

Independent Evaluation of WHO's Whole of Syria Response

Evaluation brief – June 2021

Purpose, objective and scope of the evaluation

The evaluation, commissioned by the WHO Regional Office for the Eastern Mediterranean (EMRO), with support from the WHO Evaluation Office, assessed WHO's emergency response in Syria due to the conflict from 2016-2020, including its strategy, interventions, operations, performance and results, as well as its engagement and coordination with partners toward these same ends. It included operations conducted through the main office in Damascus and sub-offices within Syria, cross border operations from Gaziantep, previous cross-border work from Erbil and Amman, Whole of Syria (WoS) Health Cluster coordination from Amman, and support and coordination with EMRO, the Regional Office for Europe and headquarters. It generated comprehensive learning on WHO's operations and performance in Syria, whilst informing WHO's humanitarian work in emergency contexts elsewhere, the policy and practice of WHO Health Emergencies Programme, and the 13th General Programme of Work (GPW13).

Key findings and conclusions

WHO provides an increasingly relevant and broadly effective response in Syria, delivering on its critical functions within a difficult operating environment marked by significant access constraints and politicization of health in humanitarian aid. The early decision to work with implementing partners supported the coverage of services and reach to vulnerable populations. Integrated services across partner networks and investments in response-level systems and internal coordination mechanisms from the end of 2017 into 2018 increased the efficiency of its operations. The WoS operational model enabled a high degree of responsiveness across geographic locations and changing lines of control, achieved in an overall context of shrinking levels of flexible funding, the uncertain continuity of cross-border authorization, and the devastation caused to national health systems and the health workforce by the violent and protracted nature of the crisis.

Under-developed response-level systems and protocols appear to be the cause of insufficient institutional policies and procedures to respond to a complex, protracted humanitarian emergency, as well as the difficulty in justifying significant investments in harmonizing multi-hub systems without certain authorization of cross-border operations. This contributed to issues in staff recruitment, contracting, and prolonged vacancies, as well as an overall diminished information environment on the performance, coverage, and efficiency of the response. It also impacted on the durability of partnerships, leading to gaps in critical services. Questions remain on the extent of WHO's reach in northeast Syria, southern Syria, and Turkish-controlled areas of northern Syria. Without more transparent communication and protocols for establishing the true extent of services in sensitive areas, it will be difficult for response leadership to internally agree on gaps

in these locations, how to best address them, and how to message challenges to external stakeholders. Key lessons from the Response are applicable for WHO, including on the application and structure of multi-hub operations, benefits of and approaches to localization in health services, and challenges and opportunities for the Response going forward.

Question 1: How well aligned has WHO's response to the Syria crisis been with the stated needs of the government, the specific needs of the affected population, and with WHO's broad approach to humanitarian action and health emergencies in light of the GPW13 and the SDGs as well as its normative guidance on health emergencies? (Relevance)

WHO provided an increasingly relevant response in a context marked with conflicting interests and the evolving – sometimes rapidly shifting – needs of the population. WHO's operational structure enabled flexibility and adaptation to fluctuating lines of control, while participating in the UN WoS approach and its governing frameworks. Its critical functions, including coordination, health information, health operations and technical expertise, and operations support and logistics, filled an essential role for the humanitarian community and for the affected population in Syria. The Response aligns with WHO's broad approach to humanitarian action, at times revealing gaps in the extent of global priorities, investments, or guidance for protracted crises and conflict settings.

Question 2: What results has WHO achieved in the Syria response, whether intended or unintended? (Effectiveness)

WHO was broadly effective in its objectives across its critical functions, with varying levels of achievement over time, locations, and program objectives. However, WHO has not consistently measured progress against targets for response-level indicators or sufficiently disaggregated data to monitor equitable results across vulnerable populations. Data collected from the affected population through Third Party Monitoring shows a high rate of general satisfaction, with critique on the selection and distribution of needed medicines. Despite limited evidence of significant unintended outcomes in the affected population, workshops with WHO staff and WHO documents highlight the positive, unexpected impact of WHO's early investment in Syrian civil society.

Question 3: To what extent has WHO's interventions reached all segments of the affected population, including the most vulnerable? (Coverage)

Despite its considerable efforts to reach all segments of the affected population, WHO faced access, funding, and logistical constraints. Programming modalities and the operational model supported coverage in hard-to-reach locations and improved access to health on culturally sensitive issues.

While the Response follows a clear process for identifying needs at country and sub-district levels, the evaluation was not able to identify consistent use or evidence of field-level

procedures for targeting services by vulnerability and ensuring their reach across vulnerable groups. Limited Response-level data on coverage according to sex, age, disability, displacement status, or location by severity scale classification and response hub signals reduced capacity to ensure coverage and access to services across all segments of the population.

WHO's efforts to address the political and access challenges of ensuring coverage across geographic locations and conflict lines were broadly successful, but questions remain about current reach into key locations of the country. Data suggest increasing reach in central Syria in a context otherwise marked by a decline or stasis in the volume of services provided by the Syria Country Office in southern Syria, northwest Syria, and northeast Syria. Recently (2019-2020) the Syria Country Office received proportionally less funding for its level of required contributions compared to the Gaziantep Field Office.

Question 4: How efficiently has WHO used the resources at its disposal (including financial, human, physical, intellectual, organizational and political capital, as well as partnership) to achieve maximum results in the Syria crisis in the timeliest and most efficient manner possible? (Efficiency)

The degree to which WHO efficiently used its resources to reach its objectives varies by program design, partnerships, human and financial resourcing, and response model dynamics. Many examples of efficient program designs and modalities used across the Response exist, with particular emphasis on health services. Performance is mixed on its supply chain and logistics function.

Working with implementing partners and strong partner networks enabled more efficient program designs and modalities, but frequent and prolonged staff vacancies, short contracts and gaps between contract renewals with partners contributed to unnecessary delays in service delivery and reduced sustainability in investments like staff training and partner capacity building.

Financial analysis reveals a trend of decreasing flexible funds and indications of increasing costs-per-treatment and higher operating costs in the Gaziantep Field Office compared to the Damascus hub. Data available to the evaluation team preclude a meaningful assessment on trends for cost-per-treatment/service costs and variable operating costs between response offices.

The structure for, and level of, internal coordination in response operations evolved during the years under review. Reforms and progress made from the end of 2017 improved response efficiency, while aspects of response governance and accountability lines remain under-defined. WHO's initial Value for Money analysis of response operations revealed that 75% of assessed activities provided high impact at a low level of investment. Additional analysis is needed to assess trends over time. There is limited evidence that Value for Money monitoring is integrated into WHO operations.

Question 5: What have been the main internal and external factors influencing WHO's ability to respond in the most relevant, effective, efficient and equitable manner possible? (Explanatory factors)

Access challenges and the heavily politicized operating environment of the Response are the leading inhibiting factors, with the ability of the WHO response model to continuously adapt to meet these challenges being the most cited example of WHO's enabling factors. Internal and external inhibiting factors affected WHO's ability to ensure gender and beneficiary feedback systems and recruitment of sufficient, flexible human resources. Success in these areas depended on the professionalism of WHO staff and implementing partners. The Response uses several approaches to generate learning and reflection. Improvements could be made on response-level systems for performance monitoring, evaluation, financial monitoring, and the exchange of learning or promising practice between staff, cluster members, and implementing partners.

Recommendations

Strategy/Positioning – Global Recommendations

Recommendation 1: Consolidate humanitarian/armed conflict response framework for the WHO Health Emergency Programme.

Recommendation 2: Review – and possibly renew – level of institutional investment in cluster coordination capacity, program monitoring and evaluation, and Value for Money analysis.

Strategy/Positioning – Regional/Country Recommendations

Recommendation 3: Enhance conflict analysis to ensure conflict sensitive programming at response and regional/district-levels.

Recommendation 4: Maintain critical Whole of Syria structures, including the role of the EMRO office and the Whole of Syria Cluster Coordinator based in Amman.

Recommendation 5: Review opportunities for collective UN approach to constraints in northeast Syria.

Programming – Regional and Country Recommendations

Recommendation 6: Improve use and documentation of gender and vulnerability analysis.

Recommendation 7: Improve protocols for field-level needs analysis and service targeting according to needs.

Recommendation 8: Enhance response-level M&E system.

Recommendation 9: Develop guidelines for hub closure or transfer of responsibilities between hubs.

Recommendation 10: Re-assess Value for Money approach for sustainability

Recommendation 11: Review and enhance progress on COVID-19.

Operations – Regional and Country Recommendations

Recommendation 12: Adapt staff contract clauses to the challenges of the cross-border operating environment.

Recommendation 13: Strengthen knowledge management in the Response.

Recommendation 14: Review and explore improvements for contracting implementing partners.

Recommendation 15: Conduct a response-level financial review.

Contacts

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