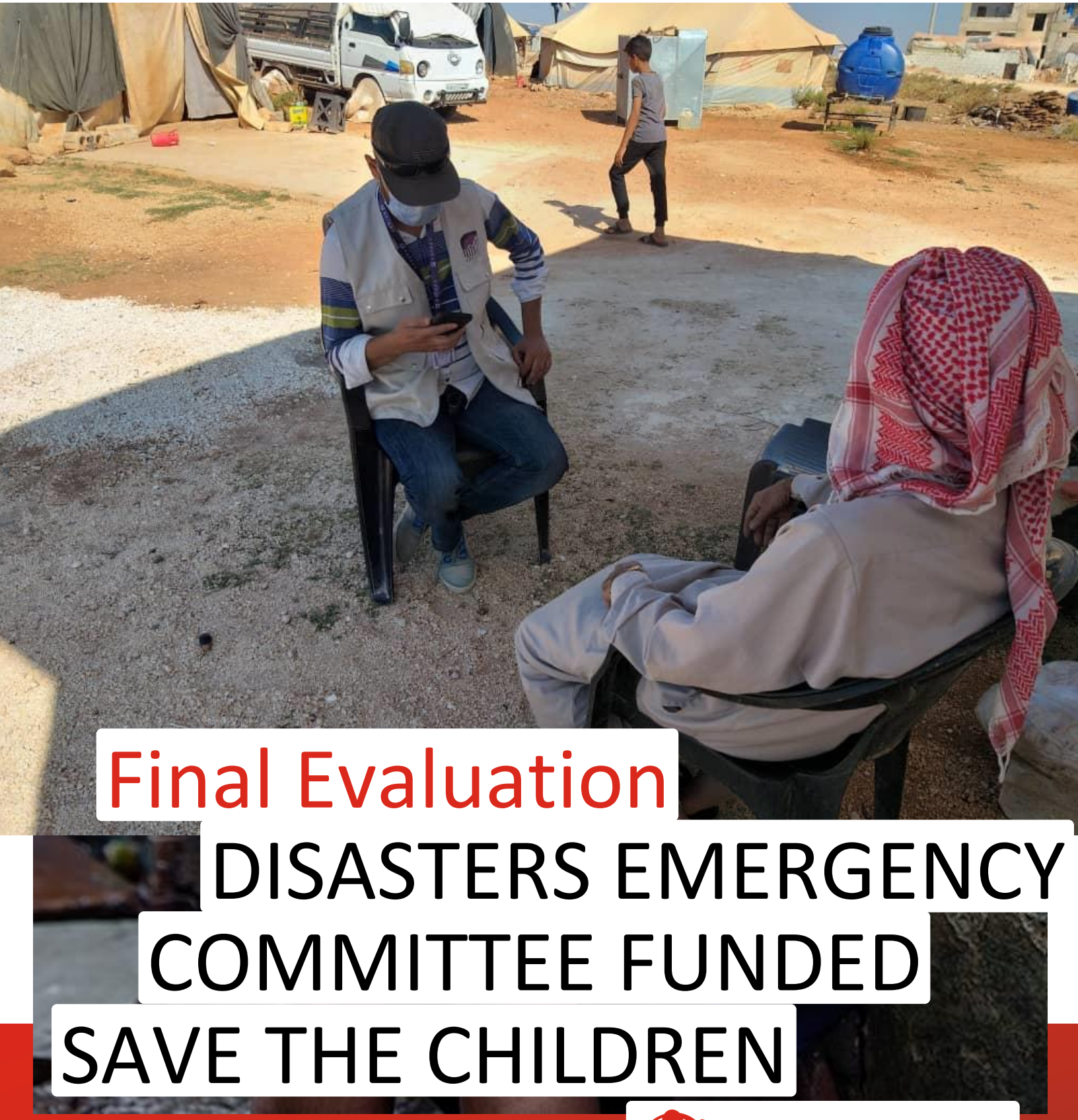

Final Evaluation

DISASTERS EMERGENCY COMMITTEE FUNDED SAVE THE CHILDREN

Program in Northwest Syria

JULY 2025

IDLIB & ALEPPO, SYRIA

Responding to the Türkiye – Syria Earthquake of 2023

Save the Children®

IN PARTNERSHIP WITH **ARFADA** for Development and Consultation

Final Evaluation of DEC Program

July,2025 - Syria

Save the Children®

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Acronyms

CM	Casse Management
CFP	Cash for Protection
CFW	Cash for Work
CFP	Child Friendly Spaces
CMAM	Community Management of Acute Malnutrition
CP	Child Protection
CPiE	Child Protection in Emergencies
CPC	Child Protection Committee
DEC	Disasters Emergency Committee
FGD	Focus Group Discussion
IMCI	Integrated Management of Childhood Illness
INEE	Inter-Agency Network for Education in Emergencies
INGO	International Non-Governmental Organization
IMCI	Integrated Management of Childhood Illness
FTR	Family Tracing and Reunification
FE	Final Evaluation
HEART	The Healing and Education through the Arts
Internally Displaced Persons	IDPs
PWD	People with Disability
SCI	Save the Children International
KII	Key Informant Interview
ToC	Theory of Change
ToR	Terms of Reference

UASC	Unaccompanied and Separated Children
PSS	Psychosocial Support
MPCA	Multi-Purpose Cash
NGO	Non-Governmental Organization

Executive Summary

Project Background

Northwest Syria continues to endure a complex and protracted humanitarian crisis fueled by over a decade of conflict, economic collapse, and recurring natural disasters. The devastating 7.8 magnitude earthquake in February 2023 significantly worsened pre-existing vulnerabilities, leaving millions displaced and without access to essential services. The crisis is particularly severe during winter, with extreme weather compounding shelter, health, and food security challenges. Women, children, and persons with disabilities are disproportionately affected, facing heightened protection risks, food insecurity, and unmet psychosocial needs.

In response, Save the Children launched a multi-sectoral humanitarian project in Northwest Syria funded by the Disasters Emergency Committee (DEC). The intervention aims to meet immediate and lifesaving needs while fostering resilience among earthquake-affected populations. Activities include the provision of multipurpose cash assistance (MPCA), cash-for-work (CFW), child protection (CP), mental health and psychosocial support (MHPSS), nutrition and health services, WASH, emergency shelter, education support, and capacity-building trainings. The project is implemented in partnership with five local organizations—ATAA, Bonyan, Hand in Hand, Shafak, and Syria Relief—and is being externally evaluated by ARFADA for Development and Consultation to assess effectiveness, relevance, and sustainability.

Study Purpose and Key Questions

The primary purpose of this Final Evaluation (FE) is to assess the effectiveness, relevance, and efficiency of Save the Children's DEC-funded earthquake response project in Northwest Syria, focusing on outcomes achieved across sectors including child protection, MHPSS, health, nutrition, WASH, education, shelter, and multi-purpose cash assistance. The evaluation also aims to generate evidence and learning to inform future programming, strengthen accountability to affected populations, and validate alignment with the project's results framework. Data was collected across **Idlib and Aleppo governorates**, engaging men, women, adolescents, and caregivers of children under 14. The evaluation serves internal stakeholders at **Save the Children Syria Response Office, implementing partners, Save the Children UK (SCUK)**, and **DEC members**, with an emphasis on organizational learning and evidence-based decision-making.

Study Questions:

- To what extent did the project meet its intended outcomes across sectors and target groups?
- How effective were the project's interventions in addressing the urgent needs of earthquake-affected populations?
- Were services provided in an inclusive, equitable, and culturally appropriate manner, particularly for women, children, and persons with disabilities?
- How satisfied were beneficiaries with the quality, accessibility, and timeliness of the services received?
- What gaps, challenges, or barriers were encountered in service delivery or access across sectors?
- How sustainable are the outcomes and services supported by the project beyond its funding period?
- What lessons learned and recommendations can inform future emergency and recovery programming in Northwest Syria and similar contexts?

Study Findings

Indicator Name (only outcome)	Target value	Progress value
% of targeted vulnerable households who report being able to meet their essential food needs over the past 30 days	N/A	FCS Categories: 28/42 thresholds Poor → 16% Borderline → 26% Acceptable → 58%
% of earthquake-affected individuals in NWS who report accessing life-saving health and nutrition services in the last … months	N/A	94%
% of caregivers or children in targeted locations who report accessing child protection or MHPSS services in the past … months	N/A	99%
% of respondents who believe that CP and MHPSS services are equally accessible to boys, girls, and vulnerable children (e.g., with disabilities, displaced, or separated)	N/A	• Boys: ○ Fully Acceptable → 90% ○ Partially Accessible → 6% ○ Not accessible → 1% ○ Don't Know → 3% • Girls: ○ Fully Acceptable → 91% ○ Partially Accessible → 4% ○ Not accessible → 2% ○ Don't Know → 3% • Vulnerable Children: ○ Fully Acceptable → 79% ○ Partially Accessible → 4% ○ Not accessible → 2% ○ Don't Know → 15%
% of caregivers or children who rate the quality of CP and MHPSS services as good or excellent	N/A	99%
% of CP and MHPSS interventions assessed as aligned with at least 4 core CPMS standards	N/A	99%

Protection and Education

Awareness Raising

The awareness-raising component demonstrated wide reach and strong relevance, with **97%** of respondents affirming equal accessibility of CP and MHPSS services to boys, girls, and children with vulnerabilities, and **100%** confirming topic relevance. Knowledge application was nearly universal (**99%**), leading to improved communication, monitoring harmful behaviors, and better caregiver–child relationships. Content recall was high (**90%**), particularly in Idleb and among Syria Relief participants, with **84%** sharing knowledge within their communities. These outcomes reflect a strong ripple effect of awareness messaging and behavior change.

Psychosocial Support (PSS)

The PSS component achieved extensive participation (**98%**) with particularly strong access among female caregivers and households with persons with disabilities (**100%**). Service quality was well-rated (**98% good**), though inclusivity for children with disabilities was a concern (only **20%** believed services were fully accessible). Referral utilization was very low (**4%**), and no follow-up services were reported. Despite these gaps, **96%** expressed satisfaction, with improvements in child well-being and caregiver–child relationships.

Mental Health and Psychosocial Support (MHPSS)

MHPSS services were universally accessible (**100% participation**), rated highly for quality and adherence to CPMS standards, and perceived as equitable and inclusive. Needs identification and referral systems were functional, and participants consistently reported emotional, behavioral, and social benefits. Efficiency and satisfaction were high, but sustainability remained a gap, as a minority of the respondents were linked to additional services post-assistance.

Cash for Protection (CfP)

Awareness sessions under CfP reached **88%** overall, with higher female participation (**93%**) and universal agreement on relevance (**100%**). Implementation of lessons was complete (**100%**), with improved communication and well-being outcomes. However, performance varied across partners—HIH reported lower attendance (**65%**) and application compared to others.

Food Security and Livelihoods

Cash for Work (CFW)

CFW delivered strong food security outcomes, with **63%** achieving acceptable FCS and **100%** confirming assistance relevance. Efficiency in cash processes exceeded **98%**, and infrastructure rehabilitation was widely acknowledged as beneficial (**99%**). Satisfaction was high (**86% very satisfied**), with equitable access across demographics.

Multi-Purpose Cash Assistance (MPCA)

While MPCA achieved universal relevance (**100%**) and high satisfaction (**100% process satisfaction**), food security outcomes lagged (**51% acceptable FCS**). The time gap between distribution and evaluation affected attribution. Cash met urgent needs (**93%**) but often lasted less than a month (**49%**), with debt repayment and high costs limiting impact.

Health and Nutrition

Health

Health services reached **88%** of households, with the highest utilization for general medical care (**50%**) and maternal/child health (**45%**). Relevance was rated highly (**95%**), though specialized service gaps and infrastructure weaknesses were noted in

some locations. Efficiency was strong (**95% smooth registration**), but issues like waiting times and shortages persisted. Satisfaction was **83%**, with doubts about sustainability in certain areas.

Nutrition

Nutrition coverage was near-universal (**99%**), with **93%** receiving malnutrition services. However, only **40%** of households with disabilities accessed nutrition services, indicating an inclusion gap. Operational efficiency and satisfaction were high (**97%**), but sustainability perceptions were low (**30%** believed services would continue).

Training Components (Child Protection, Nutrition, and Education)

Training across all three sectors showed strong relevance (**90%+**), efficiency (**100%** well-organized), and integration into practice. Sustainability indicators were promising, with **85%** recall and **65%** peer-sharing. Inclusion and accessibility were generally strong, though perceptions of exclusion existed in some areas.

Recommendations for data use

The findings from this Final Evaluation offer critical insights that should inform both immediate programmatic adjustments and strategic planning for future emergency and recovery interventions. **For mobile youth workers and program managers**, the data highlights the importance of consistency in awareness session delivery, inclusive outreach methods, and post-session engagement—tools they can directly integrate into field practices. **Save the Children staff and implementing partners** should utilize the results to harmonize standards across partners, address geographic and gender-based disparities in outcomes, and refine sector-specific strategies, particularly in health, nutrition, and child protection.

Donors and external stakeholders are encouraged to use the evaluation evidence to advocate for flexible, needs-based cash assistance models, promote localization for sustainable service delivery, and strengthen accountability frameworks that go beyond awareness to actual utilization. Across all actors, this evaluation reinforces the value of **community-informed programming**, targeted inclusion efforts for persons with disabilities, and responsive feedback systems. The findings should guide future investment, training, and adaptive design for durable impact in protracted crisis settings like Northwest Syria.

Introduction & Project Background

In February 2023, a 7.8 magnitude earthquake struck Türkiye and Syria, compounding the already dire humanitarian conditions in **Northwest Syria (NWS)**—a region devastated by over a decade of conflict, economic collapse, and repeated displacement. The earthquake caused widespread destruction, displacing over **3 million people**, damaging health infrastructure, and exacerbating pre-existing vulnerabilities such as malnutrition, protection risks, inadequate shelter, and mental health distress. These shocks unfolded within an already fragile context characterized by inflation, unemployment, and extreme poverty, with **women, children, and persons with disabilities** among the most affected.

To address the immediate and long-term needs of affected populations, **Save the Children** launched a multi-sectoral response funded by the **Disasters Emergency Committee (DEC)**, with a total funding amount of **£4,000,000 GBP**. The program was implemented across **Idlib and Aleppo governorates** in collaboration with five local partners: **ATAA, Bonyan, Hand in Hand, Shafak, and Syria Relief**. The project aimed to **improve children's and their families' access to lifesaving services** while fostering safe environments that promote **their recovery, well-being, and resilience**. Activities spanned multiple sectors, including child protection, education, health, nutrition, WASH, and livelihoods, ensuring that the **best interests of children** remained at the center of the response including:

- **Health and Nutrition Services** (e.g., MUAC screenings, maternal and pediatric care, therapeutic feeding)
- **Child Protection (CP) and MHPSS**, including inclusive case management and awareness sessions
- **WASH** and **Emergency Shelter Support**
- **Multipurpose Cash Assistance (MPCA)** and **Cash-for-Work (CFW)** activities
- **Education in Emergencies** and capacity-building of frontline responders

The project aimed to reach **an estimated 725,000 direct beneficiaries**, including vulnerable children and families living in camps, host communities, and newly affected earthquake zones. Through a coordinated, partner-led approach, the intervention sought not only to alleviate immediate suffering but also to promote **long-term sustainability** and **inclusive recovery**.

Study Purpose & Scope

Study Purpose

The Final Evaluation (FE) seeks to close critical knowledge gaps around the performance, effectiveness, and relevance of the DEC-funded multi-sectoral earthquake response project in **Northwest Syria**. Given the complex and evolving needs following the February 2023 earthquake, the evaluation aims to generate a comprehensive understanding of the project's contributions to food security, access to health and protection services, and the restoration of basic infrastructure. The study is intended to verify the achievement of expected results against the **project's results framework** and determine the extent to which interventions have addressed priority needs across **Idlib and Aleppo governorates**.

Findings from this study are expected to inform key **strategic, programmatic, and operational decisions** by Save the Children and its implementing partners. They will be used to refine future emergency responses, improve multi-sectoral coordination, and support more accountable, inclusive, and sustainable interventions. This evaluation also provides evidence for **donor reporting and learning**, supporting broader sectoral discussions on child protection, MPCA, WASH, and health responses in protracted crises.

The main audiences for this report include **Save the Children Syria Response Office**, **local implementing partners**, **Save the Children UK (SCUK)**, **DEC and its member organizations**, and **other humanitarian actors** operating in similar contexts.

Study Questions

1. **Relevance and Adaptability *(DAC: Relevance; CHS 2 and 7)***
   - To what extent were the project interventions relevant and appropriate to the urgent and evolving needs of earthquake-affected populations in Idlib and Aleppo?
   - Did the intervention respond to clearly identified needs and priorities of the project participants, and was it appropriately adapted to the local context and target population? *(CHS 2.1 and 2.3)*
   - How effectively was learning and feedback, including from programme participants, used throughout the project cycle to ensure relevance and adaptability? *(CHS 2.3 and 7.3)*
   - Were the program's activities and outputs aligned with its intended impacts and objectives, particularly with the rights and needs of children at the center?

2. **Coherence *(DAC: Coherence; CHS 6)***
   - Did the intervention foster synergies with other interventions within the SRO and ensure consistency with activities of other actors in the same context? *(CHS 6.1)*
   - To what extent did the project complement, coordinate with, and avoid duplication of other humanitarian and recovery efforts in the target areas?

3. **Efficiency *(DAC: Efficiency; CHS 9)***
   - How effective and efficient were the project's multi-sectoral interventions (e.g., MPCA, health, protection, WASH, education) in delivering timely and quality support to the targeted population?
   - Were the objectives of the project achieved on time and within budget? If not, what factors contributed to the delays or cost variations? *(CHS 9.4)*

4. **Effectiveness *(DAC: Effectiveness)***
   - Did the program achieve its intended outcomes as outlined in the Results Framework, including improvements in food security, protection, health, and education?
   - Were there variations in outcomes across different groups, such as women, children, and persons with disabilities?
   - What unintended positive or negative outcomes, if any, emerged during the project?

5. **Fidelity to Quality Standards *(CHS 2)***
   - To what extent did the implementation meet sectoral quality standards, and what were the key barriers and facilitators to achieving these standards? *(CHS 2.4)*

6. **Inclusion and Equity *(DAC: Impact & Inclusion; CHS 1)***
   - How equitable and inclusive were the project activities in reaching different population groups, especially women, children, and persons with disabilities?
   - How effectively did the program ensure the inclusion of vulnerable groups in the design and implementation of its activities? *(CHS 1.1)*

7. **Accountability and Participation *(DAC: Coherence & Sustainability; CHS 1, 5, 7)***
   - What mechanisms were in place to ensure community participation, accountability, and sustainability, and how well were these implemented across partners and sectors?
   - Was relevant information regularly shared in a timely manner with people and communities about the program and their rights? *(CHS 1.1)*
   - Was communication undertaken in the local language, using accessible formats, and in respectful and culturally appropriate ways, particularly for children? *(CHS 1.3)*
   - What opportunities were available to participants, especially children, to express their needs and ideas? Were these opportunities safe, accessible, and known to the community? *(CHS 5.1 and 5.3)*

- How well was the feedback and response mechanism managed, including follow-up on investigations and closing the feedback loop with program participants? *(CHS 5.4 and 7.1)*

Methodology & Limitations

Study design

The evaluation employed a mixed-methods approach, integrating both quantitative and qualitative data collection to provide a clear and well-rounded understanding of project performance. This design was selected to ensure the comprehensive assessment of project **relevance, effectiveness, efficiency, sustainability, inclusion, and accountability**, as outlined in the OECD/DAC evaluation criteria. Quantitative data was collected through **structured beneficiary surveys**, capturing sex-, age-, and disability-disaggregated insights on project reach, outcomes, and satisfaction. Qualitative data was obtained through **Key Informant Interviews (KIIs)** with project staff and stakeholders, and **FGDs** with adolescents, caregivers, and adult beneficiaries to provide contextual depth and explore perceptions, behavior change, and implementation challenges.

All quantitative and qualitative tools and methods were carefully adapted to the **humanitarian and cultural context of Northwest Syria**, taking into account **gender, age, literacy levels, disability inclusion, and geographic variation**. Separate FGDs were held for males and females, and ethical considerations—such as informed consent, child safeguarding, and respondent privacy—were rigorously applied. Enumerators and facilitators were trained on cultural sensitivity, conflict-awareness, and inclusive engagement strategies to ensure safe and meaningful participation across all groups. Data collection was conducted by ARFADA for Development and Consulting by 8 female and 8 male enumerators across **Idlib and Aleppo governorates**, encompassing a diverse range of locations and partner-implemented activities to ensure that findings are representative and actionable.

Sampling Methods & Sample Size

The final evaluation employed a **stratified random sampling approach** to ensure representativeness across sectors, locations, age groups, and genders. The evaluation covered beneficiaries from **Idlib and Aleppo governorates**, and included respondents who directly or indirectly engaged in project activities across **health, nutrition, FSL, WASH, protection, education, and multi-purpose cash assistance**.

Quantitative Component – Beneficiary Survey

A total of **866 beneficiaries** out of the **845** proposed sample were surveyed across the full spectrum of project interventions. The sample size was calculated using a **5% margin of error** and **95% confidence level**, ensuring statistically significant results. Stratification was based on **partner organization**, **sector**, **geographic location**, **age**, and **sex** to ensure that findings would be representative of the project's diverse target population. The table provided outlines the distribution of respondents per activity, partner, and location.

Participants were randomly selected from beneficiary lists provided by implementing partners. To account for vulnerabilities, enumerators ensured inclusion of persons with disabilities, caregivers of children, adolescents, and elderly respondents where applicable. Efforts were made to balance gender representation and include voices from marginalized groups.

Qualitative Component – KIIs and FGDs

In addition to the survey, the study included **11 Key Informant Interviews (KIIs)** with staff from Save the Children, all five implementing partners (ATAA, Bonyan, Hand in Hand, Syria Relief, and Shafak), and cluster-level coordinators. Participants were selected purposively based on their role in project implementation and knowledge of sectoral components.

A total of **12 FGDs** were conducted, disaggregated by sex and age to ensure gender-sensitive and age-appropriate engagement. FGDs included guardian participants of children aged **14 to 17** (for HEART and protection activities), as well as

adult men and women involved in MPCA, CFW, CP, and MHPSS components. FGDs were geographically distributed across urban and rural areas and included both host and displaced communities.

Together, the quantitative and qualitative tools allowed for **methodological triangulation**, capturing both measurable outcomes and the perceptions, experiences, and challenges faced by beneficiaries and staff. The sample, tools, and facilitation methods were tailored to address **literacy, disability, gender, and conflict-sensitivity**, ensuring inclusive participation and ethical rigor.

Data Sources

Primary Data Collection

Primary data for the Final Evaluation was collected across **Aleppo and Idlib governorates** in **Northwest Syria**, targeting communities affected by the February 2023 earthquake and those engaged in the multi-sectoral response implemented by Save the Children and its partners. Communities included both **displacement camps and host communities**, with outreach tailored to cover various programmatic sites where activities such as MPCA, CFW, CP/MHPSS, health, nutrition, education, and WASH were implemented.

Data collection took place between July 14 and July 24, 2025, using a **mixed-methods approach**. This combined **quantitative household surveys** (**n=866**) with **qualitative Key Informant Interviews (n=11)** and **Focus Group Discussions (n=12)**. Tools were tailored to the project's intervention areas and reflected international best practices in humanitarian evaluation. All tools were grounded in **OECD-DAC evaluation criteria**, and the evaluation drew from globally recognized approaches such as:

- **SMART methodology principles** for analyzing nutrition-related data
- **Child Protection Minimum Standards (CPMS)** for evaluating CP and MHPSS interventions
- **HEA-informed indicators** for analyzing the Food Security and Livelihoods components
- **SCI's Common Approach to MEAL in Emergencies**, particularly in the design of FGD and survey tools

Data collection tools were adapted to reflect **gender, age, literacy, and disability considerations**, and enumerators were trained to ensure ethical, culturally sensitive, and inclusive facilitation. Female enumerators were assigned to interview women and girls.

Data Analysis

The evaluation **adopted** a mixed-methods approach, integrating both quantitative and qualitative data to provide a comprehensive and nuanced understanding of the project outcomes. Quantitative data **collected through surveys were analyzed** using SPSS to identify statistical trends, , and progress of key performance indicators. These findings **were further visualized** through Power BI dashboards to enhance clarity and accessibility.

In parallel, qualitative data **gathered from Key Informant Interviews (KIIs) and FGDs were subjected** to thematic analysis. This **involved** coding and categorizing responses to extract recurring themes, contextual insights, and stakeholder perceptions, all of which **aligned** with the OECD/DAC evaluation criteria.

By triangulating quantitative findings with qualitative insights, the evaluation **offered** a well-rounded evidence base to inform learning and accountability. Depending on the nature of the findings and the information needs of SCI, the results **were disaggregated** by gender, age, and location, where relevant. This **allowed** for a more nuanced understanding of variations across different groups and contexts.

Ethics & Accountability

ARFADA **committed** to ensuring the evaluation process adhered to the highest ethical standards, prioritizing the well-being and safety of all participants, particularly children. Key measures **included**:

- **Child Safeguarding:** Mandatory training on safeguarding, identification, and referral protocols **equipped** the team to handle sensitive disclosures while ensuring confidentiality and appropriate actions.

- **Gender-Sensitive Facilitators:** Teams **included** women facilitators for women's groups and men facilitators for men's groups to foster trust and inclusivity during qualitative data collection.
- **Alignment with SCI Standards:** All tools and procedures **complied** with Save the Children's ethical guidelines, which were finalized during the inception phase to guarantee safe and meaningful participation.

These measures **underscored** ARFADA's dedication to conducting a respectful, inclusive, and ethically sound evaluation.

ARFADA **remained committed** to ensuring the highest standards of data quality throughout the evaluation process. Several measures **were implemented** to ensure the reliability, validity, and accuracy of the data collected:

- **Enumerator Training:** All enumerators **underwent** rigorous training on the data collection tools, ethical considerations, child safeguarding, and the specific context of the program. This **ensured** consistent and accurate data collection across all sites.
- **Pre-Testing of Tools:** Data collection tools, including surveys and interview guides, **were pre-tested** in the field to identify and resolve any issues. This step **ensured** that the tools were context-appropriate and clear for participants.
- **Real-Time Data Quality Control:** During data collection, regular checks **were conducted** to monitor data quality, identify gaps, and address inconsistencies immediately. Supervisors **ensured** data accuracy and adherence to protocols.
- **Data Cleaning and Validation:** Following data collection, a thorough data cleaning process **was conducted** to eliminate any errors or inconsistencies. Quantitative data **were analyzed** using statistical software, and qualitative data **were systematically coded** and cross-checked for validity and consistency.
- **Triangulation:** Findings from different data sources (surveys, KIIs, FGDs) **were triangulated** to ensure consistency and reliability, thereby enhancing the credibility of the conclusions.

Limitations

The evaluation faced several limitations that may have influenced the study's findings. First, **access to beneficiaries residing in camps was constrained**, as several camps had already been closed by the time of data collection and many displaced individuals had returned to their areas of origin. This posed a risk of **sampling bias** due to reduced representativeness. To address this, ARFADA coordinated with implementing partners who **provided updated contact information**, enabling remote data collection through **phone interviews**. This approach ensured continued coverage, though it may have affected the depth of responses compared to in-person surveys.

A second limitation stemmed from the **large number of targeted locations** combined with a **tight data collection timeframe**, placing considerable pressure on the field teams. This risked compromising data quality due to rushed interviews or logistical fatigue. To mitigate this, the number of trained data collectors increased, which **expanded coverage capacity** and helped maintain data accuracy within the required timeline.

While these mitigation measures were largely effective, the adaptations—particularly remote interviews—may have influenced the richness of qualitative data and limited non-verbal cues during FGDs. Nonetheless, triangulation of data sources and real-time supervision helped uphold the reliability of the findings and reduced the risk of bias in the evaluation's conclusions.

Findings

Outcome Targets and Achievement

The following tables provide a detailed narrative comparison of the humanitarian project's effectiveness in Northwest Syria, showcasing its remarkable impact across Health and Nutrition (Outcome B), Protection (Outcome C), and Multi-Purpose Cash and Livelihoods (Outcome G). Implemented by Save the Children UK and partners, the project demonstrates exceptional success in exceeding targets, particularly in Phase 2, through adaptive funding and robust service delivery.

1. Outcome B: Health and Nutrition Indicators

Output No.	Sector	Output Description	Narrative Comparison
B1.1.1	Health	NWS: Medical facilities are functional and have sufficient supplies	Phase 1 targeted **38 hospitals** reaching **380 individuals**, but achieved **29 hospitals** and **29 individuals** (**76% achievement** in outputs). Phase 2 targeted **3 health facilities** for **50 individuals**, revised to **4** and achieved **3 facilities** for **50 individuals** (**75% achievement** in revised outputs), with a note on potential double counting (**May Be** overlap with Nutrition/CP/MHPSS).
B1.1.2	Health	NWS: Medical facilities are functional and have sufficient supplies	Phase 1 targeted **6 hospitals** for **60 individuals**, achieving **8 hospitals** and **8 individuals** (**133% overachievement** in outputs). Phase 2 added **1 PHC** targeting **0 individuals** (direct reach), but achieved **0** (**0% achievement**), highlighting location-specific challenges.
B2.1.1	Health	NWS: Primary healthcare and nutrition services are delivered to disaster affected communities	Phase 1 targeted **14,912 consultations** for **7,456 individuals**, achieving **5,673 consultations** and **5,673 individuals** (**38% achievement**). Phase 2 targeted **116,754 individuals**, revised to **136,047** and achieved **13,754** at 6 months (**10% of revised**), but surged to **173,339 consultations/individuals** at 18 months (**116% overachievement** vs. original, **May Be** double counting).
B2.1.2	Health	NWS: Primary healthcare and nutrition services are delivered to disaster affected communities	Phase 2 targeted **8,033 individuals**, achieving **0** (**0% achievement**), with planned breakdowns unused.
B2.1.2	Health	NWS: Primary healthcare and nutrition services are delivered to disaster affected communities	Phase 2 targeted **550 women** (**May Be** double counting), achieving **66** at 6 months (**12% achievement**), rising to **760 individuals** at 18 months (**123% overachievement**).
B2.2.1	Nutrition	NWS: Primary healthcare and nutrition services are delivered to disaster affected communities	Phase 1 targeted **4,853 screenings/individuals**, achieving **588** (**12% achievement**). Phase 2 targeted **30,980 + 4,961 individuals**, achieving **9,552** at 6 months (**28% achievement**), and **47,840** at 18 months (**133% overachievement**, **May Be** overlap).

B2.2.2	Nutrition	NWS: Primary healthcare and nutrition services are delivered to disaster affected communities	Phase 1 targeted **2,190 screenings/individuals**, achieving **385** (**18% achievement**); no further phases reported.
B2.3.1	Nutrition	NWS: Primary healthcare and nutrition services are delivered to disaster affected communities	Phase 1 targeted **1,493 screenings** (individuals unspecified), achieving **148** (**10% achievement**). Phase 2 targeted **5,198 individuals**, achieving **1,751** at 6 months (**34% achievement**), and **6,642** at 18 months (**128% overachievement**, **May Be** double counting).
B3.1.1	Health	NWS: Strengthen the capacity of the health staff, including the community health workers/nutrition workers, to enhance skills and quality.	Phase 1 targeted **40 individuals**, achieving **8** (**20% achievement**). Phase 2 targeted **50 individuals**, achieving **46** (**92% achievement**, **May Be** overlap).

Table 1. Outcome B: Health and Nutrition Indicators

2. Outcome C: Protection Indicators

Output No.	Sector	Output Description	Narrative Comparison
C1.1.1	Protection	NWS: Disaster affected children receive gender and age-appropriate mental health and psychosocial support	Phase 1 targeted **2,475 individuals**, achieving **2,160** (**87% achievement**, no double counting).
C.1.1.2	Protection	NWS: Disaster affected children receive gender and age-appropriate mental health and psychosocial support	Phase 1 targeted **400 individuals**, achieving **80** (**20% achievement**, no double counting).
C2.1.2	Protection	NWS Idleb: Children with heightened protection needs receive appropriate support	Phase 1 targeted **200 individuals**, achieving **219** (**110% overachievement**, **Yes** double counting). Phase 2 targeted **600**, revised to **732** and achieved **188** at 6 months (**26% of revised**), reaching **920** at 18 months (**106% overachievement**, **Yes** 20% referrals).
C2.1.2	Protection	NWS Aleppo: Children with heightened protection needs receive appropriate support	Phase 2 added target of **60 individuals**, achieving **0** at 6 months (**0% achievement**, **Yes** double counting), but reached **247** at 18 months (**124% overachievement** vs. revised 200).
C2.1.3	Protection	NWS: Children with heightened protection needs receive appropriate support	Phase 1 targeted **41 individuals**, achieving **41** (**100% achievement**, no double counting).
C1.1.1	Protection	NWS Idleb: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2 targeted **1,100 individuals**, revised to **1,540** and achieved **360** at 6 months (**23% of revised**), reaching **1,840** at 18 months (**112% overachievement**, no double counting).

C1.1.1	Protection	NWS Aleppo: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2 added **200 individuals**, achieving **0** at 6 months (**0% achievement**, **May Be** double counting), reaching **380** at 18 months (**127% overachievement** vs. revised 300).
C1.1.2	Protection	NWS Idleb: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2 targeted **1,260 individuals**, revised to **1,380** and achieved **540** at 6 months (**39% of revised**), reaching **1,449** at 18 months (**101% achievement**, no double counting).
C1.1.2.1	Protection	NWS Aleppo: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2-18m targeted **50 individuals**, achieving **59** (**118% overachievement**, **Yes** double counting).
C1.1.3	Protection	NWS Idleb: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2 targeted **1,000 parents**, revised to **1,390** and achieved **428** at 6 months (**31% of revised**), reaching **1,810** at 18 months (**114% overachievement**, **May Be** overlap with Health).
C1.1.3	Protection	NWS Aleppo: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2 added **150 parents**, achieving **0** at 6 months (**0% achievement**, **May Be** double counting), reaching **482** at 18 months (**138% overachievement** vs. revised 350).
C1.1.4	Protection	NWS Idleb: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2 targeted **400 young mothers**, revised to **475** and achieved **154** at 6 months (**32% of revised**), reaching **483** at 18 months (**242% overachievement** vs. revised 200, **May Be** overlap).
C.2.1.2	Protection	GoS areas Lattakia: Disaster affected children and their caregivers receive gender and age-appropriate MHPSS	Phase 2 targeted **320 individuals** (**Yes** double counting), achieving **35** at 6 months (**11% achievement**), reaching **204** at 18 months (**64% achievement**, **May Be** double counting).
C.2.1.4	Protection	NWS Idleb: Disaster affected children receive inclusive, gender and age-appropriate case management (Cash for Protection)	Phase 2 targeted **1,000 cases** (**May Be** double counting), achieving **54** at 6 months (**5% achievement**), reaching **398** at 18 months (achievement percentage unclear due to target phrasing).
C.2.1.4	Protection	NWS Aleppo: Disaster affected children receive inclusive, gender and age-appropriate case management (Cash for Protection)	Phase 2-18m targeted **140 cases**, achieving **203** (**145% overachievement**, **May Be** double counting).
C.3.1.1	Protection	NWS Idleb: Partners' staff capacity to respond to CP and MHPSS needs is built.	Phase 2 targeted **80 individuals**, achieving **28** at 18 months (**35% achievement**, no double counting); Aleppo (C.3.1.1.1) targeted/achieved **0** (**0%**).
C4.1.1	Protection	NWS Idleb: Community members are engaged with and	Phase 2 targeted **30 CPCs** (3 established), revised to **4** and achieved **(Blank)** at 6 months, reaching **2**

		trained on CP and MHPSS basic concepts	at 18 months (**67% achievement** vs. original, no double counting).
C4.1.1	Protection	NWS Aleppo: Community members are engaged with and trained on CP and MHPSS basic concepts	Phase 2-18m targeted/achieved **2 CPCs** (**100% achievement**, no double counting).
C4.1.2	Protection	NWS Idleb: Information dissemination awareness sessions for parents and caregivers on the CP&MHPSS topics, especially for parents in the health clinic.	Phase 2 targeted **2,000 individuals**, revised to **4,300** and achieved **600** at 6 months (**14% of revised**), reaching **4,945** at 18 months (**100% achievement** vs. 4,945 final target, **May Be** overlap with Health).
C4.1.2	Protection	NWS Aleppo: Information dissemination awareness sessions for parents and caregivers on the CP&MHPSS topics, especially for parents in the health clinic.	Phase 2 added **2,000 individuals**, achieving **0** at 6 months (**0% achievement**, **May Be** double counting), reaching **2,696** at 18 months (**135% overachievement**).
C4.1.2	Protection	NWS Idleb: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2-18m targeted **100 individuals**, achieving **104** (**104% overachievement**, **May Be** double counting).
C4.1.2	Protection	NWS Aleppo: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2-18m targeted **100 individuals**, achieving **110** (**110% overachievement**, **May Be** double counting).
C4.1.2	Protection	NWS Idleb: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2-18m targeted **200 individuals**, achieving **216** (**108% overachievement**, **May Be** double counting).
C4.1.2	Protection	NWS Aleppo: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2-18m targeted **200 individuals**, achieving **217** (**109% overachievement**, **May Be** double counting).
C4.1.2	Protection	NWS Idleb: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2-18m targeted **50 individuals**, achieving **65** (**130% overachievement**, **May Be** double counting).
C4.1.2	Protection	NWS Aleppo: Disaster affected children and their caregivers receive inclusive, gender and age-appropriate MHPSS	Phase 2-18m targeted **50 individuals**, achieving **57** (**114% overachievement**, **May Be** double counting).

Table 2. Outcome C: Protection Indicators

3. Outcome G: Multi-Purpose Cash and Livelihoods Indicators

Output No.	Sector	Output Description	Narrative Comparison
G1.1.1	Multi-Purpose Cash	NWS Idleb: Multi-month cash assistance is provided to vulnerable households in target communities	Phase 2 targeted **504 households** for **2,520 individuals**, achieving **0** at 6 months (**0% achievement**), but **823 households** at 18 months (**163% overachievement**, no double counting).
G1.1.2	Multi-Purpose Cash	NWS Aleppo: Multi-month cash assistance is provided to vulnerable households in target communities	Phase 2 targeted **252 households** for **1,260 individuals**, achieving **0** at both 6 and 18 months (**0% achievement**, **Yes** double counting as subset).
G1.1.3	Multi-Purpose Cash	NWS Idleb: Multi-month cash assistance is provided to vulnerable households in target communities	Phase 2 targeted **560 households** for **2,800 individuals**, achieving **840** at 6 months (**150% overachievement**), and **875** at 18 months (**156% overachievement**, **Yes** double counting; over due to replacements).
G1.1.4	Multi-Purpose Cash	NWS Aleppo: Multi-month cash assistance is provided to vulnerable households in target communities	Phase 2 targeted **280 households** for **1,400 individuals**, achieving **0** at both 6 and 18 months (**0% achievement**, no double counting).
G1.1.5	Multi-Purpose Cash	NWS Idleb: Multi-month cash assistance is provided to vulnerable households in target communities	Phase 2 targeted **300 households** for **1,500 individuals**, achieving **840** at both 6 and 18 months (**280% overachievement**, no double counting).
G1.1.6	Multi-Purpose Cash	NWS Aleppo: Multi-month cash assistance is provided to vulnerable households in target communities	Phase 2 targeted **150 households** for **750 individuals**, achieving **0** at both 6 and 18 months (**0% achievement**, **Yes** double counting).
G2.1.1	Livelihoods	NWS Idleb: Provide income support to vulnerable households through short-term intensive and unskilled work	Phase 2 targeted **213 households** for **1,065 individuals**, achieving **0** at 6 months (**0% achievement**), but **875** at 18 months (**411% overachievement**, **May Be** double counting; over due to replacements).
G2.1.2	Livelihoods	NWS Aleppo: Provide income support to vulnerable households through short-term intensive and unskilled work	Phase 2 targeted **107 households** for **535 individuals**, achieving **0** at both 6 and 18 months (**0% achievement**, no double counting).

Table 3. Outcome G: Multi-Purpose Cash and Livelihoods Indicators

Outcome Statement	Indicators

Targeted vulnerable HHs are better able to meet their essential food needs	• % of targeted vulnerable households who report being able to meet their essential food needs over the past 30 days
	• FCS Categories: 28/42 thresholds
	  ○ Poor → 16%
	  ○ Borderline → 26%
	  ○ Acceptable → 58%

Increased access to life-saving health and nutrition services for earthquake affected populations of NWS	• % of earthquake-affected individuals in NWS who report accessing life-saving health and nutrition services in the last … months • Health services reached **88%** of earthquake-affected individuals over 23 months, with **100%** access in Kfr-Tkharim and Maaret Tamsrin, **98%** in Idleb, and **73%** in Qbasin. General medical care (**50%**) and maternal/child health (**45%**) led, with vaccinations (**4%**) and nutrition support (**1%**) less common. Access was equitable across disability status (**89%** vs. **88%**). The project was **effective**, delivering critical services despite regional variations. • Nutrition services achieved **99%** reach, with **100%** in Idleb and Maaret Tamsrin, and **96%** in Kfr-Tkharim. Nutrition support dominated (**93%**), though less accessed by those with disabilities (**40%** vs. **97%**). Quality ratings were mixed: **35% excellent**, **27% good**, **17% very poor**. **94%** reported improved access post-earthquake, especially those with disabilities (**100%**). The project was **highly effective** in scaling nutrition outreach.
Increased and more equitable access to quality child protection and MHPSS interventions in targeted locations based on the Child Protection Minimum Standards in Humanitarian Action	• % of caregivers or children in targeted locations who report accessing child protection or MHPSS services in the past … months • % of respondents who believe that CP and MHPSS services are equally accessible to boys, girls, and vulnerable children (e.g., with disabilities, displaced, or separated) • % of caregivers or children who rate the quality of CP and MHPSS services as good or excellent • % of CP and MHPSS interventions assessed as aligned with at least 4 core CPMS standards • **Awareness Raising**: **100%** (N=211) accessed CP/MHPSS services in the past 3 months, with **100%** female and Aleppo coverage, **99%** in Idleb. PSS group sessions (**44%**) and parenting support (**40%**) were most used, case management least (**2%**). **97-99%** believed services were accessible to boys, girls, and children with disabilities; **99%** rated quality as good. **100%** confirmed alignment

	with CPMS standards, indicating **exceptional effectiveness**. • **Psychosocial Support (PSS)**: **98%** accessed services, with **100%** female and disability household participation. PSS group sessions (**64%**) led, but only **20%** saw full access for children with disabilities, with **60%** unsure, signaling inclusivity gaps. **98%** rated quality as good, **100%** confirmed CPMS alignment, showing **strong effectiveness**. • **Cash for Protection (CFP)**: **100%** accessed services, with case management (**41%**) and PSS (**37%**) most used. **98%** saw full access for boys, **100%** for girls, **97%** for children with disabilities. **98%** rated quality as good, **100%** confirmed CPMS alignment, reflecting **high effectiveness**. • **MHPSS**: **100%** accessed PSS group sessions, with higher uptake in Aleppo (**73%**) than Idleb (**28%**). **100%** reported full accessibility for all groups, rated quality as good, and confirmed CPMS alignment, demonstrating **outstanding effectiveness**.

Table 4: Outcome Statement

Demographic and Socioeconomic Characteristics

Geographic Distribution

The sample was predominantly from **Idleb** (**74%, n=672**), with the remaining **26% (n=234)** from **Aleppo**. Gender distribution within governorates was similar—**62% of respondents in Aleppo (n=144)** and **59% in Idleb (n=396)** were female, while males comprised **38% in Aleppo (n=90)** and **41% in Idleb (n=276)**.

Gender and Age Profile

The largest age group overall was **26–35 years** (**36%, n=323**), followed by **36–45 years** (**32%, n=291**). Females were slightly more represented in the **18–25** age bracket (**16%, n=87**) compared to males (**10%, n=36**), while males were more likely to be in the **46–59** age group (**17%, n=62**) compared to females (**10%, n=53**). Age distribution between Aleppo and Idleb was broadly similar, though **Aleppo** had a marginally higher proportion of respondents aged **60 and above** (**9%, n=22**) compared to **Idleb** (**5%, n=32**).

Household Headship and Marital Status

A striking gender disparity was observed in household headship—**98% of males** reported being the head of household, compared to only **30% of females**. Regionally, Aleppo had a higher proportion of heads of household (**68%**) compared to Idleb (**54%**). Most respondents were **married** (**85% overall**), though the proportion was higher among males (**97%**) than females (**76%**). Female respondents were significantly more likely to be **divorced or widowed** (**22%**) compared to males (**1%**).

Household Size

Half of respondents (**50%**) lived in households of more than five members. This trend was consistent across genders, though **males in Idleb** were slightly more likely to be in larger households compared to females in Aleppo. Smaller households (1–2 members) were rare (**7% overall**), slightly more common in Aleppo (**12%**) than Idleb (**6%**).

Education Levels

Educational attainment was generally low. Only **5%** had a bachelor's degree or higher, and **26%** had no formal education. Men were more likely to have completed **primary school** (**49%**) compared to women (**31%**), while women had higher representation in **secondary school** (**22%**) and **vocational training** (**4% vs. 1% for men**). Aleppo had a higher proportion of respondents with **no formal education** (**50%**) compared to Idleb (**17%**).

Employment Status of Household Head

Self-employment was the most common status (**26% overall**), followed by unemployment (**34%**). Males were more likely to be **self-employed** (**36%**) or in **informal employment** (**27%**) compared to females (**19%** and **17%**, respectively). Female-headed households were more likely to be **homemakers** (**24%**) than male-headed ones (**0%**). Aleppo recorded higher homemaker rates (**26%**) than Idleb (**11%**).

Housing Conditions

The majority lived in **single-family houses** (**40%**) or **tents** (**37%**). Aleppo showed a higher prevalence of **informal settlements** (**33%**) and tents (**32%**) compared to Idleb (**2% and 39%**, respectively). Shared accommodation accounted for **10%** overall, with higher rates in Idleb.

Disability Prevalence

Overall, **18%** of households included at least one person with a disability. The proportion was higher among **males** (**25%**) than females (**14%**), and much higher in **Aleppo** (**34%**) than Idleb (**13%**). The most common disability type was **physical/mobility issues** (**55% of reported disabilities**), followed by sensory impairments (**21%**). Aleppo had notably higher reports of **mental health-related disabilities** (**7%**) compared to Idleb (**1%**).

Services Received

The most common services accessed were **Awareness Raising** (**23%**), **Health** (**17%**), and **Nutrition** (**16%**). Female respondents were more likely to receive **Nutrition** services (**24%**) and **Awareness Raising** (**23%**), while males accessed **Livelihood (CFW)** and **Cash for Protection (CFP)** at higher rates (**17%** each). Regionally, Aleppo residents accessed **Awareness Raising** and **Health** services more, while Idleb residents had higher engagement with **Nutrition** and **PSS** services.

Implementing Partner Coverage

Half of respondents received services from **Syria Relief (SR)**, with coverage higher in Idleb (**58%**) than Aleppo (**27%**). **Bonian** had significant reach in Aleppo (**41%**) compared to Idleb (**14%**). **Atta'a** operated exclusively in Idleb, while **HIH** and **Shafaq** had presence in both governorates but more limited reach.

Relevance and Appropriateness

This evaluation explored whether the interventions effectively addressed clearly identified needs and priorities of project participants and were appropriately adapted to the local context and target population. It also examined how well learning and feedback from participants were integrated throughout the project cycle to maintain relevance and adaptability, as well as the extent to which activities and outputs aligned with intended impacts and objectives. The questions assessed the methods used for identifying needs—such as humanitarian assessments, field observations, and community consultations—alongside participants' perceptions of how well the program understood their situations and responded to their priorities.

Analysis across Child Protection, Psychosocial Support (PSS and MHPSS), Cash for Protection, Food Security and Livelihoods, Health, Nutrition, and training components revealed generally high relevance to community needs, though with variation between sectors and partners. In most interventions, humanitarian assessments were the primary means of identifying needs, often complemented by field observation, while community consultations played a smaller role. Participants frequently confirmed that assistance—whether referrals, cash/vouchers, in-kind support, or awareness sessions—matched their priorities, with benefits including reduced household stress, improved access to education, strengthened coping mechanisms, and enhanced community awareness on protection and wellbeing. Qualitative feedback underscored timely and context-sensitive support: caregivers noted that assistance "reduced tension at home" and "helped keep children in school," while training participants described content as "mirroring our experiences" and "responsive to field needs." These findings indicate that, while the program was broadly relevant and aligned with objectives, greater inclusion of community voices in the diagnostic phase could further strengthen local ownership and responsiveness.

Protection and Education

Awareness Raising

Identification of needs & adaptation

Most needs were identified through humanitarian assessments (**57%**), followed by field observation (**30%**), with limited use of community consultations (**11%**) or surveys (**2%**). Patterns were similar by gender, but **Aleppo** relied more on assessments (**70%**) than **Idleb** (**50%**), where observation was higher. Partners differed: **Bonyan** leaned on assessments (**68%**), while **SR** and **HIH** used observation more. Participants consistently felt workers understood risks (**100%**). A HIH officer noted the response "came at exactly the right time… designed to suit the phase and the needs of the target group, especially children and caregivers."

Referrals—benefit and fit

75% reported their child benefited from referrals, with large variation (**Aleppo 99%** vs **Idleb 63%**; **households with disabilities 92%** vs **73%** without). Partner differences were stark (**Bonyan 99%** vs **HIH 27%**). All said referrals matched needs, mainly **education (58%)** and **PSS (42%)**—with **HIH** skewing to PSS and **SR** entirely to education.

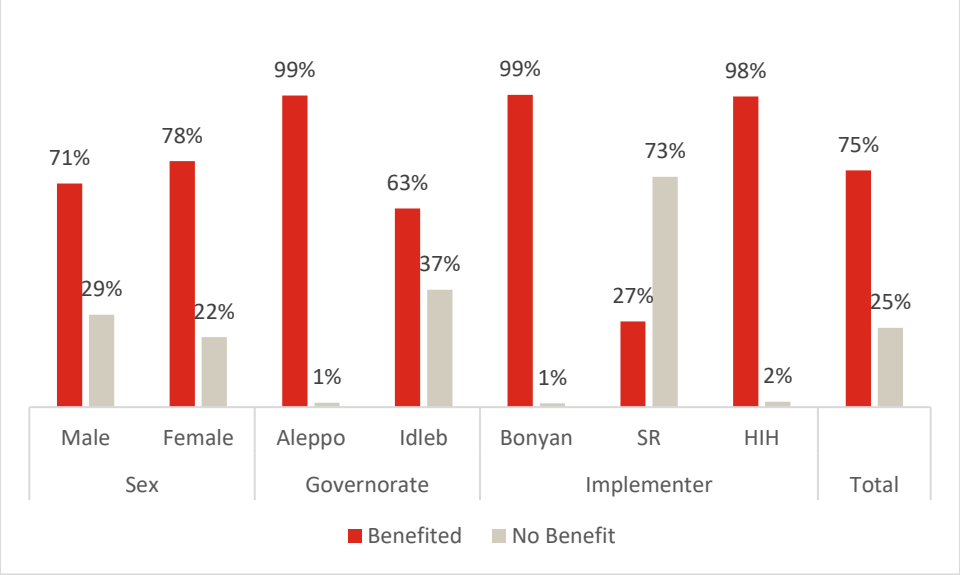

Figure 1: Child benefit from the referral service.

Cash/voucher/in-kind alignment

98% received assistance and **100%** of those said it matched the child's needs. Reported effects clustered around **reduced household stress (39%)**, **school-related support (32%)**, and **child labour protection (29%)**—with **HIH** concentrating on school needs and **SR** on stress reduction and labour protection. In FGDs, caregivers said the support "reduced tension at home" and "helped keep children in school."

Awareness—reach and relevance

Attendance was near-universal (**99%**), and topics were rated relevant to community priorities (**100%**), especially mental wellbeing, behaviour management, and child labour prevention. One caregiver reflected, "The team was cooperative and supportive, which encouraged us to apply what we learned at home."

Psychosocial Support (PSS)

Community awareness of needs identification

Awareness of how needs were identified was low: **82%** did not know the process, with the gap widest among households with disabilities (**100%**) and male caregivers (**89%**) versus females (**77%**). Only **12%** pointed to field observation and **2%** to community consultations, leader feedback, or individual requests, signalling weak communication and limited community participation in diagnostic stages. As one caregiver put it, "**We don't know how they decided what we needed.**"

Perceptions of case worker understanding and diagnostic barriers

Just **56%** felt case workers understood their child's main risks (**63%** males; **52%** females), while **42%** were unsure and **2%** said needs were not understood; uncertainty was sharper among disability households, where **55%** were unsure/negative (vs **41%** without disabilities). Among those unsure/negative, **95%** cited "other" reasons and **5%** said discussions were too general—pointing to a need for more individualized, participatory case planning.

Referrals: effectiveness and fit

Only **6%** reported their child benefited from a referral; **94%** did not. Benefits were slightly higher among females (**10%**) and disability households (**11%**), while **0%** of males reported benefit. Where benefit occurred, **67%** said needs were fully addressed and **33%** "somewhat," and all accessed **PSS (100%)**—no other protection services were cited. Among those who did not benefit, **100%** felt referrals were based on limited/incorrect assessment—underscoring weak pathways and screening.

Direct assistance and alignment

Access to cash/voucher/in-kind support was comparatively strong (**90%** overall; **95%** males; **87%** females), but lower for disability households (**78%** vs **93%** without). Among recipients, **98%** said assistance matched protection needs; yet delivery skewed narrowly to school-related costs (**98%**), with only **2%** citing hygiene/clothing/dignity support—suggesting an education-heavy package that may miss other stressors. A focal point described inter-sectoral links—"**cases moved between nutrition and protection**"—and reported that monthly data reviews helped keep activities relevant. Adolescents echoed relevance: "**Drawing helped me express what was inside and feel better bit by bit,**" and "**I felt the program understood what we're going through.**"

Services adapted for children with specific vulnerabilities	Sex of the respondent		Governorate	Total
	Male	Female	Idleb	
Yes	95%	94%	94%	94%
No	0%	6%	4%	4%
Partially	5%	0%	2%	2%

Table 5: Services adapted for children with specific vulnerabilities

Mental Health Psychosocial Support (MHPSS)

All respondents (**100%**) confirmed that needs were identified through humanitarian assessments, with universal agreement across sex, governorate, and disability status. Every participant (**100%**) benefited from the referral service and stated it addressed their protection needs. Reported outcomes included improved child interaction skills (**8%**), better coping mechanisms (**3%** each for "coping with reality" and "changed my psychological status"), increased protection risk awareness (**8%**), and positive behavior changes (**3%** each for "changed the way I treat others" and "increased love for life").

Females reported slightly more psychosocial gains, while males highlighted behavior changes; Aleppo participants noted a broader range of impacts. All (**100%**) found emotional support activities relevant and session content aligned with community challenges. Coping with stress was the top topic (**60%** overall, **75%** female), while family tension was more cited by males (**63%**) and Idleb respondents (**64%**).

The Bonyan coordinator described strong community participation—over 35 public meetings shaped activity selection—and adaptive management through wage adjustments and resource reallocation. The project improved both livelihoods and community infrastructure, coordinating with other actors to avoid duplication.

Cash for Protection (CFP)

The **CFP** intervention was found to be highly relevant and appropriately adapted to the needs of targeted communities. The vast majority of respondents (**97%**) reported that their needs were identified through formal assessments, with similar responses between males (**94%**) and females (**100%**). In Aleppo, **96%** cited this method compared to **97%** in Idleb, while all households with persons with disabilities (**100%**) and most without (**95%**) confirmed the same. Community consultations and field observations were only mentioned by **2%** each. Across all disaggregations, **100%** affirmed that case workers fully understood the protection risks facing their children.

Referral services were widely regarded as beneficial, with **70%** of respondents confirming positive outcomes. The proportion was higher among males (**78%**) than females (**61%**), significantly greater in Aleppo (**100%**) than Idleb (**51%**), and substantially higher among households with persons with disabilities (**100%**) compared to those without (**54%**). Partner performance varied notably, with Bonyan and HIH achieving **100%** positive feedback versus just **10%** for Syria Relief. Despite these differences, all respondents (**100%**) agreed that referrals addressed specific child protection needs.

Psychosocial support was the most frequently addressed need (**69%**), especially in Idleb (**79%**), while education access accounted for **31%**, more common in Aleppo (**39%**). HIH concentrated heavily on psychosocial support (**90%**), while Syria Relief focused entirely on education (**100%**). A participant in an Aleppo FGD explained, *"The referral connected my son to psychosocial activities, and I saw him smile again after months of distress."* In Idleb, one caregiver noted, *"For us, the main help was enrolling my child back into school."*

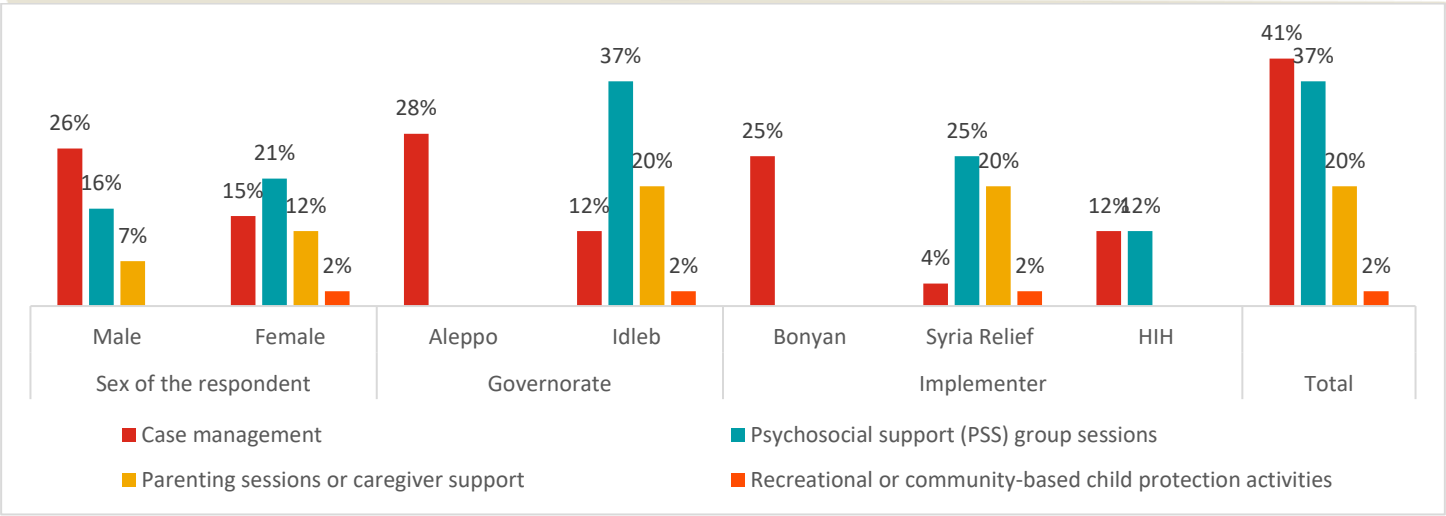

Figure 2: Types of services.

All respondents (**100%**) confirmed receipt of cash, vouchers, or in-kind assistance, and all stated it was aligned with their child's protection needs. The main benefits included school-related support (**48%**), protection from child labour (**32%**), and reduced household stress (**18%**). Aleppo respondents reported higher school support (**74%**) compared to Idleb (**32%**), while HIH beneficiaries overwhelmingly received school-focused assistance (**95%**) and Syria Relief prioritized reducing household stress (**55%**). A mother from Idleb explained, *"The cash meant I could buy my daughter's school uniform and keep her in class."*

Attendance at awareness sessions was high (**88%**), slightly higher among females (**93%**) than males (**84%**), with the most valued topics being children's mental wellbeing (**70%**) and child labour prevention (**28%**). All participants agreed the topics were relevant to community needs. In a FGD with male caregivers in Aleppo, one father shared, *"The sessions taught me how to calm my son when he gets angry, instead of shouting at him."* Community input also shaped site selection, activities, and staffing to ensure cultural appropriateness, such as employing female supervisors for female workers.

Food Security and Livelihoods

Cash for Work (CFW)

Food Consumption Score (FCS)

Overall, **63%** of respondents had acceptable food consumption, **25%** borderline, and **12%** poor. Women showed better outcomes (**78%** acceptable) compared to men (**59%**), with poor consumption higher among men (**14%**) than women (**6%**. Households with a member with a disability performed better (**80%** acceptable) and none reported poor FCS, compared to **14%** poor among households without disabilities. Partner differences were notable: Bonyan beneficiaries had the highest food security (**87%** acceptable, none poor), while ATTA'a's results were weaker (**49%** acceptable, **20%** poor, **31%** borderline).

FCS Categories: 28/42 thresholds	Sex of the respondent		Community						Partner		Total
	Male	Female	Eskat	Harim	Kafr Deryan	Kafr lusin	Kafr Takharim	Qourqeena	Atta'a	Bonian	
Poor	14%	6%	0%	0%	32%	0%	0%	0%	20%	0%	12%

Borderline	27%	17%	33%	8%	48%	5%	0%	0%	31%	13%	25%
Acceptable	59%	78%	67%	92%	19%	95%	100%	100%	49%	87%	63%

Table 6:FCS Categories: 28/42 thresholds

Most respondents (**68%**) said needs were identified through humanitarian assessments, especially women (**94%**) and Bonyan beneficiaries (**93%**). Consultations or FGDs were mentioned by **19%**, more by men (**22%**) and ATTA'a recipients (**29%**). Feedback from community leaders was cited by **10%**. All respondents (**100%**) agreed the MPCA and CFW assistance was highly relevant, primarily to buy food and water (**88%**), with women, Bonyan, and households with disabilities reporting this universally. Smaller shares cited medical costs (**7%**), shelter/rent (**2%**), or clothes/blankets (**2%**). All agreed cash was more suitable than vouchers or in-kind aid.

All participants said CFW tasks matched their skills, and all confirmed infrastructure rehabilitation—roads, schools, water and sewage systems, lighting poles—was relevant to community needs. The most common justification was addressing poor infrastructure (e.g., "because of poor infrastructure" or "to improve roads"), followed by improved living conditions ("made life easier" and "improved public services"). Respondents also linked works to disease prevention and better educational environments. Women (**22%**) and Bonyan (**23%**) more often described them as "necessary" or "important."

Multi-Purpose ash Assistance (MPCA)

The Food Consumption Score (FCS) analysis showed that **51%** of respondents had acceptable food consumption, **29%** were borderline, and **20%** fell into the poor category. Female respondents were slightly less food secure, with **23%** in the poor category compared to **18%** of males. Households without a disability were far better off (**57%** acceptable) than those with a disability (**35%** acceptable, **29%** poor). Importantly, the MPCA distribution took place **10 months before** data collection; given that the FCS measures consumption in the past five days, this time gap limits direct attribution to the assistance and underscores the importance of clarifying whether it was emergency MPC or regular MPCA.

FCS Categories: 28/42 thresholds	Sex of the respondent		Community			Total
	Male	Female	Kafr Deryan	Kafr lusin	Sirjableh	
Poor	18%	23%	15%	0%	53%	20%
Borderline	30%	27%	20%	40%	40%	29%
Acceptable	53%	50%	65%	60%	7%	51%

Table 7: FCS Categories: 28/42 thresholds

Most respondents (**77%**) said needs were identified through humanitarian assessments, with men (**93%**) more likely than women (**57%**) to report this. A unanimous **100%** felt the assistance was very relevant, most commonly because it enabled purchase of food and water (**87%**), followed by clothing or blankets (**9%**) and medical needs (**3%**).

All respondents agreed cash was the most suitable post-earthquake assistance. Nearly all (**99%**) considered infrastructure rehabilitation relevant, noting it improved village life and met basic needs. One officer observed, "When asked what assistance people needed, the answer was always livelihoods support, either through cash assistance or Cash for Work… like the saying, 'Teach me to fish instead of giving me a fish.'" Adjustments to wages based on market assessments showed responsiveness to local conditions.

Health And Nutrition

Health

Health services were generally well-regarded, with **42%** rating them as excellent and **26%** as very good. Women expressed higher satisfaction than men, and Idleb stood out with overwhelmingly positive ratings (**95% excellent**), while Kfr-Tkharim Hospital had more negative feedback (**25% poor/very poor**). Most respondents (**77%**) reported better access to health and

nutrition services since the earthquake, though this varied sharply by location—from **100%** in Idleb and Maaret Tamsrin to **38%** in Qbasin, where many felt access had not improved. Needs were most often identified through humanitarian assessments (**82%**), with some uncertainty in Qbasin and among men.

Quality of these services (1 = Very poor, 5 = Excellent)	Sex of the respondent		Community				Total
	Male	Female	Idleb	Kfr-Tkharim Hospital	Maaret Tamsrin	Qbasin	
1	4%	8%	0%	25%	0%	0%	7%
2	16%	9%	0%	25%	0%	13%	11%
3	20%	11%	0%	8%	7%	33%	14%
4	27%	26%	5%	33%	20%	40%	26%
5	33%	47%	95%	8%	73%	13%	42%

Table 8: Quality of the health services (1 = Very poor, 5 = Excellent)

Pediatric clinics were the most used service (**48%**), followed by internists (**32%**) and maternal/RH care (**20%**), with clear gender patterns—**27%** of women used maternal services versus **2%** of men. Most (**95%**) said services fully met their health needs, often because other options were too costly or unavailable. A few voiced concerns over missing medicines, inadequate care, or insufficient diagnostics, noting, for example, "There are no medications for my illness" and "There is no proper medical care." Nearly all (**95%**) found delivery appropriate, citing cultural respect, staff skills, and language. Households with a disabled member were especially likely to value cultural sensitivity. Persistent gaps—like lack of cancer treatment or incomplete services—were noted in a small number of cases.

Sector integration enhanced relevance, with protection, nutrition, and health programs cross-referring cases. As one focal point explained, "Some cases were referred from the nutrition program to protection, and sometimes vice versa… assessing children's living conditions revealed the need to refer them for malnutrition treatment."

Nutrition

All respondents across Idleb, Kfr-Tkharim, and Maaret Tamsrin agreed nutrition services fully met household needs, regardless of disability status. Half cited urgent malnutrition in the family—especially in Maaret Tamsrin (**77%**) and among persons with disabilities (**90%**)—while others highlighted the lack of alternative free services (**29%**) or unaffordable supplements (**11%**). One mother explained, *"Nutrition services met my needs significantly, as they followed up on my health during pregnancy and treated my severe malnutrition after my fetus died."* Delivery was described as fully suitable by all participants, with cultural respect (**52%**) and clear, simple communication (**36%**) most valued.

Awareness sessions were rated as fully relevant by **99%**, with participants noting they addressed essential needs, offered practical and applicable advice, and covered breastfeeding and maternal nutrition. Many appreciated that sessions were easy to apply at home. One participant said, *"The sessions significantly helped me understand breastfeeding, complementary feeding, and maternal nutrition."* Some female IDPs, however, pointed to a major gap: the absence of infant formula. As one put it, *"While screenings, referrals, and supplements were helpful, the lack of essential milk deprived families of a vital need."* This limitation reflected adherence to IYCF and BMS protocols, which restrict formula provision to protect breastfeeding and reduce health risks in emergencies. Others praised the outreach model: *"Thanks to field visits, the service reached me directly, removing barriers to accessing nutritional support."*

Trainings

Child Protection Training

The training was reported as fully aligned with roles and field realities by **90%** of participants, with all females (100%) in agreement compared to **80%** of males. Alignment was higher in Idleb (**94%**) than in Aleppo (**75%**), where some felt content was too basic or lacking depth. Participants valued the focus on real-life scenarios, especially those mirroring conditions in IDP

camps, though a few noted scenarios were exaggerated or missing coverage of complex cases such as children with disabilities. One female participant described it as "very aligned with the responsibilities of anyone working with children," while a male team leader said it "helped me guide my staff more effectively."

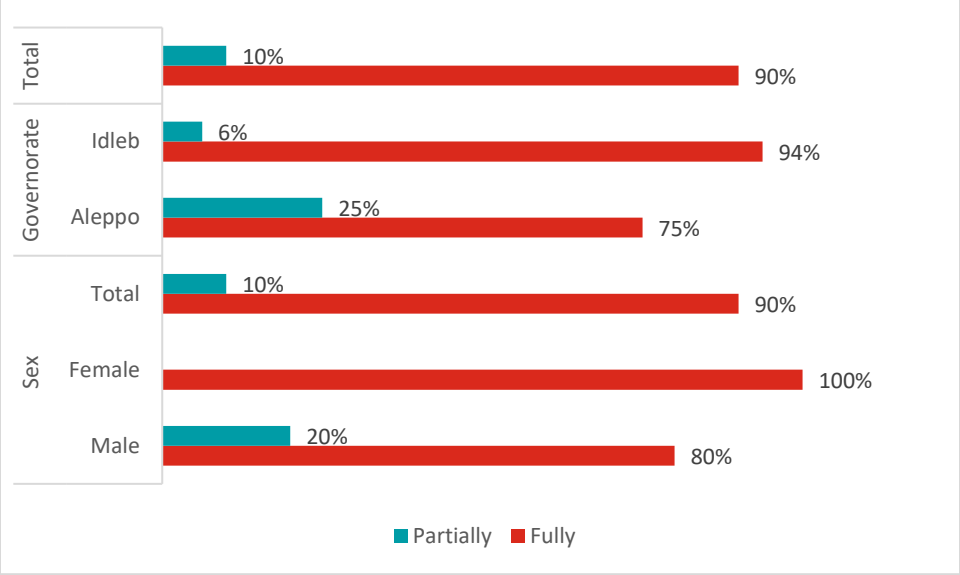

Figure 3: Training content alignment.

Nutrition Training

Reported full alignment with roles and experience stood at **90%** overall (100% of women vs. 80% of men). Participants praised the use of realistic case studies and respectful cultural approaches, with one stating, "The training mirrored our experiences… and was responsive to field needs."

Education Training

80% reported full alignment with their roles (82% of men vs. 67% of women), though all agreed it fully reflected their day-to-day work—especially the realities of working in emergency-affected education systems. As one participant noted, "We are still living under emergency conditions, and the training reflected that perfectly."

Efficiency

The evaluation assessed whether the project achieved its objectives on time and within budget, as outlined in CHS 9.4, while identifying any factors that contributed to delays or cost variations. This included examining planning, scheduling, resource allocation, and logistical arrangements across sectors such as Protection, Education, Health, Nutrition, and Food Security & Livelihoods. The review also considered ease of registration, timeliness of service delivery, and any additional costs or burdens on beneficiaries, alongside partner and participant perspectives on how resources and time were managed.

The program was implemented with high efficiency, with most activities delivered on schedule, within budget, and supported by adequate resources. Awareness-raising, PSS, and MHPSS sessions were consistently rated **well-planned and well-resourced (98–100%)**, with only minor delays in early phases due to beneficiary/site selection and local authority approvals. Cash for Protection and CFW schemes saw **over 90%** of participants describing registration as easy and **96–100%** confirming timely payments, though HIH beneficiaries and households with disabilities reported slightly lower ease and timeliness. Food Security, MPCA, and health services maintained punctual delivery despite brief delays from conflict-related access issues, while nutrition interventions were rated **100% efficient in registration** and **99% efficient in resource use**, with quick access to medication in most locations. Training sessions in Child Protection, Nutrition, and Education were universally praised for planning, timing, and materials, with minor venue or staffing limitations not affecting overall delivery. Across sectors, flexible budgeting, pre-trained staff, and adaptive scheduling—combined with strong partner coordination—were key enablers, with participants frequently noting that services were "straightforward," "well-organized," and "avoided unnecessary delays."

Protection and Education

Awareness Raising

Session quality and logistics

Respondents agreed sessions were **well-planned**, **conveniently scheduled**, and **adequately resourced (100%)**. HIH officers described flexible budgets and pre-trained staff as efficiency enablers, with occasional approval delays: "Sometimes we wait for the official agreement… always racing against time." Overall, they praised SC's flexibility and resourcing: "It enabled us to implement activities efficiently and with high quality."

Psychosocial Support (PSS)

Participation, usefulness, and relevance

22% attended child-protection awareness sessions (higher among females **26%**, and disability households **33%**), but among attendees, **100%** said sessions met caregiver needs and were relevant to community priorities. Most useful was children's mental wellbeing (**73%** overall; **75%** females; **67%** males), with **27%** citing behaviour management. Themes most linked to community needs were violence against children (**33%**), early marriage (**22%**), and psychosocial stress/family tension (**22%**).

Session quality, timing, and delivery

Respondents rated planning **100%** "well-planned," materials **100%** adequate, and timing **98%** convenient (with **2%** citing work conflicts; agreement slightly lower among males **95%** and persons with disabilities **89%**). KIIs/FGDs praised facilitation: "**They spoke simply and respected our culture,**" and "**Everyone understood the activity and felt comfortable.**" Participants asked for more sessions and occasional outdoor activities to deepen engagement.

Mental Health Psychosocial Support (MHPSS)

Sessions were unanimously (**100%**) seen as well-planned, timely, and supported with adequate resources. Early delays in phase one stemmed from lengthy beneficiary/site selection, but parallel implementation recovered lost time. Phase two followed the agreed schedule (**95–99%** adherence). External disruptions were minimal, aside from a short pause due to clashes in late December. Resource sufficiency was confirmed, though human resource gaps in documentation and site follow-up strained the team in phase one. Worker turnover in Cash for Work activities caused some to complete only 40 of 60 planned days. Procurement was completed before political instability, avoiding extra costs.

Cash for Protection (CFP)

Efficiency was also strong, with **94%** of males and **93%** of females finding registration easy, and similar results across governorates (**91%** Aleppo, **95%** Idleb). Ease of registration was slightly lower among households with disabilities (**90%**) and among HIH beneficiaries (**80%**) compared to **100%** for Bonyan and Syria Relief. Timeliness of cash distribution was high (**96%** overall), though again lower for HIH (**80%**).

Most respondents (**93%**) reported no extra costs or time burdens to access services, though this was slightly less favorable for persons with disabilities (**10%** reported additional burdens). Participants in both Aleppo and Idleb FGDs described the process as straightforward, with one father in Aleppo noting, *"I registered in less than ten minutes, and the staff explained everything clearly."* Others appreciated the careful scheduling of activities to avoid delays and the opportunity to learn new skills such as tiling and electrical work.

Food Security and Livelihoods

Cash for Work (CFW)

Registration was very easy for **98%**, including all women and all with disabilities; only **2%** described it as "somewhat easy." All confirmed cash disbursements were on time and without extra costs.

Multi-Purpose ash Assistance (MPCA)

Registration was reported as very easy by **99%** of respondents, with all confirming timely cash disbursements and no added cost or travel burden to receive assistance. According to the M&E officer, the first phase—focused on food security—was implemented promptly, while the second, a winter response, faced only a brief 10–15 day delay due to conflict-related security risks.

Adequate resources and adaptive budgeting, particularly in the Cash for Work phase, helped meet objectives effectively. As he explained, "The first phase provided $100 monthly for eight months… modest but effective long-term, meeting people's needs acceptably."

Health And Nutrition

Health

Most (**95%**) rated clinic registration and check-in as efficient, though Qbasin lagged at 87%. Long waits, poor organization, and limited staff were the main issues when efficiency was lacking. Resource use was considered always efficient by **90%**, particularly in Idleb and Kfr-Tkharim, though Qbasin scored lower. Access to medicines or treatments was quick for **85%**, with slower times linked to pharmacy queues or shortages.

The Syria Relief focal point reported activities were timely and aligned with post-earthquake needs, though cash-for-protection work faced short delays due to market assessments. No major resource shortages or financial constraints were reported.

Nutrition

Registration and check-in were rated efficient by **100%** of respondents, and **99%** said clinic resources were always used efficiently. Time to receive medication or treatment was considered quick by **82%**, though Maaret Tamsrin lagged, with over half reporting neutral wait times. Persons with disabilities reported particularly smooth access (**100% quick**). Field visits and regular follow-up were repeatedly credited for this efficiency—*"Regular visits every 15 days ensured timely support and continuous follow-up"*—though concerns over infant formula availability and long-term continuity remained.

Trainings

Child Protection Training

All participants agreed the training was well-planned, conveniently scheduled, and supported with adequate materials, though a few in Aleppo reported poor venue conditions. Managers confirmed activities generally stayed on schedule, with minor delays linked to school assessments requiring local authority approval. The **$70,000** budget was considered sufficient, though procurement and staffing limitations were noted.

Nutrition Training

All participants found the planning, scheduling, and delivery excellent, and **95%** rated the training materials fully adequate.

Education Training

All participants agreed the sessions were well-planned, well-timed, and supported with adequate materials (**100%** across all subgroups).

Effectiveness and Satisfaction

This section examined whether the project achieved its intended outcomes, the extent to which beneficiaries experienced improvements in their situations, and their satisfaction with the services provided. The evaluation explored the relevance and adequacy of interventions, the degree to which participants applied knowledge or skills gained, and the tangible changes in wellbeing, behavior, and access to services. It also assessed post-referral follow-up, coverage of needs, and the lived effects of support, as well as satisfaction drivers and barriers.

Across all sectors, the program demonstrated strong effectiveness, with high rates of reported improvement, skill application, and satisfaction. Protection and Education interventions, including awareness-raising, PSS, and MHPSS, consistently showed **95–100% satisfaction** and notable gains in psychological wellbeing, communication with children, and social connectedness, though households with disabilities sometimes reported lower benefits. Cash for Protection, CFW, and MPCA schemes not only met needs for the vast majority but also reduced negative coping strategies and improved household stability, with participants frequently describing impacts as "positive," "beneficial," and "life-improving."

Health and nutrition services delivered measurable improvements in child growth, preventive care, and feeding practices, with satisfaction levels generally above **90%**, though location-specific gaps in medicine availability and service continuity persisted. Training sessions in Child Protection, Nutrition, and Education were widely praised, with **70–100%** of participants acquiring and applying new skills in their work, leading to improved case management, teaching practices, and intervention strategies. Overall, the program's reach, relevance, and responsiveness translated into high beneficiary trust and consistent reports of meaningful, often immediate, improvements in wellbeing and capacity.

Protection and Education

Awareness Raising

Case management outcomes

All caregivers reported improvement (**100%**), most often **psychological comfort (41%)**, then better behaviour/mood. Gains were stronger in **Aleppo** and among **Bonyan** beneficiaries. Nearly all confirmed services were delivered after referral, with **PSS** the most common support (**48%**), especially for females, in Aleppo, and with Bonyan.

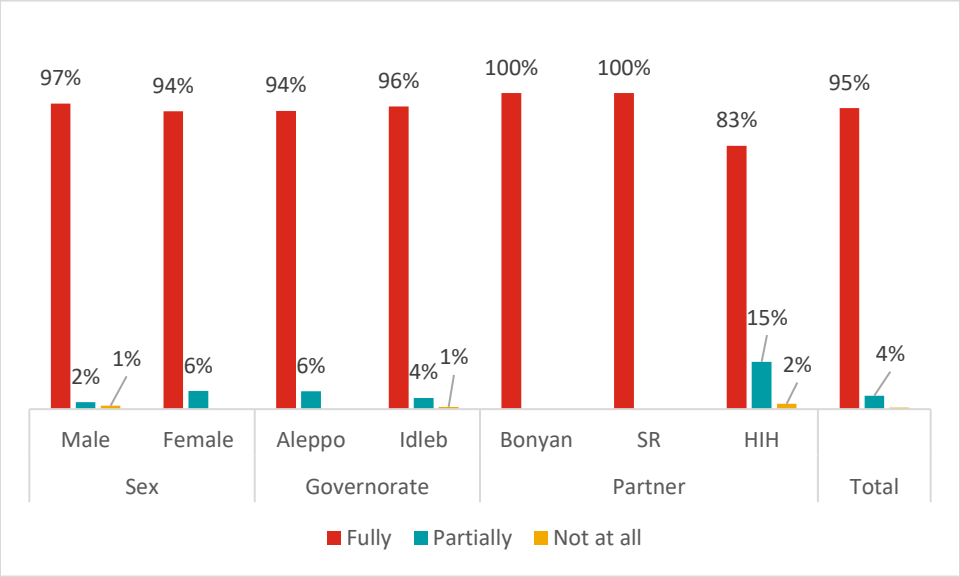

Figure 4: Cash, voucher or in-kind assistance meeting the child's protection needs.

Adequacy and user experience

95% said cash/voucher/in-kind support fully met protection needs (lower among **HIH: 83%**). Narrative feedback described services as "very effective," "beneficial and impactful," and "necessary and appropriate." Overall satisfaction with child protection services was **universal (100%)**.

Applying awareness learning

All respondents reported applying session knowledge, chiefly **improved communication with children (52%)** and **monitoring harmful behaviours (46%)**. Reported results included **stronger caregiver–child relationships (41%)**, **better emotional wellbeing (28%)**, and **reduced risky behaviours (18%)**.

Psychosocial Support (PSS)

Perceived impact of case management

16% said case management improved the child's situation, **6%** said "somewhat," and **78%** saw no benefit; among disability households, **0%** reported improvement. Where change occurred, caregivers cited greater social integration (**13%**), forming friendships (**13%**), increased confidence/skills (**13%**), and relief via material support (**13%**). Non-improvement often reflected service gaps: **12%** never received case management, **14%** felt they didn't need it, **2%** found activities too simple/irrelevant, and **2%** cited absent referrals; disability households were more likely to report no benefit (**22%** vs **12%**).

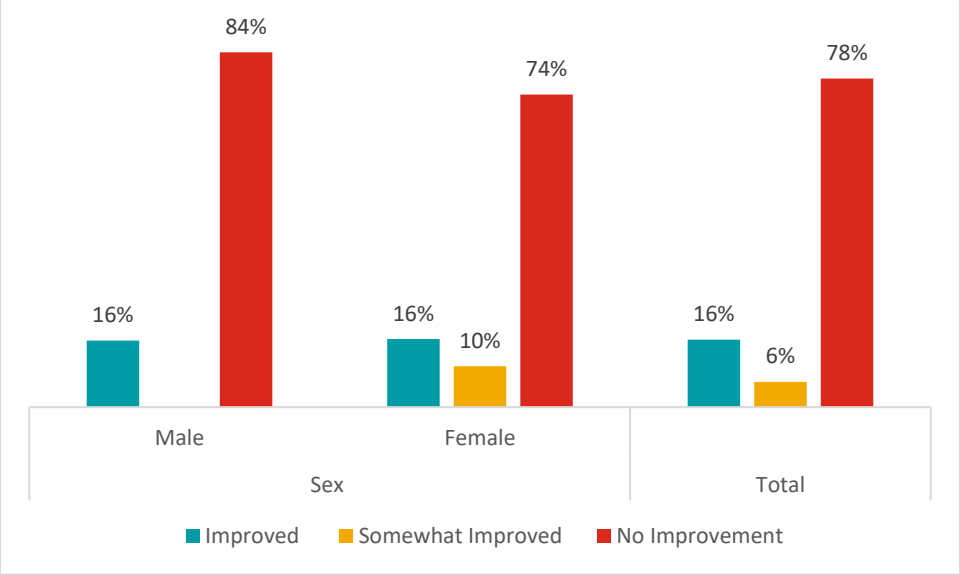

Figure 5: Perceived impact of case management

Referral follow-through and support mix

4% reported receiving any service post-referral (**11%** disability households vs **2%** others). Where delivered, outcomes split between a **$150 cash grant (50%)** and **vouchers (50%)**—a narrow mix for diverse needs. Among those deeming referrals ineffective, **98%** selected "other" reasons (e.g., delays due to project closure, no referral received), **2%** cited access barriers, and **11%** said the service was not delivered; disability households more often reported non-receipt (**14%**).

Adequacy of assistance and lived effects

Cash/voucher/in-kind support fully met needs for **22%**, partially for **68%**, and not at all for **10%**; females reported higher full adequacy (**26%**) than males (**16%**), while disability households reported the lowest (**11%** vs **24%**). Reported effects clustered around schooling (bags, stationery, fees) and easing psychosocial stress, but many characterised gains as minor or short-lived. One adolescent reflected, "**I'm calmer and think before I act; I learned deep breathing and writing my feelings.**"

Applying awareness learning

50% applied session knowledge regularly, **8%** somewhat, and **42%** not at all; uptake was higher among females (**58%**) and disability households (**89%**). Among appliers, **48%** changed communication with children and **52%** monitored/limited harmful behaviours (males leaned to monitoring **86%**; females to communication **61%**; disability households split **50/50**). Non-application stemmed from not attending (**32%**), time poverty (**12%**), comprehension difficulties, or lack of small children at home. Where applied, **96%** observed positive change—**33%** improved emotional wellbeing, **38%** stronger caregiver-child relationships, **17%** reduced risky behaviours, and **13%** greater household awareness; disability households reported **100%** positive change.

User satisfaction

Overall satisfaction with child-protection services was high (**96%** satisfied; **4%** neutral), with females **100%** satisfied and males **89%**; disability households were lower (**89%**) than others (**98%**). Drivers included children's happiness, new skills, emotional relief, and safe, inclusive spaces; a few (**2%**) felt sessions were "only playful."

Mental Health Psychosocial Support (MHPSS)

Support after referral was reported by **98%** of participants, slightly lower among males (**94%**) and Idleb residents (**91%**). Emotional regulation improved for **98%**, with more females (**100%**) than males (**94%**) reporting gains; **77%** felt calmer, and **23%** could better express emotions. All (**100%**) said activities enhanced social connectedness, mainly by building trust (**83%**, higher among females at **92%**).

Awareness of when/how to seek help was universal, driven by recognition of warning signs (**95%**). Overall satisfaction reached **95%**, higher in Aleppo (**97%**) and among those without disabilities (**100%**). Benefits cited included personal growth, community improvement, and better relationships.

MHPSS Satisfaction	Sex		Governorate		Total
	Male	Female	Aleppo	Idleb	
Very satisfied	94%	96%	97%	91%	95%
Satisfied	6%	4%	3%	9%	5%

Table 9: MHPSS Satisfaction

Cash for Protection (CFP)

The project achieved strong effectiveness and satisfaction outcomes, with **98%** of respondents reporting improvements in their children's situations. Common improvements included better psychological wellbeing (**32%**), greater love for life (**7%**), and improved interaction (**5%**). Partner results varied, with Syria Relief emphasizing emotional gains (**95%**) and HIH showing more diverse impacts. All respondents (**100%**) who were referred to follow-up support received assistance, most commonly $150 cash grants (**30%**) and school kits (**26%**), with other items provided in smaller proportions. Almost all (**98%**) said these fully met their protection needs, with the remainder (**2%**) indicating partial fulfillment. When describing the impact, **55%** characterized it as "positive" and **22%** as "beneficial."

Child Improvement through case management	Sex		Governorate		Partner			Total
	Male	Female	Aleppo	Idleb	Bonyan	Syria Relief	HIH	
Yes	97%	100%	100%	97%	100%	100%	95%	98%
Somewhat	3%	0%	0%	3%	0%	0%	5%	2%

Table 10: Child Improvement through case management

One father in Idleb stated, *"It wasn't just money—it was a sign that someone cared about our children's future."* All participants (**100%**) reported applying knowledge gained from awareness sessions, mainly through improving communication with children (**78%**) and monitoring harmful behaviors (**20%**). Positive changes in children included improved emotional wellbeing (**48%**) and stronger caregiver-child relationships (**47%**). Satisfaction levels were exceptionally high, with **100%** satisfied—**75%** very satisfied and **25%** satisfied.

Food Security and Livelihoods

Cash for Work (CFW)

Household verification via home visits was almost universal (**99%**), and **86%** found all needed items in local markets. However, **14%** said items were too expensive, more among women (**28%**) and ATTA'a (**22%**). Cash fully met needs for **75%**, particularly all with disabilities and all Bonyan beneficiaries, but only **61%** of women. The main reasons for partial coverage were high prices (**55%**) and insufficient grant amounts (**40%**).

Cash lasted under a month for **75%**, especially ATTA'a (**92%**), while **14%** stretched it beyond a month—more common among women (**28%**) and Bonyan (**33%**). Negative coping strategies decreased for **84%**, though **16%** still relied on borrowing (**90%**) or reducing meals (**10%**).

Meeting the Household Needs	Sex		Community						Partner		Total
	Male	Female	Eskat	Harim	Kafr Deryan	Kafr lusin	Kafr Takharim	Qourqeena	Atta'a	Bonyan	
Fully	79%	61%	100%	100%	94%	10%	100%	100%	61%	100%	75%
Partially	21%	39%	0%	0%	6%	90%	0%	0%	39%	0%	25%

Table 11: Meeting the Household Needs

CFW was seen as very effective by **99%**, with the only criticism being unreliable water access from some rehabilitated systems. Satisfaction with receiving cash was unanimous (**100%**), and **86%** were very satisfied overall. The Bonyan CFW coordinator reflected, *"The community felt safer and better off, but with unemployment near 90%, people were disheartened when jobs ended."* A positive unintended outcome was that *"many participants gained experience that helped them find new construction jobs."*

Multi-Purpose ash Assistance (MPCA)

All households confirmed being verified via home visits, and **97%** said all needed items were available locally. Most (**93%**) felt the cash fully met their needs, though for the 7% who said otherwise, debt repayment was the main barrier. Only **34%** said the cash lasted more than a month; nearly half (**49%**) said it lasted less.

The assistance reduced negative coping for **93%**, most often by reducing the need to borrow money (**89%**) or skip meals (**9%**). Overall satisfaction was very high, with **73%** very satisfied and the rest satisfied, slightly higher among women and households with disabilities. The officer noted a "clear improvement in household financial situations" as many paid off debts, reduced work hours, and spent more time with family.

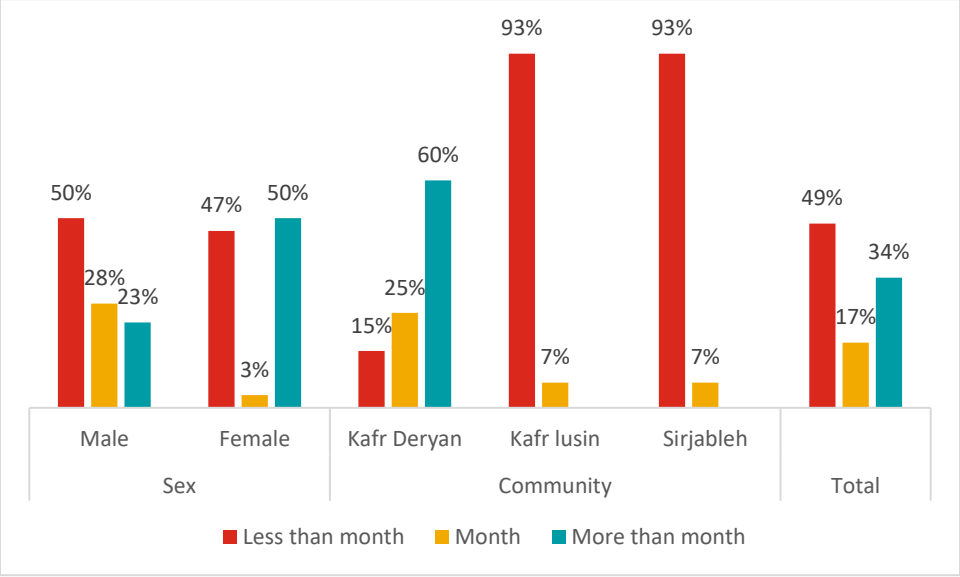

Figure 6: MPCA lasting effect.

Health And Nutrition

Health

Pediatric consultations improved health for **90%** of patients, with slightly lower results in Qbasin. Nutrition clinic referrals improved child growth and nutrition for **81%** of respondents, though effectiveness of MUAC screenings was mixed (**58% overall**, but near-universal in Idleb and Maaret Tamsrin). Preventive care services were effective for **71%**, while patient tracking tools (serial number cards, files) scored **73%**. Outcomes for high-risk pregnancies (**56%** effective) and ANC/PNC consultations (**51%**) varied sharply by location, with Kfr-Tkharim showing notably poor ratings.

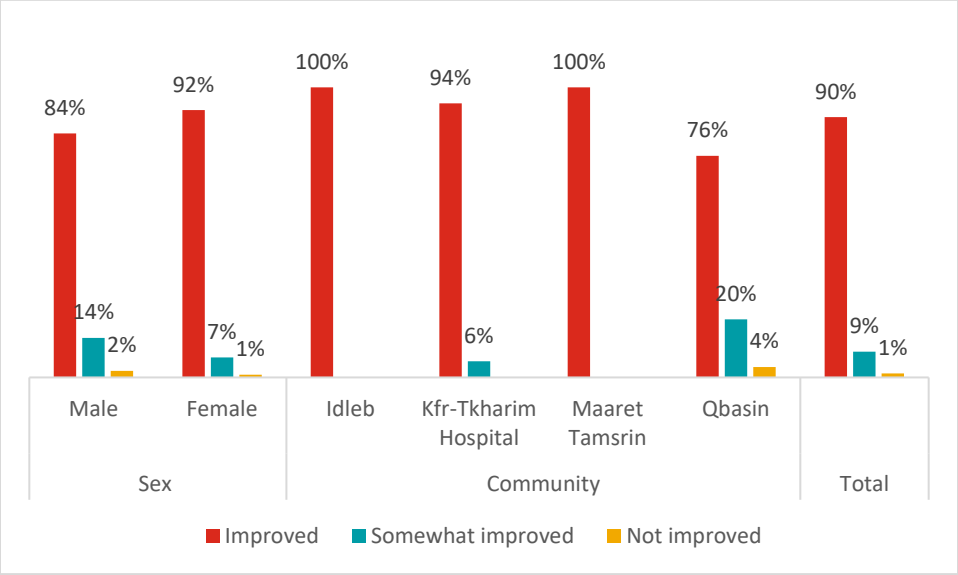

Figure 7: Pediatric consultations improved health.

Overall satisfaction with health services reached **83%**, higher among women and in Idleb, Kfr-Tkharim, and Maaret Tamsrin, but lower in Qbasin. Satisfied respondents often cited free services, available medicines, and good doctors; dissatisfaction stemmed mainly from lack of medicines or long waits. Protection outcomes included reduced child protection risks, improved parenting practices, and stronger community ties—sometimes even reducing violence and divorce rates.

Nutrition

MUAC screenings were deemed **100% effective** across all groups. The Targeted Supplementary Feeding Program was rated very effective by **96%**, and therapeutic feeding treatment by **94%**, though persons with disabilities reported lower satisfaction (**67%**) compared to others (**97%**). One caregiver shared, *"MUAC screening was very effective, allowing early detection of malnutrition cases."* Referrals to stabilization facilities reached **25%** of households, with **97%** finding treatment effective. Awareness sessions boosted knowledge for **98%**, often leading to changes in feeding practices. Satisfaction with nutrition services was high (**97%**), though slightly lower among persons with disabilities (**80%**). A participant summed up the general sentiment: *"I'm very satisfied because the services significantly improved the health situation in the camp… but my only concern is the project's continuity."*

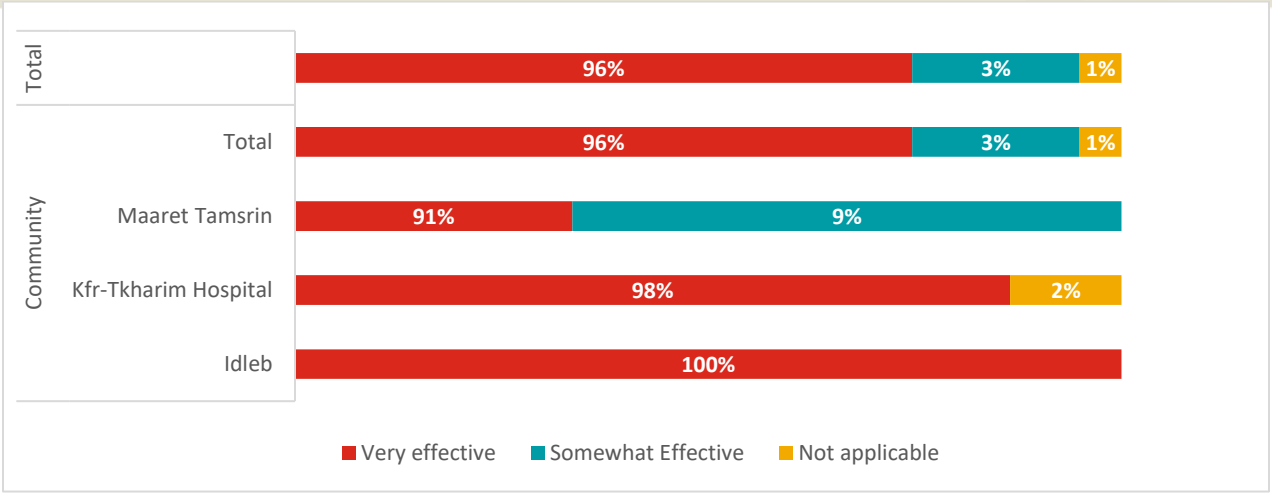

Figure 8: Effectiveness of targeted supplementary feeding program (TSFP).

Trainings

Child Protection Training

A total of **90%** stated the training helped them gain useful knowledge, with all respondents able to apply learning in their work—examples included integrating child protection principles into fieldwork, improving case management, and refining behavioral strategies. "My instructions to the team became more aligned with protection principles," one participant explained. Satisfaction was unanimous across all subgroups.

Nutrition Training

90% reported acquiring useful skills, with examples such as applying "best interest of the child" principles, improving team management, and refining intervention strategies. All were satisfied with the training.

Education Training

70% said they acquired the intended skills, praising interactive methods and real-life examples. Application was high, with **95%** using the learning always or sometimes to improve teaching practices, engage students, and reduce dropout rates. Satisfaction was unanimous.

Sustainability

This section assessed the likelihood that the project's positive effects would endure beyond its implementation period, in line with CHS 3.2 and 3.3. It examined whether interventions strengthened local capacities to anticipate and manage future crises, the extent to which knowledge and skills were retained and shared within communities, and whether exit or transition strategies were implemented to maintain benefits over the long term.

While the program achieved notable successes in skill-building, infrastructure rehabilitation, and knowledge retention—often above **85–90%**—gaps in post-project linkages to longer-term services limited the full sustainability potential. Protection, PSS, and MHPSS components demonstrated strong recall and widespread knowledge-sharing, particularly in communities with active local engagement, though no respondents reported formal referral pathways to ongoing services. In Food Security and Livelihoods, especially Cash for Work, sustainability was strengthened through vocational training, pairing skilled and

unskilled workers, and handing over rehabilitated infrastructure to local authorities, enabling independent maintenance and ongoing income generation.

Health and Nutrition services delivered important capacity gains through training and referrals, yet sustainability perceptions varied sharply by location, often hindered by the absence of permanent facilities or continued funding. Training programs in Child Protection, Nutrition, and Education showed high integration of skills into organizational practices, with participants actively embedding standards into their work.

Protection and Education

Awareness Raising

Linkages & retention

No respondents reported linkages to longer-term services—an evident sustainability gap. Still, content retention was **high (90%)**, and knowledge sharing was **widespread (84%)**, especially among males, **Idleb** residents, and households with disabilities—suggesting a community "ripple effect" even without formal follow-up.

Psychosocial Support (PSS)

Continuity and retention. No respondents reported linkage to additional services after CFP/CVA—an explicit continuity gap that risks decay of gains. Knowledge retention was mixed: **40%** remembered "very well," **40%** "a little," **16%** not well, **4%** not at all. Males recalled better (**47%** "very well") than females (**35%**), while disability households had notably weaker recall (**11%** "very well"; **56%** "a little"; **33%** didn't remember). Main constraints were short training (**40%**), poor comprehension (**40%**), and "other" (**20%**). Females more often cited comprehension (**57%**), males session length (**67%**); disability households primarily comprehension (**67%**). For "other," respondents split between not attending and lacking time to debrief with children.

Knowledge diffusion. 44% shared "a lot," **26%** "a little," **28%** rarely, **2%** not at all; males shared more "a lot" (**47%**) than females (**42%**), while disability households shared least (**22%** "a lot"). Among non-sharers, **87%** were unsure how to explain lessons; **7%** felt sharing wasn't necessary; **7%** cited time poverty ("**I work long hours and return home tired**"). The focal point highlighted efforts to build sustainability through community engagement, capacity-building, service mapping, and end-of-project hand-offs to local actors—yet the survey evidence still points to missing post-project linkages.

Mental Health Psychosocial Support (MHPSS)

No participants (**100%**) were linked to follow-up services, signaling a gap in post-assistance planning. Recall of protection session content was strong (**90%**), higher among females (**100%**) and Aleppo residents (**100%**). Sharing of knowledge matched recall patterns (**90%** overall). Infrastructure repairs, particularly in schools, were designed for decade-long benefit, while worker skills training aimed at lasting employability. Community committees promoted ownership, and exit strategies prepared workers for project closure while ensuring institutional handover of rehabilitated assets.

Cash for Protection (CFP)

Sustainability indicators showed no follow-up services available (**100%**), yet **93%** of participants could recall session content and share skills learned, with slightly lower rates among HIH beneficiaries. Infrastructure works and skill training were cited as contributing to long-term benefits. Inclusion outcomes were also strong, with **100%** of respondents reporting full accessibility and equity in service delivery, including specific measures for vulnerable groups and safe, tailored environments for children.

Food Security and Livelihoods

Cash for Work (CFW)

The Cash for Work program built local capacities through training in skills like carpentry and construction, enabling beneficiaries to continue work post-project. The Atta M&E Officer reported, **"The clearest impact was in Cash for Work, where beneficiaries received theoretical and practical training, allowing many to continue work after the project. Skilled**

and unskilled workers were paired to share expertise." MPCA alleviated debt burdens, freeing income for improved living standards. He noted, **"MPCA helped reduce debt burdens, providing a real opportunity to redirect income toward improving living standards instead of just debt repayment."** Infrastructure improvements and skill development enhanced community resilience. The officer emphasized, **"Cash assistance had a positive psychological impact, giving individuals dignity and decision-making power. Many started small businesses or continued their trades, enhancing resilience and economic independence."** Exit strategies involved handing over infrastructure to local authorities and training communities for future maintenance, ensuring sustainability. He stated, **"In Cash for Work, infrastructure was rehabilitated and handed over to local authorities. People were trained and worked with us, gaining the ability to manage maintenance or rehabilitation independently in the future."**

Multi-Purpose ash Assistance (MPCA)

4% of respondents reported being connected to other food security, livelihood, or social and economic services after the project, all through *Cash for Work* programs in Kafr Lusin, representing 20% of that community's respondents, all male and without disabilities. All participants linked to these services believed they would significantly enhance their skills and income-generation opportunities.

The remaining **96%** cited limited opportunities or lack of awareness as the main reasons for not being connected. Common responses included *"there were no other projects"*, *"it was not available"*, and *"I was not informed about other projects"*. Others mentioned not meeting eligibility criteria, while a smaller group recognized potential benefits and need of such services, noting they *"increase job opportunities and help secure expenses"*.

Health And Nutrition

Health

Nearly two-thirds (**63%**) believed health benefits would continue, with optimism highest in Maaret Tamsrin and Idleb, but low in Kfr-Tkharim (**14%**). Doubts were tied to the absence of permanent centers, inconsistent medication supply, and the perception of temporary services. As one respondent put it, "There is no permanent health center, and if someone gets sick, there is no place to go." The project built local capacity through training, service mapping, and referrals to local actors, with improved safety and referral pathways expected to last beyond project closure.

Nutrition

Only **30%** believed services would continue long term, while nearly half (**48%**) felt they would not—particularly in Kfr-Tkharim, where all respondents said "No." Many tied sustainability to ongoing external support, warning that, *"When the support stopped, the centers closed."* Still, **93%** remembered nutrition advice, though retention was much lower among persons with disabilities (**50%** full recall) than others (**96%**), hinting at accessibility or engagement barriers. Knowledge-sharing was widespread (**99%**), often driven by a sense of community responsibility—*"So the benefit reaches everyone"*—and personal experience—*"Because my neighbor had a child suffering from poor nutrition, so I advised her."*

Trainings

Child Protection Training

Retention of key skills was reported by **85%**, with **65%** fully sharing knowledge with colleagues—lower among women (50%) compared to men (75%). All respondents confirmed integration into organizational practice, including embedding protection standards across activities and using service mapping to sustain post-project support.

Nutrition Training

Retention was reported by **85%**, with **65%** fully sharing knowledge—men more likely than women to do so. All respondents confirmed integration into their organization's ongoing work, including ensuring protection staff presence during all activities.

Education Training

60% fully recalled key content, and **65%** shared knowledge (100% of women vs. 88% of men). Organizational integration was reported by **69%**, with non-integration mainly due to existing systems already applying similar practices.

Inclusion

The inclusion analysis examined how effectively the program ensured participation and equitable access for vulnerable groups, including women, children, persons with disabilities, the elderly, and those with limited resources, in line with CHS 1.1. Evaluation questions explored accessibility of services, fairness in delivery, and the extent to which diverse voices were represented in activity planning and implementation. It also assessed whether culturally appropriate communication and logistical support—such as adapted spaces, lighter work assignments, or transportation—were provided to remove barriers to participation.

The program demonstrated strong performance in fostering inclusion, with nearly universal reports of full accessibility and equitable reach across sectors. Protection, PSS, and MHPSS components not only maintained high accessibility rates but also actively adapted to the needs of vulnerable participants through mobile teams, tailored activities, and safe, private spaces. Cash for Protection and MPCA phases ensured that women, children, and persons with disabilities were consulted during needs assessments, shaping services that reflected their priorities. In Food Security and Livelihoods, Cash for Work roles were adjusted to suit physical capacities, enabling indirect benefits for those unable to perform heavy labor. Health and Nutrition services provided culturally appropriate information and engaged vulnerable groups in planning, while training programs integrated accessibility considerations into design and delivery.

Protection and Education

Awareness Raising

Access and equity

Respondents unanimously reported **full accessibility (100%)** and **equitable reach (100%)** across groups. A focal point highlighted mobile teams "to ensure access for those unable to reach centers," particularly people with limited means or special needs.

Psychosocial Support (PSS)

Accessibility and equity

92% said services were fully accessible and **8%** partially; men reported **100%** full access vs women **87%** (with **13%** partial). Disability households reported **100%** full access, while non-disability households were **90%** full and **10%** partial. Where access was only partial, **100%** cited lack of awareness—indicating a communication gap. Perceived equity of reach was **100%** across groups. FGDs affirmed inclusive practice: "**Before the program started, they asked what we wanted… I said drawing, and they included it.**" Facilitators adapted for speech/mobility challenges; initial parental hesitancy was often resolved after explanation.

Mental Health Psychosocial Support (MHPSS)

Most respondents (**98%**) found services fully accessible, with minor gaps due to lack of awareness—reported only by males in Idleb households with disabilities. Perceived equity was universal (**100%**). The program actively involved women, children, and the elderly, integrating community input into design and implementation. Legal restrictions excluded children from

employment, but they participated in awareness and MHPSS sessions, with vulnerable children receiving targeted cash transfers.

Cash for Protection (CFP)

Perceived Accessibility and Equity of Services

All respondents (**100%**) reported that program services were fully accessible and equitable for all community members, regardless of age, gender, disability status, or social and economic group. This unanimous perception was consistent across male and female caregivers, respondents from both Aleppo and Idleb, and households with and without persons with disabilities. All three implementing partners—Bonyan, Syria Relief, and HIH—also received **100%** ratings for both accessibility and equity, reflecting consistent delivery standards and inclusive reach across all locations.

Inclusion of Vulnerable Groups

Officers confirmed that vulnerable groups—including women, children, and persons with disabilities—were effectively included in planning and implementation. Needs assessments combined surveys and consultations with diverse beneficiaries to ensure activities met community needs, as noted by one officer: *"During planning, we conducted activities to gather information, including surveys and consultations with beneficiaries from various groups, ensuring the project met community needs."* Safe, private, and accessible spaces were established for different groups, coordinated with local authorities, while transportation support ensured physical access. Input from vulnerable groups directly shaped activities such as psychosocial support and recreational sessions, which were tailored to local contexts and varied by area.

Food Security and Livelihoods

Cash for Work (CFW)

All respondents reported services were fully accessible and equitable. While vulnerable groups like women or the elderly could not do heavy work, they benefited indirectly. The coordinator explained, *"We assigned lighter tasks to some female and physically limited participants… Female workers were placed in girls' schools during working hours, males after hours or holidays."*

Multi-Purpose ash Assistance (MPCA)

All respondents said the program was accessible and equitable for all groups. Almost all (**99%**) received timely and clear information, with all agreeing it was shared in culturally appropriate ways. Vulnerable groups—women, children, people with disabilities, and the elderly—were prioritized, and women's participation in the Cash for Work phase was actively supported through tailored roles. The officer emphasized that sessions with the community before implementation helped set expectations and encourage participation across groups.

Health And Nutrition

Health

Most (**90%**) felt services were fully accessible to all, though Qbasin scored lower. Lack of awareness was the main barrier among the minority who saw gaps. Equity ratings were similarly high (**86%**), but some cited limited resources or favoritism.

Nutrition

Every respondent said services were fully accessible and equitable across social and economic groups. Almost all (**98%**) received timely, clear, and culturally appropriate information, with vulnerable groups—including women, persons with disabilities, widows, and the elderly—actively consulted in needs assessments. As one participant put it, *"All vulnerable groups in the camp… were targeted, and our opinions were taken before implementation."*

Trainings

Child Protection Training

The training was seen as fully accessible by **85%** of participants (100% of women vs. 70% of men) and equitable by **90%**, with some Aleppo men noting eligibility criteria as a barrier.

Nutrition Training

Perceived accessibility was **85%** (100% women vs. 70% men) and equity **90%**, with the same gendered and geographic patterns as Child Protection Training.

Education Training

Accessibility and equity were reported at **100%**, with no perceived barriers.

Child Participation

The evaluation examined the extent to which the program created meaningful opportunities for children to express their views, contribute ideas, and influence activities. Questions assessed whether facilitators used age-appropriate communication, ensured safe and inclusive spaces, and encouraged both children and caregivers to share feedback. It also explored whether participation was equitable across gender, disability status, and location, and how effectively these inputs were integrated into program design and delivery.

Findings show the program was highly effective in enabling children's active engagement across all components. In Protection and Education awareness activities, 89% of respondents reported high levels of participation, and 99% confirmed that children could share their opinions, with facilitators using age-appropriate approaches (100%). Psychosocial Support sessions achieved 72% high and 26% medium participation, with tailored adaptations for children with speech or mobility challenges. Cash for Protection achieved 97% high participation, with 100% confirming children and caregivers could provide feedback, most commonly directly to facilitators. Across all interventions, children's involvement led to reported improvements in behaviour, wellbeing, and social interaction, with parents and children describing a sense of ownership over activities—one caregiver noted, ***"We felt we were part of the program, not just recipients."***

Protection and Education

Awareness Raising

Voice and choice

89% reported high participation; **99%** said children could share opinions; facilitators used age-appropriate communication (**100%**). Experience ratings were strong (majority "satisfied/very satisfied"), with parents noting improvements in behaviour, wellbeing, and social interaction. "There were real opportunities… to express opinions, ideas, and needs," a focal point confirmed.

Psychosocial Support (PSS)

Voice, engagement, and experience

72% reported high participation and **26%** medium; high participation was lower among disability households (**44%**) than others (**78%**). **86%** said children could share opinions (**90%** females; **79%** males; **89%** disability households), though **14%** were unsure. Only **16%** of caregivers reported opportunities to give feedback themselves (higher among females **19%** than males **11%**), suggesting scope to strengthen two-way caregiver feedback. Facilitators universally (**100%**) created child-friendly spaces with age-appropriate communication. Experience ratings were strong—**84%** "very satisfied," **14%** "satisfied," **2%** neutral—with lower "very satisfied" among disability households (**67%** vs **88%** others). Adolescents valued safe expression: "**I was shy at first, but the facilitator said there's no wrong thing to say… then I felt comfortable.**"

Cash for Protection (CFP)

Child participation was highly rated, with **97%** describing engagement as high and **100%** confirming that children and caregivers could share feedback. Facilitators were the main feedback channel (**33%**), particularly in Idleb (**54%**). Satisfaction with participation mirrored overall satisfaction, with respondents citing the effectiveness of activities (**23%**), benefits for children (**7%**), and improvements in wellbeing as key reasons. A mother from Aleppo noted, *"We felt we were part of the program, not just recipients."*

Accountability and Participation

The evaluation explored whether communities consistently received timely, clear, and culturally appropriate information about program activities, entitlements, and rights. It examined whether communication was delivered in local languages and accessible formats, particularly for children and vulnerable groups. Questions also assessed the availability, accessibility, and safety of opportunities for participants—especially children—to share needs, ideas, and feedback, and whether these mechanisms were widely known. Finally, it reviewed the management of the Feedback and Complaint Mechanism (FCM), including responsiveness, follow-up on investigations, and whether feedback loops were closed with participants.

Findings show the program excelled in providing communities with relevant, culturally sensitive information, with most sectors reporting **near-universal or universal awareness** of program details. Awareness of the FCM was high across interventions, primarily through posters, leaflets, and direct staff engagement. While actual usage of the mechanism was low—often because participants reported no complaints—examples from different sectors demonstrated responsiveness when feedback was given, such as wage adjustments in Cash for Work or activity changes in PSS.

Protection and Education

Awareness Raising

Information and feedback

Communities received **timely, clear, culturally appropriate information (100%)**. Awareness of FCM came via posters/leaflets and staff; no use was reported, largely because participants had **no complaints**. An SR focal point described dual feedback pathways—**field channels** and **beneficiary interviews**—with monthly analysis and escalation "as needed," ensuring issues were addressed and loops closed.

Psychosocial Support (PSS)

Information, mechanisms, and use

86% reported regular information on activities, entitlements, and rights (higher among females **90%** than males **79%**); **8%** were unsure (males **16%**, females **3%**). Communication was culturally appropriate for **96%** (disability households **100%**; others **95%**).

4% needed to submit feedback/complaints; among the **96%** who didn't, **98%** had no complaints and **2%** lacked awareness (more common among males **5%**). Awareness of FCM came mainly via partner staff (**72%**), then posters/leaflets (**26%**), with community meetings rare (**2%**); disability households relied more on printed materials (**44%** vs **22%**). Despite awareness, **0%** used the FCM—possibly due to high satisfaction, low perceived need, or social/operational barriers. Participants described accessible channels and visible responsiveness: "**I wrote an idea in the box, and later I saw new activities come from it.**"

Mental Health Psychosocial Support (MHPSS)

All respondents (**100%**) confirmed timely, clear, and culturally appropriate information sharing. Feedback needs were rare (**3%**), and no formal complaints were submitted, largely due to satisfaction. Awareness of the feedback mechanism was universal, though uptake was nil. Multiple confidential channels—suggestion boxes, email, WhatsApp, QR codes—were explained during awareness sessions, with sensitive cases escalated within 48 hours.

Cash for Protection (CFP)

In terms of accountability, **100%** reported receiving timely and clear information, with **98%** rating communication as fully clear and culturally appropriate. While **23%** indicated they had a need to submit feedback, none used the formal feedback and complaints mechanism despite **78%** awareness—most learned of it via posters or leaflets. Participants in FGDs mentioned that the system included boxes, WhatsApp, and QR codes, along with child-friendly materials, but they preferred speaking directly to staff. As one caregiver in Idleb put it, *"If I have an issue, I tell the facilitator face to face. It's faster than writing it down."*

Food Security and Livelihoods

Cash for Work (CFW)

All respondents confirmed they received clear, culturally appropriate information about activities and rights. Only **7%** needed to use complaint channels, all men from ATTA'a. Most learned about the FCM through posters/leaflets (**69%**) or partner staff (**17%**). None had actually used it, often because they had no complaints. The coordinator described how complaints—especially about wage fairness—were handled confidentially and led to adjustments: *"Based on feedback, we reassessed market rates and increased payments in the second phase."*

Multi-Purpose ash Assistance (MPCA)

Only **14%** of respondents felt the need to submit feedback or complaints—exclusively men—while none of the women expressed such a need. Posters (**41%**) and partner staff (**40%**) were the main sources of information about the Feedback and Complaint Mechanism (FCM), though none of the respondents reported actually using it. The officer described a comprehensive complaint system via boxes, WhatsApp, Telegram, social media, and email, with dedicated follow-up and referrals for sensitive cases. Feedback even informed new projects, such as road repairs in Kafr Daryan, showing the mechanism's role in shaping broader community support.

Health And Nutrition

Health

The majority (**85%**) reported receiving timely and clear information, and **95%** found it culturally appropriate. Only **20%** needed to use feedback or complaint channels, mainly women. Awareness of the Feedback and Complaint Mechanism (FCM) came largely from posters (**73%**), yet none of the respondents reported using it. The focal point described two main follow-up approaches—field-based channels and beneficiary interviews—with monthly analysis of feedback to guide improvements.

Nutrition

Only **6%** needed to give feedback or complaints, and all who didn't cited having no complaints. Awareness of the Feedback and Complaint Mechanism was high (**78%** via posters/leaflets), yet no one used it. Field teams, suggestion boxes, and contact numbers were available, with some participants noting these channels were both *"safe and easy to use."*

Trainings

Child Protection Training

All participants said information was shared clearly and in culturally appropriate ways. Multiple feedback channels existed, but only **25%** used them (mostly men), and **20%** of those users were dissatisfied, saying feedback was "not taken seriously." Positive examples of responsiveness included implementing community suggestions, such as early warning systems in schools.

Nutrition Training

All participants confirmed culturally appropriate, clear communication of objectives and rights. Awareness of the Feedback and Complaint Mechanism (FCM) was high (**95%** via staff), but usage was **25%**, with satisfaction levels and issues raised mirroring those from Child Protection Training.

Education Training

Information sharing was universal, though **33%** of women found clarity only "somewhat" adequate. Just **10%**—all male—used the FCM. Awareness came via staff (60%) and posters (40%). Usage was **35%**, but satisfaction was low (**29%**), with delays or lack of responses as the main complaints. Only **29%** of cases were fully resolved. Transparency was rated "very high" by 29% and "somewhat" by 71%.

Coherence

The evaluation examined the extent to which the intervention aligned with and complemented other ongoing activities within the Syria Response Office (SRO) and with the work of other actors operating in the same geographic and sectoral contexts. Questions assessed whether the program created synergies with parallel interventions, avoided duplication of efforts, and maintained consistency with broader humanitarian strategies. This included exploring coordination mechanisms, information-sharing practices, and the degree to which project activities built upon or enhanced existing services and initiatives.

The project demonstrated strong alignment with humanitarian coordination mechanisms and child protection frameworks, ensuring interventions were complementary, strategically targeted, and free from duplication. Coordination occurred at multiple levels—strategic engagement with clusters, operational agreements with local authorities and education directorates, and consistent field-level collaboration with NGOs and community stakeholders. In underserved locations like Fedryan, Kafrlousin, and Sarjbla, targeting was done in direct agreement with the northwest Syria cluster to reach ***"areas completely devoid of prior humanitarian interventions"***, as one officer explained. Coordination tools such as service mapping, Memorandums of Understanding, and standardized cluster forms were used to identify available services, define roles, and prevent overlap.

This was particularly important in multi-actor environments, where, as one Programs Coordinator cautioned, ***"We faced a significant challenge with certain humanitarian actors entering our operational areas without being part of the coordination clusters… leading to activity overlaps or duplication."*** Within sectors like education and cash-for-work (CfW), activities were deliberately integrated with protection and psychosocial support (PSS) services to maximize impact; for example, a school rehabilitation in one area was complemented by another organization's work on a different school, creating, in the Coordinator's words, ***"a comprehensively addressed educational infrastructure need."*** Internal coordination within Bonyan between protection, recovery, and logistics teams further enhanced resource sharing, referral pathways, and case management. While some contexts saw limited direct engagement with government entities, the multi-sectoral approach, backed by robust field relationships, ensured complementarity, stronger referral systems, and more efficient service delivery.

Fidelity

The evaluation assessed the degree to which the intervention adhered to established sectoral quality standards, in line with Core Humanitarian Standard (CHS) Commitment 2.4. This included examining the quality-of-service delivery, alignment with technical guidelines, and the appropriateness of methodologies used across different sectors. The questions explored both the facilitators that enabled the achievement of these standards—such as skilled staff, adequate resources, and effective planning—and the barriers that hindered full compliance, including operational, contextual, or resource-related constraints.

Implementation consistently met or exceeded sectoral and humanitarian quality standards, with strict adherence to principles such as confidentiality, do-no-harm, and meaningful participation. Staff were highly experienced—many with years in CfW and child protection programming—and received structured training before each phase, covering technical skills, safety procedures, psychosocial support, disability inclusion, safeguarding, and codes of conduct. As one Coordinator put it, ***"We adhered strictly to humanitarian work standards… appropriate targeting, wage setting, work specifications, and timelines were all precisely defined."*** CfW placements were deliberately designed to last no less than 60 days, ensuring dignified employment and greater income stability. Daily supervision and engineering oversight guaranteed the quality of rehabilitation works, with one officer noting, ***"No activity occurred without a supervisor… monitoring and evaluation teams conducted daily surveys to assess work quality and adherence to safety and quality standards."***

Child protection activities were delivered in safe, accessible spaces, with facilitators trained to handle sensitive disclosures and respect privacy; as one officer stressed, ***"We fully adhered to child protection principles like confidentiality and do-no-harm… the team was trained extensively and is experienced in the region."*** Adaptive management further strengthened fidelity: planned outputs were exceeded when opportunities arose, such as rehabilitating 16 infrastructure sites instead of the 12 originally targeted, and increasing CfW participants from 320 to 349. Across all modalities, the program's combination of technical rigor, safeguarding protocols, and responsiveness to emerging opportunities ensured high-quality delivery that was both contextually appropriate and rights-based.

Conclusions

The Protection intervention's awareness-raising sessions were highly effective in improving caregiver knowledge, promoting behavioral change, and enhancing children's psychosocial wellbeing. Delivered equitably across Aleppo and Idleb, they were widely regarded as relevant, useful, and culturally appropriate. Participants reported stronger communication with children, better emotional support, and increased awareness of child protection risks. While short-term gains were strong, the absence of post-training support risks limiting long-term impact, and variations across implementing partners—particularly lower recall among HIH participants—highlight the need for greater delivery consistency.

The PSS intervention delivered high-quality psychosocial support, with strong satisfaction across demographics, though sustainability, follow-up, and inclusion for children with disabilities remained weaker areas. Referral systems were underused, and participation in awareness activities was lower than planned, limiting community-level impact. The MHPSS component achieved excellent results in access, quality, and inclusivity, with consistent delivery across subgroups and strong trust-building outcomes. However, limited post-intervention linkages may reduce the longevity of benefits, and feedback mechanisms, though well-known, were unused.

Child protection awareness sessions reached most targeted households and had a tangible effect on parenting practices and child wellbeing. Knowledge was widely applied, but engagement and recall were weaker among HIH beneficiaries, and certain topics, like early marriage, received limited coverage.

The FSL intervention, particularly Cash for Work, effectively addressed household needs and improved community infrastructure. Implementation was efficient, inclusive, and relevant, but some beneficiaries found the cash insufficient and feedback channels underutilized. The MPCA intervention was timely and inclusive, with universal preference for cash assistance; however, it did not address deeper vulnerabilities, and short support duration limited long-term stability.

Health services were efficiently delivered and well-received, integrating pediatric and maternal care into operations, but faced gaps in preventive services, referrals, and drug availability—particularly in isolated locations. Nutrition support met urgent needs with strong satisfaction, yet equity and sustainability remain concerns, especially for persons with disabilities.

Training across sectors was relevant, well-received, and integrated into practice, strengthening institutional capacity. However, disparities in knowledge sharing and feedback responsiveness suggest the need for improved accountability and more equitable engagement across sex and location.

Recommendations

Protection:

- **Establish a Post-Session Follow-Up System**
    - Introduce a light-touch monitoring mechanism (e.g., follow-up calls, refresher SMS, peer learning circles) to reinforce knowledge retention and track continued application of awareness content after sessions.
- **Standardize Training Content and Facilitation Across Partners**
    - Develop a unified awareness curriculum with facilitator guides, clear learning objectives, and M&E tools to ensure consistency in delivery and content quality across all implementing partners.
- **Strengthen Peer-to-Peer Knowledge Dissemination**
    - Encourage community-based information sharing by formally integrating "child protection ambassadors" or caregiver-led discussion groups to multiply the reach of awareness messages and enhance sustainability through informal support networks.
- **Strengthen Referral Systems and Post-Service Linkages**
    - Establish more reliable, timely, and disability-inclusive referral pathways with follow-up tracking and case closure protocols. Ensure children who receive CFP are systematically linked to additional services when needed.
- **Expand Inclusive Outreach and Awareness-Raising**
    - Increase the frequency and targeting of awareness sessions, particularly for households with persons with disabilities. Tailor communication methods to improve comprehension, accessibility, and recall, especially among caregivers with limited time or literacy.
- **Establish Follow-Up and Continuity Mechanisms**

- Introduce structured post-intervention linkages for beneficiaries receiving CFP, including mental health referrals, social work follow-up, or reintegration with community-based child protection services to ensure sustainability and long-term impact.

- **Enhance Male and Geographical Participation**
  - Address the lower engagement levels in Idleb and among male caregivers by tailoring outreach strategies, improving localized service availability, and designing gender-sensitive engagement tools.
- **Enhance Partner-Specific Capacity on Awareness Delivery**
  - Provide targeted capacity building to partners like HIH, which lagged behind others in session attendance, retention, and application. Ensure all partners meet the same standards in session quality, participation rates, and follow-up support.
- **Diversify Session Topics Based on Contextual Priorities**
  - Although mental wellbeing and child labour are central, ensure other context-relevant issues—like early marriage, violence, and school dropout—are addressed systematically, especially in areas where these were under-represented in current programming.
- **Strengthen Post-Training Knowledge Sharing Mechanisms**
  - Develop formal peer-learning and mentorship sessions to encourage more equitable dissemination of knowledge—especially targeting female staff and participants in Idleb, where sharing was lower. Structured debriefing or team integration workshops could close this gender-sharing gap.
- **Adapt Training Design to Local Contexts and Technical Depth**
  - While overall relevance was high, some male participants and staff in Aleppo reported that the content was either too basic or exaggerated. Tailoring content based on pre-assessed experience levels and ensuring technical depth in complex topics (e.g., disability, orphans) can increase perceived value and practical application.

Food Security and Livelihood

- **Adjust Cash Transfer Values to Reflect Market Realities**
  - Given that **25%** of respondents found the cash insufficient—especially due to **high prices**—regular market monitoring and flexible transfer values are recommended to preserve purchasing power and effectiveness.
- **Strengthen Targeting and Support Among Weaker Performing Partners**
  - Disaggregated analysis showed **weaker outcomes among Atta'a beneficiaries**, including lower food security, shorter cash durability, and more reliance on negative coping. Partner-specific capacity strengthening and closer oversight are needed.
- **Increase Transfer Amounts and Duration Based on Household Vulnerability**
  - To improve food security outcomes, especially for **households with persons with disabilities** and **female-headed households**, cash transfer values should be **indexed to household size and vulnerability**. Consider multi-month grants or staggered payments to ensure sustained impact.
- **Integrate MPCA with Complementary Livelihoods or Debt Reduction Support**

- Since **100% of those reporting unmet needs used cash to repay debt**, there is a need to link MPCA recipients with **livelihood support**, **debt relief interventions**, or **financial literacy sessions** to reduce long-term reliance on humanitarian aid.

Health and Nutrition

- **Expand and Strengthen Preventive and Specialized Health Services**
  - Increase investment in **nutrition support**, **vaccinations**, **high-risk pregnancy management**, and **ANC/PNC services**, particularly in **Qbasin** and **Kfr-Tkharim**. Ensure consistent availability of **essential medications and diagnostics** and strengthen **referral systems** to ensure continuity of care.
- **Improve Infrastructure and Staffing in Underserved Facilities**
  - Target investment in health facilities in **Qbasin** and **Kfr-Tkharim** to address critical infrastructure, staffing, and organizational deficits. Expand **training and resource allocation**, and ensure that **health centers have permanent, predictable operations** to foster **trust and sustainability** in the eyes of local communities.
- **Strengthen Inclusion Measures for Persons with Disabilities**
  - Introduce tailored approaches in nutrition education (e.g., accessible formats, personalized engagement) and improve targeting to ensure **equal access to nutrition services**. Prioritize **feedback from persons with disabilities** to better understand service gaps in treatment outcomes, retention, and satisfaction.
- **Address Sustainability Through Localization and Continuity Planning**
  - Partner with local health authorities and community structures to **institutionalize nutrition services**, ensuring **continuity beyond project cycles**. This should include securing longer-term funding, equipping clinics for sustained operations, and integrating awareness sessions into **routine health promotion systems**.

Cross-Cutting

- **Encourage Utilization of Feedback Channels**
  - While awareness of the Feedback and Complaint Mechanism (FCM) was high, actual use was absent. Conduct focused group discussions to identify underlying barriers to usage, and actively promote safe, anonymous, and responsive feedback systems that empower participants to share concerns and drive improvements.
- **Enhance Feedback Mechanisms and Close the Participation Gap**
  - Although awareness of the FCM is high, **no usage was reported**. Introduce **anonymous, user-friendly tools**, and conduct **community follow-ups** to ensure people understand how to use the system and trust it will lead to action. Engage local influencers and CHWs to promote the FCM especially among **males** and **disabled populations**.
- **Institutionalize Post-Session Follow-Up**
  - Establish structured follow-up mechanisms to reinforce knowledge retention and behavior change, such as home visits, peer-led refresher sessions, or digital reminders. This could further solidify the observed positive outcomes and extend their sustainability.

Annexes

Indicator Performance Tracking Table

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Data Collection Tools

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Inception Report

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