled; |
| 2. Female, male, youth Syrian refugees; | 6. Young people; |
| 3. Female, male, youth Iraqi refugees; | 7. Other _____ |
| 4. Refugee female-HHs; | |
- Please describe _____
12. From your experience, what are the main challenges faced by beneficiaries that are engaged in XX activity?
13. How do you think XX activity/services could be improved?

Interview Schedule for Local and Central Government

Date of interview: _____

Location: _____

Respondent type: _____

No. of interviewees _____ Gender: M _____ F _____

- Please describe your role/interface with XX organization and XX activity.
- How did this relationship begin?
- What involvement did you/your office have at the design phase of this program, beginning implementation phase, now?
- How influential have you/your office been in this program? Please describe the frequency, type and quality of communication/coordination, including exchange and feedback loops.
- How would you rate the quality of the engagement/coordination with XX activity?
 - Excellent; 2. Good; 3. Adequate; 4. Needs Improvement; 5. Don't know

If needs improvement, please elaborate _____
- How does this program support or complement government initiatives?
- Does this program have any negative consequences for government initiatives or residents?
- What do you think will happen if/when this program is terminated?
- What are your main concerns for the female, male and youth residents of this location?
- What are your main concerns for the female, male and youth refugees in this location?
- What do you think are the best ways to address these concerns?

Interview Schedule for Beneficiaries
(Individual & Group; Refugees & Host Communities)

Date of interview: _____

Location: _____

Organization: _____

Type of HH: _____

No. of interviewees: _____ Gender: M _____ F _____

1. Since when you have been receiving service/assistance from XX organization? _____
2. Could you please tell us about the support that you receive/received from XX organization?
(Prompt for time period, exact support, locations, etc.)
3. If a cash assistance beneficiary, what do you spend the cash on?
 1. Rent
 2. Health
 3. Food
 4. Education
 5. Other _____
4. How did you become aware of this support, and how did you access it?
5. Before you started receiving this support, what were your primary concerns?

1. Shelter	5. Protection
2. Health	6. LH
3. Education	7. WASH
4. Food security	8. Other _____
6. How did this support address your concerns or not?
7. What are your primary concerns at present?

1. Shelter/housing	5. Protection
2. Health	6. LH
3. Education	7. WASH
4. Food security	8. Other _____
8. What do you think are the best ways to address these concerns?
9. Who can you go to for help with these concerns?
10. During the course of your relationship with XX organization, did you have contact with representatives of that organization?
 - 10a. Other representatives involved in that support (local admin, CBOs, partners, etc.)?
 - 10b. How often did you communicate with them? (ask for each)
 - 10a. What was the quality of your communication? (ask for each)
 - 10b. Did you wish to provide them with feedback/complaints or ask questions? If so, what were your concerns? How did you do communicate these?
 - 10c. Have you been/were you referred by XX for specialized support to other organizations?
 - 10d. How were these concerns addressed?
11. Did you face difficulty in accessing this support? Or did this support create difficulty for you in other areas of your life?
12. How would you rate the quality of communication with XX?

1. Satisfactory	2. Unsatisfactory	3. Do not know
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Please elaborate _____
13. How would you rate the quality of services received from XX?

1. Satisfactory	2. Unsatisfactory	3. Do not know
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Please elaborate _____
14. How would you rate the impact of the provided SHE services on your life?

1. Significant	2. Insignificant	3. No change	4. Do not know
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Please elaborate _____

15. How could this support be/have been improved?

(Prompt for type of service, mode of administration, modality of assistance, etc.)

16. What is your understanding of how long this support will be provided to you? (*If support has terminated ask: Why did you receive support for X period of time?*)

17. How will you manage/how did you manage after the support stops?

Observational Guide

Date: _____

Location: _____

Organization: _____

Facility: _____

Time Start: _____ Time End: _____

1. Observed services provided

2. Approximate number of people in the observed site/waiting in line/ _____

3. Gender Dynamics

4. Presence of disabled people

5. Service Provider-Beneficiary Dynamics

-Ratio of service providers to beneficiaries

-Ability for beneficiaries to obtain information

- Availability of staff to answer people's questions

6. Informal Interviews with people present

- What they are doing there

- Their experience of the service

- Satisfaction with the quality of service

- Effect of provided services on people

- Perception of people on relevance, accessibility and use of offered services

7. Comments made or questions asked

TURKEY

Key Informant Interview Schedule NGOs, UN Agencies, IOM

Date of interview: _____

Location: 1. Ankara 2. Hatay 3. Urfa 4. Istanbul

Organization: 1. UNHCR; 2. UNICEF; 3. IOM; 4. DRC; 5. CRS; 6. IMC; 7. ASAM

No. of interviewees _____ Gender: M _____ F _____

General

1. Please describe your current programs in the SHE sectors for Syrian and Iraqi refugees. Are there differences in your programs this FY, versus last year and the year before?

2. What percentage of these programs are funded by PRM?

3. What aspects of these programs are successful in your opinion? How has this changed over time?

4. What are the main challenges you face with these programs? How has this changed over time? What could be done to overcome these challenges?

Design

1. How did you decide to design the program the way you did?
 - a. What existing information did you use?
 - b. Did you collect any data yourselves?
 - c. How did you consider female, male and youth beneficiary needs/preferences?
 - d. How did you build on existing resources/capacities?
2. Does “vulnerability” figure into your program design? If so, how does your organization define this concept? How do you identify, target and reach to “vulnerable” refugees? Are there targets for inclusion?
3. Do host communities figure into your program design? How do you target them?
4. What would you change about the program’s design/activity in future programming?

Relationships with Other Structures

1. Related to SHE programming, please describe the quality of your relationship with:
 - the central government/related ministries
 - local government
 - Turkish CSOs
 - UN agencies/INGOs
2. (For each category), how did you work with them (or not) during the design phase of your program? Startup phase? On-going? Have you been more successful in engaging a certain category of stakeholder compared to another?
3. What strategies help to promote positive interaction and coordination for each category of structures mentioned in Q1?
4. Are you involved in any coordination structures? Please describe how this works and the benefits/challenges to current structures.

Programming & Sustainability

1. In your opinion, how could PRM improve their support for you & SHE programming for the Syria/Iraq response in Turkey?
2. Have you considered cash programming? What are the benefits and drawbacks of doing so?
3. Have you thought about what will happen to programs and beneficiaries after donor withdrawal?
4. Have you thought about/made efforts to streamline your programs across- sectors? What is your thinking on the benefits and drawbacks of doing so?

M & E, Donor Requirements & Feedback

1. How are you aware of beneficiary satisfaction over the course of the program?
2. What opportunities do beneficiaries have to provide you with feedback? What kind of feedback are you receiving? How is this addressed?
3. Have your beneficiaries been referred to other organizations for specialized support? Is there a referral system in place? How do you inform your beneficiaries about a referral opportunity?
4. What have been impacts of the program activities on female, male and youth beneficiaries? How have these been measured?
5. What is your reflection on usefulness of the established internal M&E mechanism in providing timely data to inform programming decisions?
6. Are there restrictions on donor funding that influences your ability to program the way you want?
7. What would you change about the reporting procedures to PRM? Are there any aspects currently missing?
8. What additional support from PRM is needed to implement program?

9. Are there any lessons you learned during the implementation of the program?

Interview Schedule for Service Providers
(CBOs, Health Workers, Community Center employee, School administration, Teacher and CFS worker, landlord and other service providers)

Date of interview: _____

Location: 1. Hatay 2. Urfa 3. Istanbul

Organization: 1. UNHCR; 2. UNICEF; 3. IOM; 4. DRC; 5. CRS; 6. IMC; 7. ASAM

Nationality: 1. Syrian 2. Iraqi 3. Turkish 4. Other

Respondent type:

1. CBO/LCSO; 4. School Admin/Teacher

2. Health Worker; 5. CFS employee

3. Com. Center; 6. Other

No. of interviewees _____ Gender: M _____ F _____

1. Please tell us a bit about your familiarity with XX activity?

a. How did you become involved in XX activity?

b. Since when you have been involved?

c. What is your role/involvement in activities?

d. Terms of engagement

2. Where you involved in the design of XX activity?

3. What are the main challenges with XX activity/support?

4. What are the main successes with XX activity/support?

5. Please describe the quality of your relationship with NGO/UN organization.

6. How often do you communicate with them, and what is the nature of your communication?

7. If you have concerns or feedback (positive or negative), can you express them? How do you do so?
How are these concerns addressed? Can you provide examples of this?

8. How are XX activities engaged/coordinated with

a. local authorities

b. CBOs

c. other local actors?

9. For each reported on above, please rate the quality of this engagement and/or coordination.

1. Excellent; 2. Good; 3. Adequate; 4. Needs Improvement; 5. Don't know

If needs improvement, please specify in what way? _____

10. Have XX's provided services been available to and used by host community members?

1. Yes

2. No

3. Don't know

If no, please elaborate, why do you think so? _____

11. In your opinion, how have the following groups of beneficiaries benefited from XX provided services? (ask all that apply)

1. Female, male and youth host community;

5. Disabled;

2. Female, male, youth Syrian refugees;

6. Young people;

3. Female, male, youth Iraqi refugees;

7. Other _____

4. Refugee female-HHs;

Please describe _____

12. From your experience, what are the main challenges faced by beneficiaries that are engaged in XX activity?

13. How do you think XX activity/services could be improved?

Interview Schedule for Local and Central Government

Date of interview: _____

Location: 1. Ankara 2. Hatay 3. Urfa 4. Istanbul

Organization: 1. UNHCR; 2. UNICEF; 3. IOM; 4. DRC; 5. CRS; 6. IMC; 7. ASAM

Nationality: 1. Turkish 2. Other

Respondent type: 1. Central Government; 2. Provincial; 3. Local Government

No. of interviewees _____ Gender: M _____ F _____

1. Please describe your role/interface with XX organization and XX activity.
2. How did this relationship begin?
3. What involvement did you/your office have at the design phase of this program, beginning implementation phase, now?
4. How influential have you/your office been in this program? Please describe the frequency, type and quality of communication/coordination, including exchange and feedback loops.
5. How would you rate the quality of the engagement/coordination with XX activity?
 1. Excellent; 2. Good; 3. Adequate; 4. Needs Improvement; 5. Don't knowIf needs improvement, please elaborate _____
6. How does this program support or complement government initiatives?
7. Does this program have any negative consequences for government initiatives or residents?
8. What do you think will happen if/when this program is terminated?
9. What are your main concerns for the female, male and youth residents of this location?
10. What are your main concerns for the female, male and youth refugees in this location?
11. What do you think are the best ways to address these concerns?

Key Informant Interview Guide DoS/PRM

Date of interview: _____

Location: 1. Ankara 2. Istanbul

Gender of interviewee: 1. Female 2. Male

1. Before we begin, could you please tell us a bit about your involvement with each of the following NPs— CRS, DRC —and UNICEF, UNHCR and IOM in SHE programs? (Probe: role, duration, intensity, level of involvement)
2. Were you involved in the design of the program? If so, does the program as implemented today differ in any significant way?
3. What would you change about the program's design/activity in future programming?
4. In your opinion, have SHE been equally successful in achieving stated objectives or has one sector been stronger compared to other? (Probe: why?)
5. In your opinion, what are some of the specificities of the Turkey context that impact SHE programming? (Probe for positive and negative aspects?)
6. What is your reflection on cash assistance programming? What are the benefits and drawbacks of cash programming?
7. In your opinion, what have been PRM-funded programming successes so far? What have been its biggest challenges? (Probe: why? what factors contributed to it?)
8. How would you assess NPs' engagement with local/central government, local civil society organizations, UN agencies/INGOs?
 - a. Have they been more successful in engaging one certain structure/stakeholder compared to others?

9. We have learned that PRM conducts meetings with all PRM-funded partners. Could you please share how often do you conduct these meetings and what are the objectives?
- Do you follow up with partners as to whether the meetings increased information and knowledge about programming activities and applied?
10. What is your reflection on partners' monitoring and evaluation plans and reporting capacity? What aspects of reporting should be improved? What would you change about the reporting procedures?
11. What are your thoughts about partners' plans for sustaining programs after PRM withdrawal?
12. Are there restrictions/conditionality from the USG that make you're in-country work challenging or impact SHE programs in general?
- How do these restrictions/requirements differ between NGOs and UN agencies?
13. Are there any areas of the program that you feel are in need of improvement?
14. Is PRM engaging in/prioritizing/strategizing for inter-sectoral programs? Could you share with us your thinking on this?
15. You are one of our primary intended users for this evaluation. As such, our aim is to provide you with relevant and useful information to help you better manage/oversee this program. Is there anything in particular that you feel is important for us to explore during our fieldwork? (Emphasize limited time in-country)

Interview Schedule for Beneficiaries
(Individual & Group; Refugees & Host Communities)

Date of interview: _____

Location: 1. Hatay 2. Urfa 3. Istanbul

Organization: 1. UNHCR; 2. UNICEF; 3. IOM; 4. DRC; 5. CRS; 6. IMC; 7. ASAM

Type of HH: 1. Syrian Refugee 2. Iraqi Refugee 3. Host 4. Other

No. of interviewees: _____ Gender: M _____ F _____

- Since when you have been receiving service/assistance from XX organization? _____
- Could you please tell us about the support that you receive/received from XX organization?
(Prompt for time period, exact support, locations, etc.)
- If a cash assistance beneficiary, what do you spend the cash on?
 - Rent
 - Health
 - Food
 - Education
 - Other _____
- How did you become aware of this support, and how did you access it?
- Before you started receiving this support, what were your primary concerns?

1. Shelter	5. Protection
2. Health	6. LH
3. Education	7. WASH
4. Food security	8. Other _____
- How did this support address your concerns or not?
- What are your primary concerns at present?

1. Shelter/housing	5. Protection
2. Health	6. LH
3. Education	7. WASH
4. Food security	8. Other _____
- What do you think are the best ways to address these concerns?

9. Who can you go to for help with these concerns?
10. During the course of your relationship with XX organization, did you have contact with representatives of that organization?
 - 10a. Other representatives involved in that support (local admin, CBOs, partners, etc.)?
 - 10b. How often did you communicate with them? (ask for each)
 - 10a. What was the quality of your communication? (ask for each)
 - 10b. Did you wish to provide them with feedback/complaints or ask questions? If so, what were your concerns? How did you do communicate these?
 - 10c. Have you been/were you referred by XX for specialized support to other organizations?
 - 10d. How were these concerns addressed?
11. Did you face difficulty in accessing this support? Or did this support create difficulty for you in other areas of your life?
12. How would you rate the quality of communication with XX?

1. Satisfactory	2. Unsatisfactory	3. Do not know
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 Please elaborate _____
13. How would you rate the quality of services received from XX?

1. Satisfactory	2. Unsatisfactory	3. Do not know
-----------------	-------------------	----------------

 Please elaborate _____
14. How would you rate the impact of the provided SHE services on your life?

1. Significant	2. Insignificant	3. No change	4. Do not know
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 Please elaborate _____
15. How could this support be/have been improved?
(Prompt for type of service, mode of administration, modality of assistance, etc.)
16. What is your understanding of how long this support will be provided to you? (*If support has terminated ask: Why did you receive support for X period of time?*)
17. How will you manage/how did you manage after the support stops?

Annex III: Information Sources

Desk Review Bibliography:

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"Access to education for Syrian refugee children in Zaatari Camp, Jordan: Joint education needs assessment report." REACH. 2014.

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Caritas Jordan. Program Documents. See below for complete table.

Catholic Relief Services. Program Documents. See below for complete table.

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Danish Refugee Council. Program Documents. See below for complete table.

Doocy, S., Sirois, A., Anderson, J., Tileva, M., Biermann, E., Storey, J.D., & Burnham, G. "Food security and humanitarian assistance among displaced Iraqi populations in Jordan and Syria." NCBI. 2011.

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International Catholic Migration Commission. Program Documents. See below for complete table.

International Medical Corps. Program Documents. See below for complete table.

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International Rescue Mission. Program Documents. See below for complete table.

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Jalbout, Maysa. "Partnering for a better future: ensuring educational opportunity for all Syrian refugee children and youth in Turkey. Theirworld. 2015.

"Learning for a future: refugee education in developing countries." UNHCR. 2001.

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Norwegian Refugee Council. Program Documents. See below for complete table.

Parham, N., Tax, L., Yoshikawa, L., & Lim, K. “Lessons from assessing the humanitarian situation in Syria and countries hosting refugees.” Humanitarian Practice Network. 2013.

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“Regional public health and nutrition strategy for Syrian refugees – Egypt, Iraq, Jordan, Lebanon and Turkey – 2014-2015.” UN High Commissioner for Refugees. 2014.

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Westerby, R., Fischer, L., & Hueck, P. “A place to live a place to stay: a good practice guide for housing in refugee resettlement.” ICMC.

Zetter, Roger. “The Syrian displacement crisis and a regional development and protection programme: mapping and meta-analysis of existing studies of costs, impacts and protection.” Ministry of Foreign Affairs of Denmark. 2014.

Program Documents Tables

Caritas Jordan			
Project Name	Document	Program Dates	Document Date
Education Assistance for Syrian Refugees in Jordan	Interim Program Evaluation (IPE)	May 15, 2014 – May14, 2015	
Education and Protection for Syrian Refugees in Jordan	Monitoring Plan and Report (MPR)	September 1, 2015 to August 31, 2016	
Education and Protection for Syrian Refugees in Jordan	Proposal for PRM Funding- in response to PRM-PRMOAPNE-15-001-050760	September 1, 2015 – August 31, 2016 (Proposed)	
Health and Protection Support for Syrian and Iraqi Refugees	Proposal for PRM Funding- in response to PRM-PRMOAPNE-15-001-050760	August 1, 2015 – July 31, 2016 (proposed)	
Educational Assistance for Syrian Refugees in Jordan	4th Quarter Program Report	May 15, 2014 – May14, 2015	

Catholic Relief Services			
Project Name	Document	Program Dates	Document Date
Education and Protection for Syrian Refugees in Turkey	Monitoring Plan and Report (MPR)	September 17, 2014- September 16, 2015	
Education and Protection for Syrian Refugees in Turkey	U.S. Dept. of State Award Provisions	September 17, 2014- September 16, 2015	
Education and Protection for Syrian Refugees in Turkey	Third Quarter Program Report	Reporting Period: April 01, 2015 – June 30, 2015	July 30, 2015

Danish Refugee Council			
Project Name	Document	Program Dates	Document Date
Emergency shelter preparedness and response for displacement affected communities in Lebanon	Proposal for PRM Funding- for single year projects	March 1, 2013- February 28, 2014 (proposed)	December 22, 2013

Emergency shelter preparedness and response for displacement affected communities in Lebanon	Interim Program Evaluation (IPE)	Evaluation Period: June 1, 2014- November 30, 2014	
Emergency shelter preparedness and response for displacement affected communities in Lebanon	Fifth Quarter Program Report	Reporting period: June 1, 2014- August 31, 2015	September 30, 2015
Improved protective environment for refugee populations in Lebanon	Monitoring Plan and Report (MPR)	September 1, 2015- August 31, 2016	
Support, Strengthen & Sustain: Enhanced Protection Services for Displacement-Affected Communities in Turkey	U.S. Dept. of State Award Provisions	September 30, 2015- September 29, 2016	
	Annex F- Impact of Community Centre Attendance on the lives of DRC Beneficiaries		June, 2015
Special Needs Fund	Annex 2: SNF Evaluation Survey Results	December 2014 - March 2015	April, 2015
	Annex 3: Reflections on the Turkish Asylum System and its Implementation Training Seminar for DRC staff - draft program		
Support, Strengthen & Sustain: Enhanced Protection Services for Displacement-Affected Communities in Turkey	3rd Quarter Program Report	April 1, 2015- June 30, 2015	July 31, 2015
Support, Strengthen & Sustain: Enhanced Protection Services for Displacement-Affected Communities in Turkey	Monitoring Plan and Report (MPR)	September 30, 2015- September 29, 2016	

International Medical Corps (IMC)			
Project Name	Document	Program Dates	Document Date

Comprehensive Health and Protection Assistance for Refugees in Lebanon	Monitoring and Planning Report (MPR)	September 1, 2015- August 31, 2016	
Strengthening and Expanding Primary Health Care Services, Mental Health and Psychosocial Support for Syrian Refugees and Other Vulnerable Groups in Lebanon	Interim Program Evaluation (IPE)	Evaluation Period: September 1 , 2014- November 30, 2014	Date of IPE: February, 2015
Strengthening and Expanding Primary Health Care Services, Mental Health and Psychosocial Support for Syrian Refugees and Other Vulnerable Groups in Lebanon	Technical Proposal (PRM-PRMOAPNE-14-001- 018728 / PRM- PRMOAPNE-14-001)	April 1, 2014 – March 31, 2015 (proposed)	March 12, 2014
Strengthening and Expanding Primary Health Care Services, Mental Health and Psychosocial Support for Syrian Refugees and Other Vulnerable Groups in Lebanon	Final Program Report	Reporting Period June 1, 2014 – August 31, 2015	November 30, 2015
Comprehensive Health and Protection Assistance for Refugees in Lebanon	Technical Proposal (PRM-PRMOAPNE-15-010-050760)	September 1, 2015- August 31, 2017 (proposed)	May 4, 2015
Strengthening and Expanding Primary Health Care Services, Mental Health and Psychosocial Support for Syrian Refugees and Other Vulnerable Groups in Lebanon	Second Quarter Program Report	Reporting period: September 1 , 2014- November 30, 2014	December 30, 2014
Provision of Mental Health Services for Syrian and Iraqi Refugees in Jordan	Proposal for PRM Funding- for single year projects	September 1, 2015- August 31, 2016 (proposed)	
Strengthening Health and Social Services to Support Refugees in Jordan	Interim Program Evaluation (IPE)	June 1, 2014– May 31, 2015	
Provision of Mental Health Services for Syrian and Iraqi Refugees in Jordan.	Monitoring Plan and Report (MPR)	September 1, 2015- August 31, 2016	

Strengthening Health and Social Services to Support Refugees in Jordan	Fourth Quarter Program Report	June 1, 2014 – August 31, 2015	
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International Catholic Migration Commission (ICMC)			
Project Name	Document	Program Dates	Document Date
Humanitarian and Protection Assistance for Syrian Refugees in Jordan	Proposal for PRM Funding- for single year projects	September 1, 2015 - August 31, 2016 (proposed)	January, 2014
Annex 1: Providing Humanitarian Assistance to Vulnerable Syrians and Host-Communities	Focus Group Report (Final Quarter Report)	Focus Group Dates: August 4 - August 6, 2015	
Annex 2: Humanitarian Assistance to Vulnerable Syrian Refugees and Host Communities in Jordan	Rent Assistance Post-Distribution Monitoring (Final Report)	PDM Dates: August 3-August 5, 2015 and August 17-August 20, 2015	
Annex 3: Humanitarian Assistance to Vulnerable Syrians and Host-Communities	Outreach Statistics for 2014-2015_Third Year	Data period: September 1, 2014-August 31, 2015	
Annex 4: Humanitarian Assistance to Vulnerable Syrians and Host-Communities	BPRM Statistical Reports		August 31 2015
Annex 5: Humanitarian Assistance to Vulnerable Syrian Refugees and Host Communities in Jordan	Outreach Analysis (Final Report)	Reporting Period: June 1, 2015 - August 31, 2015	
Annex 6: Humanitarian Assistance to Vulnerable Syrians and Host Communities in Jordan	Human Interest, Mafraq (Final Report)		
Annex 7: Humanitarian Assistance to Vulnerable Syrian Refugees and Host Communities in Jordan	Human Interest, Irbid (Final Report)		
Humanitarian Assistance to Vulnerable Syrian Refugees and Host Communities in Jordan	Fourth Quarter Program Report (final report)	September 1, 2014 – August 31, 2015	January, 2014
Humanitarian and Protection Assistance for Syrian Refugees in Jordan	Monitoring Plan and Report (MPR)	September 1, 2015 - August 31, 2016	

Humanitarian Assistance to Vulnerable Syrian Refugees and Host Communities in Jordan	Monitoring Plan and Report (MPR)		
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International Rescue Committee (IRC)			
Project Name	Document	Program Dates	Document Date
Community Based Education for Children in Lebanon	Interim Program Evaluation (IPE)	Evaluation Period: May 15, 2014 – November 15, 2014	Date of IPE: January, 2015
Community Based Education for Children in Lebanon	Fourth Quarter Program Report	Reporting Period: February 15, 2014 – May 14, 2015	June, 2015

Norwegian Refugee Council (NRC)			
Project Name	Document	Program Dates	Document Date
Improved Access to Shelter and Basic Rights for Vulnerable Syrian Refugees	Proposal for PRM Funding- for single year projects	September 1, 2015 - August 31, 2016 (proposed)	
Improved Access to Shelter and Basic Rights for Vulnerable Syrian Refugees in Northern Jordan	Q3 Program Report	September 1, 2014– 31 August, 2015	
Improved Access to Shelter and Basic Rights for Vulnerable Syrian Refugees in Northern Jordan	Interim Program Evaluation	September 1, 2014– 31 August, 2015	

UN Agencies

Title/position	Association	Location
Deputy Representative	UNHCR	Amman
Senior Public Health Officer	UNHCR	Amman
Senior Technical Officer	UNHCR	Amman
Senior Field Coordinator	UNHCR	Amman
Associate Field Officer	UNHCR	Irbid
Protection Officer/field officer in charge	UNHCR	Irbid
Associate Health Field Officer	UNHCR	Irbid
Registration/Help Desk Officer	UNHCR	Irbid
Country Representative	UNICEF	Amman
Chief of Education	UNICEF	Amman
Partnership Specialist	UNICEF	Amman
Chief of Health and Nutrition	UNICEF	Amman
Social Policy Specialist	UNICEF	Amman
Chief of PM&E	UNICEF	Amman
M&E Specialist for Education	UNICEF	Amman
M&E Officer	UNICEF	Amman

Government Representatives

Title/position	Association	Location
Director, Humanitarian Relief Coordination Unit	Ministry of Planning and International Cooperation	Amman
Coordinator, Humanitarian Relief Coordination Unit	Ministry of Planning and International Cooperation	Amman
Head of the Development Cooperation Department	Ministry of Education	Amman
Director of Planning Administration, Senior Consultant	Ministry of Health	Amman
Chief Doctor, Planning Administration	Ministry of Health	Amman
Head of Medical Center	Ministry of Health	Amman
Governor Assistant for Development Affairs	Irbid Governorate	Irbid
Governor Assistant for Planning and Development	Irbid Governorate	Irbid

Head of Local Development Unit	Irbid Governorate	Irbid
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Donor

Title/position	Association	Location
Senior Regional Refugee Coordinator	PRM Jordan	Amman
Regional Refugee Coordinator	PRM Jordan	Amman
Regional Refugee Coordinator	PRM Jordan	Amman

PRM Implementing Partners

Title/position	Association	Location
Program manager	Caritas Jordan	Amman
Health Program Coordinator	Caritas Jordan	Amman
Education Program Coordinator	Caritas Jordan	Amman
Grant and M&E Officer	Caritas Jordan	Amman
Education Focal Point	Caritas Amman Center	Amman, Ashrafiya
Center Supervisor	Caritas Amman Center	Amman, Ashrafiya
Health Staff Project Officer	Caritas Amman Health Clinic	Amman, Ashrafiya
Senior Case Worker	Caritas Amman Health Clinic	Amman, Ashrafiya
Education Focal Point	Caritas Irbid Center	Irbid
Health Case Worker	Caritas Irbid Health Clinic	Irbid
Center Supervisor	Caritas Irbid Center	Irbid
Center Supervisor	Caritas Karak Center	Karak
Education Focal Point	Caritas Karak Center	Karak
Health Focal Point	Caritas Karak Health Clinic	Karak
Director for Jordan and Syria	ICMC	Amman
Senior Shelter Program Officer	ICMC	Irbid
Shelter Program Officer	ICMC	Irbid
Referral Coordinator	ICMC	Irbid
Case Worker	ICMC	Irbid
Case Worker	ICMC	Irbid
Database and information systems coordinator	ICMC	Irbid
Jordanian Volunteers	ICMC	Irbid
Syrian Volunteers	ICMC	Irbid

Director of Programs	IMC	Amman
Community Project Coordinator	IMC	Amman
Grants and M&E Coordinator	IMC	Amman
Clinical Psychologist	IMC Mental Health Clinic	Amman
Nurse	IMC Mental Health Clinic	Amman
Case Worker	IMC Mental Health Clinic	Amman
Case Worker	IMC Mental Health Clinic	Amman
Case Worker	IMC Mental Health Clinic	Amman
Case Worker	IMC Mental Health Clinic	Amman
Mental Health Technical Team Leader	IMC Mental Health Clinic	Irbid
Program Manager	IMC Mental Health Clinic	Irbid
Caseworker and Referral Focal Point	IMC Mental Health Clinic	Irbid
Caseworker	IMC Mental Health Clinic	Irbid
Clinical Psychologist	IMC mental health Clinic	Irbid
Interim Program Officer/Outreach and Mobilization Officer	IMC Mental Health Clinic	Karak
Case Manager	IMC Mental Health Clinic	Karak
Clinical Psychologist/Case manager	IMC Mental Health Clinic	Karak
Country Director	NRC	Amman
Shelter Specialist	NRC	Amman
Head of Programs	NRC	Amman
Head of Implementation	NRC	Amman
Shelter Project Manager/Head of Office	NRC	Irbid
ICLA Project Coordinator	NRC	Irbid
ICLA Coordinator	NRC	Irbid
ICLA Team Leader	NRC	Irbid
ICLA Team Members	NRC	Irbid
Shelter Technical Assistant	NRC	Irbid
Shelter Social Team Members	NRC	Irbid
Education Program Manager	Save the Children, UNICEF's Makani Center	Irbid
Makani Center Principal	Save the Children, UNICEF's Makani Center	Irbid

Counsellor	Save the Children, UNICEF's Makani Center	Irbid
Program Assistant	Save the Children, UNICEF's Makani Center	Irbid
Field Coordinator	Save the Children, UNICEF's Makani Center	Irbid
Help Desk Officer	Save the Children, UNICEF's Makani Center	Irbid

Service Providers and CBOs

Title/position	Association	Location
School Principal	Latin School, Caritas Education	Amman, Ashrafiya
School Teacher	Latin School, Caritas Education	Amman, Ashrafiya
School Teacher	Latin School, Caritas Education	Amman, Ashrafiya
School Principal	Latin School, Caritas Education	Irbid
Counsellor	Latin School, Caritas Education	Irbid
School Teacher	Latin School, Caritas Education	Irbid
School Teacher	Latin School, Caritas Education	Irbid
Medical Doctor	Caritas Irbid Health Clinic	Irbid
Nurse	Caritas Irbid Health Clinic	Irbid
Medical Doctor	Caritas Karak Health Clinic	Karak
Nurse	Caritas Karak Health Clinic	Karak
School Principal	Catholic School, Caritas Education	Karak
School Teacher	Catholic School, Caritas Education	Karak
School Teacher	Catholic School, Caritas Education	Karak
Director, Health Clinic	MoH Clinic (IMC partner)	Irbid
Head of Habaka Charity	CBO partner (ICMC)	Irbid
JHOD Center Manager	CBO partner (IMC)	Irbid

LEBANON

Title/Position	Organization	Location
Refugee Coordinator	BPRM	Beirut
Refugee Program Specialist	BPRM	Beirut
Shelter & Infrastructure Coordinator	PU-Ami	Beirut

Chief of Social Policy Planning/ M & E	UNICEF	Beirut
Education Specialist	UNICEF	Beirut
Education Specialist	UNICEF	Beirut
Deputy Representative	UNICEF	Beirut
Chief of Field Operations	UNICEF	Beirut
Senior External Relations Officer	UNHCR	Beirut
Senior Protection Officer	UNHCR	Beirut
Senior Programme Officer	UNHCR	Beirut
Program Officer	UNHCR	
Shelter Expert	UNHCR	Beirut
Country Director	IMC	Beirut
Health Coordinator	IMC	Beirut
Deputy Country Director	IMC	Beirut
MHPSS Program Coordinator	IMC	Beirut
Head of Education Programs	IRC	Beirut
Country Director	IRC	Beirut
Head of Research	IRC	Beirut
Education Manager	IRC	Akkar
M & E Manager	IRC	Akkar
Community Based Education	IRC	Akkar
Teacher in IS	IRC	Akkar
Field Coordinator	PU-Ami	Akkar
Shelter Project Manager	PU-Ami	Akkar
Team Leader	PU-Ami	Akkar
External Relations	UNHCR	Tripoli
WASH & Shelter Coordinator	UNHCR	Tripoli
Shelter Associate	UNHCR	Tripoli
Education Manager	IRC	The Bekaa
Remedial Officer	IRC	The Bekaa
Health Officer	IMC	The Bekaa
Owner-Director of Clinic	Nafela Clinic	The Bekaa
Psychotherapist	IMC	The Bekaa
Case Manager	IMC	The Bekaa
Case Manager	IMC	The Bekaa
Case Manager	IMC	The Bekaa
Director of Clinic	Farouk Clinic	The Bekaa
Medical Director of Clinic	Farouk Clinic	The Bekaa
External Relations	UNHCR	Zahlé
WASH & Shelter Officer	UNHCR	Zahlé
Field Coordinator	UNHCR	Zahlé
Education Officer	UNICEF	Zahlé
Education and Youth Specialist	UNICEF	Zahlé
Chief Field Officer	UNICEF	Zahlé
Case Manager	IMC	Tyre
Case Manager	IMC	Tyre
Case Manager	IMC	Tyre

Case Manager	IMC	Tyre
Head of Zonal Office	UNHCR	Tyre
Shelter Team Leader	UNHCR	Tyre
Field Assistant	UNHCR	Tyre
Shelter Manager South	PU-Ami	Saida
Field Coordinator	PU-Ami	Saida
Mayor Municipality	Ansar	Ansar
Clinic Director	Ansar	Ansar
Medical Area Manager	IMC	Ansar
Facilitator of Awareness Raising Session	IMC	Ansar
Country Director	PU-Ami	Beirut
Senior Public Health Officer	UNHCR	Beirut
Mental Health Director	Ministry of Public Health	Beirut
Director General	Ministry of Public Health	Beirut
Rep Program Management Unit	Ministry of Education	Beirut
Administrator	Ministry of Social Affairs	Beirut
Deputy Representative	UNHCR	Beirut

TURKEY

Donor

Title/position	Association	Location
Senior Regional Refugee Coordinator	PRM Turkey	Ankara

UN Agencies and NGO partner

Title/position	Association	Location
Deputy Country Representative	UNHCR	Ankara
Protection Officer	UNHCR	Ankara
Senior Programme Officer	UNHCR	Ankara
Senior CBI Officer	UNHCR	Ankara
Education Officer	UNHCR	Ankara
Reporting Officer	UNHCR	Ankara
Assistant Representative for Operations	UNHCR	Ankara
Head of Office	UNHCR	Istanbul
Field Officer	UNHCR	Urfa
Assistant Field Officer	UNHCR	Urfa
Emergency Coordinator	UNICEF	Ankara
Chief of Child Development and Education	UNICEF	Ankara
Education Specialist	UNICEF	Ankara
Monitoring and Education Specialist	UNICEF	Ankara
Education Officer	UNICEF	Ankara
Monitoring and Reporting Specialist	UNICEF	Ankara

Emergency Education Consultant	UNICEF	Antakya, Hatay
General Coordinator	ASAM	Ankara
Reporting Assistant	ASAM	Ankara
Child and Family Support Program Officer	ASAM	Ankara
Reporting Specialist	ASAM	Ankara
Deputy Project Coordinator	ASAM	Ankara
Program Officer	ASAM	Ankara
Head of Registration Office	ASAM	Ankara
Emergency response Coordinator	IOM	Ankara
Chief of Mission	IOM	Ankara
Refugee Emergency Response Officer	IOM	Antakya
Field Coordinator	IOM	Antakya
Field Monitoring Assistant	IOM	Antakya
Field Monitoring Assistant	IOM	Antakya
Field Volunteer	IOM	Antakya
Volunteer	IOM	Antakya
Volunteer	IOM	Antakya
Cash expert	IOM	Antakya
Monitoring and Evaluation Officer	IOM	Kirikhan
Project Assistant, Case Management	IOM	Antakya
Education Program Coordinator	CRS	Ankara
Head of Programs	CRS	Antakya
M&E Coordinator	CRS	Antakya
Field Coordinator	Caritas	Kirikhan
Social Worker	Caritas	Kirikhan
Team Leader	Caritas	Kirikhan
Team Leader	Caritas	Kirikhan
Animator	Caritas	Kirikhan
Animator	Caritas	Kirikhan
Case Management Officer	DCR	Antakya
Community Center Officer	DRC	Antakya
Protection and Migration Advisor	DRC	Antakya
Head of Office	DCR	Antakya
Program Quality and Grant Manager	DRC	Antakya
Direct Assistant Officer	DRC	Antakya
Case Management and Database Officer	DRC	Antakya
M&E Officer	DRC	Antakya
Senior M&E Officer	DRC	Antakya
SNF case manager	DRC	Antakya
SNF case manager	DRC	Antakya

SNF case manager	DRC	Antakya
SNF case manager	DRC	Antakya
Syrian Community Focal Point	DRC	Antakya
Syrian Community Focal Point	DRC	Antakya
Turkish Community Focal Point	DRC	Antakya
Head of Office	ASAM	Antakya
Lawyer	ASAM	Antakya
Head of Office	DCR	Urfa
Community Center Manager	IMPR	Urfa
Program Coordinator	IMC	Istanbul
Head of Department, Clinical Psychologist	IMC	Istanbul
M&E Senior Officer	IMC	Istanbul
M&E Assistant	IMC	Istanbul
General Coordinator	Caritas	Istanbul
Refugee and Migrant Service Program Coordinator	Caritas	Istanbul
Education and Protection Officer	Caritas	Istanbul
Education Program Officer	Caritas	Istanbul
Project Assistant	Caritas	Istanbul
Bridge Building Project Coordinator	Caritas	Istanbul
Project coordinator, e-voucher	Caritas	Istanbul
Head of Office	ASAM	Urfa
Teacher Trainer	UNICEF/MoNE	Urfa
MSC Officer Manager	ASAM	Istanbul
Regional Manager	ASAM	Istanbul

Government Representatives and community leaders

Title/position	Association	Location
Head of Education Department for Migration and Emergency	MoNE	Ankara
Officer of Education Department for Migration and Emergency	MoNE	Ankara
Head of Municipality	Local government	Kumlu
Deputy Mayor of Altynozu	Local government	Altynozu
Deputy Director	Provincial MoNE	Hatay
Turkish Coordinator	Temporary Education Center	Antakya
Deputy Director	Provincial MoNE	Urfa
Turkish Coordinator	Temporary Education Center	
Head of Mukhtars	Community leader	Kirikhan
Mukhtar	Community leader	Kirikhan
Mukhtar	Community leader	Kirikhan

Service Providers

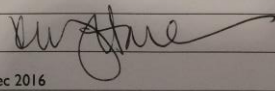
Title/position	Association	Location
Social Worker	ASAM	Antakya
Psychologist	ASAM	Antakya

Seven female teachers	TEC Teacher training	Antakya
Four Male teachers	TEC Teacher training	Antakya
Five Female teachers	TEC Teacher training	Urfa
Six male teacher	TEC Teacher training	Urfa
School administrator	TEC	Urfa
School teacher	Caritas TEC	Istanbul
Clinical Psychologist	ASAM	Istanbul
Social Worker	ASAM	Istanbul
Health educator	ASAM	Istanbul
Nurse	ASAM	Istanbul
Psychologist	ASAM	Urfa

Annex IV: Disclosure of Conflict of Interest

Name	Kimberly Howe
Title	Consultant
Organization	Social Impact, Inc.
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number (or RFTOP or other appropriate instrument number)	Task Order Number: S-AQMMA-16-F-0131
DoS Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	<ul style="list-style-type: none"> • International Medical Corps (IMC) • International Catholic Migration Commission (ICMC) • Caritas Jordan • Norwegian Refugee Council (NRC) • United Nations High Commissioner for Refugees (UNHCR) • United Nations International Children's Emergency Fund (UNICEF)
I have real or potential conflict of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	18 Dec 2016

Name	Zumrat Salmorbekova
Title	Senior Evaluator
Organization	Social Impact, Inc.
Evaluation Position?	<input type="checkbox"/> Team Leader <input type="checkbox"/> Team member
Evaluation Award Number (or RFTOP or other appropriate instrument number)	Task Order Number: S-AQMMA-16-F-0131
DoS Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	<ul style="list-style-type: none"> • Catholic Relief Services (CRS) • Danish Refugee Council (DRC) • International Organization for Migration (IOM) • United Nations High Commissioner for Refugees (UNHCR) • United Nations International Children's Emergency Fund (UNICEF)
I have real or potential conflict of interest to disclose.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes answered above, I disclose the following facts:</p> <p><i>Real or potential conflicts of interest may include, but are not limited to:</i></p> <ol style="list-style-type: none"> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	<i>Zumrat Salmorbekova</i>
Date	December 7, 2016

Annex V: NGO Proposal Guidance and Standard Indicators for SHE Programs

Although some are original based on needs identified by the evaluation, the majority of the following indicators have been borrowed from USAID, UNHCR, and PRM. The evaluation team left the wording of the indicators as they appear in the respective source from which they were selected. Therefore, the team understands that some elements of the indicators may need to be adapted in the “Notes for PRM” sections. SI encourages PRM to consider not only what adaptations may also be necessary not just for the indicators themselves, but also how they should be defined, measured, and disaggregated.

Shelter

<p>Output: Number and percentage of beneficiary population in the program area receiving shelter assistance (e.g. cash, rehabilitation, etc.)</p> <p>Source: PRM</p> <p>https://www.state.gov/j/prm/releases/factsheets/2016/264862.htm#AppendixC</p>
<p>Definition</p> <p>Number of beneficiaries refers to the number of participants who receive some form of assistance (in the form of cash, rehabilitation, etc.). Individuals who receive shelter assistance more than once may only be counted once.</p> <p>Rationale</p> <p>This basic output indicator tracks how many people benefit from temporary shelter assistance.</p> <p>Disaggregated by</p> <ul style="list-style-type: none">• Sex• Age• Population (refugee, returnee, host community member, etc.) and/or nationality <p>Data Collection</p> <ul style="list-style-type: none">• Data source: Implementing partners collect data through distribution logs, internal records• Frequency of collection: based on program design and period of performance – monthly, quarterly, or annually <p>Notes</p> <p>This indicator has already been proposed in PRM’s NGO guidance. We include some additional disaggregation—namely relating to vulnerability criteria.</p>

Outcome: Percentage of shelter beneficiary households using shelter and non-food item (NFI) assistance as a means to address other needs
Source: Global Shelter Cluster Indicator Guidelines
<http://375elmp02.blackmesh.com/sites/default/files/docs/GSC%20Indicators%20Guidelines%20v2.pdf>

Definition

Proportion of households that are able to save rent and NFI money to cover other basic needs (food, clothes, medicine, transportation, education)

Rationale

Use to determine if the assistance led to reduced economic burden and ability to meet other pressing needs

Disaggregated by

- Sex
- Age
- Population (refugee, returnee, host community member, etc.) and/or nationality

Data Collection

- Data Source: participatory assessments; rent assistance post-distribution monitoring; focus group discussions
- Level of connection: direct beneficiaries
- Frequency of collection: based on program design and period of performance – bi-monthly, quarterly, or annually

Outcome: % of shelter beneficiaries who remained in their domicile after program completed
Source: Original

Definition

Proportion of households that are able to maintain residence in the shelters that they originally accessed with the support of PRM-funded programs

Rationale

Use to determine if the assistance led to housing stability.

Disaggregated by

- Sex
- Age
- Population (refugee, returnee, host community member, etc.) and/or nationality
- Shelter modality

Data Collection

- Data Source: participatory assessments; rent assistance post-distribution monitoring; focus group discussions
- Level of connection: direct beneficiaries
- Frequency of collection: six months and one year after end of assistance

Notes

Programs' ability to track these outcomes beyond the life of the program will be subject to the availability of resources to conduct such data collection—it is likely that this will be limited in most cases.

Outcome: Percentage of targeted households satisfied with the shelter assistance they receive(d)

Source: Global Shelter Cluster Indicator Guidelines

<http://375elmp02.blackmesh.com/sites/default/files/docs/GSC%20Indicators%20Guidelines%20v2.pdf>

Definition

This indicator tracks the proportion of shelter beneficiaries satisfied with the assistance process, and accountability to end-users: quality of interaction with shelter assistance providers, ability to receive clear/easy to understand information about the process of assistance (who and how the assistance will be provided, what exactly is covered by the assistance, for how long/lengths of the assistance, eligibility/vulnerability criteria), opportunities to provide feedback and complaints, timely response on complaints, opportunities to receive legal consultation and representation in case of eviction or threat of eviction, consultations about preferences during the matching process of considered households with the repaired/renovated rental units, other.

Rationale

Used to determine quality of assistance and satisfaction. It also necessitates the collection of beneficiary feedback, which was seldom observed in the programs evaluated.

Disaggregated by

- Sex
- Age
- Population (refugee, returnee, host community member, etc.) and/or nationality

Data Collection

- Data Source: rent assistance post-distribution monitoring; focus group discussions, households/individual interviews
- Level of connection: direct beneficiaries and landlords (if applicable)
- Frequency of collection: based on program design and period of performance – monthly, quarterly, or annually

Health

Output: Number of total consultations per health care provider, disaggregated by refugee/national, sex, and age.

Source: UNHCR

<http://refugeestudies.org/UNHCR/UNHCR.%20Practical%20Guide.pdf>

Definition

Total number of consultations performed by a health care provider in program-area health facilities.

Rationale

This indicator would show the traffic that primary health facilities in refugee camps/communities receive. By disaggregating by population type (refugee, returnee, host community member), sex, and age the data will show the degree to which these services and resources benefit each group.

Disaggregated by:

- Sex
- Age
- Population (refugee, returnee, host community member, etc.) and/or nationality

Data Collection

- Data source: Implementing partners collect data through health facility records
- Frequency of collection: based on program design and period of performance – monthly, quarterly, or annually

Notes

Relatedly, it may be instructive to collect data on reasons for visits (qualitative).

Output: Patient Satisfaction: Percentage of beneficiary patients receiving primary and emergency care who express satisfaction with services received.

Source: PRM <https://www.state.gov/j/prm/releases/factsheets/2016/264862.htm#AppendixC>

Definition

Percentage of health care service beneficiaries who express satisfaction with services rendered.

Rationale

This indicator tracks the level of satisfaction with health care resources and services available in areas with large refugee populations. The disaggregation will determine levels of satisfaction across genders and populations. It also necessitates the collection of beneficiary feedback, which was seldom observed in the programs evaluated.

Disaggregated by

- Sex
- Age
- Population (refugee, returnee, host community member, etc.) and/or nationality

Data Collection

- Data source: Implementing partners collect data through health care beneficiary records and from direct beneficiaries
- Level of collection: activity-level, direct beneficiaries
- Frequency of collection: based on program design and period of performance – monthly, quarterly, or annually

Notes

This indicator has already been proposed in PRM's NGO guidance. We include some additional disaggregation—namely relating to vulnerability criteria. None of the programs evaluated were tracking satisfaction.

Output: Patient Satisfaction: Percentage of beneficiary patients receiving primary and emergency care who express satisfaction with services received.

Source: PRM <https://www.state.gov/j/prm/releases/factsheets/2016/264862.htm#AppendixC>

Definition

Percentage of health care service beneficiaries who express satisfaction with services rendered.

Rationale

This indicator tracks the level of satisfaction with health care resources and services available in areas with large refugee populations. The disaggregation will determine levels of satisfaction across genders and populations. It also necessitates the collection of beneficiary feedback, which was seldom observed in the programs evaluated.

Disaggregated by

- Sex
- Age
- Population (refugee, returnee, host community member, etc.) and/or nationality

Data Collection

- Data source: Implementing partners collect data through health care beneficiary records and from direct beneficiaries
- Level of collection: activity-level, direct beneficiaries
- Frequency of collection: based on program design and period of performance – monthly, quarterly, or annually

Notes

This indicator has already been proposed in PRM’s NGO guidance. We include some additional disaggregation—namely relating to vulnerability criteria. None of the programs evaluated were tracking satisfaction.

Outcome: Degree to which people affected by the crisis, including the most vulnerable groups, are satisfied with the timing of the assistance and protection they receive.

Source: Core Humanitarian Standard: CHS Guidance Notes and Indicators

https://corehumanitarianstandard.org/files/files/CHS_Guidance-Notes_and_Indicators_FOR_CONSULTATION.pdf

Definition

Extent of health beneficiary satisfaction with a (health) service provision in a timely manner and according to the (health) needs of beneficiaries

Rationale

Used to determine quality of health assistance and satisfaction: health needs identified and addressed in a timely manner.

Disaggregated by

- Sex
- Age
- Population (refugee, returnee, host community member, etc.) and/or nationality

Data Collection

- Data Source: Beneficiary surveys/IPs monitoring data and other health care beneficiary records, FGDs and KIIs with beneficiaries
- Level of collection: activity-level, direct beneficiaries
- Frequency of collection: based on program design and period of performance – monthly, quarterly, or annually

Notes

- This indicator in its original form does not specifically refer to health services, but based on the evaluation findings, the team feels that this would be a particularly helpful measure for health programs.

Education

<p>Output: Percentage of vulnerable children ages 5-17 enrolled in appropriate formal or non-formal education.</p> <p>Source: UNHCR http://refugeestudies.org/UNHCR/UNHCR.%20Practical%20Guide.pdf</p>
<p>Definition Vulnerable children include children with disabilities or special needs, ex-child soldiers, children separated from their parents, and other children at risk. Measures the enrollment of vulnerable children populations in formal or non-formal education</p> <p>Rationale This indicator provides a tool to further track education enrollment in refugee areas by specifically targeting populations of vulnerable children. This allows for the more nuanced understanding of school attendance and barriers to attendance.</p> <p>Disaggregated by</p> <ul style="list-style-type: none">• Sex• Age• Population (refugee, returnee, host community member, etc.) and/or nationality <p>Data Collection</p> <ul style="list-style-type: none">• Data source: Implementing partners collect data on this indicator through activity records of education attendance• Level of collection: Activity-level, direct beneficiaries• Frequency of collection: based on program design and period of performance – monthly, quarterly, or annually <p>Notes UNICEF considers any school age child out of school to be “vulnerable.”</p>
<p>Output: Percentage of adolescent 12-17 years old enrolled in training (formal, non-formal, vocational, skills, etc.)</p> <p>Source: UNHCR http://www.unhcr.org/40eaa9804.pdf</p>
<p>Definition Adolescents in this age group are more exposed to protection risks as there are often no sufficient educational or employment opportunities for them. Therefore programmes will need to be specifically targeted to this group.</p> <p>Rationale This indicator is focused on measuring the promotion of self-reliance by providing refugees with professional qualifications geared towards future employment</p> <p>Disaggregated by</p> <ul style="list-style-type: none">• Sex• Age <p>Data Collection:</p> <ul style="list-style-type: none">• Data Source: Implementing partners collect data on this indicator, refugee youth and their community can provide the information as well• Level of Collection: Activity-level, beneficiaries• Frequency of collection: based on program design and period of performance –quarterly, or annually

Outcome: % change of in the # of vulnerable school age enrolled in formal and non-formal education in impacted communities

Source: <http://reliefweb.int/sites/reliefweb.int/files/resources/3RP-MonitoringandReportingtheResilienceComponent.pdf>

Definition

This measures variation in levels of student enrollment in education programs.

Rationale

Use to determine if programs lead to sustained or increased access to education. The numbers may also illuminate the level of accessibility to schools (and important consideration given the evaluations' findings about transportation to education and other programs inhibiting participation).

Disaggregated by

- Sex
- Age
- Population (refugee, returnee, host community member, etc.) and/or nationality
- Education program type (formal or non-formal)

Data Collection

- Data Source: attendance records
- Level of connection: direct beneficiaries
- Frequency of collection: at beginning and end of school year

Notes

There are many factors outside the programs' control influence that may influence school attendance. While this is an important data point for school programs to have (to understand the reach and accessibility of the program, for instance) for general tracking, it may not be fair to hold programs accountable for targets.

Recommended Language for NGO Guidance on SHE

PRM's updated [NGO Guidance](#) (the basis for its Requests for Proposals [RFPs]) provides a great deal of helpful guidance for new and repeat grant applicants alike. In general, the team finds the guidance to be sound. Much of the recently added language addresses the primary recommendations that arise from this evaluation, particularly regarding use of assessments, targeting of vulnerable people, beneficiary involvement in program design, collection of beneficiary feedback, and coordination with other stakeholders. As such, the team has few suggestions on items to add to the guidance for writing RFPs compared to previous evaluations. Nevertheless, the team recommends amending the following language to further strengthen the quality of proposals and ultimately program implementation. New or revised text is denoted by italics:

APPENDIX B: PRM POLICIES AND STANDARDS

- A.B.2. Vulnerable and Underserved Persons of Concern: PRM will only consider funding NGO projects that include a target beneficiary base of at least 50% refugees, returnees, and/or other persons of concern as described in the relevant Notice of Funding Opportunity. PRM prioritizes the needs of vulnerable and underserved segments of these populations and strongly encourages proposals that can demonstrate steps to ensure that within the target population, programs also reach the following potentially vulnerable and underserved groups: women; children; adolescents; lesbian, gay, bisexual, transgender, or intersex (LGBTI) individuals; older persons; the sick; persons with disabilities; and other minorities. PRM strongly promotes women's equal access to resources and their participation in managing those resources. Applicants to PRM funding must submit a Gender Analysis that describes how the NGOs will incorporate vulnerable and underserved populations into project design (Section 3B). *Applicants must also describe a proposed approach for both identifying and targeting vulnerable participants, as well as conducting outreach on programming for them.*
- Section 5: Monitoring and Evaluation Plan: Describe the monitoring and evaluation plan, including staff responsible for monitoring and evaluation. This section must include, at a minimum, the following elements:
 - A timeline to track the program's progress;
- frequency of the measurements;
 - which monitoring and evaluation tools will be used (rapid assessment surveys, site visits, key stakeholder interviews, focus group discussions, interview logs, timelines, progress reports, etc.);
 - how problems identified during monitoring will be addressed;
 - to include collection, analysis, and use of beneficiary feedback
 - *proposed measures for tracking both lower level output) and higher level (outcome) results in the long-term beyond the life of the grant (not compulsory, but preferred)*
- *Beneficiary feedback and complaint mechanism (average time of response to a beneficiary complaint) and also how partners plan to raise beneficiaries' awareness about the opportunity to provide feedback and complaints.*
- Section 7: Coordination: Describe the level of cooperation and coordination with relevant stakeholders (*e.g. beneficiaries, local authorities, central government, multilateral organizations, local civil society, community based organizations or other international NGOs*) that went into the project design, plans for partnerships, and plans to continue coordination. Applicants should include regional (and/or cross-border) coordination as applicable. For programs targeting refugees or other populations for which international assistance is being coordinated by UNHCR or another UN agency, NGOs may provide a letter of support from UNHCR specific to the proposal.

Annex VI: Checklist for Monitoring SHE Programs in the Field

PRM has a set of overall and SHE specific questions to ask on field monitoring trips. Based on evaluation findings, the team has included additional questions (italicized) that PRM staff might consider adding to its standard protocol. In addition, the team offers a list of important stakeholders to consult during such visits.

SHE Field Monitoring Topics
<p>Individuals with whom PRM should consult and coordinate:</p> <ul style="list-style-type: none"> • UNHCR Community Services or Program Officers • UNHCR Refugee Coordinator • UNHCR M&E Officers • NGOs/UNHCR/ IP staff in charge of managing/implementing SHE programs • Refugees • Community groups/leaders, including youth groups, faith groups, women's groups, the elderly, the disabled • Local community members • Local authorities • Other NGOs not working on SHE programs • Teachers and education professionals in the area, healthcare providers, local landlords, other local NGOs not funded by PRM but working in SHE sectors
<p>Overall Questions:</p> <ul style="list-style-type: none"> • Has <i>physical</i> security been established? Do certain populations remain vulnerable? Are food, water, health care, shelter, and other needs being met according to international standards? • <i>What are the main protection concerns for refugees in X country?</i> • Are beneficiaries actively involved in planning, providing, and monitoring assistance and protection programs? • Are referral systems in place for GBV survivors to receive health care, emotional support, legal guidance, and other forms of assistance? Are survivors stigmatized? • Are the mental health and psychosocial needs of the humanitarian responders being met? <i>If not, why? What should be done to address unmet health and psychosocial needs?</i> • <i>Are there any groups that are underserved by shelter, health, and education programs? Why? How have beneficiaries been identified, targeted and reached for programming?</i> • <i>What are the outreach or targeting mechanisms for beneficiaries? What language is used? Who does not receive services and why?</i> • <i>Do programs offer mechanisms to provide feedback/complaints? If so, how do partners collect and/or use it and respond?</i> • <i>Is cash being used for programming and if so, how and why? Is there evidence to show that cash is appropriate or preferred? What unintended consequences of cash programming have been observed?</i> • <i>How do PRM and its NGO and multilateral partners share information?</i> • <i>What policy or legal restrictions do partners encounter in their work? What suggestions for partners have for addressing these challenges?</i>

Health Questions

- What are the health related risk factors for this population?
- What sources of health related data do I need? Who should I ask for it?
- Is there 95% measles vaccination coverage for children under five?
- Does the data indicate that health programs are up to international standards?
- Are plans and qualified staff in place to deal with programmatic shortcomings?
- Who beyond UNHCR and NGO partners should I discuss serious health concerns with?
 - WHO, Host Government, USG partners, other donors, etc.
- *What is the ratio of men to women among providers?*
- *Is mental health assistance available? To whom?*
- *Do providers manage expectations about the availability or unavailability of healthcare services? How so?*
- *To what extent are partners coordinating with central ministries? Who are their counterparts?*

Shelter Questions

- Do families have enough space within their shelter to live and conduct all daily business (at least 3.5 square meters/person of covered floor area)
- Does construction of shelters impose an undue burden on natural resources in surrounding area?
- Is the location of the shelter safe? Do people have access to water and sanitation services? Is there enough lighting? Are there any hazardous materials or structures nearby?
- Is temporary or emergency shelter appropriate for the seasonal temperature and climate?
- Is temporary or emergency shelter culturally appropriate and durable?
- Where are vulnerable people (women-headed households, elderly, *the disabled*) located in the settlement or camp? Are they near the center of settlements, or are they located on the outskirts?
- Does the temporary shelter put people at new or increased risk in any way?
- If returning to a location of origin, do returnees have access to land and property? Do they have the required documentation?
- *How much do beneficiaries spend on month monthly? Approximately what percentage of their expenditures go to rent?*
- *How do beneficiaries pay for shelter services? What barriers do they encounter both in obtaining the funds and making the payments? Are landlords cooperative? How do refugees find shelter after agreements end?*
-

Education Questions

- What types of educational services are available?
- What resources are available to support education programs? (Are some refugees/IDPs/returnees trained teachers? Could the community donate labor and materials to help build schools? Local community/other donors?)

- To what extent do refugees/IDPs/returnees have access to education? (Have schools been established / re-established following conflict? Is the host community willing to enroll refugee/IDP children in local schools?)
- Do teachers have access to training, staff support, and to educational materials?
- What are the cultural and social norms around who has access to education and who is included in educational programs? (What is the gender composition in classrooms? Does girls' enrollment drop in the higher grades?)
- What metrics are used to measure the quality of education? (Test scores? KAP surveys? Teacher to student ratios? Graduation rates?)
- What is the process / system for recognition and certification of learning?
- *What are the main barriers for access to school and what are the main barriers for children to remain enrolled? What challenges do students face in schools?*
- *Do programs teach children and adolescents life skills? How do they deal with children who have missed multiple years of school?*
- *Do education programs use a standardized syllabus or is the curriculum consistent across participating schools? Do programs provide teaching materials (workbook or manuals, especially for the catch-up program) to teachers and conduct teacher training?*
- *To what extent are partners coordinating with central ministries? Who are their counterparts?*

Annex VII: Checklist for Reviewing SHE Proposals

This checklist complements the “Checklist and Guidance for Reviewing Livelihoods Proposals for Refugee Camps” produced by SI (2015). That checklist covers many basic elements of the program cycle that are applicable to any programs funded by PRM, regardless of sector. Instead, this checklist focuses on items that PRM staff should consider when reviewing shelter, health, or education programs specifically. The evaluation team considers the items below to be of particular importance based on findings about programmatic strengths and weaknesses as discussed above in the body of this report.

SHELTER	
QUESTION	COMMENTS/EXAMPLES
Have proposals identified the main challenges to shelter in the country, and does their proposal explain how they will address these challenges?	
Do proposals include justifications for the modalities chosen? Have proposals articulated how payments for rent will work (i.e. vouchers, cash)?	
Have the applicants described a plan for engaging landlords (and local authorities, where relevant) to ensure their cooperation with the programs (including payments, maintenance, etc.)?	
How will applicants track the impacts or outcomes of their programs for refugees?	
HEALTH	
QUESTION	COMMENTS/EXAMPLES
What service gaps are will be covered? If parallel services will be provided, what is the justification?	
How will beneficiaries access the services (transportation, language, etc.)?	
Has the proposal provided a rationale for targeting or excluding host populations?	
Has the proposal included activities that focus on capacity development of the health sector in the country?	
EDUCATION	
QUESTION	COMMENTS/EXAMPLES
Have NPs provided a complete justification for their educational modality?	
What curricula and/or materials will teachers use?	
Have the applicants described the greatest challenges (abuse, language, etc.) that students face in school and how their programs will address them? Have the	

applicants described key barriers (transport expenses, economic hardship) that students face in accessing school and how their programs will address them?	
Have the applicants provided a system of tracking student attendance throughout the school year?	

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