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Final Evaluation of the Syria and Türkiye Emergency Appeal for Action Aid Arab Region

Submitted by
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List of Acronyms

CHS Core Humanitarian Standards Development

DAC Assistance Committee Female Headed

FHH Households

FRs Key Informant Interviews

FGD Field Researchers

GBV Focus Group Discussion

IDPs Multi-Purpose Cash Assistance Gender

KIIs Based Violence

MPCA Internal Displaced People

MHPSS Mental Health Psychosocial Support

OECD The Organization for Economic Cooperation and Development

PwDs Persons with Disabilities

ToR Term of Reference

WPN Woman Protection Network

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I. Executive Summary



The Final Evaluation of ActionAid Arab Region for Syria and Türkiye emergency appeal reveals both successes and areas for improvement. The program effectively addressed the immediate needs of vulnerable communities, particularly focusing on marginalized groups such as women, children, and refugees. Key objectives were clearly defined, and the program largely achieved its intended results, with a strong emphasis on service delivery, community engagement, and capacity-building. The integration of feedback from affected populations was a central component of the intervention, ensuring that their needs and priorities were consistently reflected in program design and implementation.



The program demonstrated a high level of adherence to international standards, including the Core Humanitarian Standards, and was sensitive to the local context, culture, and conflict dynamics.

This sensitivity was crucial in ensuring that the intervention was both relevant and effective, particularly in regions with complex social and political landscapes.

The program's impact was particularly evident in its ability to empower women and girls, providing them with access to essential services such as healthcare, education, and protection, which significantly improved their resilience and well-being.



However, the evaluation also highlighted several challenges.

Logistical constraints, political instability, and resource limitations were among the key factors that hindered the timely and efficient delivery of services.

While the intervention contributed to increased resilience, there were unintended effects, such as dependency on aid and occasional social tensions within communities. Furthermore, feedback mechanisms, though accessible, could be improved to ensure that marginalized groups fully benefited from these channels.



Looking ahead, the program has laid a strong foundation for long-term impact. It has fostered community capacity, increased resilience, and provided critical support for future shocks. However, for these gains to be sustainable, continued local investment and strengthening of community systems will be essential.

The lessons learned, particularly regarding local partnerships and adaptive management, should inform future interventions to ensure their sustainability and maximize their long-term impact.



In conclusion, the intervention achieved significant positive outcomes but also faced challenges that offer valuable insights for future humanitarian responses.

Improved coordination, better resource management, and a stronger focus on sustainability will be key to building on the success of this program and ensuring lasting change in the affected communities.

II. Context

On February 6, 2023, a 7.8 magnitude earthquake struck southeastern Türkiye and northwestern Syria.

A few hours later, a second major earthquake with a magnitude of 7.5 occurred further north of the initial epicenter.

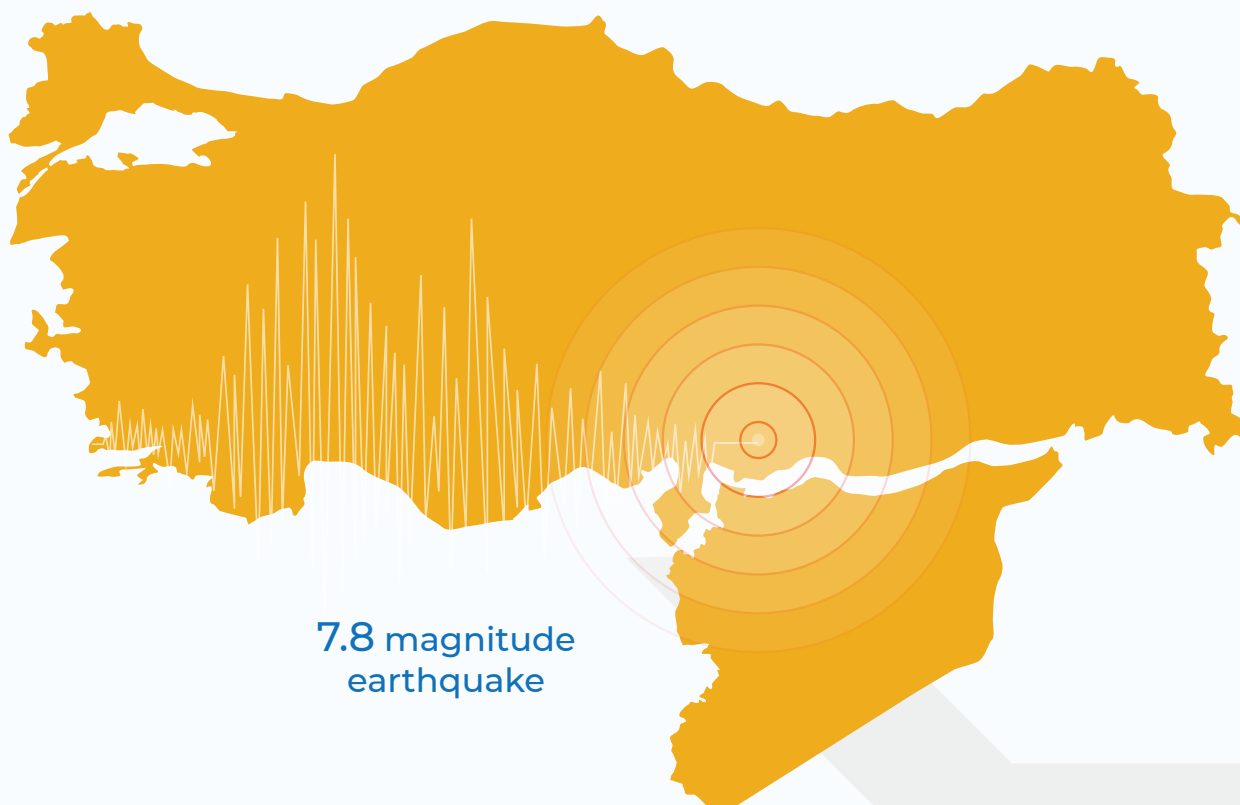
According to a situation report by OCHA¹ marking one month since the earthquakes, 9.1 million people were affected, and 46,000 lives were lost, including 4,267 in Syria.

The Turkish government reported that 214,000 buildings were either collapsed or heavily damaged.

Additionally, there were 13,000 aftershocks in the month following the earthquakes, exacerbating the distress of the affected populations. Initial assessments highlighted urgent needs for shelter, food, non-food items, water, sanitation, hygiene items, and psychosocial support.

The WHO emphasized urgent health needs, including trauma care, essential medicines, and disease outbreak prevention and control.

In Syria, the earthquake compounded existing humanitarian needs due to the ongoing 12-year civil war.



¹ <https://reliefweb.int/report/syrian-arab-republic/earthquakes-north-west-syria-situation-report-no-1-7-march-2023>

III. Program Overview

In response to the escalating humanitarian crisis, the DEC launched an appeal on February 9, 2023, raising £159.5 million²

Fourteen member charities are responding as part of the DEC appeal³, collaborating with national and local partners in both countries.

ActionAid's DEC funded response in Syria has reached a total of 109,081 people.

The first six months of the response (Phase 1) was focused on reaching out to communities to address basic needs and promote their protection and dignity.

This included strengthening the capacity of local partners and women led organizations.

The proposed response in Türkiye, despite small scale, was done based on a rapid needs assessment conducted in IDP camps sheltering EQ affected people, mainly including Syrian Refugees and vulnerable Turkish residents.

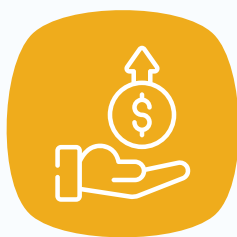
Identified needs include food assistance, dignity and hygiene kits, and medical kits.



From August 2023, the second phase (Phase 2) of the response activities started. From September 2023 to the end of May 2024, 84,422 people were reached under the DEC funded program working with ActionAid partners on the following sectors:



Protection



Livelihood



Health



Capacity building

To respond to the humanitarian needs and support the most vulnerable people affected by the earthquake, ActionAid has joined forces with the local implementing organizations Violet, Space of Peace, Kareemat, Freedom Jasmine Organization and Equity & Empowerment.

The program is implemented in Idleb and Aleppo governorates in Syria and Hatay and Kilis region in Türkiye.

² <https://reliefweb.int/report/turkiye/one-year-earthquakes-dec-turkiye-syria-appeal-hits-ps158-million-reaching-over-million-people>

³ <https://www.dec.org.uk/appeal/Turkiye-syria-earthquake-appeal>

Phase 2 of the program focuses on four priority areas:

Meeting Immediate Needs:

Addressing urgent needs of affected women and families, including medical care, psychological first aid, cash, shelter, food, medical kits, non-food items (NFIs), and water, sanitation, and hygiene (WASH).

Gender-Based Violence (GBV) Mitigation:

Implementing measures to mitigate, respond to, and prevent GBV, enhancing the safety and dignity of women and girls.

Empowerment and Leadership:

Ensuring affected populations are aware of their rights and entitlements, and strengthening women and youth leadership to "build back better."

Long-Term Recovery and Resilience:

Promoting social, economic, and environmental recovery and resilience, and supporting the recovery and resettlement of Syrian refugees in Türkiye and Syria.

Based on a desk review of program documentation, the focus of each partner and the types of activities implemented under each phase are outlined in the tables below:

Context of Partner organizations



Violet played a pivotal role in both program phases, focusing on health, capacity building, livelihood, and protection. Their efforts spanned from February 2023 to August 2024, later extended to December 31, 2024, in Northwest Syria. Activities included the provision of essential services through Ain Al Baida Hospital, offering individual mental health and psychosocial support (MHPSS) sessions, and conducting awareness-raising programs. They facilitated referrals to both internal and external services, including legal counseling, and organized gender-based violence (GBV) training sessions. Furthermore, Violet conducted case management (CM) and psychosocial support (PSS) sessions, group PSS sessions, and life skills training. Their interventions targeted the regions of Idlib in Syria and Hatay in Türkiye.



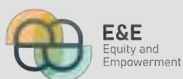
Freedom Jasmine contributed to both program phases, focusing on livelihood enhancement between August 2023 and January 2024. Their activities centered on vocational training, particularly in sewing and hairdressing. They provided mentoring and guidance to participants and offered workshops on business development. These efforts aimed to equip 20 individuals with skills to rebuild their livelihoods in Gaziantep, Türkiye.



In the second phase, from September 2023 to August 2024, **Kareemat** concentrated on capacity building. Their initiatives included vocational training in sewing, wool knitting, and hairdressing. They also organized recreational activities for children, such as creating piggy banks, understanding spending priorities, and conducting interactive savings exercises. These activities were implemented in Kilis, Türkiye.



Space of Peace addressed protection, capacity building, and livelihood needs during both program phases from November 2023 to April 2024. Their interventions included providing psychosocial support (PSS) and psychological first aid (PFA) sessions, leadership and decision-making skills training, and advocacy campaigns. They also offered individual and group counseling services and vocational training. Additionally, the organization established a “Womens Protection Network” to enhance advocacy and protection for women. Their work was concentrated in Aleppo and Idlib, Syria.



Equity & Empowerment focused on livelihood improvement during both phases, specifically from February to March 2024. They conducted assessments to identify eligible 180 women-headed households in need of winterization support, followed by one-time cash distribution (150 GBP) events. They also organized workshops to educate participants on winterization techniques, such as insulation, heating, and safety measures. Their activities were implemented in Aleppo and Idlib, Syria.

IV. Evaluation Purpose

The final evaluation of the Syria and Türkiye earthquake response aimed to assess the program's overall relevance, effectiveness, efficiency, impact, and sustainability.

Additionally, it seeks to generate actionable insights and recommendations to guide similar interventions in other contexts and for future disaster responses. This evaluation provides a detailed analysis of the program's outcomes, examining how well it achieved its intended objectives in line with the Results Framework of Phase 2, as well as the DEC accountability framework (DECAF)⁴ and the Core Humanitarian Standards (CHSs)⁵.

The objectives of this evaluation were to provide the program team with clear and applicable recommendations that will enable them to:



Assess the effectiveness of aid assistance



Assess the level of quality and timeliness of delivery



Identify areas of efficiency and where there are gaps in the assistance provided



Understand the extent of meaningful engagement of the affected communities in activity design, implementation and adaptation (specifically through monitoring activities)



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To ensure these objectives are met, the guiding evaluation questions in the ToR have been refined.

These questions will steer the evaluation process, enabling a comprehensive and meaningful assessment of the program's response.

⁴ <https://www.dec.org.uk/article/accountability-framework>

⁵ <https://corehumanitarianstandard.org/the-standard>

Methodology

The evaluation methodology was designed to yield evidence-based information informing the ongoing refinement and targeting of program services to ensure they are effectively meeting the intended outcomes, aligning with the commitments of the CHS and OECD-DAC evaluation criteria, (Relevance and Appropriateness, Effectiveness, Efficiency, Impact, Connectedness and Sustainability) supplemented by additional criteria such as Coordination and Collaboration, accountability to the affected population and 'Do No Harm' principles.

Special attention is given to compliance with CHS and the DECAF.

The evaluation considered a sample of activities from all the partners across the locations in both Syria and Türkiye.

It employed a mixed-methods approach, incorporating both quantitative and qualitative data.

Quantitative data was collected via structured interviews with the affected population with a sample size of 353 participants, agreed upon with ActionAid.

The data collection was stratified based on the partner, location, age, disability, and gender of the program participant, and estimated the distribution of each stratum based on data extracted from the sampling frame.

The sampling strategy aimed to ensure inclusivity by incorporating diverse household types, particularly targeting at-risk groups such as Female-Headed Households (FHH), the elderly, and Persons with Disabilities (PWDs).⁶

The majority of participants were identified as FHHs, reflective of their demographic prominence and unique vulnerabilities in the study area.

While this focus enriches the understanding of challenges faced by women-led households, findings should be contextualized as potentially emphasizing their experiences over other household types.

Efforts were made to mitigate this through stratified sampling and triangulation of data.

Due to the small number of target participants (20 women), the participants of Freedom Jasmine Organization were covered through FGDs.

This data aimed to provide a snapshot and validate the program's achievements and identify potential gaps.

Qualitative data collection involved key Informant Interviews (KIIs) and FGDs. Eleven KIIs were conducted.

⁶ TSE appeal report_Phase1

Additionally, Eight FGDs were carried out with participants of different capacity building activities to capture a nuanced understanding of how the program participants have benefited from these trainings, the effectiveness of these trainings in improving their living conditions, how they are addressing and mitigating protection risks, including GBV, and the coordination efforts of the partners to ensure that services reach the most affected people.

All data collection instruments are included as an annex (see annex B).

The evaluation of this program considered a selection of partner activities as shown in the following table.

Evaluation Methodology

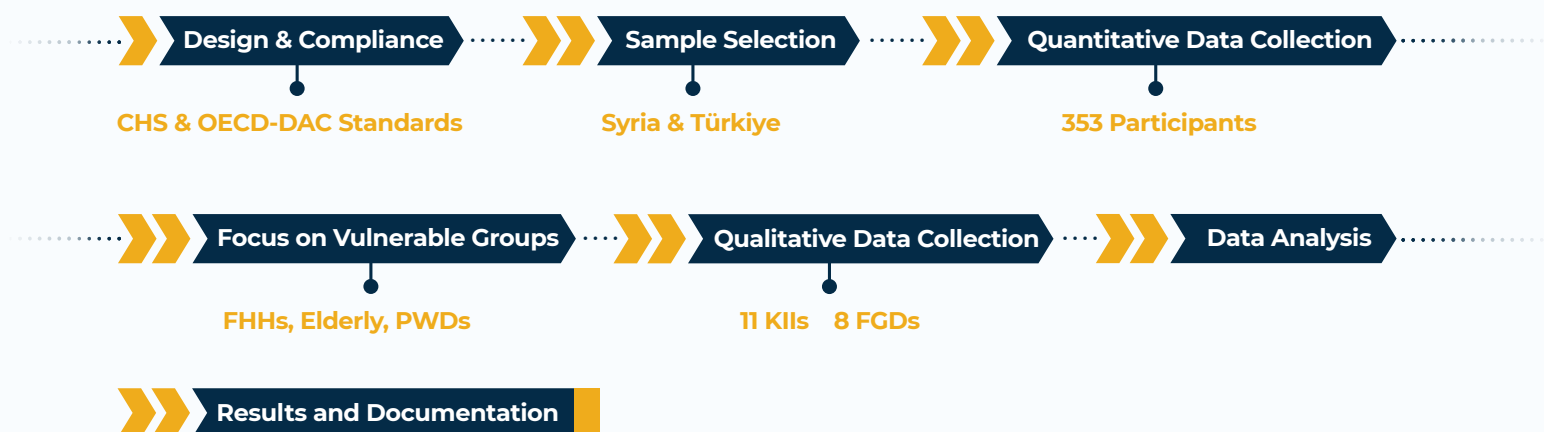


Table 1: Evaluated Activities






Partner Organization	Location	Evaluated Activities	Sample Size
 بنفسج VIOLET	Idlib, Syria and Hatay, Türkiye	Essential health services (pediatric, maternity). MHPSS (Individual mental health sessions). CM and PSS Sessions. GBV Training. Life Skills Training for Youth.	150 surveys and 4 FGDs
 منظمة مساحة سلام SPACE OF PEACE ORGANIZATION	Idlib, Syria	Group PSS, PFA sessions. Leadership & Decision-Making Training. Counseling sessions. Vocational Training (Women).	150 surveys and 3 FGDs
 كريمات Kareemat	Kilis, Türkiye	Vocational Training (Sewing, Knitting, Hairdressing). Marketing Training.	70 surveys
 FREEDOM JASMINE	Gaziantep, Türkiye	Vocational Training (Sewing, Hairdressing).	1 FGD
 E&E Equity and Empowerment	Idlib, Syria	Cash distribution (women-headed households).	30 surveys

Table 2: Sample Size of KIIs

Location	Evaluated Activities	KII Sample Size
Program management staff	AA focal points (country and HQ level)	2
	IP program Manager	5
	IP case worker/psychologists	1
	IP trainers (1 vocational and 1 children activities)	2
	WPN representative	1

Challenges and Limitations

The table below presents the main limitations encountered during the evaluation, providing insights into the challenges faced across the three evaluation locations.

Table 3: Limitations and Challenges during Evaluation

Area	Limitation
Reyhanli, Hatay, Türkiye	<p>During the data collection process, we encountered challenges in securing consistent participation from the sampled population. While overall coordination was effective, ensuring beneficiary attendance remained a significant issue.</p> <p>Despite prior confirmations, attendance at the sessions was low, with many beneficiaries declining to participate at the last minute. Partner staff made efforts to address this by making follow-up phone calls to encourage attendance; however, these efforts yielded limited success.</p> <p>Consequently, the data collection period had to be extended. Participation in two FGDs was particularly low, with only three participants per session</p> <p>This limited attendance may have restricted the ability to capture a comprehensive perspective from the broader participant group.</p>
Idlib, Syria	No significant challenges.
Gaziantep, Türkiye	No significant challenges.
Kilis, Türkiye	No significant challenges.

Demographics

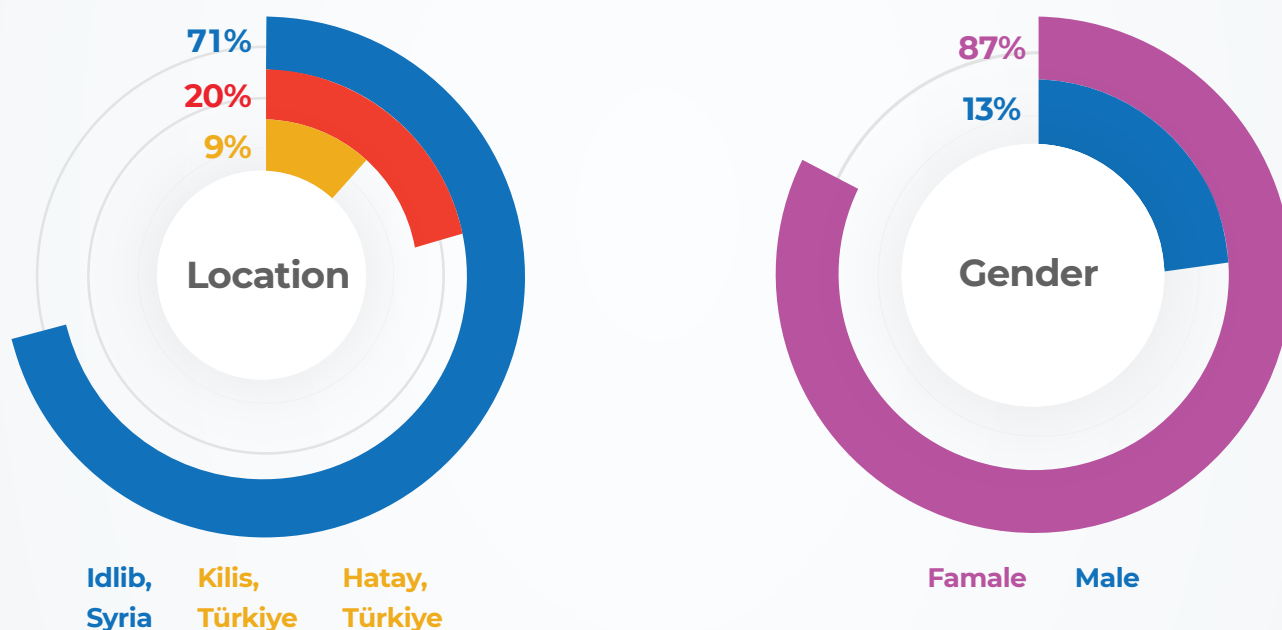
Structured Interview with Affected Population Respondent Profiles

Analysis of the quantitative data from the structured interviews with the affected population provided a snapshot of the demographics of the population served. A total of 353 surveys were collected: Idlib, Syria, (71%), Kilis, Türkiye (20%), and Hatay, Türkiye (9%).

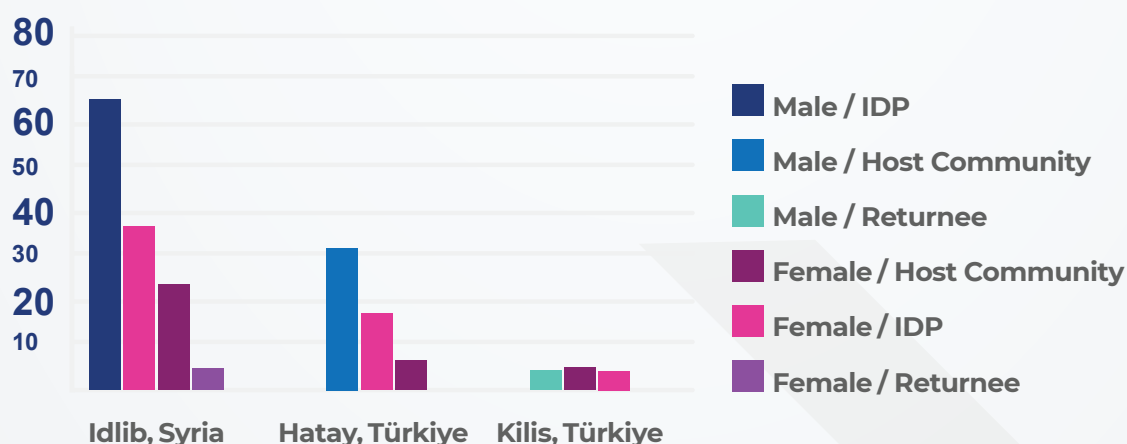
The gender distribution was (87%) female and (13%) male.

The sample included Internally Displaced Persons (IDPs) (64%), Host Community members (33%) and returnees (3%). There were no returnees among the male respondents.

Figure 1: Distribution of Respondents according to Location, Displacement Status and gender:

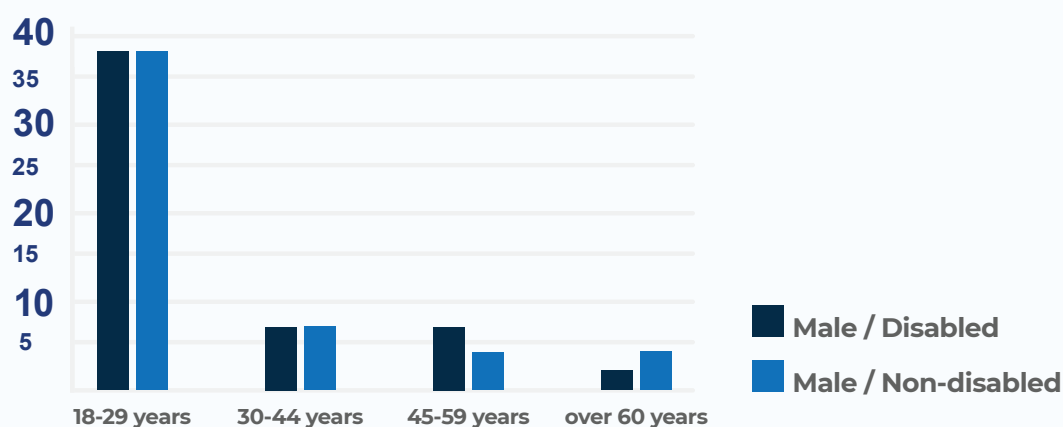
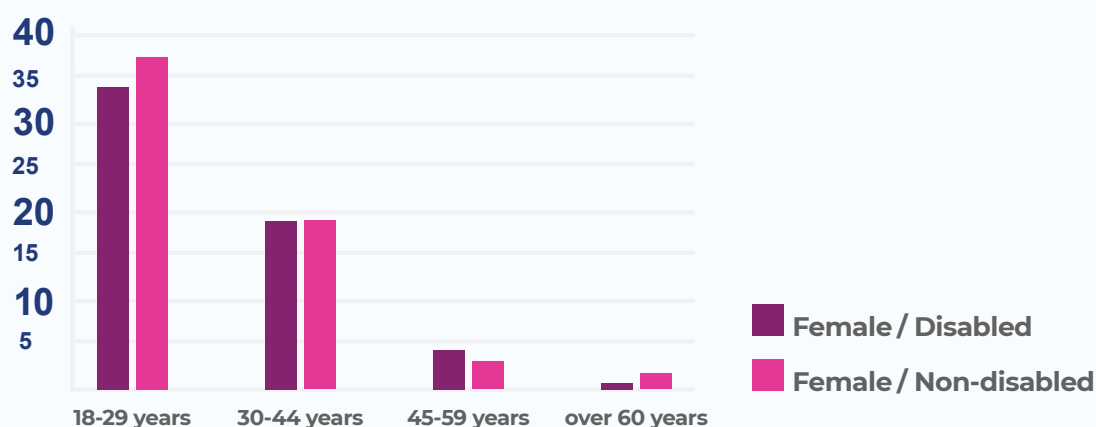


Residency Status



Age groups were categorized as Young Adults (18-29 years), Early Middle Age (30-44 years), Late Middle Age (45-59 years), and Seniors (60+ years), with the majority falling in the Early Middle Age (39%) and Young Adults (35%) categories. The result suggests that disability among respondents was 6% (11% among males compared to 6% among females)..

Figure 2: Distribution of Respondents according to Age, gender and Disability:



Evaluation Findings



This section presents the evaluation findings, organized into categories: the OECD-DAC criteria and additional criteria such as accountability to the affected population, coordination and collaboration.

Each category is further structured according to the evaluation criteria outlined by the CHS.



The results presented in this evaluation report for all the partners are intended solely to provide a transparent and ethical review of the findings, without any intention of making comparisons between the partners.



The highlighted differences in the report are based primarily on feedback from the communities served.



The evaluation team has made every effort to avoid any sensitivity that might arise from the evaluation findings, focusing instead on an accurate and fair representation of the community's perspectives and experiences.



Our goal is to ensure that the evaluation is conducted with the highest ethical standards, respecting the efforts of all partners involved while providing constructive feedback for future improvements.

Relevance and Appropriateness, Effectiveness and Efficiency

EQ1. To what extent were the program's objectives and results defined, monitored, and achieved?

Program objectives and results were clearly articulated in the Action Aid results framework, focusing on promoting livelihoods, resilience, and protection for women and youth in crisis-affected areas. However, while objectives were specific, such as empowering women through vocational training or addressing GBV through targeted services, there was some variability in the depth of indicators and targets. For instance, outputs like vocational training included measurable targets and verification methods, yet other outputs, such as GBV risk mitigation, lacked clarity on how qualitative outcomes, like community impact or behavioral change, would be measured. Additionally, while disaggregation by gender and age was noted, a gap existed in addressing intersectional vulnerabilities such as disability. The timeline appeared ambitious given the range of activities, which may challenge achieving sustainable outcomes within the program duration.

Key informants viewed the program's objectives as generally well-defined across different programs. They consistently reported clarity in objectives from the outset, aligning them with specific needs such as fostering economic empowerment, enhancing skill development, livelihood assistance, health service provision

CHS 2: People and communities access timely and effective support in accordance with their specific needs and priorities.

CHS 9: People and communities can expect that resources are managed ethically and responsibly.

and promoting mental health improvement. Several key informants from the implementing partners emphasized that objectives were tailored to community needs based on a needs assessment conducted prior to designing this program, particularly for women and youth, ensuring alignment with vocational, livelihood and psychological

empowerment goals. Feedback from youth life skills, marketing and vocational trainers indicated careful pre-implementation planning of training objectives. The design of the training was based on a needs questionnaire distributed to the population (covering different trainings), which helped in selecting activities in line with the priorities of the local community.

Room for improvement was identified by focus group participants who reflected positive impressions about the GBV training experience but they couldn't specify the objectives of the training.

Another area of focus was monitoring and evaluation where key Informants reflected that monitoring practices were inconsistent.

While there were positive examples such as real-time assessments tailored to adapt feedback mechanisms to community needs, particularly in programs aligned with the CHS, these efforts were not systematically applied across all programs. Challenges arose from insufficient data on how progress was systematically tracked and monitored.

Participants did not consistently address whether monitoring tools or methods were in place. In terms of PSS sessions in idlib, participants touched on the challenges represented by the difficulty in attending all sessions due to family obligations, such as childcare, in addition to social restrictions. The FGD participants in Türkiye exerted on the challenges related to marketing and the high cost of materials

Enhancing marketing skills and finding alternative

sources of materials can help participants achieve greater success in the future.

Additionally, there was limited information available to them on post-training evaluations or ongoing support to assess the sustainability of outcomes achieved during training sessions. Positive results were evident from FGDs in improving mental health, vocational skills, and self-confidence among participants.

For example, the mental health sessions led to noticeable psychological benefits, while vocational training provided practical skills for economic empowerment.

Participant feedback indicated satisfaction with training quality and outcomes but revealed a need for an advanced training to further meet their needs.

A key informant noted,

The objectives aligned well with community needs post-earthquake, especially in providing psychosocial support and vocational training.”



The FGD participants of vocational training emphasized,

“The skills we learned are practical and immediately useful for rebuilding livelihoods.”



These sessions empowered individuals to regain economic independence, a critical step in post-disaster recovery.

The evaluation concluded that program objectives were achieved, however there have been some challenges across the implementation journey and these are explained further.

Delays in delivering critical winterization kits and cash assistance reduced the timeliness and perceived relevance of support, highlighting the need for improved logistical planning.

Challenges in efficiency arose from limited resources and economic constraints.

For instance, inflation and high material costs restricted some participants' ability to fully apply their newly acquired skills.

Delays in distributing cash assistance further strained households, particularly those who are female-headed.

One of the main issues that has arisen from the phase 1 response is on funds transfer.

Due to bank overcompliance in response to regulatory requirements, international banks are implementing strict compliance measures which has resulted in delays and blockages in the transfer of funds.



Although the ActionAid UK finance team liaised regularly with the banks, there did continue to be a delay. Under the phase 2 response, ActionAid continues to engage with other banks in early dialogue on the nature of the work and the need for an expedited process of humanitarian transactions.

EQ2. What were the key areas of success and challenge in delivering the intended results, and what factors influenced these outcomes?

The program recorded significant successes in skill-building, psychosocial recovery, and community engagement.

The intended results of this program were to:



1. Enhance accessibility and utilization of services across diverse demographics, including women, IDPs, and participants with disabilities.



2. Improve the satisfaction and impact of services provided, ensuring alignment with the specific needs of target groups.



3. Address and mitigate specific challenges faced by IDPs, including displacement-related barriers.



4. Improve outcomes for participants with disabilities and women.

1. Accessibility and Utilization of Service:

IDPs utilized mental health and psychosocial support (MHPSS) services more frequently (35%) than host community members (20%).

Participants with disabilities accessed legal counseling services at higher rates (9% vs. 2% for non-disabled respondents), indicating a tailored need for this subgroup.

The survey results offer valuable insights into the types of assistance accessed by program participants, shedding light on both successes and challenges in service delivery.

For example, the high uptake of Essential Healthcare Services (31%) and MHPSS

(29%) services suggests that these services are successful in meeting the needs of participants. However, the fact that Legal Counseling was accessed by only 2% of respondents highlights a potential challenge in service engagement or accessibility in that area, possibly indicating a need for more targeted outreach or awareness efforts.

The gender-specific data further illustrates both successes and challenges.

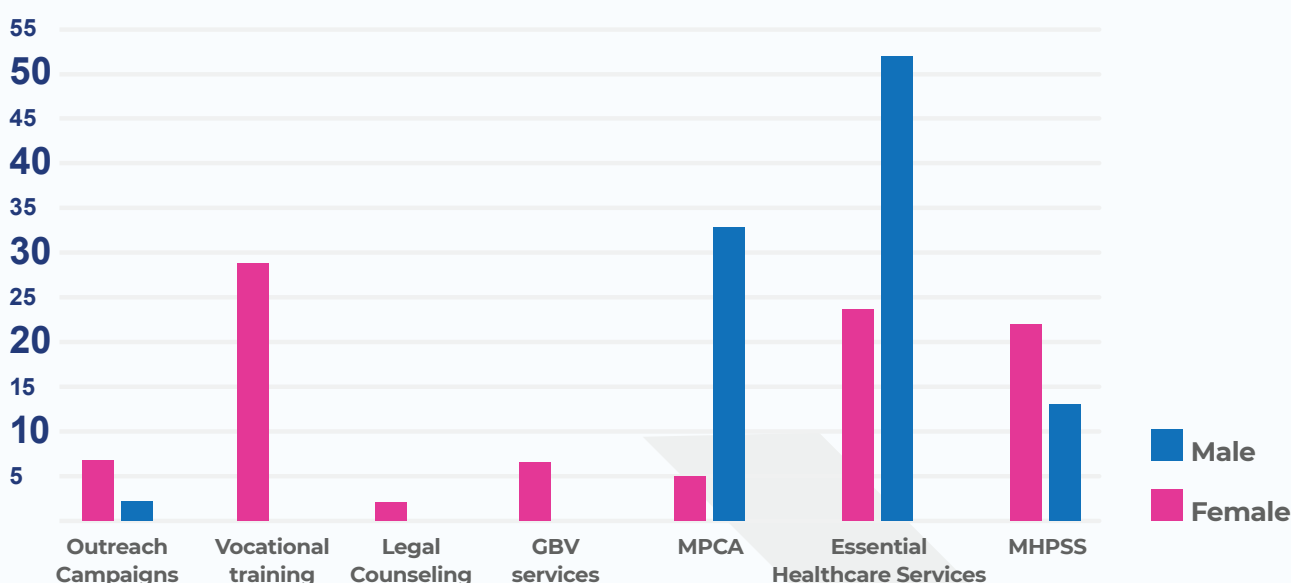
The higher usage of MHPSS services by females (27%) compared to males (13%) may indicate a success in addressing mental health needs among female participants but also points to a challenge in engaging male participants in these services.

Conversely, Essential Healthcare Services are more frequently accessed by males (52% vs. 24% for females), which may reflect the program's success in reaching this group but also signals a challenge in ensuring that women are equally represented in this service area.

The non-uptake of GBV Support among males and the exclusive use of Vocational Training and Legal Counseling by females highlight both a success in targeting specific needs of women but also suggest potential barriers for male participation in these services. Additionally, the disparity in the uptake of Outreach Campaigns (6% for females vs. 2% for males) could point to a need for more inclusive or gender-sensitive outreach strategies.

Figure 3⁷: Percentage of Respondents Receiving Each Service Type by gender

What kind of service have you received from the project?



⁷ The chart illustrates the accessibility and distribution of services among the sampled male and females

Of the 353 respondents, a significant majority, 90% (318 respondents), did not face any barriers when accessing the center or hospital.

However, 10% (35 respondents) reported experiencing challenges that made it difficult for them to reach the healthcare facility.

The main obstacles faced by these respondents included the distance to the center or hospital, which was a major issue for many who lived far from the location.

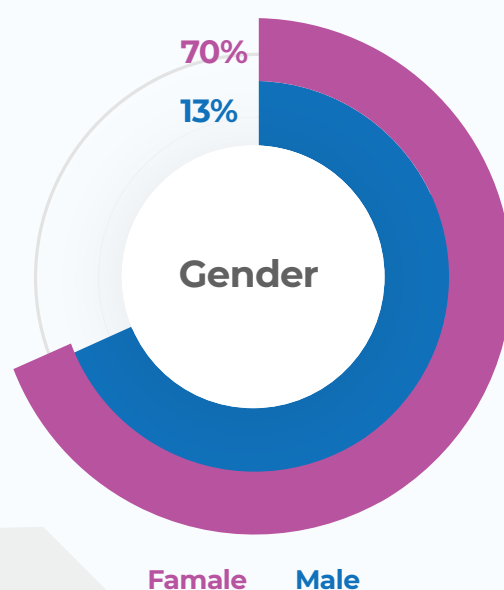
Additionally, the lack of public transportation was highlighted as another key barrier, with many respondents struggling to find accessible or reliable transport options. Lastly, the cost of taxis was also a significant factor, as many found the

fares to be prohibitively expensive, further complicating their ability to access the services they needed.

A key informant revealed that there were no negative changes in the community due to the project interventions, but perhaps the lack of means of transporting materials for the beneficiaries may have negatively affected their ability to access this particular aid. These findings suggest that while most respondents were able to access healthcare services without difficulty, a smaller group faced considerable challenges, primarily related to distance, transportation, and affordability.

2.Satisfaction & quality:

Satisfaction levels were consistent across genders, with 70% of women and 69% of men reporting being very satisfied. IDPs were slightly less satisfied than host community members (65% vs. 72% very satisfied). Among participants with disabilities, satisfaction was lower, with 50% reporting very satisfied and 14% dissatisfied citing the reason cited above about the distance to the hospital and high transportation cost, reflecting potential unmet needs in this group.



In terms of satisfaction with the amount of MPCA provided, the majority of participants—91% (31 out of 33)—expressed satisfaction to varying degrees. Specifically, 58% (19 respondents) felt satisfied, and 36% (12 respondents) were very satisfied with the support. On the other hand, 3% (1 respondent) reported being dissatisfied, and another 3% (1 respondent) held a neutral stance. These percentages illustrate the generally positive reception of MPCA, with most beneficiaries acknowledging its contribution to improved protection and living conditions, as well as satisfaction with the financial assistance provided. Key informant interviews reflected that cash assistance distribution is more effective, as the beneficiary is able to choose what suits his needs.

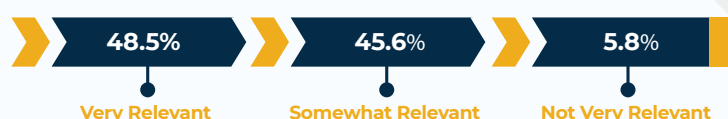


In terms of quality of service, women rated the quality of services highly, with 69% reporting "excellent" compared to 49% of men. Among IDPs, 62% rated the services as excellent, compared to 78% of host community members. Disabled participants were less enthusiastic, with only 40% rating services as excellent and citing issues such as inadequate materials.

Women found case management sessions more effective than men, though overall effectiveness was moderate. IDPs indicated more unmet needs, possibly reflecting the complexity of displacement-related challenges. Disabled participants did not report specific findings, indicating a need for tailored evaluation in this area.



In terms of relevance to career goals or the local job market, 48.5% of respondents found vocational training to be very relevant, while 45.6% considered it somewhat relevant. Only 5.8% of participants felt the training was not very relevant citing the reasons that the tools and information in the hairdressing course are not sufficient to enter the labor market. Also, the sewing machines used in the course are not suitable for the labor market because they are old.



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70%

Women Very Satisfied

69%

Men Very Satisfied

65%

IDPs Very Satisfied

72%

Host Community Very Satisfied

50%

Very Satisfied

14%

Dissatisfied

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91%

Satisfied to varying degrees

58%

Satisfied

3%

Neutral

36%

Very Satisfied

03%

Dissatisfied

These percentages illustrate the generally positive reception of MPCA, with most beneficiaries acknowledging its contribution to improved protection and living conditions, as well as satisfaction with the financial assistance provided. Key informant interviews reflected that cash assistance distribution is more effective, as the beneficiary is able to choose what suits his needs.

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Among participants with disabilities, satisfaction was lower, with 50% reporting very satisfied and 14% dissatisfied citing the reason cited above about the distance to the hospital and high transportation cost, reflecting potential unmet needs in this group.

49%

Men rated as "excellent"

69%

Women rated as "excellent"

62%

IDPs rated as "excellent"

78%

Host Community rated as "excellent"

40%

Disabled participants rating service as "excellent"

Women found case management sessions more effective than men, though overall effectiveness was moderate. IDPs indicated more unmet needs, possibly reflecting the complexity of displacement-related challenges. Disabled participants did not report specific findings, indicating a need for tailored evaluation in this area.

In terms of relevance to career goals or the local job market, 48.5% of respondents found vocational training to be very relevant, while 45.6% considered it somewhat relevant.

Only 5.8% of participants felt the training was not very relevant citing the reasons that the tools and information in the hairdressing course are not sufficient to enter the labor market.

Also, the sewing machines used in the course are not suitable for the labor market because they are old.

48.5%

Very relevant

45.6%

Somewhat relevant

5.8%

Not very relevant

3. Challenges addressed

Challenges included high costs of materials for training, limited job opportunities, and logistical difficulties in accessing training centers.

Logistical and resource constraints emerged as key barriers as FGD participants in Kilis raised concerns about insufficient materials, stating,

“The training materials to practice were not always enough for the entire group.”



This points to the importance of having basic resources such as materials or tools to achieve effective and sustainable results.

Key Informants highlighted difficulties in reaching remote areas.

4. Improved outcomes for women and PWD

Many participants emphasized the development of empowerment and decision-making abilities as a critical outcome of the leadership training, alongside a notable increase in self-confidence.

These elements were commonly associated with a sense of personal and professional growth.

The training's emphasis on improving interpersonal skills—such as adapting one's style and method of interacting with others—was particularly impactful. Others appreciated the political dimension of the training, which offered insights into presenting opinions effectively and assertively.

The exploration of women's roles and positions in society, which appeared to resonate deeply and contribute to broader empowerment for several participants.

One participant shared how they had become more social, overcome shyness, and built a stronger personality, enabling confident engagement with a wide range of people.

PSS sessions were notably effective for women, with 75% reporting significant positive changes compared to 60% of men.

Among IDPs, 65% reported significant improvement, whereas host community participants were slightly higher at 72%. Disabled participants saw notable benefits, though logistical barriers limited access for some.

75%

Women: Significant improvement

60%

Men: Significant improvement

65%

IDPs: Significant improvement

72%

Host Community: Significant improvement

Women reported higher improvement in coping abilities (74%) compared to men (68%). IDPs showed slightly lower improvement rates (66%) than host community members (78%).

Participants with disabilities were mixed, with 55% reporting improvement but some noting logistical challenges that impeded full engagement.

85%

Reading skills improved

67%

Writing skills improved

45%

Math skills improved

95%

Teachers trained

Women were more comfortable, with 88% reporting feeling very comfortable compared to 75% of men. IDPs expressed slightly lower comfort levels (80%) than host community members (90%), potentially reflecting trust barriers. Disabled participants felt highly supported, with no reports of discomfort.

88%

Women very comfortable

75%

Men very comfortable

80%

IDPs very comfortable

90%

Host community very comfortable

Referred services fully met the needs of only 15% of disabled participants compared to 20% of non-disabled participants.

Men reported higher rates of unmet needs (19%) than women (12%).

IDPs expressed more uncertainty about the relevance of referrals (40%) than host community members (20%).

15%

Disabled: needs fully met

20%

Non-disabled: needs fully met

19%

Men: unmet needs

12%

Women: unmet needs

40%

IDPs: referral relevance uncertainty

20%

Host community: referral relevance uncertainty

The responses regarding the impact of Multi-Purpose Cash Assistance (MPCA) on protection and living conditions highlight varied experiences among the 33 participants, who received MPCA.

A substantial 64% (21 out of 33) of respondents indicated that MPCA partially improved their living conditions and sense of protection.

Meanwhile, 24% (8 respondents) reported a complete positive change, feeling fully protected and with enhanced living conditions.

However, 9% (3 respondents) stated that MPCA did not make them feel more protected or improve their living conditions, and 3% (1 respondent) remained unsure of its impact.



The legal support service was accessed by a small group, with women reporting modest reductions in GBV levels.

Disabled participants expressed limited clarity on the service's impact, suggesting the need for more targeted follow-up support.

Participants felt safe, with 90% of women and 85% of men reporting very high comfort levels. IDPs felt less comfortable (80%) than host community members (92%).

Disabled participants consistently expressed satisfaction with the supportive environment.



FGD participants in Gaziantep revealed the impact of skills training.

One participant shared,

"Learning hairdressing has given me a sense of hope and a pathway to financial independence."



Group PFA sessions provided a safe space for emotional recovery.

In Aleppo, participants noted,

"These sessions helped us regain confidence and process our trauma together."



The outcomes were largely shaped by the adoption of holistic and inclusive approaches to assess the needs of the communities.

A key focus was on female-headed households, which have been marginalized due to legal barriers or the loss of vital documents.

Throughout the process, there has been a strong emphasis on integrating the perspectives of vulnerable populations into every aspect of the work.

This has included in-depth discussions with community members and incorporating their insights into strategic planning.

By collaborating with implementing partner organizations and leaders, and utilizing robust community feedback mechanisms, critical needs have been prioritized and addressed effectively.

Ensuring meaningful participation of women and girls in decision-making roles has been a central strategy, facilitating the expression of their needs and priorities, and enabling a more responsive, tailored approach.

A gender-sensitive lens has been applied in data collection, ensuring that the experiences of women and girls are accurately represented.

This approach has addressed vital protection needs, including gender-based violence, and ensured that essential services such as healthcare (including reproductive health) and water and sanitation facilities are both accessible and of high quality.

Overall, this integrated approach has been instrumental in fostering inclusivity, empowerment, and resilience among those affected by the crisis.

EQ3. To what extent did the intervention align with the needs and priorities of the affected population, partners?

The program interventions were well-aligned with the needs of the target population, particularly in addressing psychosocial and economic challenges. A comprehensive needs assessment was conducted before the program began. Based on the assessment, ActionAid's program was designed to address specific needs such as the distribution of hygiene kits and initial psychosocial support. The focus was on the most vulnerable groups, such as survivors of gender-based violence, reflecting the alignment of interventions with local needs of improving women participation.

84% of respondents agreed that the services met their basic needs

MHPSS services were particularly relevant for trauma-affected participants, and vocational training aligned with local job market needs. However, some respondents felt that cash assistance came too late to address seasonal needs effectively.

The program demonstrated strong adherence to international humanitarian standards, particularly the CHS.

25% of respondents, who received MPCA felt that this service completely improved their living conditions,

the distribution of **150\$** in cash assistance to beneficiaries effectively addressed their primary needs

reducing negative coping mechanisms for families and increasing their ability to meet multiple needs, i.e food, medication, daily basic needs etc.⁸

All respondents felt safe at the distribution sites and were satisfied with the process and the assistance provided. Most beneficiaries preferred cash assistance, as it allowed them to make independent, dignified choices in meeting their basic needs), while 64% felt it improved their living conditions partially. 9% of respondents either did not experience any improvement or were unsure about the impact. This was largely due to the compounded pressures of economic hardship and the lingering negative effects of the earthquake, which limited its overall impact. The most significant issue raised was the untimely delivery of winterization assistance, which was distributed after the critical cold season.

As a result, beneficiaries were forced to sell the materials at low prices, storage challenges emerged, such as infestations of insects and rodents, due to inadequate facilities for keeping the materials.

⁸ PDM report by EE-Syria

Vocational training was very relevant for both men and women, who highlighted issues with outdated tools or short training durations. IDPs found training somewhat less relevant (47%) than host community members (56%), likely due to differences in local job market integration.

Disabled participants expressed moderate relevance (50%), with barriers like insufficient equipment noted.

Stakeholders emphasized the importance of community participation.

A key informant remarked,

"We consistently sought community input to refine our activities."



FGD Participants in Aleppo confirmed inclusivity in program design, sharing,

"Our opinions were heard during the planning phase, which made the program more inclusive."



EQ3. EQ4. How well did the program adhere to international standards (e.g., Core Humanitarian Standards)?

EQ5. How well did the program ensure sensitivity to the context, culture, and conflict dynamics?

To answer this question, NSDation primarily focused on the policy mechanisms and programs standards of ActionAid and their implementing partners.

ActionAid and IPs demonstrated strong adherence to CHS, integrating these standards into program quality frameworks, response strategies, and monitoring, evaluation, and learning (MEL) systems.

This adherence was evident in the culturally responsive nature of interventions and the consistent engagement of local stakeholders.

The program was highly sensitive to the cultural and social contexts of the target population. Psychosocial support sessions addressed culturally relevant topics, such as child behavior and family stress.

One participant shared,

“The suicide awareness session was particularly timely, given a recent incident in the community.”



The program has been very sensitive to the cultural and social context and conflict dynamics and successful in ensuring sensitivity to the community and cultural context, with participants indicating the selection of relevant topics that met the needs of the local community and addressed existing social and cultural challenges. The selection of sensitive and conflict-related topics, such as children’s rights, aggression, bullying and disability inclusion, was an effective response to pressing needs in a community environment affected by displacement and conflict. This sensitivity extended to integrating conflict dynamics, enabling a responsive and adaptive program that fostered trust among participants.

FGD participants in Idleb highlighted the program's respect for local traditions. The program has been responsive to current events, selecting topics that are relevant to the urgent needs of beneficiaries, especially at critical times.

One of the FGD participants said,

“the topic of the suicide session was very appropriate to raise at that time, as two days before, a girl in the area had committed suicide and lost her life.

The time was appropriate for the culture of the community. If this topic had been raised before this period, we might not have accepted it.”



Another participant said,

“We learned new ways to deal with our children, as well as improving our psychological state through psychological support sessions.

When our psychological state is good, our dealings with our children and other people are better.”



Impact, Connectedness, and Sustainability

CHS 3: People and communities are better prepared and more resilient to potential crises.

CHS 7: People and communities access support that is continually adapted and improved based on feedback and learning

EQ6. How impactful was the intervention in affected communities, and what changes (positive or negative) did it bring, particularly for vulnerable groups.

EQ7. Were there any unintended effects, especially on vulnerable groups?

The program had a tangible impact on affected communities. Vocational training improved not only participants' skills but also their economic resilience, with 72% of participants reporting increased income, particularly in areas such as mobile maintenance and sewing, which contributed to greater privacy and self-reliance. Meanwhile, 23% felt that the training somewhat improved their professional readiness or job prospects, indicating partial progress.

A smaller group, comprising 5% of respondents, reported no significant improvements in job opportunities or skills, citing the short training duration as a limitation.

72%

Increased income

05%

No significant improvement

23%

Partial progress

While the majority of participants found the program effective in enhancing their skills and enabling them to generate income, some faced challenges in integrating into the market, highlighting the need for additional support in this area.

Mental health interventions helped build psychological resilience, fostering a sense of community and purpose.

The evaluation revealed that 67% of participants reported improved resilience and preparedness for crises. Vocational training provided participants with sustainable skills, and MHPSS services helped individuals cope with psychological stress.

One participant shared,

"The training allows me to work anywhere, no matter the challenges."

Additionally, MHPSS services inadvertently fostered greater self-acceptance among participants. **One participant noted,**

"These sessions helped me not only heal but also find a place in my community."

Another positive effect included increased community cohesion.

A key informant explained,

"People formed informal support groups after attending the sessions together."

Most participants expressed their success in learning new skills, such as mobile maintenance and resin training, which gave them the ability to do new and useful work. One FGD participant said that training in the English language helped them teach their children themselves, which increased their independence.

While the vocational training has laid a solid foundation for participants' success, follow-up support and advanced training are critical to ensuring long-term sustainability.

Key Informants highlighted that the business skills training equips participants with sustainable practices, positioning them for future success.

However, participants identified resource gaps, such as limited access to capital and tools, as significant barriers to sustaining and expanding their businesses.

Additionally, strengthening partnerships with local employers and enhancing efforts to connect vocational training graduates with local business owners are essential strategies to bridge the gap between training and market integration. These measures could address systemic challenges, facilitate employment opportunities, and foster a more robust and sustainable impact on livelihoods.

One respondent emphasized,

"Creating a referral network for trainees would make a big difference in finding jobs after training."

Another key informant (protection coordinator of an IP) stated that the program interventions contributed positively to the community to a large extent, as the program provided initial psychological support after the earthquake, in addition to systematic psychological support services for children through the "Heart" program, which focuses on recovery through art and drawing. As per the KIs, this was reflected in positive changes in children's behavior.

They further reflected that referral path was strengthened, as many cases were referred to the medical point in the primary care center, which led to the provision of the necessary medications for chronic diseases such as insulin and blood pressure medications over the program period.

According to the survey, FGDs, and KIs, the program activities did not have any negative unintended effects on any groups within the affected communities.

EQ6. What is the likelihood that the program's results will have a lasting, positive impact, and how did it contribute to resilience and preparedness for future shocks?

EQ7. Were there any unintended effects, especially on vulnerable groups?

The evaluation reflected that the program has had a profound and lasting effect on participants' personal and professional lives, equipping them with the resilience, skills, and knowledge to navigate future crises.

Vocational Training:

vocational training offered by the program, including skills such as sewing, candle-making, mobile maintenance and resin crafts, has had a significant and lasting impact on participants to make independent personal and economic decisions. These skills are not only valuable in their current contexts but are also transferable, enabling participants to work in these professions wherever they may be relocated. One FGD participant in Gaziantep pointed out the importance of promoting their services and gaining the trust of customers, which requires time and effort to market themselves effectively.

In addition, women may need financial support to help them purchase equipment. However, participants highlighted the importance of having access to necessary materials and equipment to fully leverage these skills, as well as the need for continuous training to keep pace with evolving trends in the labor market.



Moreover, some FGD participants emphasized the importance of supporting small projects, such as by providing financial grants and materials, to help foster sustainability. Networking between organizations and workplaces was also suggested by key informants as a key factor in ensuring long-term success. The program's resilience-building impact is therefore rooted in both the immediate practical benefits it provides and its capacity to empower individuals in the long run by giving them the tools to be self-sufficient and entrepreneurial. Lessons from the program highlight the need for advanced training, timely delivery of assistance, and stronger links between training and job opportunities. Participants suggested introducing marketing workshops, providing financial support for small businesses, and ensuring continuous training sessions to enhance sustainability.

As one participant suggested,

"Connecting trainees to local employers could ensure that the skills we learned are applied effectively."



Psychosocial Support:

The psychosocial support service of the program has had a notable and sustained impact on participants, helping them manage emotional challenges and cope with trauma, whether related to displacement, economic hardship, or other crises. Participants gained valuable tools for handling psychological stress, controlling emotions, organizing time, and adopting safety procedures during emergencies. This emotional and psychological resilience is a key part of the program's long-term effectiveness, as participants now have the confidence and skills to navigate future crises, which exerts the necessity of the continuity of services.

To enhance the sustainability of psychological support, FGD participants suggested expanding the range of topics covered, such as family relationship-building, early marriage prevention, and addressing religious and societal issues. Integrating diverse groups, including orphans and children with disabilities, was also mentioned as an important step to ensure inclusivity and to strengthen community bonds. Additionally, making these sessions more engaging through fun activities and interactive methods was recommended to keep them effective and appealing.



To enhance the long-term impact, several suggestions were made, including helping trainees market and sell their products, providing financial backing for small businesses, and ensuring continued support through exhibitions and promotional activities. Connecting participants with opportunities to market their goods, whether in local markets or online, would enable them to establish sustainable businesses that can thrive even in the face of economic challenges. In addition, advanced training and multi-level courses were recommended to further develop the skills of participants, helping them to adapt to market trends and increase their competitiveness. By encouraging participants to start and expand their own businesses, the program fosters economic independence, ensuring the longevity of its impact.

Essential Healthcare Services:

According to FGD respondents, they have safe access to health facilities that meet reproductive and child health needs.

They highly recommend these activities to their friends and relatives.

FGDs underscored the immediate benefits participants experienced, but concerns about long-term sustainability persisted. Many participants worried about the continuity of training and material support.

Key informants stated the positive and continuous change in the behavior of the beneficiary women, such as the disappearance of fear in one of the earthquake survivors, yet emphasized the need for ongoing capacity

building and economic support, such as micro-grants for vocational training graduates.

Specific lessons learned captured by the evaluation include:

1. Essential Healthcare Services:

Strong efforts were made to include vulnerable populations, such as female headed households and individuals with disabilities, in both design and implementation phases. Community consultations, feedback mechanisms, and partnerships with local organizations ensured that interventions were locally relevant and context-sensitive.



2. Empowerment through Vocational Training:

Vocational training in areas such as sewing, knitting, and hairdressing effectively empowered women economically, providing practical skills for self-reliance.

Training in small business management and marketing enabled their success in learning new skills, such as mobile maintenance and resin training, which gave them the ability to do new and useful work.

3. Uneven Service Distribution:

Some services, such as legal counseling and advanced vocational training, were underutilized or unevenly distributed due to limited availability and lack of awareness among participants.

Accountability to Affected Populations (AAP)

EQ10. How well were the views and feedback of affected communities incorporated into the program design and implementation?

EQ11. How accessible and useful were the complaint and feedback mechanisms, particularly for marginalized groups, and how did the program support accountability to affected populations?

Evaluation results highlighted that community feedback was incorporated effectively during the implementation phase but less so during the design phase.

Recognizing the importance of community input, decision-making processes have been structured to incorporate the perspectives and preferences of those directly affected.

Intensive focused group discussions and survey assessments were instrumental in identifying nuanced needs, leading to the realization that men also have specific requirements deserving of consideration.

This inclusive approach not only respects the dignity of each community member but also ensures the efficacy of our interventions.

FGD Participants in Kilis appreciated the inclusivity, sharing,

“We felt our voices mattered when changes were made based on our suggestions.”



CHS 1: People and communities can exercise their rights and participate in actions and decisions that affect them.

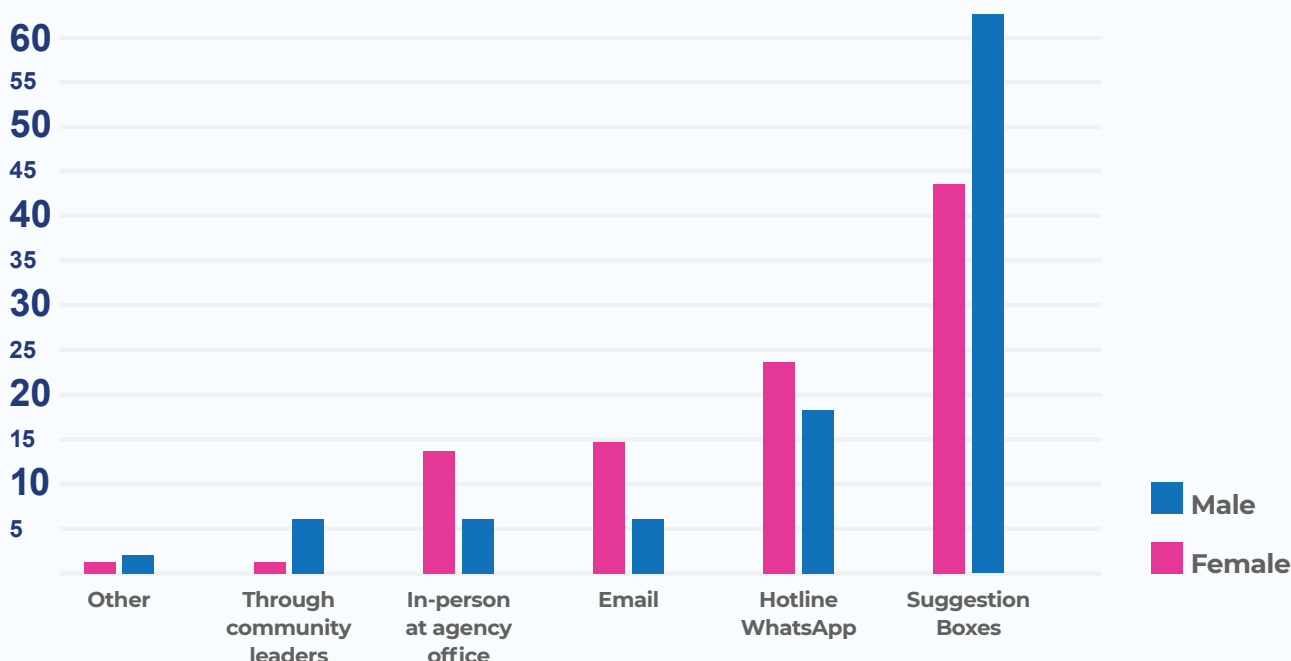
CHS 4: People and communities access support that does not cause harm to people or the environment.

CHS 5: People and communities can safely report concerns and complaints and get them addressed.

CHS 8: People and communities interact with staff and volunteers that are respectful, competent and well-managed.

Figure 4: Percentage of Respondents' awareness of feedback channels Type by gender

What channels are you aware of to express your complaint / by gender



Most participants appreciated the accessible nature of feedback systems, such as suggestion boxes and hotlines, but dissatisfaction arose from non-responsiveness and perceived management uncooperativeness, particularly in the early stages of planning ie.

as beneficiaries were not effectively consulted about the type of training they preferred before the list was prepared.

Among those who used the feedback mechanisms, 69% did not express their satisfaction level (marked as N/A), while 18% expressed satisfaction, and 2% were dissatisfied. This was particularly noted by participants who faced challenges like childcare or who had specific proposals about program logistics.

KIIs revealed the implementation of feedback mechanisms, such as suggestion boxes and focus groups, which enhanced program responsiveness. They mentioned frequent consultations with community members.

One stakeholder noted,

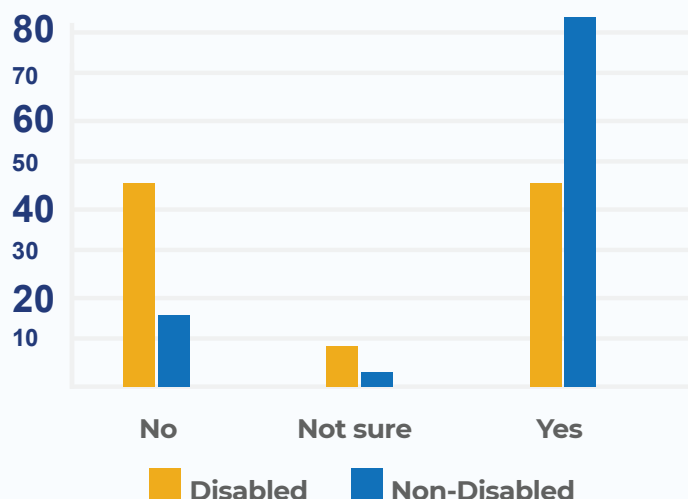
“Community feedback was actively sought through surveys and focus groups.”



90% of respondents knew how to provide feedback or make complaints about the service/sessions/training they have received. 9% of respondents indicated that they were not informed about the mechanisms for submitting complaints or feedback and did not receive any information or clarification about them.

Figure 5: Percentage of Respondents' awareness of FCRM provided by organizations

Are you aware of the feedback and complaints mechanisms provided by the organization during the project?



80% of respondents are aware of the feedback and complaints mechanisms provided by the implementing partner organizations. However, 18% of respondents were unaware of these systems, highlighting gaps in communication, while 2% of respondents were unsure.

One participant noted,

"I didn't know how to provide feedback, and my concerns about training materials were not addressed."



Awareness levels are similar between genders, though men have a slightly higher level of awareness. Women have a higher proportion of "No" responses. The respondents with disabilities exhibit significantly lower awareness levels (45% vs. 82%) compared to people with no disabilities. The equal percentage of "Yes" and "No" responses (45%) suggests that the mechanisms may not be as accessible or visible to people with disabilities.

Among implementing partners, Space of Peace stands out with nearly universal awareness, indicating strong communication and engagement practices. Equity and Empowerment has the highest percentage of respondents unaware (47%), signaling a need for targeted awareness efforts. For Violet and Kareemat, awareness is high (around 75%) but still has room for improvement.

Most respondents (59%) cited friends or family members as their primary source, with women (62%) relying slightly more on these networks compared to men (51%). Volunteer Community Committees (VCC) were significant for internally displaced persons (IDPs), contributing to 18% of awareness among them, compared to 12% for host community members. People with disabilities were more likely to hear about the program through local community leaders (10% vs. 4% for non-disabled participants), underscoring the importance of targeted outreach for this group.

EQ12. To what extent did the intervention address the specific needs of vulnerable groups (e.g., refugees, people with disabilities, women, and children)?

EQ13. How effectively did the program identify enablers for the participation of marginalized groups and address gender-specific needs?

EQ14. How did the program support accountability to affected populations? also in terms of holding other humanitarian actors accountable?

The evaluation revealed that regular updates and community meetings are reported to ensure accountability.

An FGD participant in Aleppo noted,

“We always knew what was happening and why.”



Both men and women followed similar inclusion processes as project participants, with slightly higher documentation submission rates among women (19% vs. 13% for men). Among status groups, IDPs were more likely to complete application forms (38%), while host community members often attended information sessions (20%). Disabled participants faced additional barriers, with fewer completing the process of waiting for approval (8% vs. 17% for non-disabled participants), indicating potential accessibility issues in the enrollment process.

19%

Women: Submitted documentation

13%

Men: Submitted documentation

38%

IDPs: Completed applications

20%

Host Community: Attended info sessions

08%

Disabled: Completed approval wait

17%

Non-disabled: Completed approval wait

The evaluation reflected that the program effectively addressed the needs of women and children through tailored services.

It successfully targeted vulnerable populations such as women subjected to violence, persons with disabilities, elderly men, and widowed women without breadwinners. Initially focused exclusively on women, the program adapted its strategy to include other marginalized groups, reflecting a commendable flexibility in addressing diverse needs, revealed a key informant from implementing partner organization. However, inclusion of people with disabilities was limited, with few training sessions designed to accommodate their specific needs.

As one respondent noted,

“Including more disabled participants in training would improve overall impact.”



The program was effective in identifying enablers such as culturally sensitive training environments and targeted activities for women. Gender-specific needs were addressed through sessions on GBV and leadership skills.

One female participant shared,

“The training gave me the confidence to speak up in community meetings, which I never imagined doing before.”



The Children's activity facilitator revealed that tailored approaches, including simplified concepts for children, proved effective in gradually increasing engagement among younger participants.

A key informant shared,

“We prioritized women-headed households for livelihood support.”



FGDs confirmed this approach.

Inclusivity was a recurring theme, with efforts made to address the needs of women, children, and marginalized groups.

However, participants with disabilities (PwDs) highlighted barriers in accessing services, particularly related to transportation and feedback mechanisms.

Tailored interventions could enhance the program's inclusivity and reach.

Risk assessments also informed interventions.

A key informant explained,

“We considered safety concerns, especially for women attending sessions in remote areas.”



Participants felt safer due to these considerations, stating, “Sessions were held in secure locations close to our homes.

Safeguarding remained a priority for ActionAid – with all new and existing staff undergoing regular training on safeguarding, whistleblowing, and AAP principles. The partner assessments included due diligence, and reviews of the code of conduct, safeguarding and other relevant policies.

Efforts to design activities that respected local customs, such as providing women with private training spaces, further facilitated participation, overcoming cultural barriers. Additionally, awareness campaigns and introductory sessions successfully encouraged broader community participation by simplifying content and explaining how to engage with the program.

However, while these efforts reflect a strong commitment to inclusion, the program lacked detailed documentation on how the needs of these groups were systematically identified and analyzed. For example, while gender-sensitive data collection was incorporated, specific processes for assessing the needs of children and persons with disabilities were less clear.

Awareness of rights and entitlements was high, with 71% of participants fully informed, while 23% were "partially" informed. Only a small portion of respondents (6%) were not informed at all, with no male respondents falling in this category. This high level of awareness reflects that the program effectively communicated participants' rights and entitlements, especially among women who represent the majority.

FGDs revealed mixed perceptions of how participants' views were integrated into service design and delivery.

While 40% felt their input was highly considered, 27% were unsure, and a small portion felt their views were not considered. Some respondents did not submit feedback because they either did not know how or felt their input would not be considered, citing a lack of cooperation from management in certain cases.

The program demonstrated accountability by providing clear feedback mechanisms and transparent processes.

Periodic updates on activities and responsive adjustments, such as session timing changes, reinforced this commitment.



Coordination and Collaboration

EQ15. To what extent did the program assess the effectiveness of coordination and collaboration among stakeholders, including government agencies, local partners, and others?

EQ16. To what extent did the program identify opportunities for improving coordination mechanisms for future emergency responses?

Coordination with local authorities and organizations emerged as a strength in this evaluation, enabling effective referrals and broader coverage of services. The program had a strong relationship with several local organizations such as Civil Defense, Shafaq Organization, and Sema.

In addition to cooperation with primary care points in the area.

This coordination helped in providing workshops focusing on early recovery, reflecting the program's desire to enhance integration and cooperation between different organizations.

Regular meetings with partners ensured alignment of efforts.

ActionAid's localization strategy focuses on bolstering local actors including community organisations, NGOs, and authorities through training, resources, and technical aid, which aided their ability to respond adeptly to emergencies, fostering community resilience in the long term, as partner key informants reflected.

By initiating discussions with coordination networks, ActionAid facilitated capacity building alongside response activities, sharing best practices and enhancing local systems. Centring communities in the response, as a viable approach enhanced their empowerment and resilience against future challenges.

One key informant noted,

“Coordination with the health directorate helped improve access to critical services in rural areas.”



ActionAid effectively coordinated with local organizations, such as Shafaq Organization, to enhance service delivery.

Partnerships with local authorities and international actors facilitated resource mobilization and compliance with legal requirements.

For example, collaboration with the Directorate of Health in Idlib supported healthcare initiatives, while partnerships with the Danish Refugee Council enabled information sharing.

A key informant summarized the coordination process as follows:

Joint planning with stakeholders:

Before starting the program, coordination was carried out with the Directorate of Health in Idlib and the World Health Organization through the health and protection clusters. Communication was also carried out with local administrations in Azaz and Idlib.



Cooperation in advocacy campaigns:

Coordination with governmental and local agencies contributed to organizing advocacy campaigns to support hospitals and health centers in the region, which helped achieve the program objectives with higher quality.



Despite these successes, coordination mechanisms lacked formal structures (a lack of formal MoU/ external interaction in some parts of the program especially for the small-scale partner organizations), resulting in inconsistencies.

Strengthening formal guidelines and leveraging international humanitarian networks could bolster the program's impact and ensure streamlined operations. In addition, being a part of other DEC member agencies, ActionAid joined in the "Blue Sky Initiative" group, which aims to provide space for a grassroots led approach to accelerating localisation in the Türkiye Syria Earthquake response. Working with the Syrian Civil Society Network (SCNP), and in consultation and collaboration with the DEC, the initiative aims to provide Syrian civil society actors with an opportunity to co-design and pilot innovative localisation initiatives through an iterative process⁹.

The latest development is that the initiative plans to develop and pilot a Human Rights Due Diligence (HRDD) project design tool.¹⁰

According to the KIIs, participation in this initiative is seen as promising; however, there is a need to further streamline communication, clarify roles, and align

⁹ ActionAid Ph2 interim report.

¹⁰ ActionAid 12 months report.

VI. Conclusions

Table 4: Conclusions per Evaluation Question

DAC Criteria: Relevance and Appropriateness, Effectiveness and Efficiency
 CHS Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.
 CHS Commitment 9: People and communities can expect that resources are managed ethically and responsibly.

Evaluation Question	Conclusion
EQ1. To what extent were the program's objectives and results defined, monitored, and achieved?	<p>The program's objectives were clearly defined, with measurable results that aligned with the overall mission. Monitoring mechanisms were in place, and periodic review ensured that objectives were on track.</p> <p>The program largely achieved its intended results, particularly in areas such as service delivery and community engagement. However, some challenges in tracking long-term outcomes persisted due to inconsistent data collection methods.</p> <p>Economic challenges such as inflation and material costs were noted, impacting participants' capacity to maintain newly acquired skills.</p>
EQ2. What were the key areas of success and challenge in delivering the intended results, and what factors influenced these outcomes?	<p>Successes included effective community engagement, especially with vulnerable groups, and strong local partnerships. Challenges stemmed from logistical constraints, political instability, and limited resources.</p> <p>Key influencing factors included the adaptability of local staff and the robustness of partnerships, while external challenges such as conflict dynamics and administrative barriers affected timely delivery.</p>

Evaluation Question

EQ3. To what extent did the intervention align with the needs and priorities of the affected population, partners?

Conclusion

The program effectively aligned with the needs of the affected population, particularly marginalized groups, through consultations and ongoing feedback loops. However, the priorities of some local partners occasionally diverged from the program's approach, requiring adjustments to ensure all parties were on the same page.

EQ4. How well did the program adhere to international standards (e.g., Core Humanitarian Standards)?

The program demonstrated a strong adherence to international standards, particularly in areas like accountability, protection, and rights-based approaches. Minor gaps were noted in the consistency of applying standards across different regions and partners.

EQ5. How well did the program ensure sensitivity to the context, culture, and conflict dynamics?

The program exhibited a high degree of sensitivity to the local context, culture, and conflict dynamics. It utilized local knowledge and tailored interventions to respect cultural norms and mitigate conflict risks. However, in some instances, better coordination with local authorities could have improved context sensitivity.

DAC Criteria: Impact, Connectedness and Sustainability

CHS Commitment 3: People and communities are better prepared and more resilient to potential crises.

CHS Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning.

Evaluation Question

EQ6. How impactful was the intervention in affected communities, and what changes (positive or negative) did it bring, particularly for vulnerable groups?

Conclusion

The intervention had a positive impact, particularly for women and children, through increased access to health, education, and protection services. Vulnerable groups reported improvements in their quality of life and resilience. However, negative impacts, such as dependency on aid and occasional social tensions were also noted.

The project module combining MPCA and vocational training targeting the same participants proved to be effective, as demonstrated by high levels of satisfaction with the vocational training and the fact that a high proportion of participants were able to continue their profession, sell their products, and generate income. The cash assistance provided prior to the vocational training enabled participants to address basic needs such as food and medication, creating a foundation for better engagement in the training.

The provision of tools during the vocational training was also effective. However, a significant proportion of participants reported that the rising costs of tools and materials made it challenging to sustain or expand their businesses. Furthermore, the program's lack of additional support—such as cash assistance, tools, small grants, linkages to businesses and markets, or apprenticeship opportunities—has limited the potential for achieving a more sustainable impact.

Evaluation Question

EQ7. Were there any unintended effects, especially on vulnerable groups?

Conclusion

Positive unintended effects included community cohesion and informal support groups.

No negative unintended effects were noted.

EQ8. What is the likelihood that the program's results will have a lasting, positive impact, and how did it contribute to resilience and preparedness for future shocks?

The program has set a foundation for long-term resilience, with improved community engagement and capacity-building initiatives. However, the sustainability of its impact will depend on continued local investment and further strengthening of community systems..

EQ9. How can the lessons from this program inform future interventions to ensure sustainability and long-term impact?

Key lessons include the importance of local partnerships, ongoing feedback mechanisms, and adaptive management. Future interventions should prioritize capacity-building, ensure gender-responsive approaches, and integrate local knowledge more effectively.

Accountability to Affected Populations

CHS Commitment 1: People and communities can exercise their rights and participate in actions and decisions that affect them.

CHS Commitment 4: People and communities access support that does not cause harm to people or the CHS Commitment 5: People and communities can safely report concerns and complaints and get them addressed.

CHS Commitment 8: People and communities interact with staff and volunteers that are respectful, competent and well-managed.

Evaluation Question

EQ10. How well were the views and feedback of affected communities incorporated into the program design and implementation?

Conclusion

Community feedback was actively solicited and incorporated into program design and ongoing activities. However, in some cases, there were delays in responding to feedback, which affected the responsiveness of the program. Strengthening early-stage community engagement would enhance inclusivity.

EQ11. How accessible and useful were the complaint and feedback mechanisms, particularly for marginalized groups, and how did the program support accountability to affected populations?

Feedback mechanisms were generally accessible, though marginalized groups sometimes faced barriers to using them. Awareness among marginalized groups (particularly PwD) was limited. Improved targeted communication strategies are needed to ensure inclusive access.

EQ12. To what extent did the intervention address the specific needs of vulnerable groups (e.g., refugees, people with disabilities, women, and children)?

The program successfully addressed the needs of vulnerable groups, with a particular focus on women, children, and refugees. Specific accommodations, such as disability-friendly services, were introduced but could be further improved in future interventions.

EQ13. To what extent has the program progressed and achieved its preliminary results in accordance with the original work plan and how well did it adapt to changing conditions on the ground and new findings?

The program largely adhered to the original work plan with significant progress in the key areas. It demonstrated flexibility in adapting to unforeseen challenges, such as changes in security conditions and new needs emerging during implementation.

Coordination of ActionAid with partners enhanced transparency.

Evaluation Question

EQ14. How did the program support accountability to affected populations? also in terms of holding other humanitarian actors accountable?

Conclusion

The program maintained strong accountability to affected populations through regular updates, consultations, and transparent decision-making processes. It worked with other humanitarian actors to ensure mutual accountability, although coordination could be strengthened.

Coordination and Collaboration

CHS Commitment 6: People and communities access coordinated and complementary support.

EQ15. To what extent did the program assess the effectiveness of coordination and collaboration among stakeholders, including government agencies, local partners, and others?

The program effectively demonstrated strong coordination and collaboration with stakeholders. Joint planning and advocacy campaigns further aligned efforts and enhanced program quality. ActionAid's localization strategy empowered local actors, fostering long-term resilience. However, lack of formal structures, such as MoUs, led to inconsistencies, particularly with smaller partners. Strengthening formal guidelines and leveraging international networks could enhance impact and ensure streamlined, sustainable coordination.

EQ16. To what extent did the program identify opportunities for improving coordination mechanisms for future emergency responses?

The program identified key areas for improvement in future responses, including the need for better coordination with local government agencies and more streamlined communication channels among humanitarian actors.

VIII. Recommendations

For ActionAid

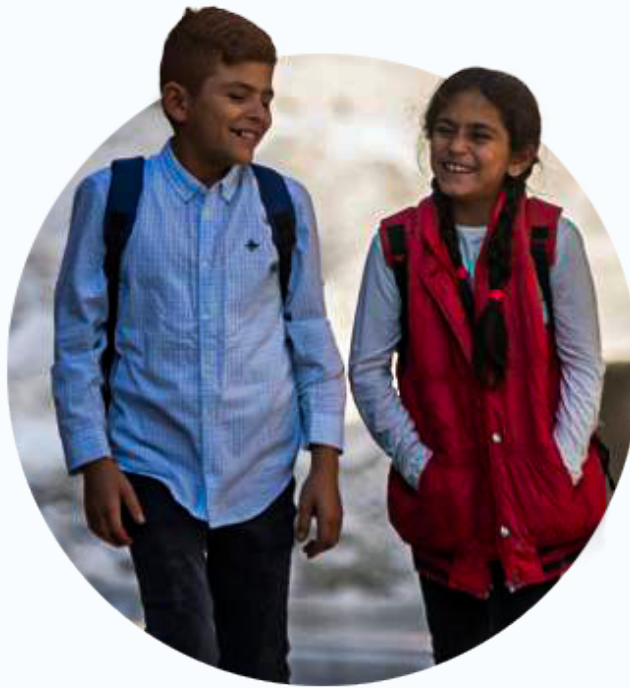
Recommendations	Timeline	Responsible teams
Strengthen Real-Time Adaptive Management: Strengthen Real-Time Adaptive Management: Implement a real-time feedback loop, allowing for adaptive program management based on incoming data and participant feedback. For instance, establishing weekly or biweekly feedback sessions with field teams can highlight urgent issues like delays in cash assistance and resource limitations, enabling immediate responses rather than end-of-cycle adjustments. This approach ensures responsiveness to beneficiary needs and helps build trust with affected populations by addressing challenges promptly.	Short term (to be addressed in the next 6 months)	Program and M&E teams from ActionAid to develop, designate and support IPs to implement the system.
Support the feedback and complaints mechanisms of smaller partners to ensure relevance and timely response to complaints and solve them.	Short term (to be addressed in the next 6 months)	Program and M&E teams from ActionAid Arab region
Develop a Resilience-Building Framework Focused on Economic Stability: Establish pathways to support participants beyond training completion, particularly in high-cost areas, by linking them with micro-finance institutions (MFIs) or local business mentors. Additionally, develop micro-grants or revolving loan funds for purchasing materials, especially for vocational training graduates in trades with high material costs. One starting point could be by mapping of potential partners (MFIs and mentors) , piloting and rolling-up the micro-grants and/or loans.	Short term (to be addressed in the next 6 months)	ActionAid program Team to coordinate with MFIs and mentors, administer grants and loans, and monitor program outcomes. Monitoring and Evaluation Team to track the impact of support mechanisms and adapt based on feedback.

Recommendations	Timeline	Responsible teams
<p>Expand Cultural and Gender -Sensitive Programming:</p> <p>Expand Cultural and Gender-Sensitive Programming: Increase programming that integrates cultural and gender sensitivity, particularly by adapting content to local contexts (e.g., addressing mental health issues unique to the community) and providing dedicated support to female-headed households and other vulnerable groups. Introducing peer support networks or mentorship programs tailored to women and marginalized participants can reinforce skills and encourage community solidarity. Findings highlighted the positive impact of culturally sensitive, responsive programming, especially in mental health. A more extensive focus on cultural and gender inclusivity can deepen the relevance and appropriateness of support.</p> <p>A suggested starting point could be by conducting gender analysis specific to locations with different cultural/ethnic profiles and disaggregated per type of person/group of interest, program design, pilot, implementation of interventions to Culturally and Contextually Adapted Content, Targeted Support for Vulnerable Groups: strengthening WPN.</p>	<p>Medium term (to be addressed in the next 12 months)</p>	<p>ActionAid Program Teams, and gender specialists to design and IPs to deliver culturally and gender-sensitive interventions.</p>
<p>Continuing and Expanding the Programme Scope for Greater Effectiveness:</p> <p>Continue the vocational training component filling the absence of institutional vocational practice opportunities, and the demand in the market.</p> <p>Ensure that basic needs are met in parallel with the vocational training which allows a vital participation with less stress regarding basic needs.</p>	<p>Long term (to be addressed in the next 24 months)</p>	<p>ActionAid Program Teams to design and IPs to deliver the employment pathways.</p>

Recommendations	Timeline	Responsible teams
<p>Accompanying a business grant/loan on different scales (MSME) could expand possibilities of sustainability and solve market access challenges.</p> <p>Expand training topics in accordance with self-selection/preferences versus market assessment/labour assessment findings screening opportunities and skills demand. Include business and life skills training to the vocational training curriculum including customer service, basic budgeting.</p> <p>Expand the scope and scale of connection between local employers and the VT graduates by facilitating more fairs and workshops for connection and potential collaboration opportunities.</p> <p>It can be started with a needs assessment, expansion of interventions, program for Support Services for Increased Participation (pilot and implementation)- to integrate in future programming,</p>		
<p>Enhance Collaboration in Joint Initiatives:</p> <p>Ensure that joint initiatives are supported by well-defined communication protocols, with clearly outlined roles and aligned expectations for all stakeholders.</p>	<p>Short term (to be addressed in the next 6 months)</p>	<p>DEC Secretariat and DEC members</p>

For Implementing Partner Organizations

Recommendations	Timeline	Responsible teams
Optimize Logistics and Resource Planning: Develop a flexible resource planning framework that considers seasonal needs and availability of materials. Prioritize building local supplier networks to minimize delays and secure better rates on essential materials. A starting point could be to develop a resource planning framework and integrate with the program planning.	Short term (to be addressed in the next 6 months)	Programme and operations team.
Tailor Community Engagement Efforts to Enhance Inclusivity: Design outreach strategies targeting marginalized sub-populations, such as individuals with disabilities, by offering transportation support or home-based services. Ensure communication materials are accessible in terms of language and format. A starting point could be to develop and implement simplified outreach strategies on how, who, when and what.	Short term (to be addressed in the next 6 months)	Programme and M&E team.
Review the Feedback and Complaint Mechanisms (for smaller partner organisations): Ensure that feedback mechanisms are adapted to reach all project participants, including vulnerable groups. Implement mobile-friendly feedback platforms and train field staff on responsive feedback handling. And ensure the feedback loop follows the set policy.	Short term (to be addressed in the next 6 months)	M&E and management team
Improve partners participation in cluster meetings: Partners are encouraged to enhance their active participation in cluster coordination meetings and be more vocal about their achievements and plans.	Medium term (to be addressed in the next 12 months)	Programme and operations team.



Annex A: Evaluation Work Plan

Attached separately

Annex B: Evaluation Matrix

Attached separately

Annex C: Data Collection Tools

Attached separately