



EVALUATION OF UNICEF SYRIA SOCIAL AND BEHAVIOUR CHANGE (SBC)

14 November 2023

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Team Leader**



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Ruba, facilitating an ice-breaking session among her students.

<https://www.unicef.org/mena/stories/deeply-moved-teach-displaced-syrian-children>

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Sincerely,

Tristi Nichols, Ph.D.

Evaluation Team Leader

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1. EXECUTIVE SUMMARY

BACKGROUND

As stipulated in the UNICEF Strategic Plan 2022-2025 (E/ICEF/2021/25), there are several “change strategies” designed to accelerate medium-term results, and Social Behavior Change (SBC) and Community Engagement are considered one of those change strategies. SBC and CE are the means through which to contribute to positive social transformation and address challenges that cut across and go beyond sectoral programming. The UNICEF Syria SBC programme started in 2015 mainly to respond to the polio outbreak and has evolved considerably over the years. Currently, the UNICEF Syria Country Programme Document 2022-2024 (E/ICEF/2022/P/L.18) highlights how SBC is a social and behaviour change communication strategy that addresses the interrelated causes of social norms and practices that are harmful to children’s health, education, development and participation.” This report presents the formative evaluation of the SBC programme in the UNICEF Syria Country Office (CO).

EVALUATION PURPOSE, OBJECTIVES, & SCOPE

The **purpose** of the evaluation is to conduct an evaluation of UNICEF SBC programming focused on key strategic priorities (see below) for UNICEF Syria. The evaluation is also designed to support: (1) oversight and accountability; and (2) organisational learning. The **objectives** of the evaluation are to:

1. Review the design evolution and achievements of UNICEF Syria SBC programming by assessing the relevance, effectiveness, and efficiency of specific approaches, and materials, in particular community engagement system, and system strengthening;

2. Assess the main enablers and drivers for SBC in Syria as well as bottlenecks and barriers for behaviour and attitudinal changes at household and community levels and identify recommendations for programming approaches that are most effective in this context;
3. Identify opportunities for/adjustments needed by programmes and corresponding SBC material to support the achievement of key results for children in alignment with the UNICEF Syria Country Programme Document 2022-2024, Programme Strategy Note Communication for Development (C4D) 2022-2024 and UNICEF Middle East and North Africa SBC-CE Regional Strategy and Programme Guidance for 2022-2025, including an assessment of the Results Framework (in particular challenges of measurability and attribution of results);
4. Assess the common understanding of SBC across UNICEF Syria programming, including how UNICEF teams understand and utilise SBC approaches to achieve results and the added value of any integrated approaches to date, with a view to identifying areas of good practice and scope for improvements; and
5. As appropriate, provide real-time reflection on any emergency SBC activities and identify transferable learning and success factors from recent responses.

The **scope** of the evaluation covers the period from 2018 to 2022 across the 14 governorates in Syria and focuses on the following specific thematic areas:

- (1) Routine Immunisation (RI) of children;
- (2) COVID-19 awareness and vaccination;

- (3) Cholera response;
- (4) Integrated SBC/WASH programming;
- (5) Child Protection;
- (6) Education; and
- (7) Infant and Young Child Feeding (IYCF).

LIMITATIONS

The evaluation's key limitations include:

- Limited perspectives from government stakeholders, as there have not been government partners who have engaged with SBC programming in a sustained way;
- Staff absence and high staff turnover, which contributed to the lack of data regarding themes requiring institutional memory;
- Skewed survey sample representing mainly women in spite of the intent to include half female and male; and
- Limited data on partnerships which prevented a comprehensive analysis of the sub-question under KEQ #1.

METHODOLOGY

To understand how the achievement of the outputs contributes to behavioral objectives and, in turn, leads to corresponding outcomes, the evaluation is theory-based, using a

theoretical framework as a guide. In addition, the evaluation used a Process Evaluation approach to uncover the degree to which expected results have been achieved since 2018. The approach of utilisation-evaluation helped to generate forward-looking and actionable recommendations.

The evaluation applied Organization for Economic Cooperation and Development/Development Assistance Committee evaluation criteria: relevance, effectiveness/impact, efficiency, coherence/coordination, and sustainability. In addition to these criteria, the evaluation examined child rights, gender equality, and equity as separate standalone criteria. The evaluation used a mixed-method approach involving document review, interviews with duty bearers, and a survey and focus groups with rights holders. Quantitative data were analysed using descriptive statistics, and thematic coding was used to analyse qualitative data. The findings from the qualitative and quantitative data analysis were thus triangulated by the source before concluding. The primary users of the evaluation are UNICEF and others interested in programming SBC in the Middle East and North Africa region.

KEY EVALUATION QUESTIONS

RELEVANCE

KEQ 1: How appropriate were the designs, approaches and targeting of the SBC strategies to address the needs and priorities of the targeted population(s) and address the desired social/behaviour change?

KEQ: 1.1: How did partnerships contribute to the design/appropriateness of SBC activities?

KEQ 2: How have SBC strategies been adapted and changed over time

to different contexts within Syria?

KEQ 3: Going forward, what are the key approaches and enabling factors for UNICEF SBC to ensure relevance?

EFFECTIVENESS/IMPACT

KEQ 4: To what extent did SBC activities achieve the set targets?

KEQ: 4.1: How effectively do these targets function in terms of reflecting SBC achievements?

KEQ: 4.2: What adjustments can be made to M&E to better support future contribution?

KEQ 5: To what extent did the SBC strategy contribute to the achievements of country programme results?

KEQ 6: What can be learned about the most effective SBC interventions for the achievement of results in terms of design, implementation, targeting; what are the most

effective activities for driving change?

KEQ 7: What were the major/critical factors that contributed to or hindered achievement of SBC results?

EFFICIENCY

KEQ 8: How efficiently were resources (funds, expertise, time) used to achieve the objectives of SBC strategies in a timely way?

KEQ 9: Were the resources allocated to the programme implementation team and IPs appropriate to implement the activities and achieve change either in terms of behavioural or social change as part of programme effectiveness?

KEQ 10: What examples of cost-effectiveness of specific SBC activities or strategies can be identified for replication and / or scale up?

COHERENCE/COORDINATION

KEQ 11: What are some examples of SBC activities where there is

integration between sectors?

SUSTAINABILITY

KEQ 12: What factors need to be in place for sustainability of key SBC messages/interventions in Syria context?

RIGHTS, GENDER, AND EQUITY

KEQ 13: To what extent did SBC messages and engagement modalities address the challenges of the targeted groups, including marginalised and vulnerable groups?

FINDINGS

RELEVANCE

Since 2018, the UNICEF Syria SBC programme activities have been adapted to increase the effectiveness of multiple sectors within the CO programme, and as seen, SBC is endorsed institutionally from the strategic plan as well as the Country Programme Document. The data confirms that the design(s) and implementation of UNICEF Syria SBC programme activities are adequately embedded into sectors at the strategic level, outlining exactly the role of SBC within UNICEF programming documents. Qualitative data from duty bearers and rights holders also shows positive perceptions about SBC activities.

Moreover, stakeholder data indicates that there are clear steps undertaken to embed SBC into the sectors, including assessment, producing the Project Document (PD), coordinating activities, and collecting data for follow up. However, few documents have descriptions of operational models, staffing, resourcing, and partnerships involved in SBC programming in spite of conscientious steps to embed SBC activities in sector-specific programmes. There is subsequently mixed data regarding

how SBC activities are carried out (linked to multiple interpretations about implementation). For example, data indicates that there is no set schedule for SBC sessions, the duration of sessions varies, and there is uneven programme integration within the sectors. Such mixed data in SBC priorities and implementation created difficulties in identifying promising practices that reinforce programme relevance.

EFFECTIVENESS/IMPACT

The evaluation reviewed targets used to monitor progress from 2018 to 2022, and most indicators (six out of ten) included targets that were most likely used as management tools. A small number of indicators (three out of ten) remained relatively unchanged over the years.

Another finding was that while the UNICEF Syria SBC programme has a Results Framework which includes qualitative indicators for expected knowledge and behaviour change for rights holders and duty bearers, these indicators are not used to track progress in a comprehensive manner. Moreover, there is no Theory of Change (ToC) which connects SBC strategies to expected changes in knowledge, attitudes,

self-efficacy, and expected behaviour change. Nonetheless, not only would having a ToC better support the UNICEF Syria SBC programme's future contribution to the CO's programme portfolio, but a participatory process, involving the UNICEF sector staff in the development of the ToC, would support progress monitoring, management of expenditures, and evaluative efforts.

has acquired strong gains in all sectors. The results for each strategic priority are fully examined in the report, drawing from an analytical framework based on identified changes in rights holder's: (1) **knowledge about messages in a given sector**; and (2) **positive behaviours practiced as a result of engaging in programme activities**. The table below presents a short description of the overall results.

Generally, the evaluation's trend analyses from 2018 to 2022 revealed that SBC

SECTORS	SBC's CONTRIBUTIONS TO SECTOR RESULTS
RI (including polio) Knowledge: Behaviour change:	<p>There is some awareness about the need for RI, but polio ranks as the highest in increased awareness.</p> <p>SBC information and messages supported rightsholder's decision-making regarding seeking RI for their child/ren. 100% of those sampled reported having immunised their child/ren.</p>
COVID-19 prevention awareness and COVAX rollout	<p>Most (97%) of the evaluation sample had heard messages about COVID-19.</p> <p>Sixty-six percent (or 49 out of 74) of the evaluation sample had not been vaccinated against COVID-19.</p> <p><i>The response to COVID-19 and the rollout of COVAX is an excellent example of how the UNICEF Syria SBC programme activities were designed and implemented based on real-time analyses of vaccine access, process, and supply.</i></p>
Cholera response	<p>Forty percent of sampled rights holders had heard about cholera from a health professional.</p> <p>Most (97%) of those surveyed who were aware of cholera understand the key ways to prevent it.</p> <p><i>SBC had a foundational role in UNICEF's response to Syria's cholera outbreak, which included engaging rights holders in awareness sessions about how to prevent cholera combined with the supply of water, soap, and hand sanitiser.</i></p>
WASH programming Mine Risk Education-MRE	<p>The programme's contributions to WASH could not be tracked due to limited data.</p> <p>The programme's contributions to MRE are inconclusive due to limited data.</p>
Back to Learning-BTL	<p><i>The report presents significant evidence about the extent to which the BTL raised awareness among caregivers about the importance of education. However, the economic situation, child labour, and early marriage present significant barriers that prevent children from returning to school.</i></p>

SECTORS	SBC's CONTRIBUTIONS TO SECTOR RESULTS
IYCF	<p>The majority (73%) of rightsholders sampled know that a baby is exclusively breastfed for the first 6 months, (the correct answer), but approximately 17% do not have knowledge about breastfeeding, including its benefits.</p> <p>The majority (92%) of those surveyed “Strongly agreed” or “Agreed” with the statement “I used information (that I heard about breastfeeding) to decide to breastfeed my child/children”.</p> <p><i>UNICEF IYCF programme is a human rights-based programme and is relevant to the context of Syria. However, the data is somewhat mixed about how much knowledge lactating mothers actually have about breastfeeding as a result of UNICEF SBC efforts.</i></p>

EFFICIENCY/COORDINATION

There are two levels of funding which finance the overall UNICEF Syria SBC programme, including the programme effectiveness budget and inside each sector’s budget. From 2018 to 2022, the overall programme funding from both funding sources appears to be less predictable with strong annual fluctuations, especially in education, H&N, and WASH, thereby making planning (and budgeting) for longer-term SBC interventions very challenging. Therefore, there ought to be a minimum amount of investment made available for SBC within each sector, when mobilising future funding from donors.

Data indicated that there was also a continuum of staff perspectives about how well SBC is understood. For example, on the one hand, there is a clear understanding of the role of the SBC Unit, the expertise that the unit brings to the sector’s work, and the need to monitor SBC’s efforts, separate from the sector’s achievements (although there is some overlap). On the other hand, however, there is a need for clarity in how the SBC and sectors’ activities ought to work together, and there are UNICEF staff member perceptions that some sector’s SBC budget should not be shared with the SBC Unit. In an SBC Unit meeting on 11 September 2023, this theme was confirmed and also labeled a “blurred line” of operating.

Moreover, apart from guidance, stakeholders recommended a form of basic training to address the conceptual and operational gaps identified, and that this training ought to be extended to UNICEF stakeholders, implementing partners, and government stakeholders.

SUSTAINABILITY

The UNICEF Syria SBC programme is already programmatically and financially integrated into the CO Programme portfolio, which in turn, enhances its operational sustainability. However, one main factor which ought to be in place to ensure programme sustainability is the resolution or reduction of the “blurred lines” between SBC and the sectors (Finding noted above).

RIGHTS, GENDER EQUALITY, & EQUITY

This report has also presented how SBC messages and activities addressed the challenges of those marginalised and the most vulnerable. The programme design has logic which fully considers child rights, gender equality, and equity concerns; The implementation of the COVID-19 and cholera responses and other programmes (i.e., BTL and IYCF) are just a few examples demonstrating the extent to which SBC has made positive contributions to specific vulnerable groups,

such as out of school children (BTL), pregnant and lactating women.

RECOMMENDATIONS

Three recommendations are presented in this report.

RECOMMENDATION #1: To broaden synchronised participation and clarify the different roles that each staff member needs to play within each programme to achieve synergies, it is recommended for the UNICEF Syria SBC Section to: a) Provide training to increase understanding about SBC for sector-level stakeholders and to support operations; b) Engage in a process of co-creating guidelines with a focus on sharing resources for SBC programming; and c) Develop a detailed articulation for how SBC programming specifically contributes to each sector's results, thereby reinforcing the programme's validity and added value to the CO programme portfolio.

RECOMMENDATION #2: The UNICEF Syria SBC Section should contract a research institution or firm to undertake broader FGDs with implementing partners to: a) Outline the current inconsistencies in implementation; and b) Determine the critical levels of human and financial resources required to deliver systematic approaches over the long-term.

RECOMMENDATION #3: The UNICEF Syria SBC Section should co-create the development of a multi-sectoral ToC that includes: a) SBC Strategies; b) Outcome statements for each sector; and c) A list of indicators, linked to and aligned with guidance issued by UNICEF HQ, that could be used to measure the above and ensure regular follow up.

LIST OF ABBREVIATIONS

ADAP	Adolescent Development and Participation	GOPA	Greek Orthodox Patriarchate of Antioch
AWPS	Annual Work Plans	H&N	Health and Nutrition
BTL	Back to Learning	HNAP	Humanitarian Needs Assessment Programme
C4D	Communication for Development	HPM	Humanitarian Performance Monitoring
CE	Community Engagement	IDPS	Internally Displaced Peoples
CCS	Child Care Society	IEC	Information, Education and Communication (ICE) materials
CO	Country Office	IPC	Inter Personal Communication
COARS	Country Office Annual Reports	IYCF	Infant and Young Child Feeding
CPD	Country Programme Document	KAP	Knowledge, Attitude, Practices
CSOS	Civil society organisations	KEQS	Key Evaluation Questions
CSS	Central and South Syria	KIIS	Key Informant Interviews
CWD	Children With Disabilities	MENA	Middle East and North Africa
DAM	Damascus Rural	MENARO	Middle East and North Africa Regional Office
DOE	Directorate of Education	MICS	Multiple Indicator Cluster Surveys
DEZ	Deir-Ez-Zor	MOH	Ministry of Health
ECD	Early Childhood Development	MOLAE	Ministry of Local Administration
ECE	Early Childhood Education	MOSAL	Ministry of Social Affairs and Labour
FGDS	Focus Group Discussions	MOWR	Ministry of Water Resources
FOUDI	Foundation for Advancing Development Integration	NES	North East Syria
FT	Fixed Term		
GEROS	Global Evaluation Reports Oversight System		
GDP	Gross Domestic Product		

NGOS	Non-Governmental organisations
NO	National Officer
NWS	North West Syria
OECD/ DAC	Organisation for Economic Co-operation and Development / Development Assistance Committee
OOSC	Out-Of-School Children
PD	Project Document
PE	Process Evaluation
PLWS	Pregnant and Lactating Women
PME	Planning, Monitoring, and Evaluation
PPM	Programme Planning Meeting
PRCS	Palestine Red Crescent Society
RCCE	Risk Communication and Community Engagement
RI	Routine Immunisations
RR	Regular Resources
SAR	Syrian Arab Republic
SARC	Syrian Arab Red Crescent
SBC	Social and Behaviour Change
SCFAP	Syrian Commission for Family Affairs and Population
SDGS	Sustainable Development Goal

SMR	Report on Strategic Moment of Reflection
SMS	Short Message Services
SSSD	Syrian Society for Social Development
TA	Temporary Assignment
TOC	Theory of Change
TPMS	Third-Party Monitors
TOR	Terms of Reference
UFE	Utilization-Focused Evaluation
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
USAID	United States Agency for International Development
USD	United States dollars
VAC	Violence Against Children
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WOS	Whole of Syria

COVER FORM

Country	The Syrian Arab Republic
Region	Middle East and North Africa
Title Evaluation	Evaluation of UNICEF Syria Social and Behaviour Change (SBC)
Years covered by the evaluation	2018 to 2022
Commissioning Agency	UNICEF Syria
Year	2023
Team Leader	Dr. Tristi Nichols
Date of Review 1	25 September 2023
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BACKGROUND

2. BACKGROUND

2.1 Introduction

This report presents the formative evaluation of the Social Behaviour Change (SBC) Programme in the UNICEF Syria Country Office (CO). The figure below shows the structure of the report, including the background, purpose, objectives and scope, evaluation design and methodology, findings, conclusions, recommendations, and annexes.

Figure 1: Structure of evaluation report.



The evaluation was undertaken remotely from May through October 2023 with the assistance of Third-Party Monitors (TPMs), working inside the country.

Though it is recognised that some project activities are still ongoing, this evaluation covers programme implementation from 2018 through 2022 with an annual Programme Effectiveness Budget of USD 573,200, which draws from Other Regular Resources and Emergency Resources. This evaluation report also complies with the UNICEF-Adapted Evaluation Report Standards¹.

2.2 Context

2.2.1 COUNTRY CONTEXT

DEMOGRAPHY

The Syrian Arab Republic (SAR) is a country with a population of 18,276,000 (a 2021 estimate²), consisting of five major ethnic groups (e.g., Arab 50%, Alawite 15%, Kurd 10%, Levantine 10%, and other 15%).³ While the official language is predominantly Arabic, the population also speaks Aramaic, Armenian, Circassian, English, French, and Kurdish. The country is primarily Muslim at 87% (includes

¹ UNICEF-Adapted UNEG Evaluation Report Standards. 2017.

² United Nations Population division. Source: <http://data.un.org/en/iso/sy.html>.

³ This includes Druze, Ismaili, Imami, Nusairi, Assyrian, Turkoman, and Armenian. Source: [CIA World Factbook](#).

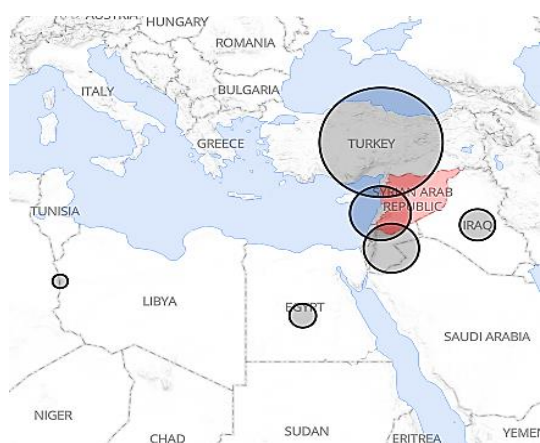
Sunni 74% and Alawi, Ismaili, and Shia 13%), and the remaining proportion of the population is Christian at 10% (includes Nestorian, Orthodox, and Uniate), and Druze at three per cent.⁴

ECONOMIC AND POLITICAL CONTEXT

Due to an 11 year-long humanitarian crisis, Syria has become the largest forced population displacement situation in the world since World War II. Over half of the country's population has been forcibly displaced; 6.9 million (2022) people have been affected by the humanitarian crisis.⁵ The return migration has been small (0.56 million) compared with the total numbers of those displaced (internally).⁶

For example, according to the United Nations High Commissioner for Refugees (UNHCR), the total number of Syrians presently registered as refugees outside the country are over five million.⁷

Table 1: UNHCR Response for Syrian refugees.



The Syrian refugee response is:

- 660,000 in Jordan,
- 805,000 in Lebanon,
- 3.36 million in Turkey,
- 263,000 in Iraq, and
- 45,000 in Egypt.

Syria *used to be* a lower middle-income country. During the 2000s, poverty rates were low.⁸ However, the destruction of physical capital, casualties and the breakup of economic markets has had devastating consequences for Syrian economic activity. The World Bank estimates that the losses in the Gross Domestic Product (GDP) between 2011 and 2016 sum to about four times the size of the Syrian GDP in 2010.⁹ Currently, the Syrian economy suffers from two major deficits, including: (1) depleted foreign exchange reserves; and (2) high public debt. Crisis-related disruptions and international sanctions reduced Syrian exports by 92% between 2011 and 2015.¹⁰ The current income poverty rate is 79%.¹¹

⁴ This section includes information from the [CIA World Factbook](#).

⁵ The Arab Development Portal, Table 2.1 Human Development and Sustainable Development Goal challenges, by country and territory typology; and International Displacement Monitoring System: <https://www.internal-displacement.org/countries/syria>.

⁶ The World Bank. (2017). The Toll of War, page vi to viii.

⁷ The figure is roughly 5,280,506 Syrians registered outside of Syria. The World Bank. (2017). The Toll of War, page viii; and <https://data.unhcr.org/en/situations/syria>.

⁸ The World Bank. (2017). The Toll of War, page II.

⁹ The World Bank. (2017). The Toll of War, page 7; and the [Arab Development Portal](#).

¹⁰ The World Bank. (2017). The Toll of War, page vii.

¹¹ The Arab Development Portal, Table 2.1 Human Development and Sustainable Development Goal challenges, by country and territory typology. It is recognized that this figure may be higher. Other reports claim income poverty rates for Syria at 90% (UNICEF and Relief web) and 80% (Oxfam).

RELEVANT POLICIES AND INSTITUTIONS

The table below illustrates the institutional frameworks pertaining to children, families, the right to protection, and child-focused justice. A commissioned report, *the National Child Protection System and Alternative Child Care in Syria*, notes that *there is no overall Child Law*. There are, however, reports indicating that a Child Rights Law has been drafted and pending adoption since 2006.¹² It is also mentioned that there is an ‘upcoming Child Rights Bill’ issued in January 2019 within the ‘Committee on the Rights of the Child reviews the situation of Children in Syria’.

Table 2: Relevant National Legislation and Ratified International Instruments

LIST OF RELEVANT LEGISLATION AND RATIFIED INTERNATIONAL INSTRUMENTS	YEAR OF RATIFICATION
Civil Code Legislative Decree No. 84/1949	1949
Penal Code of 1949 and enacted on 22 June 1949	1949
Legislative Decree 107 of 1970: Foundling Care Law	1970
Law 18 of 1974, the Juvenile Delinquent Act	1974
Law 34 of 1980 (references to this law indicate it may be relevant to the regulating of care arrangements for abandoned children)	1980
Juvenile Law No 18 (1974)(and amendments Legislative Decree 52 of 2003)	2003
Child Rights Law pending since 2006	
Legislative Decree No. 3 of January 2010 concerning the prohibition of human trafficking	2010
Syrian Arab Republic Constitution	2012
Legislative Decree 2 of 2013 Creating institutions, homes and social care centres	2013
Legislative Decree 15 of 2013 creating the Ministry of Social Affairs and the Ministry of Labor	2013
UNITED NATIONS INSTRUMENTS	
CCPR - International Covenant on Civil and Political Rights	1969
CRC United Nations Convention on the Rights of the Child (UNCRC)	1993
CEDAW - Convention on the Elimination of All Forms of Discrimination against Women	2003
CRC-OP-AC - Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	2003
CRC-OP-SC - Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography	2003
CAT - Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	2004
CRPD - Convention on the Rights of Persons with Disabilities	2009

Source: <https://archive.crin.org/en/library/publications/syrian-arab-republic-national-laws.html> and SOS Children's Villages Regional Office CEE/CIS/Middle East. (2021).

¹² SOS Children's Villages Regional Office CEE/CIS/Middle East. (2021). *The National Child Protection System and Alternative Child Care in Syria*, authored by Dr. Chrissie Gale, page 33.

In essence, an established policy framework supporting child rights exists, but due to the crisis, it is not certain of the enforcement available policy instruments.

INSTITUTIONAL SYSTEMS

The crisis has also damaged the transport infrastructure significantly. The physical impact of the crisis can be classified into two major categories: (i) damage due to exploding bombs and ordinances, causing craters and surface depressions; and (ii) collateral damage due to falling debris from destroyed buildings, road cuts, and checkpoints, making large sections of roads inaccessible and restricting the movement of people and vehicles.

In addition, hospitals and schools have suffered under the crisis. United Nations organisations and non-governmental organisations (NGOs) working inside Syria report an acute shortage of health professionals. There is an especially acute shortage of female doctors (obstetricians and gynecologists), which has severely restricted the provision of health care services for women.

As a result of the crisis, one out of three schools were either damaged, destroyed, or used as collective shelters for internally displaced peoples (IDPs).¹³ A digital campaign was launched highlighting UNICEF's support to more than one million girls, boys, adolescents and young people with health, nutrition, education, and child protection services. The campaign included the production of a video, flyer, photos, stories, and news release that were dispatched at local, regional, and international levels.¹⁴

With declining revenues, the government decided to reduce its expenditures, first by dramatically decreasing spending on subsidies. This, in turn, led to a significant increase in the prices of basic food, water access, and fuel. The government also scaled down social security programmes to cope with fiscal pressures. Access to mental health services were, and continue to be, limited which does not support an entire generation of children showing signs of "toxic stress."¹⁵

2.2.2 SOCIAL CONTEXT¹⁶

The latest Multiple Indicator Cluster Surveys (MICS) took place in 2006.¹⁷ Given that this data source is dated, information has been sourced and triangulated from United Nations Development Programme (UNDP) and the World Bank, as they provide more recent estimates. A few relevant indicators linked to UNICEF's key programming sectors are included in this section, and those indicators come from UNICEF's data portal.

INTERNATIONAL CONTEXT OF GENDER EQUALITY

According to UNDP's Human Development Index (2023), Syria ranks at the 119th with a value of 0.477 on the Gender Social Norms Index.

NATIONAL CONTEXT-SOCIAL PROBLEMS

¹³ The Arab Development Portal: <https://www.arabdevelopmentportal.com/country/syria>.

¹⁴ UNICEF. (2020). [Syria Crisis April 2019 Humanitarian Results](#).

¹⁵ The World Bank. (2017). The Toll of War, page viii; and Brophy, M. and Denselow, J. (2018). [Healing the invisible wounds of war: a roadmap for addressing mental health needs of children](#). Toxic stress "can disrupt the development of the brain and increases the risk of physical health problems such as diabetes, heart disorders and mental health conditions in adulthood.", page 2.

¹⁶ All information sourced in this section is Human Development Index (2023) unless otherwise noted from <https://data.worldbank.org/country/SY>.

¹⁷ Source: <https://mics.unicef.org/surveys>.

Women have a Maternal Mortality Ratio of 30 (per 100,000 live births)(Sustainable Development Goal-SDG 3.1)¹⁸, and they share roughly 11% of parliamentary seats (SDG 5.5). The adolescent birthrate is 38.7% (SDG 3.7), and the literacy rate among youth¹⁹ (males and females) is 96%. According to UNDP, approximately 37.1% of women have at least a secondary education²⁰ (SDG 4.4), and only 15.6% of females (aged 15 and older) participate in the labor force. The proportion of women aged 20-24 years who were married or in a union before age 18 is 13% (SDG 5.3.1).²¹ Ninety-four percent of the population has access to basic drinking water services, and 90% of the population use basic sanitation services (SDG 1).²²

The table below offers additional data concerning health, nutrition, and immunisations, and this data was derived from UNICEF's data portal.²³

Table 3: Select Indicators for Health, Nutrition, and Immunisations.

SDGS	Indicators	Values
HEALTH		
SDG 3.2.1	Under-five mortality rate (deaths per 1,000 live births)	22
NUTRITION		
SDG 2.2.1	Prevalence of stunting among children under 5 (%)	29%
SDG 2.2.2a	Prevalence of wasting among children under 5 (%)	11%
SDG 3.21.	Proportion of births attended by skilled health personnel (%)	96%
SDG 3.8.1	Coverage of essential health services (index) (%)	56%
IMMUNISATIONS		
SDG 3.b.1	Proportion of surviving infants receiving measles-containing-vaccine first-dose (MCV1) (%)	59%
SDG 3.b.1	Proportion of surviving infants receiving 3 doses of diphtheria-tetanus-pertussis (DTP3) (%) ²⁴	49%

It should be recognised that the available data may be inaccurate and therefore must be interpreted with caution. For example, according to the UNICEF portal, there are numerous instances of "acceleration needed", especially for stunting, wasting, and immunisations, which simply means that the data is not confirmed.²⁵

¹⁸ UNICEF's sources indicate that the Maternal mortality ratio (deaths per 100,000 live births) is 31.

¹⁹ This represents ages 15-24.

²⁰ This represents the percent of ages 25 and older. The rate presented for the World Bank was slightly higher at 54.3%.

²¹ This data was sourced from <https://data.unicef.org/sdgs/country/syr/>.

²² The data was sourced from <https://data.worldbank.org/country/SY>.

²³ This data was sourced from <https://data.unicef.org/sdgs/country/syr/>.

²⁴ Note that this data is not confirmed.

²⁵ This data was sourced from <https://data.unicef.org/sdgs/country/syr/>.

DISABILITY IN SYRIA

More than one in four individuals (28%) aged two and above have disabilities.²⁶ According to research on disability in Syria, there is a variance in the rates of persons with disabilities **by region**.²⁷ Over a third of the population (37%) in North East Syria (NES) have disabilities, the highest of all four regions. North Syria maintains the lowest prevalence of individuals with disabilities (19%), followed by Central and South Syria (CSS) (27%) and 28% in North-West Syria (NWS). Like most countries, Syrian households with members with disabilities face disproportionate societal and economic barriers.

Specificities surrounding the sex and age of children with disabilities are particularly relevant. For example, the same research points to difficulties affecting males *in particular* in NES. In the NES, young children (from ages 2 to 4) report higher than average rates of all functional difficulties, compared to other regions, aside from behaviour control and vision. Likewise for children aged 5-17, rates of all difficulty domains, except depression are highest in NES. Nearly one in four children (24%) have difficulty accepting change in NES, compared to the eight percent national average. Similarly, one in five (or 21%) have issues related to behaviour control, which is about three times the seven percent national average. Regional conflict and displacement dynamics, coupled with over a decade of conflict undermine access to essential services for all households. Limited access to health or disability-specific assistance has not only undermined the health of all community members, but also has aggravated existing vulnerabilities.

Although females (aged older than 13) with disabilities represent only 16% of the total population inside Syria, they comprise the majority (59%) of the widowed population. For example, one in five females with disabilities above the age of 17 is a widow.²⁸

2.2.3 GENDER NORMS, POWER, AND HUMAN RIGHTS CONSIDERATIONS

The massive displacement is directly connected to the growth in the number of female heads of households, and especially widows.²⁹ These households are most vulnerable, as they have extreme difficulty meeting basic needs. While there are multiple, divergent statistics published, this vulnerable group of women (or displaced widows) not only suffers from food insecurity but also they are in “dire need of nutritional assistance” and have limited

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The conflict has affected women and girls' ability to enjoy their most basic rights, including food and health.

²⁶ According to Inter-Agency Standing Committee Guidelines, the evolving concept of disability results from the interaction between persons with impairments and attitudinal, institutional and physical environmental barriers, which hinders an individual from fully and effectively participating in society on an equal basis with others. Disability domains are disaggregated into three age categories: (1) Adults aged 18 or older: hearing, vision, self-care, mobility, communication, and cognition (2) Children aged five to 17: hearing, vision, self-care, walking, communication, learning, remembering, concentrating, accepting change, anxious feelings, behaviour control, making friends, and feelings of hopelessness; and (3) Young children ages two to four years: hearing, vision, walking, fine motor, communication, learning, playing, and behaviour control.

²⁷ Humanitarian Needs Assessment Programme (HNAP). (2021). Disability in Syria: Investigation on the Intersectional Impacts of Gender, Age and a Decade of Conflict on Persons with Disabilities, pages 4 and 29; and Syria Relief (2018). Children Living with Disabilities Inside Syria, Policy Brief.

²⁸ HNAP. (2021). Disability in Syria: Investigation on the Intersectional Impacts of Gender, Age and a Decade of Conflict on Persons with Disabilities, page 6 and 9.

²⁹ Independent International Commission of Inquiry on the Syrian Arab Republic. (2023). Gendered Impact of the Conflict in the Syrian Arab Republic on Women and Girls, page 2.

access to reproductive health care services.³⁰ This group of women face the following pervasive challenges:

1. early and forced marriages;
2. longstanding legal and customary discrimination challenging women's access to housing and inheritance;
3. unable to secure birth registration and nationality for their children;
4. overwhelming economic strife;
5. psychological scarring caused by the loss from the conflict;³¹
6. sexual and gender-based violence; and
7. increased homelessness and displacement after the 6 February 2023 earthquakes.³²

2.3 Country Economic Development Strategies and Priorities

With a shrinking economy, combined with international sanctions, there is limited funding for the delivery of social services. The negative effects from the crisis, economic deterioration, and the February 2023 earthquake have also had adverse consequences on children's education and psychological well-being. A multi-dimensional policy and service-oriented responses were deemed necessary in 2019, and the Syrian government introduced 2030 Strategic Plan, which appears to be aligned with the 2030 Agenda. The Plan has four pillars which are: (1) administrative reform and promoting integrity; (2) growth and development; (3) infrastructure and energy; and (4) human development.³³ Similarly, the United Nation Strategic Framework has four outcomes, the most relevant of which prioritises "improved, equitable, inclusive and safe access to quality basic services."³⁴

2.4 Object of Evaluation

Stigmatisation, discrimination, alienation, among other inequities and deprivations, can have complex and devastating effects on the health and welfare of children, families, and communities. SBC and Community Engagement (CE) help to foster positive individual, social, and behaviour change to improve well-being. UNICEF recognises SBC and CE as powerful tools to bring about individual or societal change. For example, SBC and CE are featured prominently in UNICEF's Strategic Plan, 2022-2025. This strategic plan is a medium-term framework guiding the organisation's implementation of its mandate, including the achievement of long-term results in five

³⁰ UNFPA. (2023). Whole of Syria. Gender-Based Violence Area of Responsibility from Syria. Voices from Syria 2023: Assessment of Findings of the Humanitarian Needs Overview, page 15; and Independent International Commission of Inquiry on the Syrian Arab Republic. (2023). Gendered Impact of the Conflict in the Syrian Arab Republic on Women and Girls, page 2.

³¹ Asaf, Y. (2017). "Syrian Women and the Refugee Crisis: Surviving the Conflict, Building Peace, and Taking New Gender Roles" Social Sciences 6, no. 3, page 2.

³² UNFPA. (2023). Whole of Syria. Gender-Based Violence Area of Responsibility from Syria. Voices from Syria 2023: Assessment of Findings of the Humanitarian Needs Overview, page 6; and Independent International Commission of Inquiry on the Syrian Arab Republic. (2023). Gendered Impact of the Conflict in the Syrian Arab Republic on Women and Girls, page 2.

³³ Syrian Arab Republic. (2019). 2030 Strategic Plan; and <https://www.arabdevelopmentportal.com/country/syria>

³⁴ United Nations Strategic Framework 2022-2024, page 21. There are four outcomes in this document, and they are: (1) **Improved, equitable, inclusive, and safe access to quality basic services**; (2) Better access for people, especially the most vulnerable, to social protection services, sustainable livelihoods, and inclusive and equitable socio-economic recovery; (3) Improved living conditions of displaced people, returnees, and affected communities; and (4) Vulnerable peoples' resilience is enhanced through increased institutional responsiveness in planning and providing services.

interconnected Goal Areas.³⁵ These include that every child, including adolescents: (1) survives and thrives with access to nutritious diets, quality primary health care, nurturing practices and essential supplies (Health and Nutrition); (2) learns and acquires skills for the future (Education); (3) is protected from violence, exploitation, abuse, neglect and harmful practices (Child Protection); (4) has access to safe and equitable Water, Sanitation and Hygiene (WASH) services and supplies, and lives in a safe and sustainable climate and environment (Water and Sanitation); and (5) has access to inclusive social protection and lives free from poverty (social protection and equity).

It is noted that UNICEF must employ nine different “change strategies” to propel or accelerate medium-term results (Section B, paras 81-89), including SBC and CE.³⁶ SBC is defined in the Strategic Plan as “programmatic approaches addressing the cognitive, social, cultural, economic, and structural determinants of rights violations, inequality, discrimination, mistrust, social divides and broken social contracts, and harmful social norms and behaviours.” Hence, SBC and CE are the means through which to contribute to positive social transformation and address challenges that cut across and go beyond sectoral programming.³⁷

2.4.1 THE BEGINNINGS OF THE UNICEF SYRIA SBC PROGRAMME

The UNICEF Syria SBC programme started in 2015 mainly to respond to the polio outbreak and by the beginning of 2018, the programme transitioned from a small programme focusing on “campaigns to a fully-fledged programme addressing key priorities for social and behaviour change issues in Syria in a systematic manner, further evolving into a primary care package, including routine immunisation”.³⁸ Indeed, the 2022-2024 Country Programme Document (CPD) highlights how SBC is a “social and behaviour change communication strategy that addresses the interrelated causes of social norms and practices that are harmful to children’s health, education, development and participation.”³⁹

2.4.2 PROGRAMME OUTPUTS

As SBC is a cross-cutting programme, there is a Result Framework with an overarching goal statement and corresponding strategies delineated, although the Results Framework follows the “3E approach” – education, engagement, and empowerment through service.⁴⁰ It is important to understand that the UNICEF Syria SBC programme focuses on *accelerating the results of the sectors*. When combining all sectors of (1) Routine Immunisations (RI) of children; (2) COVID-19 awareness and the vaccination; (3) cholera response; (4) Integrated SBC/WASH programming; (5) Child Protection; (6) Education; and (7) the UNICEF Syria Infant and Young Child Feeding (IYCF) programme, the SBC programme facilitates effective service delivery to help reach over 15 million people in Syria’s 14 governorates.⁴¹

³⁵ E/ICEF/2021/25 of 4 August 2021, UNICEF Strategic Plan, 2022-2025, paras. 42-79.

³⁶ The other change strategies are: (1) Advocacy and communications; (2) Data, research, evaluation, and knowledge management; (3) Digital Transformation; (4) Gender transformative programming; (5) Innovation; (6) Partnerships and engagement with public and private; (7) Risk-informed humanitarian and development nexus programming; and (8) Systems strengthening to leave no one behind.

³⁷ E/ICEF/2021/25 of 4 August 2021, UNICEF Strategic Plan, 2022-2025, para.87.

³⁸ UNICEF, (2023). Terms of Reference to conduct the Evaluation of UNICEF Syria Social and Behaviour Change (SBC), page 1.

³⁹ E/ICEF/2022/P/L.18 of 18 April, para 27; and UNICEF Syria Country Office (2011). Programme Strategy Note Communication for Development (C4D) 2022-2024, page 2.

⁴⁰ Kindly note that the ToC will be presented and examined in the next section.

⁴¹ Source: <https://www.unicef.org/syria/what-we-do>

A list of activities from four years of Annual Work Plans (AWPs), which, for the purposes of the evaluation, have been clustered into four summaries of programme outputs are: (1) Formative Assessments;⁴² (2) Community Engagement; and (3) Capacity Development; and (4) Information Education and Communication (IEC) Development.⁴³ The specific activities which fall under these programme outputs are presented in the table below.

Table 4: List of SBC activities.

FORMATIVE ASSESSMENTS	COMMUNITY ENGAGEMENT	CAPACITY DEVELOPMENT	IEC DEVELOPMENT
<p>Activities could include:</p> <ul style="list-style-type: none"> ▪ Gathering evidence to understand the preferred channels of communication; ▪ Conducting SBC capacity development assessments to identify skills gaps within the networks of frontline workers; and ▪ Collecting baseline information to determine behaviour change. 	<p>Activities could include:</p> <ul style="list-style-type: none"> ▪ Meeting with community groups to identify gaps; ▪ Carrying out campaigns (i.e., house-to-house, door to door, and tent to tent visits); ▪ Group work (i.e., large and small group discussions and lectures); ▪ Engaging children with games and puppets); and ▪ Conducting field demonstrations (i.e., hand-washing with soap & breastfeeding). 	<p>Activities could include training of the following duty bearers to effectively engage rights holders:</p> <ul style="list-style-type: none"> ▪ government officials; ▪ NGOs, civil society organisations (CSOs); ▪ media outlets; and ▪ volunteers. 	<p>Activities could include:</p> <ul style="list-style-type: none"> ▪ Developing and creating key messages; ▪ Using media (i.e., Banners on buildings and buses and print media like brochures); ▪ Using social media (Facebook, WhatsApp); ▪ Leveraging other media, such as texts or short message services (SMS) messages; and ▪ Short films; presentations using a projector;

⁴² In SBC, Formative Assessment or Research is a broad area which can include: (1) Understanding community structures, dynamics, and networks and identify the determinants to effective group participation, management, and achievement of group objectives; and (2) Identifying (at an individual, household, and community levels) specific social, cultural, and other drivers affecting the adoption of life-saving behaviour; and (3) Identifying areas needing capacity strengthening; and UNICEF. (2022). Social & Behaviour Change at UNICEF, pg. 3.

⁴³ Information reviewed included: UNICEF. (2018). Annual Work Plans (AWP); UNICEF. (2019). AWP; UNICEF. (2020). AWP; UNICEF. (2021). AWP; UNICEF. (2022). Annual Work Plan (AWP); Country Office Annual Reports (COARs), Country Programme Document (CPD), C4D Syria Office Strategy, and Strategic Shift Think Piece for Child Protection, Health, Education, Health, and Water, Sanitation and Hygiene (WASH).





The list of activities above is not intended to be exhaustive but simply provides an illustrative view of how SBC is used to accelerate sector results.

2.4.3 UNICEF SYRIA SBC PROGRAMME'S FUNDING SOURCES

As SBC is a cross-cutting programme, naturally, funding for activities comes from more than one financial source, including: (i) within the sector budgets; and (ii) an annual programme effectiveness budget.

The table below outlines the budgets for SBC within the respective sectors relative to the entire programme budget from 2018 to 2022. The last column provides an average budget for SBC activities and for the overall budget of programme activities. For all budget tables, the amounts presented are in US dollars.

Table 5: Budget allocations for SBC relative to each sector: 2018-2022.

PROGRAMME SECTOR BUDGET		2018	2019	2020	2021	2022	AVERAGE OVER FOUR YEARS
	SBC Budget	\$2,746,793	\$625,000	\$5,065,000	\$5,698,000	\$4,789,000	\$3,784,759
	Health & Nutrition	\$62,862,820	\$57,785,820	\$50,380,177	\$55,933,036	\$45,872,733	\$54,566,917
	SBC Budget	\$0	\$7,800,500	\$450,250	\$803,398	\$808,000	\$1,972,430
	Education	\$0	\$38,000,000	\$32,434,661	\$49,198,005	\$35,595,431	\$38,807,024
	SBC Budget	\$1,480,000	\$2,495,000	\$2,505,000	\$1,754,656	\$1,850,300	\$2,016,991
	WASH	\$45,677,034	\$45,677,034	\$43,896,842	\$52,041,292	\$40,430,052	\$45,544,451
	SBC Budget	\$3,804,704	\$2,700,000	\$3,915,000	\$3,675,000	\$2,272,500	\$3,273,441
	Child Protection	\$20,434,000	\$13,194,500	\$17,046,994	\$17,535,396	\$12,054,324	\$16,053,043

Moreover, the following table illustrates the SBC budget from the programme effectiveness budget from 2018 to 2022; The average budget is also presented.

Table 6: Budget allocations for SBC in programme effectiveness budget: 2018-2022.




PROGRAMME BUDGET	2018	2019	2020	2021	2022	AVERAGE OVER FOUR YEARS
Programme Effect SBC Budget	\$385,000	\$1,135,000	\$419,000	\$434,000	\$493,000	\$573,200

In sum, as evidenced, the UNICEF Syria SBC Programme has financial resources from multiple streams.

2.4.3 INDICATORS MEASURING PROGRESS

SBC interventions are embedded into the sectors. The figure below presents ten programme performance indicators from the CO's Programme Monitoring Framework. Apart from indicator #9, all indicators have remained consistent from 2018 through 2022. It should be noted that two new indicators linked to COVID-19 were introduced in 2022 (indicators #4 and #5, respectively).⁴⁴

Figure 2: SBC/CE Indicators since 2018.

SECTORS		INDICATORS ⁴⁵
	HEALTH & NUTRITION	1. Number of care givers reached with health promotion, including immunisation messages. 2. Number of children under five years vaccinated through polio campaigns. ⁴⁶ 3. Number of Pregnant and Lactating Women (PLWs) counselled on appropriate IYCF. ⁴⁷
	Covid-19	4. Number of people engaged on COVID-19 through RCCE actions. ⁴⁸ 5. Number of people reached on COVID-19 through messaging on prevention and access to services.
	EDUCATION	6. Number of parents and caregivers of out-of-school children (OOSC) reached with Communication for Development (C4D) door-to-door community mobilisation.
	WASH	7. Number of people reached with hygiene promotion interventions.
	CHILD PROTECTION	8. Number of girls, boys, women and men reached with [Mine] Risk Education activities. ⁴⁹ 9. Number of women, men, girls and boys reached by behaviour change communication interventions for child protection issues. ⁵⁰ 10. Number of girls, boys, women and men benefitting from child protection awareness raising and community events (not tracked after 2018).
	ADAP	None

⁴⁴ It is recognised that there are only six SBC indicators in the current Country Programme Results Framework.

⁴⁵ Unless otherwise noted, all data is sourced from UNICEF. (2017). UNICEF Syria Indicators Progress Results.

⁴⁶ This indicator is a health indicator which is not only related to demand generation via SBC but also health services access. There is overlap between SBC and health.

⁴⁷ This indicator is a Health and Nutrition indicator which is not only related to demand generation via SBC but also health services access. There is overlap between SBC and health and nutrition.

⁴⁸ UNICEF. (2022). Indicators progress.

⁴⁹ This indicator is considered a child protection indicator used to measure progress in mine risk education activities through SBC activities. There is overlap between SBC and child protection.

⁵⁰ UNICEF. UNICEF Whole of Syria (WoS) Humanitarian Performance Monitoring (HPM) (2019). Situation Report Tracking Tool - December 2020.

2.5 UNICEF Syria SBC programme Results Framework

From the UNICEF Syria SBC programme Strategy Note⁵¹, there is a description of the "3E approach" in spite of not having a comprehensive ToC. This statement is,

*"education, engagement, and empowerment (3E approach) through service, media and community delivery platforms to achieve SBC while employing risk communication and community engagement (RCCE) approaches and methods to be first, fast, and frequent to deliver life-saving high impact practices at individual, family, community, organisational and institutional level."*⁵²

While there are IF-THEN statements available in the UNICEF Syria SBC Programme Strategy Note, they are not sufficiently organised into a Theory of Change and therefore omitted from this report.⁵³ The UNICEF Syria SBC Programme Strategy Note also includes a Results Framework, which is presented in the table below.

This Results Framework presents sector-specific behavioural outcome statements which indicate expected specific desired attitudinal and behavioural changes after acquiring knowledge from RCCE and SBC sessions.⁵⁴ Given the focus on PLWs and the specification that "C4D indicators should be disaggregated by wealth quintile, residence, age, sex, ethnic, religious, minority background, and disability status", it appears that issues of equity and reaching vulnerable and most-at-risk children and populations are also fully considered in the design of SBC programming.⁵⁵ This observation is further elaborated under the relevance finding.

⁵¹ UNICEF. (2021). Programme Strategy Note Communication for Development (C4D) 2022-2024, page 4.

⁵² Ibid., page 5.

⁵³ This information may be accessed in Annex 8.3.

⁵⁴ The sectors, presented in alphabetical order, are: Adolescent Development and Participation (ADAP), Child Protection, Covid, Education, Health, Immunizations, Nutrition (H&N), and Water, Sanitation and Hygiene (WASH). Note that cholera is not featured in this Results Framework, but it is included in the scope of the evaluation.

⁵⁵ UNICEF. (2021). Programme Strategy Note Communication for Development (C4D) 2022-2024, pages 20 and 9.

Table 7: Results Framework from the UNICEF Syria SBC Programme Strategy Note.

	Health , Immunisations, & Nutrition	WASH	Child Protection	Education	ADAP⁵⁶
Programme Outcome	By 2023, more newborns, young children and adolescents, especially the most at risk, benefit from equitable, resilient health and nutrition services across a continuum of care.	By 2023, children and their families are using safe, affordable and sustainable water and sanitation services and practicing appropriate hygiene at household, community and institutional level.	By end 2023, more girls, boys and women in Syria are protected from all forms of violence, neglect, abuse and exploitation.	By 2023, an increased number of girls and boys in Syria, especially the most vulnerable, are equitably accessing quality education and skills development, in safe, inclusive schools and programmes.	By end 2023, adolescents in Syria, especially the most vulnerable, are further capacitated and meaningfully engaged in social, civic, and economic level and contribute positively to a cohesive, productive, and resilient Syrian society.
C4D Outputs⁵⁷	Parents and caregivers have the enhanced trust and knowledge to adopt positive seeking behaviours for optimal growth and development of children, provided by health workers with improved interpersonal communication skills.	Water and sanitation systems that are gender-responsive and resilient are restored, giving improved, inclusive access to children and families.	Children, parents and communities have increased knowledge, motivation and capacity to promote and apply practices that protect themselves and reduce violence.	School effectiveness and sustainability are strengthened through context-responsive school improvement plans, teacher development programmes, community support, child-friendly school infrastructure and through integrated school-based services.	Adolescents and youth have access to age and gender sensitive, learning and skills building opportunities for improved learning, capacities and employability.
Behavioural Objectives	Every pregnant woman completes a least four ANC visits as per schedule. Every pregnant woman delivering at the nearest health facility initiates breastfeeding within one hour of birth and stays up to 48 hours after delivery.	All family members wash their hands with soap. Every family member practises safe storage, handling, and consumption of drinking water. Families and communities conserve water.	Parents, caregivers, and service providers (teachers, official in charge of child protection and social workers) practice positive disciplining (E-VAC).	Every caregiver at family level stimulates, supports, and provides responsive care to the child's learning (3-6yrs). Every boy and girl (6-17yrs) back to learning, attends	All young people, especially those vulnerable practice life skills to build their resilience at family and community level.

⁵⁶ Stands for Adolescent Development and Participation.

⁵⁷ The category of "C4D Outputs" is mislabeled, as the statements under this section refer to expected changes in rights holder's knowledge (which requires some form of transformation or process of empowerment to have knowledge increased or values regarding a specific behaviour shifted) rather than direct outputs that emanate from SBC programme activities. Such activities could include the: (i) number of people exposed to information via social media (Facebook, WhatsApp, or SMS); (ii) number of training sessions held using Short films; presentations with a projector; and or (iii) the number of campaigns executed via house-to-house, door-to-door, and tent-to-tent visits.

	Health , Immunisations, & Nutrition	WASH	Child Protection	Education	ADAP ⁵⁶
	Every infant is exclusively breastfed for 6 months.		Parents and caregivers delay marriage of girls and boys.	and retains in school or learning centres.	
	<p>Every caregiver at family level provides complimentary food to children on completing 6 months.⁵⁸</p> <p>Every caregiver practices active and responsive child feeding (ECD).</p> <p>Every parent and caregiver provides full immunisation, vitamin A supplementation and de-worming to every girl and boy up to 5 years old.</p> <p>Every parent and caregiver identifies the danger signs of ARI/pneumonia and avails timely health service.</p> <p>Everyone (18-55+), including health care providers and teachers, are fully immunised against COVID-19.</p>				
C4D Indicators ⁵⁹	Proportion of population ⁶⁰ who have been reached with information (via media and Inter Personal Communication (IPC), community engagement platforms) on relevant health and nutrition	Proportion of community members ⁶¹ who have been reached with information (via media and WASH campaigns, community engagement platforms) on positive social behaviours with focus on	Proportion of population ⁶² who have been reached with information (via media and IPC, community engagement platforms) on violence against children and parenting.	Proportion of community members ⁶³ who have been reached with information (via media and IPC campaigns, community engagement platforms) on positive social behaviours,	Proportion of young people and adolescents, service providers, who have been reached with information (via media and IPC campaigns, community engagement platforms) on positive social behaviours,

⁵⁸ Breastfeeding should continue until 2 years and beyond.

⁵⁹ These indicators were intended to be tracked using the following parameters: disaggregated by wealth quintile, residence, age, sex, ethnic, religious, minority background, and disability status.

⁶⁰ Includes community members, service providers, and health care providers.

⁶¹ Includes community members, service providers, teachers, caretakers, parents of school aged children and adolescents, and young people.

⁶² Includes community members, service providers, teachers, social workers, parents of school aged children and adolescents, and young people.

⁶³ Includes community members, service providers, teachers, social workers, parents of school aged children and adolescents, and young people.

	Health , Immunisations, & Nutrition	WASH	Child Protection	Education	ADAP ⁵⁶
	services (breastfeeding, IYCF, immunisation, etc)	hand washing with soap, water management and use.		(focus is parenting, out of school, BTL).	(focus is life skills, BTL, VAC, parenting, healthy seeking practices).
KNOWLEDGE	Proportion of population ⁶⁴ who have knowledge and understanding on value of the health seeking and care practices.	Proportion of population ⁶⁵ who have knowledge and understanding on the cost and value of the positive WASH practices.	Proportion of the population ⁶⁶ who: <ul style="list-style-type: none"> have knowledge and understanding on value of the positive parenting practices to protect children from violence. recognise all forms of violence and positive practices. 	Proportion of population ⁶⁷ who have knowledge and understanding on value of education to build resilience.	Proportion of young people and adolescents who have knowledge and understanding on value of life skills to build their resilience.
BEHAVIOUR	Proportion of general population ⁶⁸ who claim health seeking and care practices.	Proportion of the population who: <ul style="list-style-type: none"> demonstrate support to deliver good quality WASH services; and claim practicing WASH behaviours. 	Proportion of general population ⁶⁹ who report all forms of violence to officials. Proportion of parents and caretakers and teachers claim to practice positive discipline.	Proportion of parents and caretakers who send their children to school and learning centers. Proportions of teachers and influential people who demonstrate support to the parents and caretakers to retain children in school.	Proportion of young people who claim demonstrating the life skills.

⁶⁴ Refers to parents and caretakers, health care providers, and influential people.

⁶⁵ Refers to parents and caretakers, and community members.

⁶⁶ Refers to parents and caretakers, health care providers, and influential people.

⁶⁷ Refers to parents and caretakers, and community members, teachers, and influential people.

⁶⁸ Refers to parents and caretakers, health care providers, and influential people.

⁶⁹ Refers to parents and caretakers, health care providers, and influential people.

The UNICEF Syria SBC programme Strategy Note⁷⁰ also included **assumptions and risks** for each sector, and they are presented in the table below.

Table 8: Assumptions and Risks.

Health and Nutrition	WASH	Child Protection	EDUCATION	ADAP
ASSUMPTIONS				
The large-scale reconstruction and rehabilitation of damaged health facilities is crucial to improvements in access and utilization of health services.	Communities will support restoration of waste management and proper hygiene practices	GoS will support key child protection initiatives including strong enabling policies, system and services, budgetary allocations, and engagement on positive social norms. Children, families, communities, religious leaders will encourage and support changes in attitudes, practices, structures that promote a protective environment for children.	Interest and willingness on the part of the Government, Communities and PTAs to invest in educational development and change will be increased.	Political will exists and continues to improve the overall quality and inclusiveness of adolescent development and participation through policies, frameworks, and institutions
RISKS				
There is a sudden influx of returnees that may overstretch the response capacity of the health and nutrition system. Major outbreaks of communicable diseases may occur, shifting the focus of the programme towards immediate response to the short-term emergency.	The lack of electricity constitutes one of the main bottlenecks for the WASH sector, as it limits the existing water network from being able to effectively distribute existing quantities. Serious, prolonged droughts related to climate change will negatively affect water availability.	Behavioral change to prevent violence against children may not be sustained, and resistance to change may be reported, especially from community, religious leaders. Inadequate capacity of child protection service provision may be an issue, especially in case of high influx of returnees.	The Government will hesitate to endorse community-school consultative interactions and relationships. The Government resists cooperation of civil society organizations in school strengthening efforts	

⁷⁰ UNICEF. (2021). Programme Strategy Note Communication for Development (C4D) 2022-2024, pages 4-II.

2.6 Stakeholders

2.6.1 DUTY BEARERS & RIGHTS HOLDERS

The table below presents the main actors/stakeholders of the UNICEF Syria SBC programme and their roles as well as specific contributions.

Table 9: Programme stakeholders.

Actor/Stakeholder	Role in Programme Implementation	Specific Contributions
UNICEF Syria Country Office	Responsible for overall coordination of cross-sectoral programming.	
Middle East and North Africa Regional Office (MENARO)	Responsible for producing and disseminating technical research from the Middle Eastern region; Supports coordination mechanisms for COVAX supply; and Produces capacity development resources in SBC for stakeholders.	
Ministries with the SAR, including: Ministry of Education and Directorate of Education (DoE) Ministry of Health (MOH) Ministry of Local Administration (MoLAE) Ministry of Social Affairs and Labour (MoSAL) Ministry of Water Resources (MoWR) Syrian Commission for Family Affairs and Population (SCFAP)	Primary Duty bearers.	Coordination of international aid in: (1) Immunisations, (2) COVID-19, cholera, and WASH, (5) Education; (6) Child Protection, and (7) IYCF; identification of sector-specific priorities, monitoring of progress.
NGO/CSOs and other sub-contractors working in 14 governorates, including ⁷¹ : Al-birr Al Ihsan Relief and Development [Aleppo] Al Sham Association for health (NGO) [DEZ] AlZahraa NGO Charity and Social Services Society [Daraa] Child Care Society (CCS) Foundation for Advancing Development Integration (Fouadi) Mozaec NGO/Mossaic	Secondary Duty bearers.	

⁷¹ As UNICEF Syria works with multiple IPs, this list is not exhaustive but intended only to be illustrative.

Actor/Stakeholder	Role in Programme Implementation	Specific Contributions
Palestinian Red Crescent Society (PRCS) [Aleppo] Pan Armenian - Tsarukyan Foundation Social care St. Ephrem Patriarchal Development Committee Syrian Arab Red Crescent (SARC) Syria Al Yamam Foundation Syrian Family Planning Association (SFPA) Syrian Society for Social Development (SSSD) Tamayoz NGO		
Communities engaged by Implementing Partners and UNICEF in 14 governorates	Rights holders	Programme participants, including women, PLWs, men, girls, and boys. The total number of those reached are outlined throughout the report.

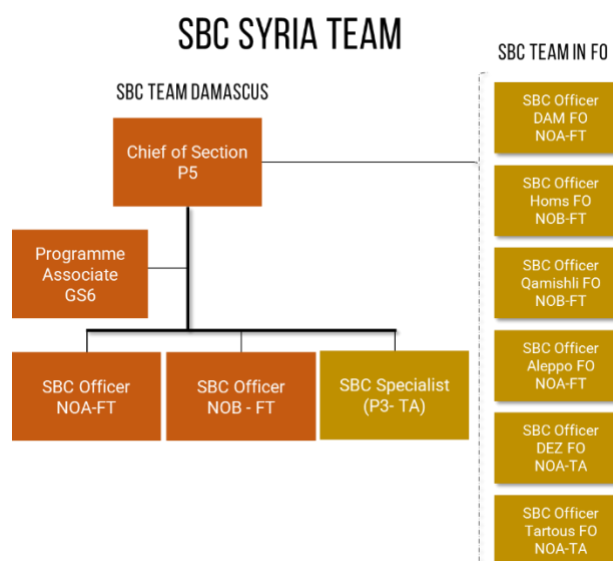
2.6.2 HUMAN RESOURCES FOR THE UNICEF SYRIA SBC PROGRAMME

The SBC Syria team is comprised of 11 staff members (see figure), including a

Chief with four staff members (two SBC Officers, one SBC Specialist, and one Programme Associate) based in Damascus (orange and one yellow box on the left in figure below). The six field offices have one SBC Field Officer, working in Aleppo, Homs, Tartus, Qamishli and Deir Ez Zor (DEZ), and Damascus Rural (DAM).

Although it is beyond the time scope of the evaluation, the Aleppo (National Officer (NO) level NOA Fixed Term (FT) SBC Officer) and Deir Ez Zor (DEZ) (level NOA-Temporary Assignment-TA SBC Officer) were recruited in June 2023, and the Tartous (NOA-TA SBC Officer) post was filled in July 2023. The SBC specialist level P3-TA post has been recently filled.⁷²

Figure 3: SBC Team and Field Offices.



⁷² Reference Group feedback received on 3 November 2023.

3. EVALUATION PURPOSE, OBJECTIVES, AND SCOPE

3.1 Purpose⁷³

The purpose of the assignment is to conduct an evaluation of UNICEF SBC programming and its focus on key strategic priorities for UNICEF Syria which include COVID-19 awareness, routine immunisation, integrated SBC/WASH programming, IYCF, and the cholera response. Overall, this is an independent evaluation designed to support: (1) oversight and accountability; and (2) organisational learning.

Given the multi-sectoral focus of these initiatives, the evaluation will help identify learning for both individual sectors and cross-cutting approaches to help strengthen programming results for children in Syria and reflect on those SBC strategies that have helped to accelerate outcomes for children in Syria. The evaluation comes at an important time to inform the future strategic direction of the SBC team, especially considering UNICEF Syria's transition from emergency to post crisis mode following the earthquake which took place in February 2023 as well as the upcoming Country Programme Document in 2024. This evaluation reflects on approaches taken to date, their successes, and identifies opportunities and forward direction.

3.2 Objectives

The **objectives**⁷⁴ of the evaluation are to:

6. Review the design evolution and achievements of UNICEF Syria SBC programming by assessing the relevance, effectiveness, and efficiency of specific approaches, and materials, in particular community engagement system, and system strengthening;
7. Assess the main enablers and drivers for SBC in Syria as well as bottlenecks and barriers for behaviour and attitudinal changes at household and community levels and identify recommendations for programming approaches that are most effective in this context;
8. Identify opportunities for/adjustments needed by programmes and corresponding SBC material to support the achievement of key results for children in alignment with the UNICEF Syria Country Programme Document 2022-2024, Programme Strategy Note Communication for Development (C4D) 2022-2024 and UNICEF Middle East and North Africa SBC-CE Regional Strategy and Programme Guidance for 2022-2025, including an assessment of the Results Framework (in particular challenges of measurability and attribution of results);
9. Assess the common understanding of SBC across UNICEF Syria programming, including how UNICEF teams understand and utilise SBC approaches to achieve results and the added value of any integrated approaches to date, with a view to identifying areas of good practice and scope for improvements; and
10. As appropriate, provide real-time reflection on any emergency SBC activities and identify transferable learning and success factors from recent responses.

⁷³ This section is sourced directly from the Terms of Reference of the evaluation.

⁷⁴ Ibid. page 3.

In essence, this evaluation is both a reflective exercise on what works in Syria and why, as well as a forward-look on what are the building blocks for effective SBC, the enabling factors and how they can deliver future results for children in Syria.

3.3 Scope

3.3.1 SUBSTANTIVE AREAS

The scope of the evaluation of UNICEF Syria's SBC programme covers the period from 2018 to 2022 across the 14 governorates in Syria, where UNICEF operates through six field offices⁷⁵, and it focuses on the prioritisation by the UNICEF Syria Country Office of specific thematic areas, including seven key strategic priorities:

- (8) RI of children;
- (9) COVID-19 awareness and vaccination;
- (10) Cholera response;
- (11) Integrated SBC/WASH programming;
- (12) Child Protection;
- (13) Education; and
- (14) IYCF.

Note that the earthquake response falls outside the scope of this evaluation.⁷⁶

Moreover, according to the ToR, the evaluation will apply the Organisation for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) evaluation criteria⁷⁷ of relevance, effectiveness and impact, efficiency, coherence/coordination, and sustainability (see Annex 2). UNICEF's evaluation criteria for compliance with international standards and equity, human rights, and gender equality were also be applied.⁷⁸

3.3.2 EXPECTED USERS OF THE EVALUATION AND EVALUATION DISSEMINATION

The expected users of the evaluation are UNICEF at country and regional levels. The evaluation has a reference group which managed the evaluation process and ensured quality assurance. Also, in line with the United Nations Evaluation Group Norms and Standards, a management response will be prepared after this evaluation has been approved to: (i) enhance the use of findings; and (ii) follow-up with the evaluation recommendations.⁷⁹ The management response identifies who will be responsible and what are the action points and specific deadlines. The evaluation findings will be shared broadly with all stakeholders through UNICEF's website.

3.3.3 EVALUATION DESIGN APPROACHES USED

To understand how the achievement of the outputs contribute to behavioral objectives and, in turn, led to corresponding outcomes, the evaluation is theory-based, using a theoretical framework as a guide. In addition, the evaluation uses a Process Evaluation (PE) approach which focuses on outputs

⁷⁵ They governorates are: Damascus, Dara'a, As-Sweida, Aleppo, Al-Hasakeh, AL Raqqa, DEZ, Homs, Idleb, Lattakia, Rural Damascus, and Tartous. Note that rights holder data is missing from the Hama governorate.

⁷⁶ UNICEF. (2023). Terms of Reference to conduct the Evaluation of UNICEF Syria Social and Behaviour Change (SBC), page 3.

⁷⁷ Source: OECD/DAC. (2019). Revised Evaluation Criteria.

⁷⁸ UNICEF. (2019). UNICEF Guidance on Gender Integration in Evaluation: Evaluation Office and Gender Section, New York, page 9.

⁷⁹ United Nations Evaluation Group (2016). Norms and Standards for Evaluation. New York: UNEG, page 17.

and targets and especially how the resources from the three different programme components⁸⁰ are utilised. Part of this approach is also to understand whether activities were undertaken as planned, to what extent does the role of coordination plays in implementation, what practical problems were encountered, and the ways that challenges were resolved. Ultimately, the PE approach was used to uncover the degree to which: (1) project activities were, and continue to be, implemented; (2) whether intended beneficiaries are being serviced; and (3) if expected results have been achieved since 2018.

A final evaluation approach, Utilisation-Focused Evaluation (UFE), appreciates stakeholder contributions throughout the evaluation process. For example, stakeholders were engaged during the stakeholder identification process, seeking their contributions, reflections, and substantive feedback during report submissions and presentations. This information not only contributed to the evaluation scope but also ensured that the evaluation met stakeholders' specific needs.

In sum, the application of the Theory-based, PE, and UFE approaches produced a practical and useful evaluation.

3.3.4 KEY EVALUATION QUESTIONS

In the original ToR, there were a total of 22 Key Evaluation Questions (KEQs) categorised under the six evaluation criteria noted above. See Annex 8.1 for the Terms of Reference for the list of the original 22 KEQs. However, on 17 July 2023, UNICEF stakeholders met and reduced and revised the KEQs through a facilitated discussion.⁸¹ The list of 12 KEQs (with three sub-questions) are presented in the table below.

Table 10: List of the revised KEQs.

EVALUATION CRITERIA AND KEQS	SUB-QUESTIONS
RELEVANCE:	
KEQ 1: How appropriate were the designs, approaches and targeting of the SBC strategies to address the needs and priorities of the targeted population(s) and address the desired social/behaviour change?	KEQ: 1.1: How did partnerships contribute to the design/appropriateness of SBC activities?
KEQ 2: How have SBC strategies been adapted and changed over time to different contexts within Syria?	
KEQ 3: Going forward, what are the key approaches and enabling factors for UNICEF SBC to ensure relevance?	
EFFECTIVENESS/IMPACT:	
KEQ 4: To what extent did SBC activities achieve the set targets?	<p>KEQ: 4.1: How effectively do these targets function in terms of reflecting SBC achievements?</p> <p>KEQ: 4.2: What adjustments can be made to M&E to better support future contribution?⁸²</p>

⁸⁰ To recall, the proposed programme components are: (i) Evidence Generation; (ii) Community Engagement; and (iii) Capacity Development.

⁸¹ The stakeholders included: (1) a senior staff person from the SBC programme, (2) Planning, Monitoring, and Evaluation (PME), and (3) the Syria Country Office's Evaluation Specialist.

⁸² The KEQ's original wording included "future attribution". For a cross-cutting programmatic area such as SBC, attribution is extremely challenging methodologically. Given the time and resources available, it was not possible to follow a methodology, enabling the Senior Evaluator to attribute

EVALUATION CRITERIA AND KEQS	SUB-QUESTIONS
KEQ 5: To what extent did the SBC strategy contribute to the achievements of country programme results?	
KEQ 6: What can be learned about the most effective SBC interventions for the achievement of results in terms of design, implementation, targeting; what are the most effective activities for driving change?	
KEQ 7: What were the major/critical factors that contributed to or hindered achievement of SBC results?	
EFFICIENCY:	
KEQ 8: How efficiently were resources (funds, expertise, time) used to achieve the objectives of SBC strategies in a timely way?	
KEQ 9: Were the resources allocated to the programme implementation team and IPs appropriate to implement the activities and achieve change either in terms of behavioural or social change as part of programme effectiveness?	
KEQ 10: What examples of cost-effectiveness of specific SBC activities or strategies can be identified for replication and / or scale up?	
COHERENCE/COORDINATION:	
KEQ 11: What are some examples of SBC activities where there is integration between sectors?	
SUSTAINABILITY:	
KEQ 12: What factors need to be in place for sustainability of key SBC messages/interventions in Syria context?	
RIGHTS, GENDER, AND EQUITY:	
KEQ 13: To what extent did SBC messages and engagement modalities address the challenges of the targeted groups, including marginalised and vulnerable groups? ⁸³	

It should be noted that three KEQs were revised to include sub-questions, and the term “attribution” was replaced with “contribution”.

specific programme achievements to SBC programming. Hence, the Senior Evaluator made a suggested change to contribution which is comparably more flexible.

⁸³ This includes the needs and challenges of women, children, and families with disabilities.

METHODOLOGY



Link to photo: <https://www.unicef.org/mena/press-releases/almost-5-million-children-born-war-syria-1-million-born-refugees-neighbouring>.
UNICEF/Syria/2018/Watad

4. METHODOLOGY

4.1 Data Sources

With a mixed methods design, the evaluation drew from qualitative and quantitative data from three major sources: (i) a large number of documents, databases, and secondary data (including budget data); and (ii) semi-structured interviews with UNICEF stakeholders and service providers; and (3) a survey and some qualitative interviews with rights holders.

4.1.1 DOCUMENTS, DATABASES, & SECONDARY DATA

An extensive list of documents, databases, and secondary data have been reviewed. See annex 8.4 for the list of resources consulted. An abbreviated list of all resources includes:

- UNICEF internal and external documents (e.g., AWP, Country Office Annual Reports (COARs), CPDs, and Report on Strategic Moment of Reflection-SMR Syria);
- UNICEF budget data for all sectors for 2018, 2019, 2020, 2021, and 2022;
- UNICEF analytical documents (i.e., Programme Strategy Note on C4D);
- Existing UNICEF Monitoring Data, such as:
 - Indicator data for all sectors for 2018, 2019, 2020, 2021, 2022 as well as corresponding targets;
 - TPM reports for Health, cholera (including instruments used), and COVID;
 - KAP assessments of COVID-19 vaccine (three rounds of data collection with MoH) and;
 - cholera response plans.
- Major guidance available explaining programme design decisions (e.g., UNICEF SBC-Community Engagement Strategy and Programme Guidance 2022-2025, Syrian Arab Red Crescent (SARC) Field Guide, and 3E approach, Risk Communication and Community Engagement (RCCE) guidance);⁸⁴
- Evaluation related guidance (i.e., Global Evaluation Reports Oversight System Handbook and UNICEF SBC strategy on Inclusion of Children with Disabilities);
- Research, relevant evaluations, data, and assessments about the situation in Syria, such as:
 - UNDP Arab Human Development Report;
 - UNDP's contributions to People with Disabilities (2021);
 - UNICEF Syria Knowledge, Attitudes, and Practices assessments for Back to Learning (2022)
 - UNICEF Syria Country Office Strategic Shift Evaluation (2021); and
 - UNICEF Syria IYCF Evaluation (2022).

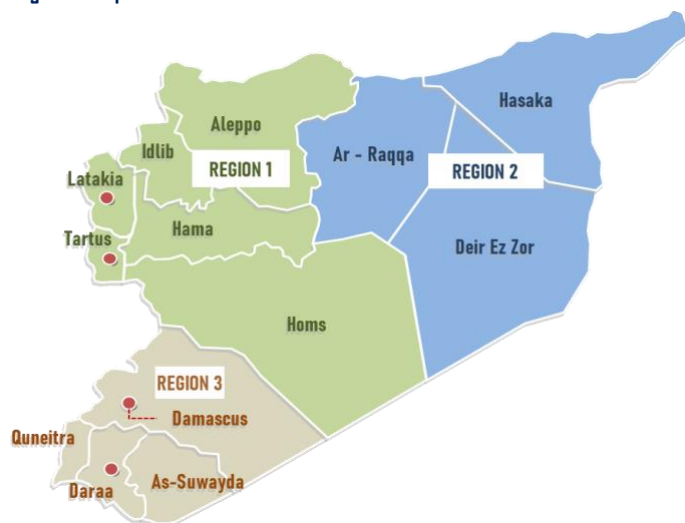
⁸⁴ Results Selection: How to build your Theory of Change and Results Framework, page 5. This includes Community Engagement (CE) indicators which measure the progress, effectiveness, and impact of CE efforts. We can use these indicators to inform decision-making around resource prioritization, policy formulation or reform, institutional capacities, governance processes and accountability.

4.2 Stakeholders Analysis

There are three (3) major stakeholder groups in this evaluation, namely (1) UNICEF staff (at country office and regional office level), (2) service providers, and (3) community member rights holders.

The UNICEF office at regional level, or MENARO, is in Amman Jordan. For the UNICEF staff within the UNICEF Syria Country Office, duty bearers, and rights holders, there are three regions. (See figure.) Region 1 includes Aleppo, Hama, Idlib, Latakia, and Tartus. Region 2 entails Ar-Raqqa, DEZ, and Al Hasaka. Region 3 includes Al-Suwayda, Dara'a, Damascus, Rural Damascus and Quneitra.⁸⁵

Figure 4: Map of stakeholders.



The UNICEF field office staff worked in the areas of: (1) Immunisations, (2) COVID/cholera/WASH, (5) Education; (6) Child Protection, and (7) IYCF. The List of Persons Consulted is in Annex 8.5.

4.3 Sampling Strategies

4.3.1 UNICEF STAFF

The section describes the sampling frame for each stakeholder group, who gathered what data, rationale for their selection, and number of respondents sampled. As the Senior Evaluator was unable to travel to Syria, a TPM team was assembled to collect qualitative and quantitative data in country. The evaluation adopted a multi-stakeholder consultation process by interviewing a total of 22 UNICEF staff remotely from 2 through 24 August 2023 from regional, country office, and field office levels.

The interviewees included two staff members from MENARO, the former SBC Unit Chief from 2019 to 2022 to ascertain institutional memory context data, six SBC staff, and the remaining 13 UNICEF staff members from the sectors. The selection strategy was purposive and convenient. With the aid of the Deputy Representative and the Chief Field Officers (CFOs), the selection process for participating UNICEF staff members was seamless. The CFOs were asked to nominate three programme staff from each respective Field Office in the areas of education, H&N/IYCF, child protection, WASH(COVID-19/cholera), and ADAP.⁸⁶ As noted in the limitations section, due to human resources constraints, the number of staff from the DEZ field office is limited. The total number of remote interviews is 22, averaging between 50 to 60 minutes, and there is a fairly balanced representation of sectors and gender (see table below).

⁸⁵ The categorization of governorates into three regions is only for the purpose of this evaluation.

⁸⁶ There were attempts to interview a staff member in ADAP but were not successful.

Table 11: Sample of remote KIIs with UNICEF staff.

SECTOR	Count	Male	Female
SBC	6	2	4
Education	5	2	3
H&N/IYCF	3	1	2
WASH	3	2	1
Child Protection	2	1	1
Regional	2	0	2
Leadership	1	1	0
ADAP	0		
Count	22	9	13
Total	100%	41%	59%

4.3.2 SERVICE PROVIDERS/DUTY BEARERS

Data collection for service providers and rights holders (community members) was undertaken in all three regions, and the TPMs carried out this portion of primary data collection with duty bearers and rights holders. The TPMs were provided with a sampling strategy for the estimated number of service providers to interview within each sector⁸⁷ and each governorate. While the selection strategy was also purposive and convenient, the gender balance of the sample intended to have an equal representation of males and females. The overall sample was kept small, intentionally.

The SBC staff members supplied the names and contacts of Service provider organisations, and this information was, in turn, supplied to the TPMs.⁸⁸ The organisations from which the TPMs collected data included: Charity and Social Services Society, Fouadi, Syrian Society for Social Development (SSSD), and SARC. The geographical areas covered included: Dara'a, As-Sweida, Aleppo, Idlib, Tartous, Rural Damascus, and Damascus. Ultimately, there were 25 in-person interviews, averaging between 35 to 60 minutes.

Table 12: Sample of in person KIIs with Service Providers.

SECTOR	Count	Male	Female
Health (Routine Immunisations)	5	2	3
COVID-19	4	1	3
Cholera/WASH	6	2	4
Education	5	2	3
Child Protection	1		1
IYCF	4	1	3
Count	25	8	17
Total	100%	32%	68%

⁸⁷ The areas were health (routine immunizations), COVID-19, cholera/WASH, education, child protection, and IYCF.

⁸⁸ For example, under H&N, some identified organisations in Region I included: the Syrian Family Planning Association (SFPA), the Syrian Arab Red Crescent Society (SARC), and Palestine Red Crescent society (PRCS). Similarly, under Region I, the duty bearers supporting WASH include Al Zahraa NGO partners, SARC, and Greek Orthodox Patriarchate of Antioch (GOPA).

4.3.3 RIGHTS HOLDER COMMUNITY MEMBERS

The TPMs sought referrals from service providers for the contact information for rights holder community members, which included men, women, and caregivers (mothers and fathers). The sampling strategy was a combination of snowball and convenience. For equality and inclusion, the sampling strategy intended to include an equal balance of males and females, urban and rural, with at least 10% having some form of disability.⁸⁹ (see text box). However, while there was a total of 82 community members surveyed, the majority (94%) was female, 59% of survey respondents came from urban areas, and only one percent of the sample had individuals with a disability. The survey took between 10 to 13 minutes to complete, which includes informed consent.

OVERARCHING SAMPLING CRITERIA

The overarching criteria for sampling duty bearers and rights holders was that:

- They are all geographically located in all governorates;
- The sample of duty bearers interviewed was supposed to be 50% male and female;
- The sample of rights holders interviewed for the evaluation was supposed to be 50% male and female; and
- At least 10% of rights holder's sample was supposed to have some form of a disability.

4.4 Data Collection

4.4.1 TRANSLATION, TPM ORIENTATION, & PRE-TESTING

With translation support from UNICEF's PME section, the data collection instruments were translated and discussed with the TPMs. See Annex 8.6 for all instruments. To further prepare for the in-country data collection process, an orientation was provided to the TPMs on August 6th and 7th, remotely. A participatory approach was used with PowerPoint slide decks to:

- (1) Provide a detailed explanation about qualitative methods and how to carry out basic techniques;
- (2) Review all the quantitative and qualitative data collection tools, which were translated into Arabic beforehand; and
- (3) Give an overview of the ethical protocols which must be effectively carried out.

Shortly after the orientation, the TPMs pretested the instruments and sought feedback from the Senior Evaluator. The TPM service entered survey questions into Kobo Toolbox. In essence, all instruments were pre-tested prior to their standardised use.

4.4.2 ETHICAL CLEARANCE

This evaluation adhered to all relevant ethical principles and the Disability-Inclusive Evaluations Standards.⁹⁰ Prior to initiating any data collection, the Senior Evaluator secured Ethical Clearance from HML IRB Research and Ethics. The Ethical Clearance letter is located in Annex 8.7.

The following principles were upheld:

⁸⁹ This could include physical, mental, emotional, hearing impaired, deaf, and blindness.

⁹⁰ CF/PD/DRP/2015-001. (2015). UNICEF Procedure For Ethical Standards In Research, Evaluation, Data Collection and Analysis. Issued by: Director, Division of Data with specific attention on: 1) Research and Policy; Guidance Document for the Protection of Human Subjects; 2) Identities; Guidance Document of the Protection of Human Subjects' Safety; and 3) Guidance Document for Protection of Research Data; 4) Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R. (2013). Ethical Research Involving Children. Florence: UNICEF Office of Research – Innocenti; and 5) UNICEF Evaluation Office. (2022). Disability Inclusive Evaluations in UNICEF: Guideline for Achieving UNDIS Standards.

Informed Consent. At the beginning of all instruments, there is a statement about:

- 1) the purposes of data collection,
- 2) confidentiality or data privacy and data protection (information not shared with anyone outside of the TPMs),
- 3) the information provided would be combined with the data from other stakeholders to produce findings, conclusions, and recommendations to help UNICEF provide better services,
- 4) the fact that there were no right or wrong answers to the questions,
- 5) participation was completely voluntary and will in no way affect them or their family's access to any assistance, and
- 6) the respondent had the right to stop the interview/FGD at any time.

After the statement, participants were only required to confirm verbally that they understood the statement and that they were willing to proceed before they could answer any questions.

Health and safety. All TPMs took precaution measures, especially for in-person data collection. The venues chosen for conducting KIIs and FGDs was safe to access and primarily outside or at a location with ventilation.

It was mandatory to report abuse of children. If abuses and any other illegal acts were mentioned in KIIs and FGDs, the TPMs would report them to UNICEF directly and immediately.

Evaluation Design. The design of the evaluation, and corresponding data collection tools, took into account the rights, welfare and wellbeing of children and adolescents, in that **no children or minors under age 18 were consulted, approached, or interviewed.**

Disability-Inclusive Standard. The evaluation design includes participants with disabilities, women, and other vulnerable groups. Both the duty bearer's and rights holder's samples have calculations for the number of persons with disabilities (PWDs). During data collection, the TPMs offered accommodations within their capacity.

Data. For community members, no names were noted. All FGD data will be anonymized, and none of the participants were identifiable. For service providers, however, the Senior Evaluator requested that names were collected. Any recorded audio information from KIIs (with UNICEF staff) was deleted at the end of the evaluation process. All data saved and stored in computers and drives was password-protected.

4.4.3 DATA COLLECTION AND ENTRY PROCESS

The data collection process lasted two weeks, after which the survey data (from Kobo Toolbox) was shared with the Senior Evaluator for data analysis. For qualitative data, the KIIs and FGDs were audio recorded (using a phone or machine) first, and then the TPMs produced *close notes* in Arabic.⁹¹ An independent translator, managed by the evaluation, was responsible for translating the qualitative data.

⁹¹ The notes were not verbatim.

4.5 Analysis

As noted above, both quantitative and qualitative data were leveraged for this evaluation. The qualitative data from remote interviews with UNICEF key informants and the TPM's in-country primary data complemented the secondary data. Other evidence included compiled data from TPM's reports from 2018 through 2022, budget information, and internal UNICEF documents.

Data analysis includes three different methods, namely:

1. Content Analysis/Qualitative Analysis;
2. Descriptive Statistical Analysis; and
3. Triangulation.

4.5.1 CONTENT AND QUALITATIVE ANALYSIS

Content analysis uses stakeholder's responses from interview guides to identify common trends and patterns as well as divergences on certain issues. The notations are uploaded into a software package (QDA Minor) and coded according to the different content areas that are consistent with the evaluation criteria. After coding the qualitative data, the content analysis: (i) summarised the process data for SBC work in the governorates; (ii) examined the extent to which activities addressed needs; (iii) revealed how SBC is perceived by various stakeholders; and (iv) generated a list of challenges hindering the relevance and effectiveness of SBC activities (or the factors impeding community member's ability to proactively taking care of his/her own health and the health of the child).

4.5.2 DESCRIPTIVE STATISTICAL ANALYSIS

Descriptive statistics were used to highlight differences between: (i) targets (number of people reached or engaged) and (ii) the actual number of people reached. In addition, descriptive statistics outlined the extent to which the sector budget was allocated to SBC, thereby demonstrating the proportion of funding spent on SBC-related activities relative to the sector's overall budget portfolio. This type of analysis underlines the extent to which resources were (or were not) sufficient for programming.

Descriptive statistics were also used to understand the preferred communication channels and summarised attitudes about: (1) whether SBC information was used to make a decision about adopting a health seeking practice; (2) behaviour change among rights holders; and (3) whether a type of information was adaptable to suit someone with a disability.

4.6 Limitations

The evaluation limitations, and the steps taken to counter their effects, are presented in this section.

- **Limited perspectives from SAR stakeholders.** In many international evaluations where participatory approaches are central to the process, the government stakeholders are typically, but not always systematically, included in the evaluation process.⁹² Indeed, participatory approaches were incorporated into this evaluation's design, data collection, analysis, and

⁹² Cullen, A. E., Coryn, C. L. S., & Rugh, J. (2011). The politics and consequences of including stakeholders in international development evaluation. *American Journal of Evaluation*, 32(3), page 352. This study revealed that government stakeholders typically participate in international development evaluations 53% of the time.

recommendations co-creation processes, thereby soliciting input from UNICEF staff members, rights holders, and service providers. However, the contributions of government stakeholders were not prioritised due to challenges with time required for approvals, which are a key limitation for evaluative work in Syria. Also, there have not been government partners who have engaged in SBC programming in a sustained way. This issue is only raised, because the absence of participation of government stakeholders who are primary duty bearers may be seen as an evaluation limitation. For example, the UNICEF GEROS Handbook mentions the need for the evaluation to have a clear and relevant description of the duty bearers (state and non-state actors with responsibilities regarding the intervention).⁹³ Understandably, this principal is intended to ensure that power and fairness are equally distributed amongst all relevant stakeholders.

- **Staff absence, high staff turnover, and therefore a lack of data regarding institutional memory.** There were three new staff members who joined the UNICEF Syria SBC programme team during the evaluation process, and so their experiences of carrying out SBC activities in their UNICEF staff member roles may have been limited. To counter this limitation, the evaluation included interview data from two UNICEF staff members who had institutional knowledge from 2018 and 2019. Moreover, the DEZ field office was also experiencing significant staff shortages, and so the perspectives of UNICEF staff from this field office are comparably underrepresented. This constraint was also offset with interview data from staff members who transferred from DEZ to their new posts within the last six months.
- **Security.** Some TPMs were unable to travel to certain locations due to security concerns. In such cases, the interviews and surveys were increased in other locations, ensuring that the estimated sample needs were met.
- **Skewed survey sample.** Survey sample represents mainly women. In spite of the specific sample parameters, necessitating half female and male, the majority (94%) was female, thereby minimising the views and perspectives of men. A similar issue may be noted for individuals with disabilities, as there is limited data related to the views and perspectives of those who fall into this vulnerable group category. Few techniques were available to reduce the effects of these constraints.
- **Limited data on partnerships.** It was intended that the IPs would provide data about: (i) how their partnerships work; (2) the extent to which they contributed to the design and appropriateness of SBC activities (including messages); and (iii) their perspectives about what helps and hinders effective partnerships while implementing SBC activities. However, the qualitative data collected was not sufficient to address comprehensively the sub-question under KEQ #1(or KEQ 1.1).⁹⁴

⁹³ UNICEF. (2020). UNICEF Evaluation Office. Global Evaluation Report Oversight System (GEROS), page 24.

⁹⁴ The sub-question was: "How did partnerships contribute to the design and appropriateness of SBC activities?"

FINDINGS

Link to photo: <https://unsplash.com/photos/view-over-the-historical-city-of-mardin-in-southeastern-turkey-0QnLtbz8Q4g>; Unsplash.com. Aleppo.

5. FINDINGS

This section presents the findings for the evaluation criteria of (1) relevance, (2) effectiveness/ impact, (3) efficiency, (4) coherence/coordination, (5) sustainability; and (6) rights, gender, and equity.

5.1 Relevance

KEQ 1: How appropriate were the designs, approaches, and targeting of the SBC strategies to address the needs and priorities of the targeted population(s) and address the desired social/behaviour change? How did partnerships contribute to the design/appropriateness of SBC activities?

KEQ 2: How have the UNICEF Syria’s SBC programme strategies been adapted and changed over time to different contexts within Syria?

Sub Question

KII 1.1: How did partnerships contribute to the design/appropriateness of SBC activities?

This section addresses the KEQ 2 regarding the evolution of SBC programming *first* and then elaborates on the importance of SBC designs and approaches. Due to limitations in data availability, KEQ 1.1 could not be addressed.

FINDING	Since 2018, the UNICEF Syria SBC programme activities have been adapted to increase the effectiveness of multiple sectors within the CO programme, and the 2022-2024 CPD even highlights how the design and approaches of SBC are cross-cutting and therefore integrated, thereby adhering to the UNICEF Strategic Plan 2022-2025.
1	The data confirms that the design(s) and implementation of UNICEF Syria SBC programme activities are adequately embedded into sectors and consistent with UNICEF guidance, although there is a lack of a description, at the strategic level, outlining exactly the role of SBC within UNICEF programming documents. Nevertheless, duty bearers and rights holders have positive perceptions about SBC activities.

5.1.1 HOW HAS THE UNICEF SYRIA SBC PROGRAMME EVOLVED OVER TIME?

As mentioned earlier, the UNICEF Syria SBC programme in UNICEF Syria started in 2015 to help respond to the 2018 polio outbreak and then, the programme was adapted to help with routine immunisations, especially in the North East. UNICEF Syria’s 2022-2024 CPD includes SBC as a change strategy, thereby adhering to the UNICEF Strategic Plan 2022-2025, which defines SBC as “programmatic approaches addressing the cognitive, social, cultural, economic, and structural determinants of rights violations, inequality, discrimination, mistrust, social divides and broken

social contracts, and harmful social norms and behaviors.”⁹⁵ Evidence and interviews with UNICEF stakeholders confirm that SBC programming is integrated into different contexts within Syria to:

1. Scale up efforts in RI (including polio) and hygiene promotion (i.e., WASH);
2. Increase awareness about the risks of COVID-19 and identify needs for the distribution of the COVAX vaccine;
3. Expand the reach of the UNICEF Syria IYCF;
4. Coordinate the cholera response;
5. Support a smaller scale MRE programme; and
6. Execute a national Back to Learning (BTL) campaign.⁹⁶

All such efforts will be discussed in further detail in this report.

5.1.2 INTEGRATING SBC INTO THE SECTORS

The UNICEF guidance stresses the importance of: (1) consulting and involving the community to improve service delivery; and (2) coordinating with partners to maximise impact and minimise geographical and programmatic duplication.⁹⁷ Qualitative analysis of interview data from UNICEF staff members from the SBC programme, health and nutrition, and Education highlights clear steps undertaken to embed SBC into the sectors, including: (1) assessment; (2) working to produce the Project Document (PD); (3) coordinating activities; and (4) collecting data for follow up. Each step includes qualitative statements:⁹⁸

1. ASSESSMENT:

- a. “Community engagement, including **conducting awareness sessions**, especially in the camps”;
- b. “For example, most of the time we build interventions on the data collected by SBC programmes. This is the first step.... Sometimes the data is so old, then we do an assessment through door-to-door inquiries. What kind of ECE interventions that need to happen.... If the child has older brothers and sisters.”

2. WORKING TOGETHER TO FORMULATE THE PROJECT DOCUMENT (ALSO REFERRED TO AS THE ‘PD’):

- a. “**preparing a micro-plan**” that could include “capacity building” with, volunteers and others who are part of the “community network.”

3. COORDINATING ACTIVITIES AND AGREEING ON USING MESSAGES:

- a. “We coordinate with “x” SBC Officer – who takes over the part related to SBC – with volunteers and the assistance from facilitators. We rent a venue to teach the volunteers how to work with the community. We provide them with a form to collect data and register the children / students willing to go to the learning center.”

⁹⁵ E/ICEF/2022/P/L.18 of 18 April, para 27; and UNICEF Syria Country Office (2011). Programme Strategy Note Communication for Development (C4D) 2022-2024, page 2; and E/ICEF/2021/25* of 4 August 2021, UNICEF Strategic Plan, 2022-2025, para.87.

⁹⁶ Monitoring reports with indicator data for all sectors for 2018, 2019, 2020, 2021, 2022 (as well as corresponding targets); TPM reports for Health, cholera (including instruments used), and Covid; Knowledge, Attitude, Practices (KAP) assessments of the COVAX (three rounds of data collection with Ministry of Health); KAP assessments for Back to Learning (BTL); and the cholera response plans.

⁹⁷ UNICEF. (2022). Social & Behaviour Change at UNICEF, page 3.

⁹⁸ It should be noted that UNICEF staff members from the Child Protection and WASH sectors did not contribute to this part of the finding.

- b. "This SBC activity is monitored by the SBC – we work with them hand in hand – the detailed training of the volunteers....We provide them with the messages that should be used.."

4. MONITORING, DATA COLLECTION, AND FOLLOW UP:

- a. "For example....we had a good job with the SBC person. We did a good implementation with the BTL (close follow up). We had good results. We know from the number of students who registered our non-formal programme. This means that it was successful. For example, we worked together; x did the communication part and the behavioral change part. We did the questionnaire together; x also went with them to see how the volunteers were doing the activities on the ground....then there was follow up.." ⁹⁹

In sum, the data shows how SBC is integrated into the sectors through assessment, PD formulation, coordination, data collection, and follow up. It is important to note that all such steps are consistent with the **SBC FIELD OPERATIONS GUIDE**, although few stakeholders were aware of their existence. This issue is further discussed in section 5.4 Coherence/Coordination. ¹⁰⁰

5.1.3 LIMITED DOCUMENTATION OF INTEGRATING SBC INTO THE SECTORS

In spite of the focused steps in designing and implementing SBC activities, however, there are few documents which include descriptions of operational models, staffing, resourcing, and partnerships involved in SBC programming. "In 2019, the Syria Country Office conducted an internal moment of reflection called the Programme Planning Meeting (PPM), which was organised with the participation of Regional Offices and HQ colleagues, to bring together perspectives and reach collective agreement at all levels on strategies for medium-term country engagement. This was followed by the development of draft sectoral strategy notes to prompt some initial crystallisation on key sectoral issues arising from the discussions at the PPM, but also to further reflect on some initial cross-sectoral themes that the CO felt had to be mainstreamed in a much more thorough way to respond to the Syrian fluid environments (e.g. youth and adolescents, community participation, gender, and demand as a crucial side of resilience interventions)."¹⁰¹ In 2022, Programme Notes for Education, Child Protection, Health, Nutrition, and WASH included language in support of restoring social services. However, a qualitative review of these documents reveals that with exception of the Health Programme Note, the role of SBC – using it to increase demand for services or in support effective service delivery, was virtually absent. ¹⁰²

⁹⁹ UNICEF01; UNICEF08; UNICEF10; UNICEF13; UNICEF17; and UNICEF20; and UNICEF. (2023). Project Document Ref. No.: SYR/PCA2023358/PD2023755. Inclusive Education in Emergencies in Hama and Homs. (2023); and UNICEF. (2021). Project Document Ref. No.: SYR/PCA 2020279/PD2022687. Support education of blind visually impaired children 2. (2021).

¹⁰⁰ UNICEF. (2022). Social and Behaviour Change and Community Engagement Technical Operational Guidance and Standards for effective, efficient and sustainable strategic, gender transformative communication for behaviour and social change and development on child survival or growth, development or protection or participation in Syria, page 2.

¹⁰¹ UNICEF. (2019). UNICEF Syria Country Office Strategic Moment of Reflection – New Country Programme 2020-2022, 4-5 November 2019, Amman, page 1.

¹⁰² UNICEF. (2022). Every Day Counts: An outlook on child protection for the most vulnerable children in Syria. [Focuses on the provision of mental health and psycho-social support and provision of life-saving social services by strengthening the national child protection system and build on the momentum of the COVAX rollout by using evidence-based planning], pages 4 and 5; UNICEF. (2022). Every Day Counts: An outlook on education for the most vulnerable children in Syria. ["a shift is needed away from an 'education-in-emergencies' response to a longer-term integrated approach that will strengthen the resilience of learners, teachers and communities and the education system itself and allow a generation of children to develop the skills necessary to cope with a protracted post-conflict context], page 2; UNICEF. (2022). Every Day Counts: An outlook on health for the most

5.1.4 POSITIVE PERCEPTIONS ABOUT SBC

Finally, it is evident from the data collected that SBC activities are perceived in a positive way or are considered relevant. For example, duty bearers consider SBC activities to be very important, as “people today accept dealing with [health] issues”, and therefore appreciate the messages. It was also highlighted that the demand for communications-related services is consistent. For example, a stakeholder reported, “one important thing we noticed is that people keep coming to our campaigns and awareness sessions”.¹⁰³ In addition, rights holders are generally satisfied with the quality of support provided, as presentations in the sessions are “clear”, “understandable”, and the treatment of the service providers is “excellent”. Even those who’s language is not Arabic (i.e., Kurdish), reported that communication was clear.¹⁰⁴

CONCLUDING REMARKS

In sum, the UNICEF Syria SBC programme activities have been adapted to increase the effectiveness of multiple sectors within the Syria country programme. Not only is SBC described in UNICEF Strategic Plan 2022–2025 as a “strategic element”, but also it’s appropriately featured the 2022–2024 CPD. SBC programming is integrated into different contexts within Syria, and clear steps are taken to embed SBC into the sectors, including assessment, producing the PD, coordinating activities, and collecting data for follow up. However, few documents have descriptions of operational models, staffing, resourcing, and partnerships involved in SBC programming in spite of conscientious steps to embed SBC activities in sector-specific programmes. Nonetheless, stakeholders perceive SBC activities in a positive way.

KEQ 3: Going forward, what are the key approaches and enabling factors for UNICEF SBC to ensure relevance?

FINDING

2

While the SBC priorities for programming activities are inconsistent or are unclear (as presented in Finding 1), SBC activities are dutifully executed in a somewhat integrated manner. However, there is mixed data, due to multiple interpretations about how to carry out SBC activities, and so it is not possible to identify or isolate the key approaches or promising practices that reinforce programme relevance.

While the uneven programme implementation may be linked to Syria’s diverse working environments, it is nonetheless not possible to confirm what approaches would reflect the promising practices that reinforce programme relevance or effectiveness. Such information,

vulnerable children in Syria. [Underscores the need to invest in strengthening the capacity of health workers and community volunteers to provide an integrated package of primary health care], pages 4–7; UNICEF. (2022). Every Day Counts: An outlook on nutrition for the most vulnerable children in Syria. [Highlights the need to focus on the life cycle approach which includes prevention, systems strengthening, and reinforced partnerships with government, civil society, and UN partners.] pages 6 and 7; and UNICEF. (2022). Every Day Counts: An outlook on WASH for the most vulnerable children in Syria. [Highlights the need to (1) support more large-scale rehabilitations; (2) set up local supply chains for sodium, and (3) and further integrate climate-resilient water and sanitation technologies into activities], pages 3–6.

¹⁰³ 15_8.Damascus.KII.2; 22_8.Damascus.KII; and 18_8.Idleb.rural.KII.

¹⁰⁴ 28_8.Idleb.rural.KII.1; 28_8.Idleb.rural.KII; 16_08.Tartous.FGD; 27_8.Homs.FDG4; 27_8.Homs.FDG2; 29_8.Damascus.FDG; 22_8.Damascus.FDG; 16_8.Damascus.FDG; 15_8.Damascus.FDG; 26_8.Aleppo.FDG.2; and 23_8.DEZ.urban.FDG.

however, is important for the programme's future strategy, and strategic guidelines could, in turn, ensure the use of systematic approaches.

Qualitative data from duty bearer service providers indicates there are multiple interpretations about how to go about organising and implementing UNICEF Syria SBC programme activities. For example, the frequency and duration of SBC sessions are not standardised, and the integration of messages is uneven. When rights holders were asked about the frequency of SBC sessions offered in their communities, responses ranged from "don't know" to "sessions are not announced" to "weekly" to "every fortnight".¹⁰⁵ Similarly, data from KIIs with duty bearers, rights holders, and UNICEF staff indicate that while it depends on the location, health-related **"sessions are held by a mobile medical team" or "are given to those present at the clinics as they arrive"**. In fact, duty bearers reported "Choosing suitable times to carry out the activities" when they were asked about ways to improve the effectiveness of sessions.¹⁰⁶

The duration of sessions is also variable. One duty bearer noted that *"We provide a daily awareness and discussion session of no more than 30 minutes and no less than 15 minutes. The sessions are shortened in terms of time by condensing messages in case the ladies are unable to wait. The session is similar to a lecture, but the ladies ask questions and express their opinion on a topic"*.¹⁰⁷

Moreover, while some sectors are fully integrated, including the presentation of health and "epidemics, hygiene, home sterilisation (for water), and raising family awareness to deal with health problems"¹⁰⁸ other sectors are not. A content analysis indicates that duty bearers reported combining messages about COVID-19, cholera, hygiene, handwashing, hepatitis, and breastfeeding in one session. However, child protection duty bearers reported combining topics related to education, health, and ethics only. In the case of education, the duty bearer only spoke about education and child protection.¹⁰⁹

Regarding enablers for successful integration, SBC grey literature and UNICEF Guidance underscore the strategic importance of partnerships in SBC programming. Not only are institutional-level partnerships critical, but also community-level collaboration is useful in ensuring SBC relevance. For example, UNICEF has a partnership framework with IPs who work with community health workers, religious leaders, young people, and other influencers advocated the advantages of RI, BTL, polio vaccinations, and handwashing.¹¹⁰

Apart from partnerships, other enablers include: (1) strong duty bearer capacity; (2) public trust and acceptance of vaccines; (3) a consistent supply of services, including appropriate infrastructure (i.e., electricity, water, health services access, and reliable supply chains); (4) adequate funding for transport, (5) strong coordination among partners and sectors; and (6) effective community

¹⁰⁵ 17_8.Homs.Sarraj.1; 17_8.Homs.Sarraj.2; 17_8.Homs.Sarraj.3; 30_8.Idleb.rural.KII.1; 30_8.Idleb.rural.KII.16-08.Tartous.FDG; 18_8.Damascus.FDG; and 22_8.Damascus.FDG.

¹⁰⁶ 16_8.Idleb.rural.KII; 28_8.Idleb.rural.1; 30_8.Idleb.rural.1; 27_8.Homs.Sarraj.1; and 26_8.Aleppo.KII.

¹⁰⁷ 15_Damascus.KII.2; 21_8.Damascus.KII.2; 21_8.Damascus.KII; 26_8.Aleppo.KII; 26_8.Aleppo.KII.2; 26_8.Aleppo.KII.3; 16_8.DEZ.KII; 16_8.Idleb.rural.KII; 28_8.Idleb.rural.1; 30_8.Idleb.rural.1; and 27_8.Homs.Sarraj.1.

¹⁰⁸ 28_8.Rural.Damascus.KII; 21_8.Rural.Damascus.KII.2; 26_8.Aleppo.KII; and 16-8.DEZ.KII.

¹⁰⁹ 16_8.Idleb.rural.KII; 28_8.Idleb.Alsahuni.1; 28_8.Idleb.rural.KII.20_8.Rural.Damascus.KII.2; 21_8.Damascus.KII.2; and 21_8.Damascus.KII.

¹¹⁰ Butler, N., & Karam, S. (2022). Key considerations for integrating COVID-19 vaccination services: Insights from Iraq and Syria for the MENA region, page 3; UNICEF. (2022). Social & Behaviour Change at UNICEF.

engagement structure and mechanisms.¹¹¹ Ensuring relevance also demands a commitment to monitoring and evaluation, which features systematic monitoring of behavioural drivers (i.e., attitudes, norms, beliefs, feelings, and perceptions) and limiting the reliance on formal evaluation processes to monitor desired behaviour changes.

Concluding Remarks

Indeed, the section presenting findings under relevance has outlined the extent of: (i) internal consultation *within UNICEF* to design and implement SBC activities; and (ii) external consultations with partners and communities to improve the delivery of sector-based services and programmes. It is evident that there is an appreciation for SBC activities, as noted in the UNICEF Syria's 2022-2024 CPD and as described by UNICEF staff, duty bearers, and rights holders. However, there ought to be a detailed articulation for how SBC programming contributes specifically to each sector's results¹¹², as the absence of such information could limit the validity or diminish the value of SBC's contribution to the overall country programme portfolio. Moreover, there are multiple interpretations about how to go about organising and implementing UNICEF Syria SBC programme activities, as there is no set schedule for sessions, the duration of sessions varies, and there is uneven programme integration within the sectors. Such mixed data in SBC priorities and implementation creates difficulties in identifying promising practices that reinforce programme relevance. Finally, this section has extracted from grey literature and presented a list of enablers which UNICEF Syria SBC programme relevance.

5.2 Effectiveness/Impact

KEQ 4: To what extent did SBC activities achieve the set targets?

Sub Questions

KII 4.1: How effectively do these targets function in terms of reflecting SBC achievements?

KII 4.2: What adjustments can be made to M&E to better support future contribution?

While Finding 5 discusses the extent to which planned targets were reached (due to programme achievements), this section discusses the extent to which targets were used as management tools to monitor progress.

¹¹¹ Butler, N., & Karam, S. (2022). Key considerations for integrating COVID-19 vaccination services: Insights from Iraq and Syria for the MENA region, page 2; and UNICEF. (2022). Social & Behaviour Change at UNICEF, pg. 3.

¹¹² This includes namely Education, Child Protection, Health (cholera, COVID-19, RI, Nutrition, and WASH).

FINDING

3

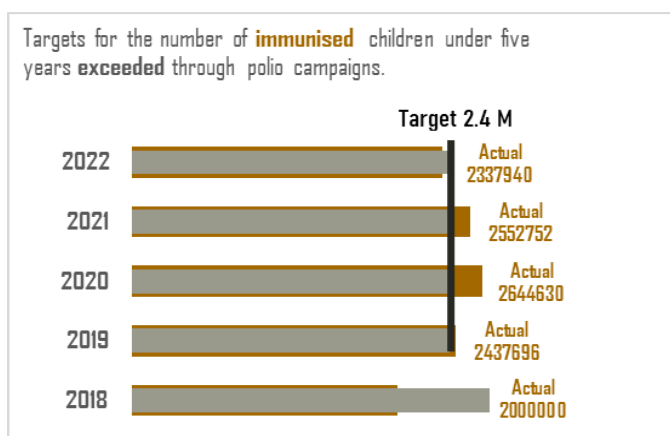
There were targets used to monitor progress from 2018 to 2022 for six out of ten indicators, owing to unforeseen circumstances (i.e., COVID-19 and discontinued programmes). On the one hand, six (out of ten) indicators included targets which changed relatively consistently from year to year, indicating that they were used to as management tools.

On the other hand, however, three indicators were not adjusted annually to accommodate changes in the number of persons reached, but they are still set at levels which effectively measure performance. Ultimately tracking the same indicator over time is central to understanding overall outreach trends.

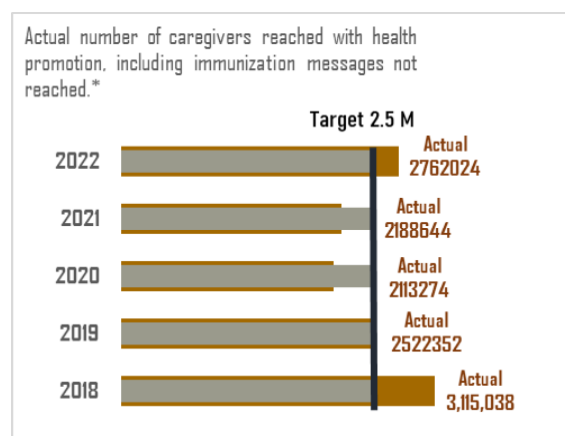
When one reviews indicators and corresponding targets, this action is the first step to understanding implementation progress within a given sector. As noted under the section [Indicators Measuring Progress](#), there are ten SBC-related indicators used to determine progress made toward the achievement of planned results within the Country Programme. The purpose of setting and reporting against target data is to establish a measurable goal, encourage efficiency, and track any delays. While targets were assigned annually, only seven out of the ten targets included tracked data for all four years from 2018 to 2022. This is primarily because: (1) two indicators measured achievements concerning COVID-19, which only began in 2020; and (2) one indicator focused on the progress of a programme that was discontinued after one year (Indicator #10: Number of girls, boys, women and men benefitting from child protection. awareness raising and community events). This section illustrates figures for nine targets with the number of people reached from 2018 to 2022. All data is from the UNICEF Planning Monitoring and Evaluation Unit.

Table 13: Indicators #1 and #2 - targets versus reached.

Indicator #1: Targets versus reach for RI.



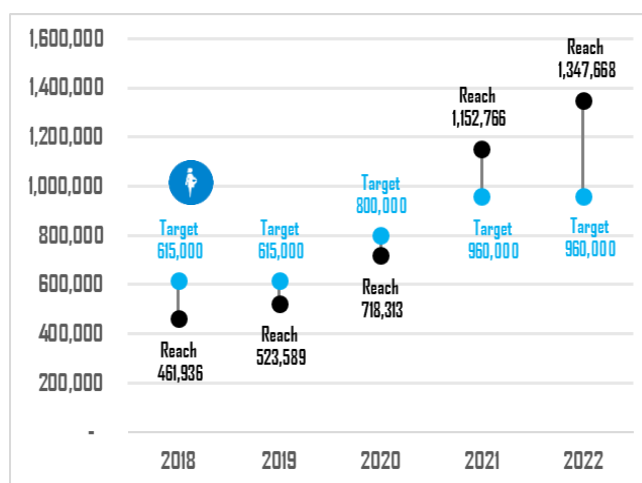
Indicator #2: Targets versus reach for health promotion messages



For indicators #1 and #2 (see above), the targets are set at effective levels, as the number of people reached with immunisation messages or through polio campaigns or is either slightly above or below the target. The targets for all indicators reviewed appear to be relevant and realistic. For Indicator #3 (see table below), the targets appear to be adjusted annually, as they are very close to the number of PLWs reached.

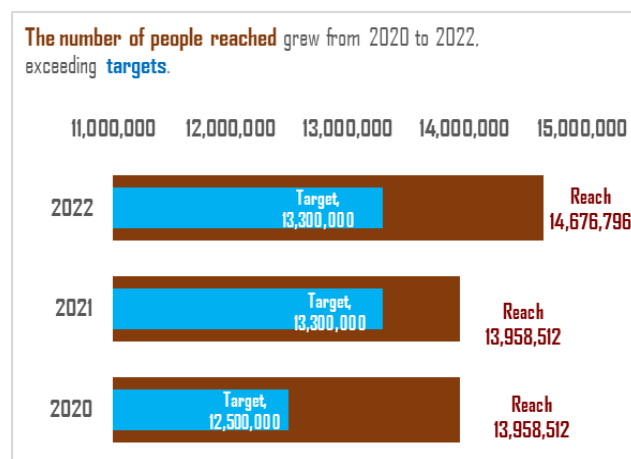
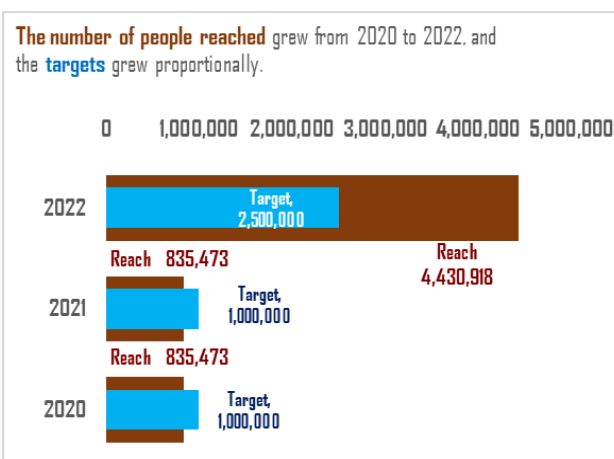
Table 14: Indicators #3, #4, and #5 - targets versus reached.

Indicator #3: Targets versus reach for PLWs



Indicator #4: Number of people engaged on COVID-19 through RCCE actions.

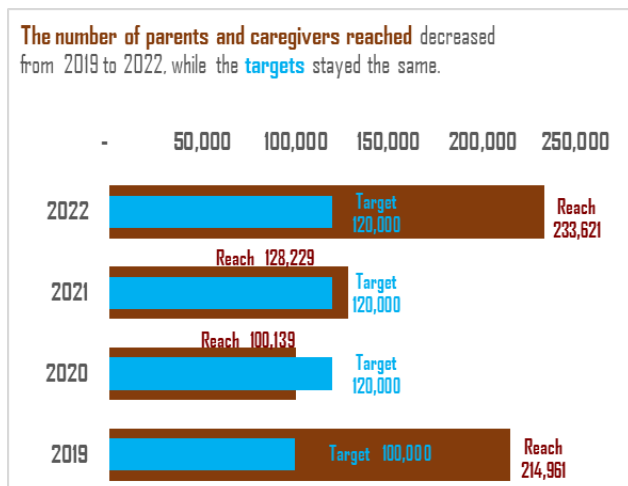
Indicator #5: Number of people reached on COVID-19 through messaging on prevention and access to services.



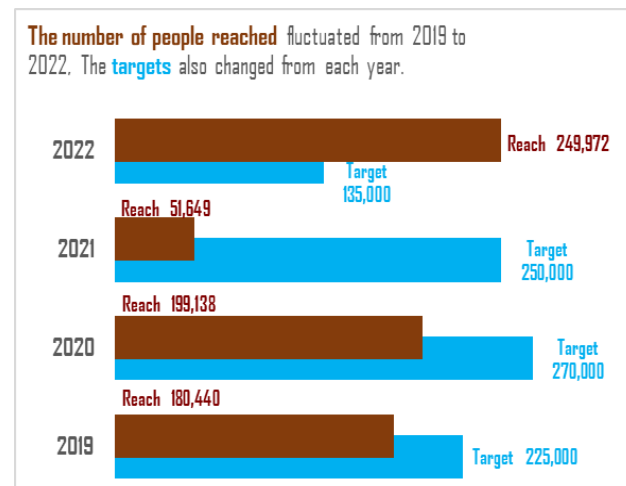
For the indicators referring to COVID-19 interventions, the targets are only tracked from 2020 to 2022, which is logical. The targets are somewhat constant for 2020 and 2021, but in 2022, the estimated number of people targeted and reached for number of people engaged on COVID-19 through RCCE actions (Indicator #4) rises steeply due to the cholera epidemic. This trend shows that there were likely regular data consultations and reviews regarding progress made towards goals. The target estimates for Indicator #5, the number of people reached on COVID-19 through messaging on prevention and access to services, indicates an extensive outreach, ranging from 13.9 million to 14.6 million. The indicator used to measure messaging for the prevention of COVID19 was likely used for external reporting rather than for internal monitoring.

Table 15: Indicators #6, #7, #8, and #9 - targets versus reached.

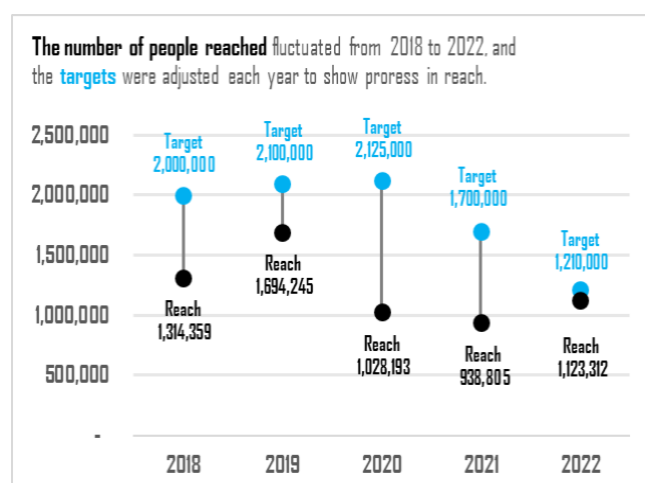
Indicator #6: Number of parents and caregivers of OOSC reached with C4D door-to-door community mobilisation.



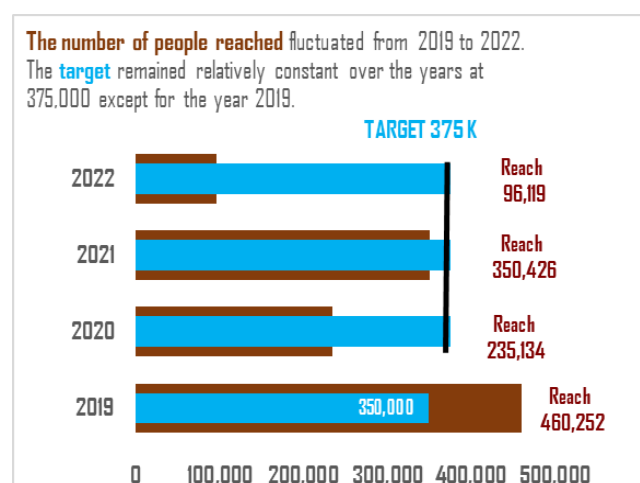
Indicator #7: Number of people reached with hygiene promotion interventions.



Indicator #8: Number of girls, boys, women, and men reached with MRE activities.



Indicator #9: Number of women, men, girls and boys reached by behaviour change. communication interventions for child protection issues.



The targets developed for indicators #6 and #7 appear to be close to the number of those people reached and therefore were tools to proactively monitor progress and achievements over time. As for Indicator #8, the target was adjusted each year to accommodate changes in the number of people reached with MRE activities. For 2022, the distance between the projected target and the actual reach is the smallest. Finally, indicators #8 and #9 are unique, in that they include

disaggregated data for “women, men, boys, and girls.”¹¹³ However, targets are only monitored for the total number of people reached.

The target for Indicator #9 (child protection interventions) was another example, wherein it was not adjusted to accommodate changes in the number of persons reached. The target stayed within the range of 350,000 to 375,000.

CONCLUDING REMARKS

The evaluation reviewed targets used to monitor progress from 2018 to 2022, and most indicators (six out of ten) included targets that were most likely used to as management tools. A small number of indicators (three out of ten) remained relatively unchanged over the years. The practice of tracking indicators with the same variable(s) is a standard practice that ought to be continued, as ultimately this simplifies one’s ability to undertake a trends analysis. This is key to understanding trends in SBC outreach.

FINDING

4

While there is a Results Framework for the UNICEF Syria SBC programme, the lack of a comprehensive ToC presents challenges in: (i) monitoring the carefully formulated efforts invested into the programme activities; and (ii) communicating programme progress and results in a cohesive manner.

In the relevance section, it is highlighted that having a detailed articulation for how SBC programming contributes specifically to each sector’s results could advance the relevance of SBC within the Syria country programme portfolio. It was also noted under the section 2.5 Results Framework that while there is an overarching statement that follows the “3E approach” – education, engagement, and empowerment through service, there is no ToC which combines SBC programmatic strategies *and then* links them to expected changes in knowledge, attitudes, self-efficacy, and expected behaviour change.

While the Results Framework includes qualitative indicators for expected knowledge and behaviour change for rights holders and duty bearers, these indicators are not used to track progress in a comprehensive manner. Nonetheless, not only would having a ToC better support the UNICEF Syria SBC programme’s future contribution to the CO’s programme portfolio, but a participatory process, involving the UNICEF sector staff in the development of the ToC, would support progress monitoring, management of expenditures, and evaluative efforts. Therefore, the SBC unit should formulate a ToC that adequately reflects strong programme efforts in a cohesive manner.

KEQ 5: To what extent did the SBC strategy contribute to the achievements of country programme results?

Recall that SBC programming is integrated into different programmatic contexts, namely:

¹¹³ The indicators were Number 8 “Number of girls, boys, women and men reached with [Mine] Risk Education activities.” And Number 9 “Number of women, men, girls and boys reached by behaviour change. communication interventions for child protection issues.”

- upscaling efforts in RI (including polio) and hygiene promotion (i.e., WASH);
- increasing awareness about the risks of COVID-19 and identifying needs for the distribution of the COVAX vaccine;
- expanding the outreach of IYCF;
- coordinating the cholera response;
- supporting the MRE programme; and
- administrating the BTL.

The UNICEF Syria SBC programme 's contribution to each sector is discussed in this section; Additionally, this report uses the following analytical framework to present the extent to which the UNICEF Syria SBC programme contributed to sector-specific achievements:

1. Outreach of SBC activities: This includes the number of people reached or engaged, as per the indicator data available (see Section 2.4.2 Programme Outputs);
2. Knowledge: This includes independent information from the evaluation about the degree to which rights holders have increased their knowledge in a sector (if available); and
3. Behaviour change: This includes independent information about the degree to which positive behaviours are practiced by rights holders as a result of engaging in the programme (if available).

Where noted, some sectors do not have sufficient information available to comprehensively demonstrate programme results.

10.2.1 POLIO, ROUTINE IMMUNISATIONS, & WASH

As mentioned earlier, the UNICEF Syria SBC programme began as a polio eradication intervention. In 2019, the DEZ governorate¹¹⁴ received the second largest number of internally displaced persons (IDPs) returnees, the majority of whom were from Al Hasaka governorate, making this area one of UNICEF's priorities.

UNICEF implemented a *then called*, "Communication for Development (C4D) Initiative" which had three phases (a first phase in November and December 2018, a second one in January and February 2019 and a third one in March and April 2019). The aim of this inter-sectoral programme was to: (i) identify children who dropped out or missed immunisations and refer them to the nearest health center (with referral cards given to the families); (ii) identify children out of schools and refer them to an education pathway; and (iii) carry out a comprehensive integrated community awareness [campaign] about issues related to Health (immunisation), Nutrition (IYCF), Education (BTL); and (iv) support WASH (hygiene promotion); and MRE.¹¹⁵

The implementation modality included door-to-door visits, awareness sessions in schools and mosques, meeting with key influencers and community leaders, and the distribution of Information, Education and Communication (ICE) materials.

¹¹⁴ Locations within the Deir-Ez-Zor Governorate included Tabia, Khusham, Mazlom, Marrat, Hatla, Husainiyah, Al Asharra, Mayadi, and Abu Kamal.

¹¹⁵ UNICEF. (2019). Integrated community awareness in Der-Ez-Zor, Syria case study #5, page 2-3; UNICEF. (2018). Country Office Annual Report 2018: Syria, page 2; and UNICEF. (2019). Country Office Annual Report 2018: Syria, page 2.

Internal documents and data from stakeholder interviews indicate that the community engagement activities helped to identify “children who are either dropped out or at risk of dropping out of schools” to then provide them with information which best suits education needs. Such information included options such as curriculum B¹¹⁶, non-formal learning, and self-learning accelerated courses.¹¹⁷ As an example of SBC work, one of the Annual Reports reported that “achievements from integrating the “C4D campaign” to support behaviour change and mobilise communities– especially in North Eastern Syria – was deemed “*successful in reaching more than 600,000 households.*”¹¹⁸ Moreover, it was within this context that over 2.6 million children (50% girls) received the polio vaccine with integrated provision of Vitamin A, through the national immunisation days.¹¹⁹

FINDING

5

Trend analyses from 2018 to 2022 reveal that SBC programming has acquired strong gains in all sectors, reaching, and sometimes exceeding some the targets, where they were tracked.

There is only one SBC indicator for WASH, and it is not reflected in the CO Results Framework, and was therefore not tracked from 2018 to 2022.

There appears to be some awareness about the need for RI, and polio ranks the highest as needing a vaccine on a regular basis. SBC information and messages not only helped rights holders to increase their knowledge about RI, but also such activities supported them in making the decision to seek RI and oriented them about where to take their children.

PROGRAMME OUTREACH

In referring to the SBC Results Framework, the indicator used to measure progress was/is: a “Proportion of the population who have been reached with information (via media and IPC, community engagement platforms) on relevant health and nutrition services (i.e., breastfeeding, IYCF, IR, etc).” While evidence shows that the aim of immunising 2.4 million children against polio was exceeded from 2019 to 2021, the number of children immunised in 2022 fell below the target at 2.33 million. (See Table 13).

Regarding WASH, the SBC Results Framework included an indicator to measure progress in this sector which was, the “Proportion of community members who have been reached with information (via media and WASH campaigns, community engagement platforms) on positive social behaviours with focus on hand washing with soap, water management and use.”¹²⁰ However, two indicators are

¹¹⁶ “Curriculum B is an accelerated programme for children who dropped out and remained out of school for few years. The programme enables them to graduate to the normal curriculum in a specified period of time, based on the number of years they have not been in school.”, UNICEF. (2018). Country Office Annual Report, page 8.

¹¹⁷ UNICEF01; UNICEF04; UNICEF13; UNICEF19; & UNICEF20; UNICEF Programme Document. (2021). Support education of blind and visually impaired, page 4; UNICEF. (2018). Country Office Annual Report; and UNICEF. (2021). Country Office Annual Report.

¹¹⁸ UNICEF. (2018). Country Office Annual Report 2018: Syria, page 6.

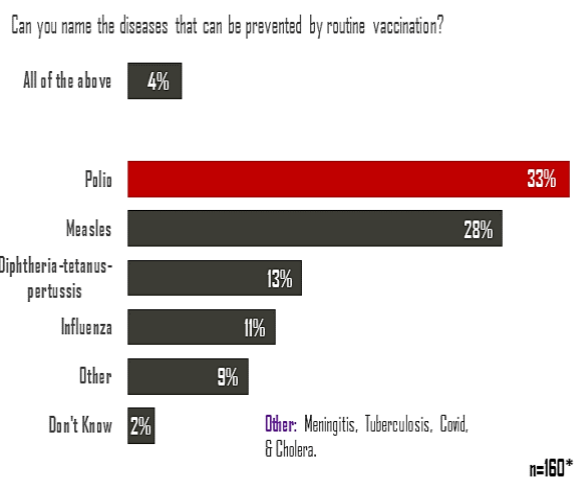
¹¹⁹ UNICEF. (2020). Country Office Annual Report 2020: Syria, page 3; While there were instrumental gains achieved, some areas (Aleppo) still experienced challenges.

¹²⁰ It should be highlighted that the SBC Results Framework also has two highly relevant knowledge and behaviour change indicators for WASH, although this information was not tracked. The two indicators are: (I) Proportion of population who have knowledge and understanding on the cost and value

used instead, and they are: (1) “number of caregivers reached with health promotion, including immunisation messages”; and (2) “number of people reached with hygiene promotion interventions”. (See Tables 13 and 15, respectively). Overall, the performance of reaching caregivers with health promotion messages and interventions was either above or below the planned targets. Nonetheless, part of SBC’s effectiveness may be linked to this partial reach.

EVIDENCE OF SBC’S CONTRIBUTIONS TO INCREASED KNOWLEDGE & BEHAVIOUR CHANGE

Figure 5: Knowledge about routine immunisations is clear.



Source: Evaluation survey.

Gains may be linked to SBC programming efforts, as the majority, (51%), of programme participants surveyed in the evaluation reported seeing and hearing messages about immunisations from professional health care providers, followed by “other”¹²¹ (20%), tv/radio (16%), and volunteers (12%). Further, survey data indicates while there is an awareness about the need for routine immunisations (**at 4%**), **polio**, however, ranks among the highest, compared to the others.¹²² (See figure to left.)¹²³

The Results Framework has a knowledge-based outcome for immunisations, including polio, which is that there is a “proportion of population¹²⁴ who have knowledge and understanding on value of the health seeking and care practices”.

While most surveyed know there are risks involved with refraining from immunising their children, there is a small proportion (**6%**, n=4) which reported “**don’t know**”. The results from a qualitative inquiry may shed light on this. The findings indicate that many residents in several governorates may not know about the campaigns, “because there was no clear and adequate prior notice, leading to delay or loss of the chance in the vaccine.” Other obstacles included: (i) that vaccination centers are far, especially in the eastern governorates, (ii) perceived complications and adverse reactions, (iii) perceived lack of care for children (i.e., long waiting periods), and (iv) rumors about vaccine source (limited trust in its effectiveness).¹²⁵

Moreover, those surveyed in the evaluation also reported that if RI were not undertaken, then the child could develop a physical disability (47%), his/her immunity against disease would weaken

of the positive WASH practices; (2) Proportion of the population who: (i) demonstrate support to deliver good quality WASH services; and (ii) claim practicing WASH behaviours. This indicator is under Output 1.3: Parents and other caregivers have the required knowledge and are motivated to seek services provided by health workers who have improved interpersonal communication skills.

¹²¹ Other included the following listed in order of prominence: Charitable organisations, Mobile texts, Campaigns & Awareness sessions, social media, family & friends.

¹²² Measles, Diphtheria-tetanus-pertussis, Influenza, and Meningitis, Tuberculosis, and Covid.

¹²³ The sample size includes multiple responses.

¹²⁴ Refers to parents and caretakers, health care providers, and influential people.

¹²⁵ Statistics Economic Academic Services. (2021). Qualitative analysis of individual in-depth interviews’ and focus groups in Governorates of Syria, pages 8-9.

(29%), or he/she could die (18%), thereby reinforcing the finding that SBC activities have contributed to gains in this area.

Finally, in adhering to the SBC Results Framework's behaviour-related indicator, "Proportion of general population who claim health seeking and care practices", the results from the survey affirm that SBC's efforts can be linked to behaviour change in this area. For example:

- 100% of those sampled reported having immunised their child/children.
- 97% agreed/strongly agreed to the statement "I used information that I heard about immunisations to decide to immunise my child/children."
- 99% agreed/strongly agreed to the statement "I used information about immunisations to find out where to go to immunise my child/children."

Therefore, the UNICEF Syria SBC programme's contributions to the RI's programme success are unambiguous.

5.2.2 UNICEF SYRIA SBC PROGRAMME RESPONSE TO COVID-19 AND THE COVAX ROLLOUT

FINDING

6

The response to COVID-19 and the rollout of COVAX is an excellent example of how UNICEF Syria SBC programme activities were designed and implemented based on real-time analyses of vaccine access, process, and supply.

The CO had a two-pronged response to COVID-19 in 2021, including: (1) creating messages focused on COVID-19's transmission; and (2) where to access psychosocial support. As the response effort continued, however, messaging began to address alternatives to education, health seeking behaviours, and the use of alternative child protection services.¹²⁶ Studies showed that in 2021, 35% of the respondents in all groups responded that Ministry of Health is their most preferred source of information (35%), followed by information from health leaders (14%), community health workers (10%), and TV (10%).¹²⁷ Not only did UNICEF leverage a wide range of media to launch far-reaching RCCE campaigns, including the use of social and mass media, but the CO also reinforced its partnerships with imams and religious authorities to include RCCE messaging in Friday prayer sermons.

PROGRAMME OUTREACH

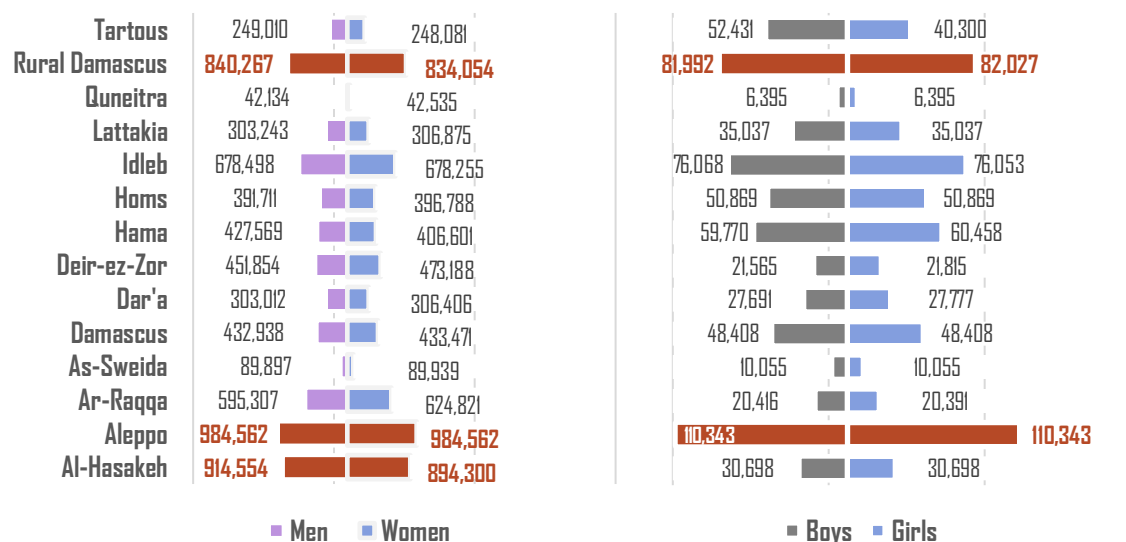
While the outreach data for COVID-19 is limited to 2022, the figures below for men, women, boys, and girls show that the areas with the highest outreach were **Aleppo** followed by **Rural Damascus**, and **Al-Hasakeh** ranked third for women and men (see figure below).¹²⁸

¹²⁶ Chazaly, C. & Goldman, E. (2021). MENA Real-time assessment: COVID-19 response, page 8; and UNICEF02

¹²⁷ Syrian Arab Republic. Ministry of Health, Department of Primary Health Care (PHC). (2021). Community Engagement and Demand Generation Assessment for COVAX roll-out, page 10.

¹²⁸ While there are two indicators for COVID-19, the data for the indicator presented in this report is the "Number of people reached on COVID-19 through messaging on prevention and access to services." The other indicator is "Number of people engaged on COVID-19 through RCCE actions".

Figure 6: Outreach for rights holders - COVID-19



Source: Syria CO data.

EVIDENCE OF SBC'S CONTRIBUTIONS TO INCREASED KNOWLEDGE & BEHAVIOUR CHANGE

Data also confirms that the CO adapted RCCE messages regularly based on increasingly available information, including several rounds of rapid Knowledge, Attitudes and Practices (KAP) surveys.¹²⁹ For example, 99% of respondents had heard about the COVID-19 vaccine, similar to the result of round 1 of the survey. However, it is slightly less for people above 55, illiterate, and in Dara' a governorate.

In reference to the SBC Results Framework, the behaviour-related indicator is "Proportion of general population who claim health seeking and care practices", which would include health care providers, teachers, and caregivers being fully immunised against COVID-19. The first round of data collection in 2021 from the KAP study showed that approximately 51% of the respondents had received the vaccine, although 58% of them were health workers and 50% were the general population.¹³⁰ In 2022, a second round of data collection took place, indicating that 61% respondents had received the COVAX vaccine.¹³¹ Data from stakeholder KIIs iterates the importance of using evidence to guide the overall SBC strategy by examining "vaccine access, process, and supply". This analysis, in turn, was reflected into the government's micro-plans.¹³²

¹²⁹ Data collection period was from 22 March to 2 April 2022. The total number of filled in surveys was 19,641 (38% in health facilities, 22% in religious places, 27% in schools, and 13% in universities). The response rate was 99.3%, and 56% of the respondents were females, and 44% were males. The survey was conducted in 13 out of 14 governorates of Syria, excluding Ar-Raqqa (due to logistical challenges). There were also two sets of questionnaires; one for health workers working in facilities, and the other for the general population. Apart from the health facilities, the survey scope was expanded to reach people regardless of their ability to access health services. This included religious places, schools, and universities.

¹³⁰ Syrian Arab Republic. Ministry of Health, Department of Primary Health Care (PHC). (2021). Community Engagement and Demand Generation Assessment for COVAX roll-out, page 24.

¹³¹ Syrian Arab Republic. Ministry of Health, Department of Primary Health Care (PHC). (2022). Community Engagement and Demand Generation Assessment for COVAX, Round 2, page 24.

¹³² UNICEF02 & UNICEF04.

The evaluation survey results were somewhat less positive. While 97% had heard messages about COVID-19, a small number (7 out of 83) did not believe that it was preventable. Moreover, 66% (or 49 out of 74) had not been vaccinated, and 42% of the sample (31 out of 74) reported having contracted COVID-19 in the past. Hence, SBC-related interventions can be associated with some gains as it relates to reducing the risks of COVID-19 and encouraging people to seek positive health behaviours (getting the COVAX vaccine). Limited vaccinations could also be linked to supply-related obstacles, such as restricted access to health-care facilities (including mobile health services), “unpredictable security” situations, rumours that the vaccination influences fertility, and perceptions that the risks are only for vulnerable people such as older adults.¹³³

Finally, regional level evaluations note that it took time to set up international and national coordination mechanisms for the implementation of COVAX distribution, among other supply-side-related services, UNICEF’s third phase of the COVID-19 response included “projects supporting cold chains.” There were also minor delays experienced minor delays linked to mobility restrictions.¹³⁴

Nonetheless, UNICEF’s response is a good example of UNICEF Syria SBC programme design and implementation. It was recognised at an early stage that the data from the two SBC indicators¹³⁵ would not likely produce the necessary situational analysis needed to support UNICEF’s response to COVID-19. Therefore, “the roll out of the COVAX vaccine was done through the development of data-driven profile of individuals least likely to get vaccinated and evidence-informed planning processes”.¹³⁶

5.2.3 RESPONSE TO CHOLERA OUTBREAKS IN SYRIA

The cholera outbreak was first declared in Syria on 10 September 2022, where there were over 50,000 suspected in Idleb and Aleppo.¹³⁷ An inter-agency response, including UNICEF, the World Health Organisation (WHO), and the Office of the Coordination of Humanitarian Affairs, supported the cholera outbreak, as it quickly spread to in DEZ, Aleppo, and Ar-Raqqa.¹³⁸

It is recognised that this response is still being implemented currently, and so response activities may still be on going. UNICEF’s WASH (hygiene promotion) and SBC teams have been working together since 2022 to distribute aqua tabs and hygiene supplies, and, with IPs¹³⁹, engage rights

¹³³ UNICEF02, UNICEF03, UNICEF16, and UNICEF17.

¹³⁴ UNICEF. (2021). Real-Time Assessment of the UNICEF Response to COVID-19: Global synthesis report: Synthesis Report, page 25; Butler, N., & Karam, S. (2022). Key considerations for integrating COVID-19 vaccination services: Insights from Iraq and Syria for the MENA region; EMPHNET. (2020). Countries’ Strategies to Maintain Immunization Achievements During the Pandemic while Adapting to Post Pandemic. The Eastern Mediterranean Public Health Network.; and UNICEF03.

¹³⁵ They are: (i) Number of people engaged on COVID-19through RCCE actions”; and (ii) “Number of people reached on COVID-19through messaging on prevention and access to services.”

¹³⁶ Syrian Arab Republic. Ministry of Health, Department of Primary Health Care (PHC). (2021). Community Engagement and Demand Generation Assessment for COVAX roll-out, page 9.

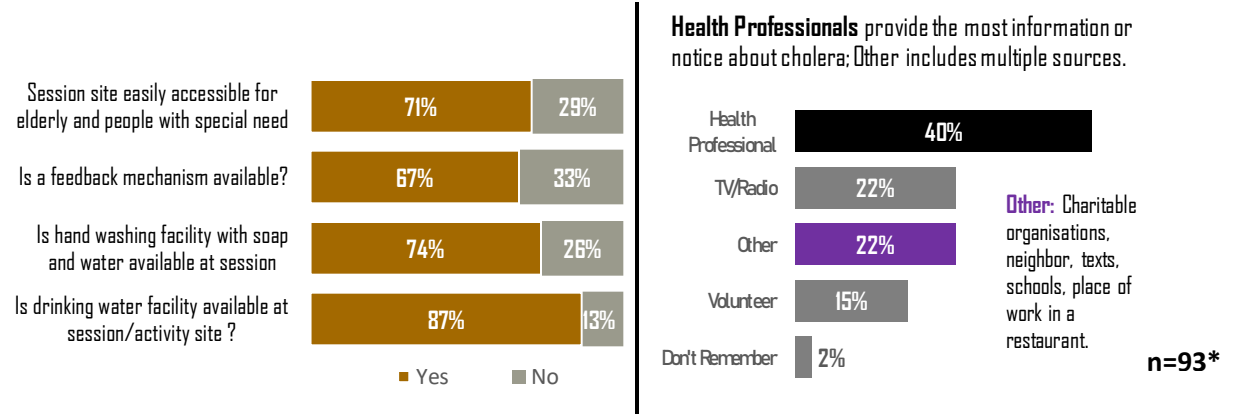
¹³⁷ UNICEF. (2022). Country Office Annual Report 2022: Syrian Arab Republic, page 1; and Source: <https://www.unicef.org/press-releases/who-and-unicef-launch-cholera-vaccination-campaign-northwest-syria-amidst-earthquake>.

¹³⁸ UNICEF (19 October 2022). UNICEF Arab Republic: cholera Update; UNICEF (8 October 2022). Whole of Syria: cholera Outbreak Situation Report No. 2; and UNICEF (18 December2022). Whole of Syria: cholera Outbreak Situation Report No. 10.

¹³⁹ They include: SARC, SFPA, Fouadi Foundation, Pan Aremina, Tamayoz NGO, Social care, Al-birr, CCS, and St Ephrem; UNICEF. (2023). Third Party Monitoring (TPM) monthly report: April 2023, page 3.

holders in awareness sessions about how to prevent cholera. A monitoring report and data¹⁴⁰ show the extent to which SBC interventions provided instructions about hygiene and sanitation with the supply of water, soap, and hand sanitiser. (See Figure below). Information about the accessibility of the site for those with special needs and the availability of feedback mechanism were also monitored. Other SBC activities featured the use of posters, brochures, and demonstrations on oral rehydration solutions and handwashing with soap.¹⁴¹

Figure 7: SBC interventions for cholera.



Source: The figure on the left includes data from the 2023 Third Party Monitoring (TPM) monthly report: April 2023, page 4; and Figure on the right data source: Evaluation survey.

Indeed, the evaluation’s data also indicates that **40%** heard about cholera from a health professional, followed by television/radio and **“Other”**¹⁴². However, a devastating earthquake in February 2023 had a significant impact on the cholera response operations. The earthquake affected access to services, as some health facilities had to suspend their operations and diverted already limited funds available to emergency efforts.¹⁴³

PROGRAMME OUTREACH

Like the outreach data for COVID-19, the cholera outreach data is limited to 2022, and although there are two indicators, this report only presents the data for one.¹⁴⁴

¹⁴⁰ The monitoring report presents data from by Jouri’s Third-Party Monitors (TPMs), which took place from 1st February 2023 to 30th April 2023 across 368 service sites supported by UNICEF, located across 13 Syrian governorates (Damascus, Rural Damascus, Aleppo, Dar’aa, As-Suwayda, Homs, Hama, Tartus, Latakia, Deir-ez-Zor, Ar Raqqa, Al-Hasakeh, and Idlib. There was a total of 84 visits to facilities, where the majority of rights holders observed were women (96%). There is no information about the questionnaire used to collect data.

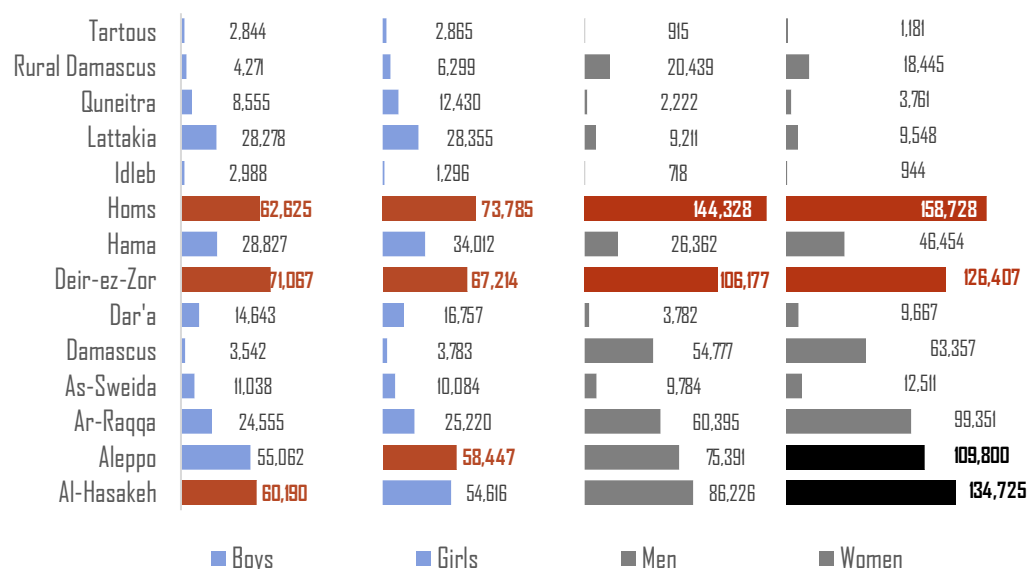
¹⁴¹ UNICEF (18 December2022). Whole of Syria: cholera Outbreak Situation Report No. 10.

¹⁴² This category included charitable organisations, neighbor, texts, schools, and place of work in a restaurant

¹⁴³ UNICEF (28 February 2023). Whole of Syria: cholera Outbreak Situation Report No. 10.

¹⁴⁴ The data for the indicator presented in this report is the “People participating in engagement actions for social and behavioural change.” The other indicator is “People reached with actions for social and behavioural change communication”.

Figure 8: Outreach data for cholera in 2022



Source: Syria CO data.

The figure above shows the number of people participating in engagement actions disaggregated by men, women, boys, and girls. The areas with the highest outreach for men and women were Homs followed by Al-Hasakeh and DEZ. For girls and boys, the location with the highest outreach was **DEZ** and **Homs; Al Hasakeh** and **Aleppo** also ranked highly.

EVIDENCE OF SBC'S CONTRIBUTIONS TO INCREASED KNOWLEDGE & BEHAVIOUR CHANGE

In referring to the SBC Results Framework, there is no outcome measuring increased knowledge about water and hygiene practices to prevent cholera. However, the rights holder's survey includes a question about whether (or not) they heard of cholera, and most have heard about the risks of cholera, although approximately 17% (or 14 out of 83) **have never heard of it**. Of those surveyed who were aware of cholera, most (97%) understand the key ways to prevent it. The question was "What are the main ways to avoid cholera?", to which there were six options¹⁴⁵, and 41% knew the correct response which was "all of the above" followed by "treating the water special."¹⁴⁶ While it is uncertain the reason for never hearing about cholera, all of those surveyed (100%) who did know about cholera responded "Strongly agree" or "Agree" to the statement, "I used information (that I heard about cholera) to decide to change my hygiene practices."

Figure 9: Rights holder knowledge about cholera.

Most surveyed are aware of some health-seeking behaviours to avoid Cholera.

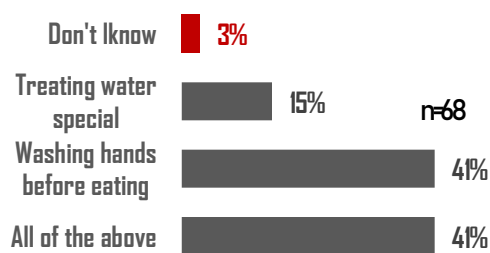


Figure data source: Evaluation survey.

¹⁴⁵ The options were: (1) Washing hands before eating; (2) Washing hands after changing a baby; (3) Treating drinking water special; (4) All of the above; (5) None of the above; and (6) Don't know.

¹⁴⁶ This could have included the use of an aqua tab to purify water or boiling water for two minutes.

Therefore, given the above evidence, the UNICEF Syria SBC programme 's contributions to the cholera prevention response appear to be beneficial, despite the impact of the earthquake.

5.2.4 NUTRITION & INFANT FEEDING

FINDING	UNICEF IYCF programme is a human rights-based programme and is relevant to the context of Syria. However, the data is mixed about how much knowledge lactating mothers actually have about breastfeeding as a result of UNICEF SBC efforts, although the willingness to practice breastfeeding is evident, suggesting that knowledge can be built upon or some beneficial effect of UNICEF efforts.
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In 2018, “UNICEF focused on preventive interventions, through infant and young child feeding and micronutrient supplementation across 13 governorates (Damascus; Aleppo; Rural Damascus; Homs; Hama; Lattakia; Al-Hasakeh; DEZ; Tartous; Ar-Raqqa; Dar'a; As-Sweida; and Quneitra). The Country Office Annual Report 2018 stipulates that a total of 1,736,456 women and children were reached with micronutrient supplements (which was 79% of the goal), and 418,275 caregivers were reached with messages on optimal feeding practices.”¹⁴⁷ The evaluation of UNICEF IYCF programme (2019 – 2020) also affirms that “the [IYCF] programme is viewed as important and relevant to the context of Syria. It is a human rights-based programme that encompasses the direct provision of services for vulnerable women and children.” The programme has been implemented in 13 of the 14 governorates, and its coverage at the sub-district levels is expanding.¹⁴⁸

PROGRAMME OUTREACH

While the CO Results Framework only has the indicator, “Number of caregivers reached with health promotion, including immunisation messages”, the main indicator used to measure progress in this area was the “Number of Pregnant and Lactating Women (PLWs) counselled on appropriate IYCF.” A summary of this data indicates that **men** and **boys**, and **girls** are also part of the audience in Damascus, Dar'a, Al-Hasakeh, and Ar-Raqqa (see figure below). Indeed, the evaluation survey shows that the majority, 54%, of the programme participants indicated that they received information about breastfeeding from a health care service provider, followed by “Other”¹⁴⁹ (29%), and volunteer (25%).

¹⁴⁷ UNICEF. (2018). Country Office Annual Report 2018: Syria, page 6.
¹⁴⁸ ABH Partners. (2022). Evaluation of the Infant and Young Child Feeding (IYCF) Programme (2019 – 20) in Syria, pages 25 and 15.
¹⁴⁹ Other included the following listed in order of prominence: Charitable organisations, my family, and social media.

Figure 10: UNICEF focused IYCF efforts on women, followed by men, boys, and girls.

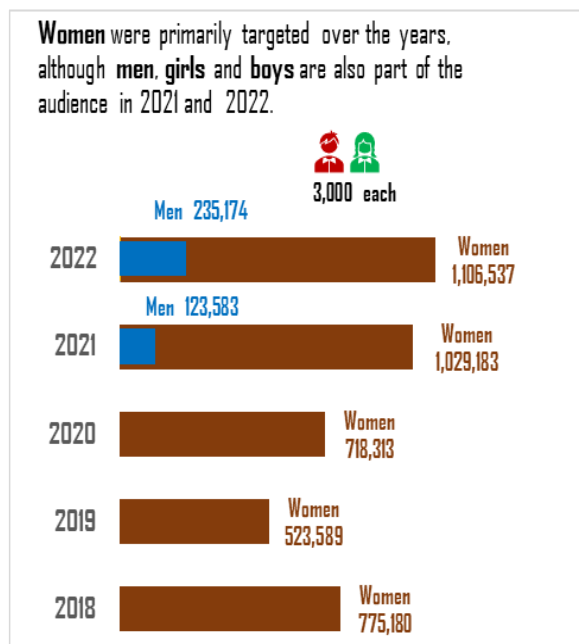
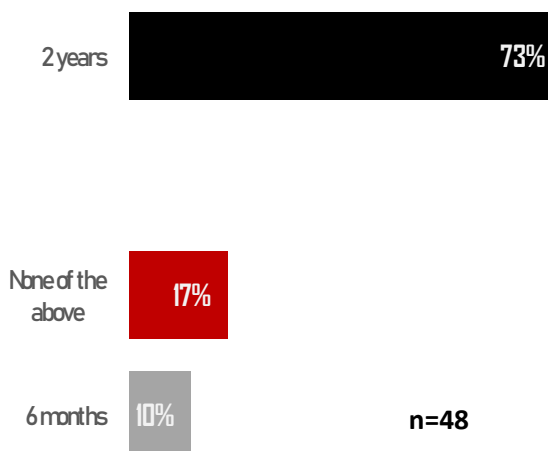


Figure 11: The knowledge about breastfeeding is evident.

While **most** know that a baby is exclusively breastfed for up to two years, (the correct answer), **17%** do not have this knowledge.



Sources: The figure on the left is Syria CO data; and the Evaluation survey.

EVIDENCE OF SBC'S CONTRIBUTIONS TO INCREASED KNOWLEDGE & BEHAVIOUR CHANGE

However, 15% of the survey sample (or 7 out of 48), reported "no" for breastfeeding immediately following childbirth. The majority (73%), however, know that a baby is exclusively breastfed for up to two years, (the correct answer), but approximately **17%**¹⁵⁰ do not have knowledge about breastfeeding, including its benefits.

However, 92% "Strongly agreed" or "Agreed" with the statement "I used information (that I heard about breastfeeding) to decide to breastfeed my child/children", and 96% "Strongly agreed" and "Agreed" with "I used information about breastfeeding from my family." Such findings are somewhat mixed, Overall, however, it is clear that SBC has contributed to programme results in this sector. An explanation for the mixed data, however, could be linked to a conclusion from the evaluation of the UNICEF IYCF programme, highlighting that "that awareness activities have not worked optimally, possibly due to contextual reasons – generating confidence in mothers affected by the ongoing crisis to attend counseling, limited outreach as also constraints related to distance to access services."¹⁵¹

¹⁵⁰ This amounts to 8 (out of 43) women surveyed. The sample is small because out of 83 participants, only 50 mothers had children under age five, and of those 50, two women had not seen or heard any messages about breastfeeding (reducing the sample to 48).

¹⁵¹ ABH Partners. (2022). Evaluation of the Infant and Young Child Feeding (IYCF) Programme (2019 – 20) in Syria, pages 27.

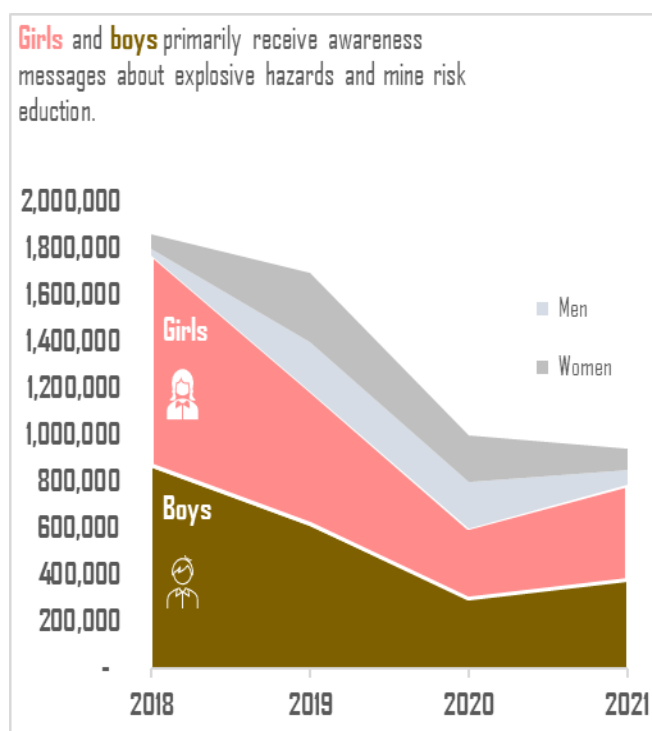
5.2.5 MINE RISK EDUCATION (MRE)

An estimated 8.2 million people (3.3 million children) were living in contaminated areas in 2018, and based on a needs assessment, UNICEF decided to focus its mine-risk education efforts in the North East.¹⁵² As noted earlier, UNICEF used an integrated approach in the North east, involving child protection, education, and health. UNICEF and implementing partners delivered risk education at child-friendly spaces, schools, camps and reception centres for IDPs...to ensure the sustainability of mine-risk education programme and achieve behaviour change.”¹⁵³

PROGRAMME OUTREACH

The Results Framework did not include any knowledge or behaviour-related indicators to measure progress in MRE. However, in reporting on the indicator “Number of girls, boys, women, and men reached with [Mine] Risk Education activities, it is demonstrated in figure that UNICEF engaged boys and girls specifically while delivering messages about mine risk education.

Figure 12: UNICEF prioritised children to promote messages about explosive ordinances.



Sources: Syria CO data.

EVIDENCE OF SBC'S CONTRIBUTIONS TO INCREASED KNOWLEDGE & BEHAVIOUR CHANGE

Given the limited data, however, it is uncertain about the extent to which SBC contributed toward promoting successful behaviour change (self- protection). Similar observations are made for the two other indicators which fall under Child Protection.¹⁵⁴ Like the indicator above, the available trends data shows that UNICEF focused on children, but there is no disaggregated data for the four categories (male, female, men, and women) for the years 2020 and 2021.

¹⁵² Humanitarian Needs Overview. (2018). Key Figures, page 22.

¹⁵³ UNICEF. (2018). Country Office Annual Report 2018: Syria, page 9; and UNICEF. (2019). Country Office Annual Report 2019: Syria, page 7.

¹⁵⁴ They are: (1) “Number of girls, boys, women and men benefitting from child protection awareness raising and community events.”; and (2) Number of women, men, girls and boys reached by behaviour change communication (BCC) interventions for child protection issues.”

5.2.6 EDUCATION

FINDING

8

The Back to Learning (BTL) interventions focused on persuading caregivers and children to return to school, but the economic situation (and need for child labour) has hindered programme gains.

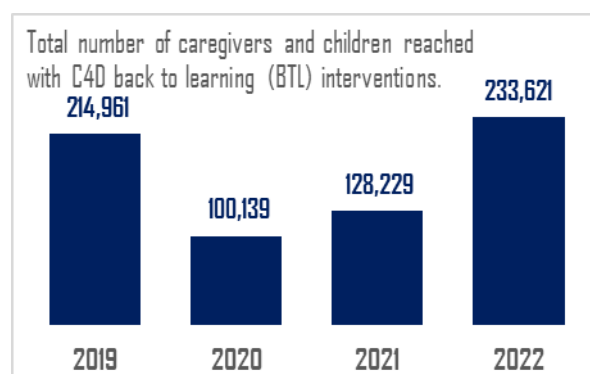
The UNICEF BTL programme was a short-term initiative conceptualised in 2013 to respond to “unsafe and uncondusive learning environments”, and from 2018 to 2021, the programme evolved into a nationwide programme reaching 3,421,584 people with messages and engaged 59,552 teachers and children (27,394 male) with door-to-door visits and community dialogues.¹⁵⁵ The initial programme design aimed to increase access to education for children in the lower primary school grades (grades 1-4) in all 14 governorates through a combination of community mobilisation and provision of education supplies. This eventually grew into a multi-donor funded, multi-sectoral programme that included SBC, support for the rehabilitation of schools, the provision of school supplies (i.e., school bags, stationery, pens), and Early Childhood Education (ECE) kits.

UNICEF worked with IPs to conduct BTL campaigns, including door-to-door visits as well as phone calls with beneficiaries. Through these activities, UNICEF: (i) raised awareness on the importance of education; (ii) informed parents and caregivers about opportunities for education; and (iii) collected information about out of school children.¹⁵⁶ The SBC component had a foundational role in this programme, including messages via radio, TV, SMS, and billboards, as well as community mobilisation to raise awareness on school registration and timely enrollment.

PROGRAMME OUTREACH

While the monitoring data illustrates the number of caregivers and children reached from 2019 to 2022, the figure on the right does not include disaggregated data due to data gaps. The outreach of the BTL appears to fluctuate throughout the years.

Figure 13: Outreach for SBC BTL interventions



Source: Syria CO data.

EVIDENCE OF SBC'S CONTRIBUTIONS TO INCREASED KNOWLEDGE & BEHAVIOUR CHANGE

While it is evident that the BTL reached a high number of caregivers about the importance of education, data from a 2020 C4D survey indicated that there were (and continue to be) several

¹⁵⁵ UNICEF. (2021). Country Office Annual Report 2021: Syrian Arab Republic, page 5; UNICEF. (2018). Expert (Analysis and Reporting) for the Evaluation of Back to Learning, page I; and Prosperi, V. (2020). Evaluation of Back to Learning: 2013-mid-2019, Afkar-Triangle, page 2.

¹⁵⁶ United Nations. (2022). Annual Programme Narrative Progress Report. United Nations Joint Programme to Build and Strengthen Urban and Rural Resilience and the Conditions for Recovery in Syria, Reporting period: 1 JANUARY 2021 – 31 December 2022, page 13.

barriers preventing children from returning to school. Chief among them are: **economic**:¹⁵⁷ and **child labour**.¹⁵⁸ Additional reasons included: early marriage (1,292), violence by school staff (972), exposure to some type of discrimination at school (963), the child was harassed by other children (926), followed by no need for education (education is not a priority).¹⁵⁹ See figures below.

Figure 14: Social factors inhibiting children from returning to school.

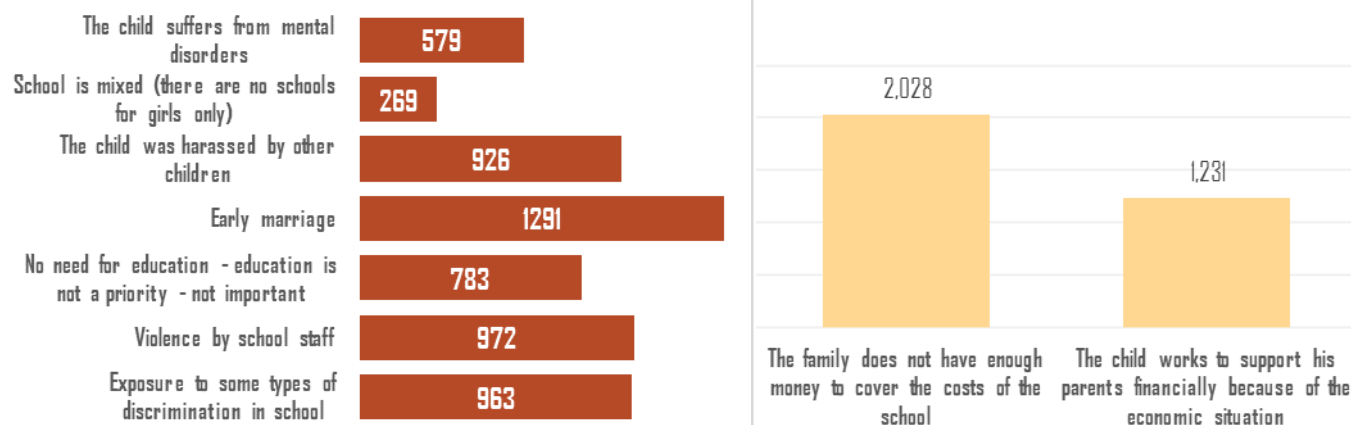


Figure data sources: 2020 C4D Survey.

Given the foundational role that SBC played in BTL, it is clear that the UNICEF Syria SBC programme activities made strong contributions to BTL's achievements.¹⁶⁰ However, the BTL evaluation did not link SBC's role to programme successes, yet it called for the need to refocus the messaging of the community mobilisation and the communication campaign and prioritise emerging challenges such as non-formal education and the prevention of dropouts.¹⁶¹ Efforts in education are currently focused on OOSC, engaging caregivers and children so that they understand that there are non-formal education opportunities available to explore.¹⁶² In this case, the contributions of SBC ought to be highlighted in this new programmatic strategy.

¹⁵⁷ UNICEF. (2020). 2020 Communication for Development (C4D) survey, Back to Learning Online Quiz. The sample included 2,043 respondents from the 14 governorates and only targeted those who have access to the internet. While there is no information about the questionnaire, the tool was disseminated through NGOs over a period of seven days. The response was that "the family does not have enough money to cover the costs of school." (n=2,023).

¹⁵⁸ Ibid., The survey response was that "the child works to support his parents financially because of the economic situation". (n=1,231); and Prosperi, V. (2020). Evaluation of Back to Learning: 2013-mid-2019, Afkar-Triangle, page 10.

¹⁵⁹ UNICEF. (2020). 2020 Communication for Development (C4D) survey: BTL Quiz Results 2020. The question from a telephone survey was: "In your opinion, what are the reasons that hinder the return of children to education and schools?"

¹⁶⁰ UNICEF. (2018). Expert (Analysis and Reporting) for the Evaluation of Back to Learning, page 1; UNICEF. (2020). Country Office Annual Report 2020: Syria, page 9; and UNICEF. (2021). Country Office Annual Report 2021: Syrian Arab Republic, page 5.

¹⁶¹ Prosperi, V. (2020). Evaluation of Back to Learning: 2013-mid-2019, Afkar-Triangle, page 2.

¹⁶² UNICEF10, UNICEF13, & UNICEF19.

KEQ 6: What can be learned about the most effective SBC interventions for the achievement of results in terms of design, implementation, targeting? What are the most effective activities for driving change?

FINDING

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Notable promising practices from the UNICEF Syria SBC Programme which helped to drive change include: (i) multi-sectoral interventions; (ii) the use of multi-media; and (iii) evidence-informed planning, targeting, and monitoring.

First, a multi-sectoral approach is key to an effective SBC intervention.¹⁶³ UNICEF Syria's SBC programme included activities that drew from multiple sectors, including, for example, the BTL and the response to the cholera epidemic. BTL was first developed to raise awareness about returning to school, and so the programme targeted parents and caregivers about the importance of education. In addition, however, the programme minimised potential bottlenecks that would prevent children from attending school by investing in school reconstruction, and the provision of school supplies and ECE toolkits.¹⁶⁴ Similarly, the SBC programme activities raised awareness about the risks of cholera by delivering messages about purifying water along with the provision of hand sanitiser and aquatabs.¹⁶⁵

Additionally, SBC activities which are equally effective include the use of multiple media outlets to engage communities.¹⁶⁶ BTL used radio and television forums, short films, community consultation mechanisms, and social media platforms to stimulate interest in sending the children back to school.¹⁶⁷

Finally, UNICEF guidance notes that rigorous research should be used to both understand challenges and to monitor and evaluate outcomes.¹⁶⁸ In fact, evidence generation guided the COVAX rollout, thereby minimising the impact of COVID-19. As noted earlier, the steps undertaken to generate evidence while planning and implementing the COVAX roll out offer strong lessons about how best to raise awareness and promote behaviour change especially for targeting a specific group of vulnerable rights holders. Similar actions were carried out for BTL and cholera prevention efforts.¹⁶⁹

¹⁶³ UNICEF. (2022). Social & Behaviour Change at UNICEF, pg. 3.

¹⁶⁴ UNICEF. (2020). 2020 Communication for Development (C4D) survey, Back to Learning Online Quiz.

¹⁶⁵ UNICEF (28 February 2023). Whole of Syria: cholera Outbreak Situation Report No. 10; and UNICEF (19 October 2022). UNICEF Arab Republic: cholera Update; and UNICEF (8 October 2022). Whole of Syria: cholera Outbreak Situation Report No. 2.

¹⁶⁶ UNICEF. (2022). Social & Behaviour Change at UNICEF, pg. 3.

¹⁶⁷ Prosperi, V. (2020). Evaluation of Back to Learning: 2013-mid-2019, Afkar-Triangle; and ABH Partners. (2022).

¹⁶⁸ UNICEF. (2022). Social & Behaviour Change at UNICEF, pg. 2.

¹⁶⁹ Prosperi, V. (2020). Evaluation of Back to Learning: 2013-mid-2019, Afkar-Triangle; and ABH Partners. (2022); and budget information.

KEQ 7: What were the major/critical factors that hindered or contributed to achievement of SBC results?

FACTORS HINDERING PROGRAMME ACHIEVEMENTS

It is important to note that with the multiple interpretations about how to design, organise, and implement programme activities, specific key approaches that support or hinder behaviour change at the community and household levels could not be validated. However, there are numerous factors hindering the effects of SBC's activities at the policy and institutional levels. Data from interviews from UNICEF staff and duty bearers all point to the most significant bottleneck, which is that the economic situation and the overall crisis are detriments to positive results.¹⁷⁰ Another element hindering results for SBC in the child protection sector are work restrictions in specific geographic areas, which prevents UNICEF from systematically investing in communities.¹⁷¹ Other key factors diminishing the effects of SBC include:

- Restrictions on primary data collection among the population and in the field, which means that it is a challenge to "[re]calibrate and adapt interventions";¹⁷²
- Limitations in capacity development at multiple levels within the social services system. For example, at the community level, there are few volunteers who may receive training in SBC techniques and practices who are then willing to stay and support the community. Most individuals wish to leave Syria;¹⁷³
- Media resources are also limited, especially in hard-to-reach areas, and so this is a medium that has limited utility in some parts of the country;¹⁷⁴
- Inconsistent electricity and water supply. The lack of supply of certain key services prevents SBC from being an effective tool;¹⁷⁵
- Limited access to health facilities. Many rights holders reside far from health facilities, thereby preventing them from immunising themselves or their children from deadly diseases, although mobile health teams have helped to ease this burden;¹⁷⁶

FACTORS CONTRIBUTING TO SBC ACHIEVEMENTS

The key components contributing to UNICEF Syria's SBC programme results are that:

- SBC is valued in UNICEF's Strategic Plan, 2022–2025, which indicates that there is strategic, institutional support for SBC;¹⁷⁷
- Core resources dedicated to SBC have been steady over the years. In the efficiency section, the amount of core resources is presented, showing that there are few fluctuations.

^{170/170} UNICEFD1; UNICEFD2; UNICEFD3; UNICEFD4; UNICEFD5; UNICEFD6; UNICEFD7; UNICEFD8; UNICEFD9; UNICEFD10; UNICEF11; UNICEF12; UNICEF13; UNICEF14; UNICEF15; UNICEF16; UNICEF17; UNICEF18; UNICEF19; UNICEF20; UNICEF21; 15_Damascus.KII.2; 21_8.Damascus.KII.2; 21_8.Damascus.KII; 26_8.Aleppo.KII; 26_8.Aleppo.KII.2; 26_8.Aleppo.KII.3; 16_8.DEZ.KII; 16_8.Idleb.rural.KII; 28_8.Idleb.rural.I; 30_8.Idleb.rural.I; and 27_8.Homs.Sarraji.I; 28_8.Rural Damascus.KII; and 21_8.Rural Damascus.KII.2.

¹⁷¹ UNICEFD4.

¹⁷² GIST Research Ltd. (2022). UNICEF Formative Evaluation of the Strategic Shift in Syria: Final Report, page 37.

¹⁷³ UNICEFD2 and UNICEFD4.

¹⁷⁴ UNICEFD2 and UNICEF11.

¹⁷⁵ UNICEFD2; and GIST Research Ltd. (2022). UNICEF Formative Evaluation of the Strategic Shift in Syria: Final Report, page 38.

¹⁷⁶ UNICEF12 and UNICEF17.

¹⁷⁷ E/ICEF/2021/25* of 4 August 2021, UNICEF Strategic Plan, 2022–2025.

- SBC interventions are used to prevent and address violent and harmful practices, often linked to social norms, intentionally targeting those who are most vulnerable (i.e., children, adolescents, widows, the elderly, and persons with disabilities).¹⁷⁸ Performing this effectively requires gathering evidence to identify the needs of those marginalised, and such steps were undertaken for the roll out of COVAX;¹⁷⁹
- Programming models have been simple and flexible when accommodate Syria's varying contexts;¹⁸⁰ and
- The operational modality leans on partnerships at every level, including with the United Nations partners, Syrian Arab Republic partners, IPs, and communities.¹⁸¹

CONCLUDING REMARKS

The beginning of this section provided an overview about the use of monitoring data and targets, where targets were used to monitor progress from 2018 to 2022 for six out of ten indicators, and six (out of ten) indicators included targets which changed relatively consistently from year to year. These findings implied that targets were in fact used as management tools. Moreover, the UNICEF Syria SBC programme Results Framework, another management tool, includes notable indicators for expected knowledge and behaviour change for rights holders and duty bearers, but these indicators are not used to track progress in a comprehensive way.

In addition, this section describes the degree to which the SBC Strategy contributed to CO programme results, including raising awareness about: (1) RI (including polio) and hygiene promotion (or WASH); (2) the risks of COVID-19 and support the distribution of the COVAX vaccine; (3) IYCF; (4) cholera; (5) the MRE programme; and (6) BTL. The analytical framework used to evidence the contributions of the UNICEF Syria SBC programme is based identified changes in rights holder's (1) knowledge about messages in a given sector; and (2) positive behaviours practiced as a result of engaging in programme activities.

First, trend analyses from 2018 to 2022 reveal that SBC programming has acquired strong gains in all sectors. Second, there appears to be some awareness about the need for RI, but polio ranks as the highest in increased awareness. SBC information and messages have also supported programme participants to make decisions about seeking RI. All rights holders sampled in the evaluation reported having immunised their child/ren. The programme's contributions to WASH could not be tracked due to limited data. Third, the response to COVID-19 and the rollout of COVAX is an excellent example of how the UNICEF Syria SBC programme activities were designed and implemented based

¹⁷⁸ UNICEF. (2019). *The Behavioural Drivers Model: A Conceptual Framework for Social and Behaviour Change Programming*. UNICEF. Authored by V. Petit, page 6; Sood, S. & Cronin, C. (2019). *Communication for development approaches to address violence against children: A systematic review*. New York, NY: UNICEF; and Uysal, J.; Chitle, P.; Akinola, M.; Kennedy, C.; Tumusiime, R.; McCarthy, P.; Gautsch, L.; Lundgren, R. (2023). *Lessons Learned from a Mixed-Method Pilot of a Norms-Shifting Social Media Intervention to Reduce Teacher-Perpetrated School-Related Gender-Based Violence in Uganda*. *Adolescents*, 3, page 200.

¹⁷⁹ UNICEF. (2022). *Knowledge, Attitudes, and Practices (KAP) assessments for Back to Learning (BTL)*; Butler, N., & Karam, S. (2022). *Key considerations for integrating COVID-19 vaccination services: Insights from Iraq and Syria for the MENA region*; and Chazaly, C. & Goldman, E. (2021). *MENA Real-time assessment: COVID-19 response*.

¹⁸⁰ UNICEF. (2020). *"Community Rapid Assessment on COVID-19 End line Report: Behavioural Findings and Insights from 8 Eastern and Southern African Countries"*, Evaluation Report, pages 43-45.

¹⁸¹ UNICEF. (2018). *Country Office Annual Report 2018: Syria*; UNICEF. (2019). *Country Office Annual Report 2019: Syria*; UNICEF. (2020). *Country Office Annual Report 2020: Syria*; UNICEF. (2021). *Country Office Annual Report 2021: Syria*; and UNICEF. (2022). *Social & Behaviour Change at UNICEF*, pg. 3.

on real-time analyses of vaccine access, process, and supply. Most (97%) of the evaluation sample had heard messages about COVID-19, although 66% (or 49 out of 74) had not been vaccinated. Fourth, SBC had a foundational role in UNICEF's response to Syria's cholera outbreak, which included engaging rights holders in awareness sessions about how to prevent cholera combined with the supply of water, soap, and hand sanitizer. In fact, the evaluation's data revealed that 40% of sampled rights holders had heard about cholera from a health professional. In spite of these successes, however, the devastating earthquake in February 2023 had a detrimental impact on the cholera response. Nonetheless, the contributions to the prevention response are notable.

Fifth, the data available shows that UNICEF engaged children specifically while delivering messages about MRE, but the results are inconclusive about the extent to which the programme contributed to their behaviour change. Finally, the evidence is clear about the extent to which the BTL raised awareness among caregivers about the importance of education. However, the economic situation, child labour, and early marriage present significant barriers that prevent children from returning to school.

Ultimately, evidence-informed planning and targeting helped to drive change in raising awareness about COVID-19 and during the roll out of COVAX. This section closes with a presentation of the major factors hindering and accelerating SBC achievements. Plainly put, the most significant element constricting positive results is the economic situation and the overall humanitarian crisis; However, as SBC is a highly valued, cross-cutting programmatic approach (as articulated in UNICEF's Strategic Plan, 2022-2025), it benefits from an institutional architecture which includes the allocation of steady, annual core resources.

5.3 Efficiency

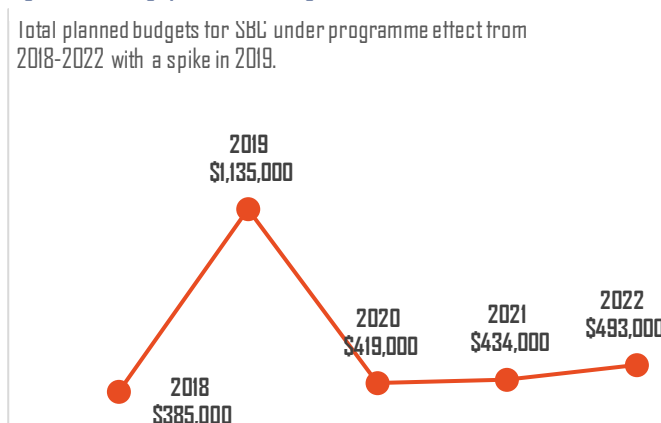
KEQ 8: How efficiently were resources (funds, expertise, time) used to achieve the objectives of SBC strategies in a timely way?

As noted earlier, there are two sets of funding sources which cover the SBC programming expenditures: (1) inside the sector's budget; and (2) under a cross-cutting programme source called programme effect. The extent to which each sector's budget and human resources are used is assessed in this section.

FINDING	
9	There is a stable level of planned annual expenditures for SBC under programme effect, which appear to be fully utilised. However, the proportion of sector budgets allocated to SBC is inconsistent across the entire CO programme portfolio. As the annual allotment of each sector's budgets fluctuates, this limits long-term planning.

The CO consistently allocated resources for SBC programming expenditures from 2018 through 2022, ranging from USD 385,000 to USD 495,000. In 2019, however, there was a spike in annual spending to USD 1.13 million, primarily attributed to carrying out a baseline and additional monitoring activities (see figure to right).¹⁸² The annual budget covers the costs of the nine staff members who form part of the SBC Unit, including a Chief with four staff members (two SBC Officers, one SBC Specialist, and one Programme Associate) based in Damascus and six SBC Field Officers.

Figure 15: Funding spike for SBC budget in 2019.



Source: CO AWP.

KEQ 9: Were the resources allocated to the programme implementation team and IPs appropriate to implement the activities and achieve change either in terms of behavioural or social change as part of programme effectiveness?

On the one hand, the UNICEF Syria SBC programme effectiveness budget is expected to support the SBC team, the monitoring work executed by TPMs, formative assessments, among other monitoring and evaluation efforts, and data from interviewed stakeholders indicates that this budget is limited.¹⁸³ On the other hand, however, the sector budgets are comparably larger than SBC's total level of investment. It should be highlighted, however, that each sector's budget reflects consistent integrated programming for SBC activities; For example, each sector budget has annual earmarked funding available for:

- (1) Programme cooperation agreements for IP's;
- (2) Formative assessments;
- (3) Monitoring (field visits);
- (4) Capacity strengthening for all stakeholders (including government, IPs, and volunteers);
- (5) IEC materials and other supplies used for demonstrations; and
- (6) Other resources required for implementation (i.e., transportation, fuel).¹⁸⁴

An analysis of each sector's investment in SBC indicates that there are sufficient resources available for SBC programming. Although these funds appear to be fully utilised, the proportion allocated to SBC-related activities, as a fraction of the entire budget, is inconsistent across the CO programme portfolio. In specific, from 2018 to 2022, the highest average amount of funding for SBC was in Health and Nutrition which had an average total budget of approximately USD 54.5 million (See table 5), followed by WASH with USD 45.5 million, education with USD 38.8 million, and child protection with USD 16 million. When accounting for the proportion of funding invested in SBC activities, it ranges

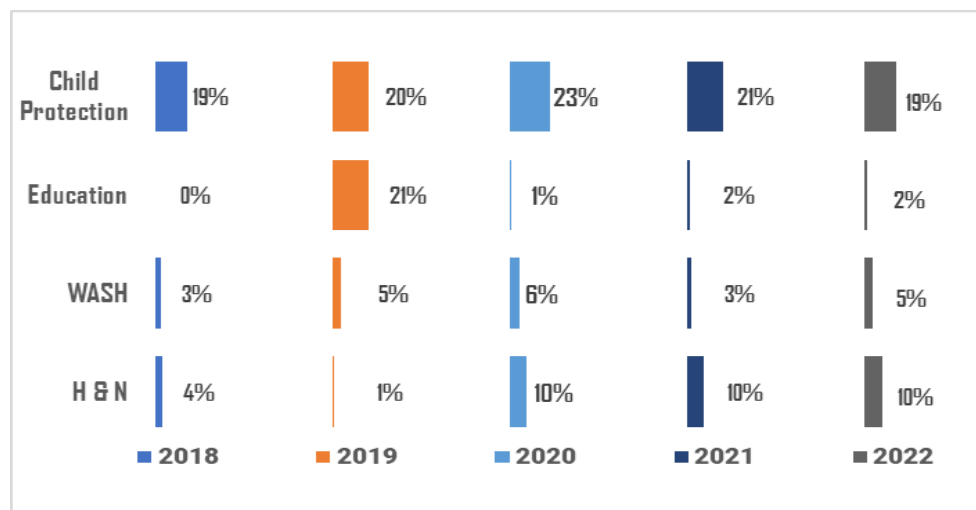
¹⁸² UNICEF. AWP's for 2018, 2019, 2020, 2021, and 2022.

¹⁸³ UNICEF01; UNICEF03; UNICEF05; and UNICEF06.

¹⁸⁴ UNICEF10; UNICEF12; UNICEF13; UNICEF14; UNICEF15; UNICEF18; UNICEF19; and UNICEF21.

between 0% to 23% of the overall individual sector budgets. While the child protection budget dedicates the highest relative share of its budget to SBC activities (at an average of **20%**), WASH has the lowest (at an average of **4%**).

Figure 16: Allocation of SBC within each sector's budget.



Source: UNICEF AWP's for 2018, 2019, 2020, 2021, and 2022.

In spite of these relatively large (and small) proportions of sector budgets investing in SBC-related activities, the nominal amount used for SBC programming varies greatly. Naturally, since Health and Nutrition has the highest average budget at approximately USD 54.5 million, the investment in SBC-related activities is USD 3.7 million. It should be noted that the reliance on the health sector risks SBC being overly focused on the promotion of health-related programmes. Similarly, child protection's average investment in SBC is USD 3.2 million, followed by WASH with USD 2 million, and education with USD 1.9 million.

Apart from child protection, there were strong fluctuations in sector budgets, causing some sectors not to allocate any investments in SBC. The UNICEF Formative Evaluation of the Strategic Shift in Syria also highlighted that "financial resources [were] becoming scarcer and less predictable."¹⁸⁵ For example, in the education sector, there were no SBC funds in 2018 and 2020.¹⁸⁶ There were also drastic fluctuations in SBC funding in Health and Nutrition between 2018 and 2020, whereas SBC funding in the WASH sector has consistently stayed within the 3% to 5% range, in spite of its USD 10 million surplus in 2021 (most likely linked to budget expansions for the prevention of COVID-19).

Finally, with the annual variations in each sector's total budget allocations, one could surmise that such fluctuations would make planning (and budgeting) for longer-term SBC interventions very challenging. Indeed, the Formative Evaluation of the Strategic Shift in Syria also notes, "Most of the current funding and budgeting cycle is from year to year which limits opportunities for medium and

¹⁸⁵ GIST Research Ltd. (2022). UNICEF Formative Evaluation of the Strategic Shift in Syria: Final Report, page 35.

¹⁸⁶ It is recognised that this time period was at the height of the BTL campaign, and a review of budget expenditures reveals that funding was initially invested in constructions and making learning spaces safe again followed by teacher professional development programmes.

long-term projections....¹⁸⁷ To limit the effects of this challenge, there ought to be a minimum amount of investment made available for SBC within each sector, when mobilising future funding from donors. The extent to which SBC staff expertise is used to achieve the objectives of SBC strategies in a timely way will be examined under the Coherence/Coordination section of this report.

KEQ 10: What examples of cost-effectiveness of specific SBC activities or strategies can be identified for replication and / or scale up?

FINDING

10

Cross-sectional programmes are perceived to be most cost-effective, and especially when SBC messages are combined with necessary supplies.

UNICEF sector staff mention several examples of promising practices, most of which include the application of a multisectoral or “holistic” approach.¹⁸⁸ The data from numerous staff interviews highlighted their experiences from pilot endeavors which included an SBC component. For example, in education, an intervention which showed promise was described to have leveraged five specific SBC messages in RI, WASH, BTL, minors’ education, and IYCF, and then *“after corona hit, the volunteers were trained to deliver these messages..We reached so many people about these messages, and we engaged with them. We have strong memories of this time....this project had a big impact on the ground. Many people (15 K children) were engaged. They [the children then] visited the health facilities by themselves.”*¹⁸⁹ To sum, this example shows that an inter-sectoral initiative is perceived to have strong results.

Further, data from other UNICEF staff members highlights the recruitment of younger community members to carry out programme activities, noting that ADAP volunteers *“are just a bit older, and they can gain their [the children’s] trust”* and students in university, working as volunteers can effectively convey the SBC messages to their families and friends. It was also mentioned that *role playing and using puppets (for child protection interventions) is an easy way to interact with the communities, especially when raising awareness about mental health issues.* Finally, *an innovative SBC approach described included the use of some Qur’anic verses to convince the families to accept to send their children in the school, especially in the camps.*¹⁹⁰

As illustrated under the relevance section (Section 5.14), there is general satisfaction among rights holders with the quality of support provided; information is “clear”, and there are opportunities during demonstrations to raise questions in the event that a message is unclear.¹⁹¹ When rights holders were asked to recall specific activities, almost all mentioned activities which combined the delivery of messages with a demonstration. For example, one stakeholder mentioned “the correct

¹⁸⁷ Ibid., page 38.

¹⁸⁸ UNICEF03; UNICEF16; and UNICEF20.

¹⁸⁹ UNICEF03 and UNICEF16.

¹⁹⁰ UNICEF03; UNICEF08; UNICEF10; UNICEF16; and UNICEF18.

¹⁹¹ 16_8.Damascus.FDG; 22_8.Damascus.FDG; 29-8.Damascus.FDG; 17_8.Homs.Sarraj.1; 17_8.Homs.Sarraj.2; 17_8.Homs.Sarraj.3; 30_8.Idleb.rural.K11.; 30_8.Idleb.rural.K11.; 16-08.Tartous.FDG; and 18_8.Damascus.FDG.

stages and positions [to hold a baby for breastfeeding] were demonstrated with a doll *used as a baby*” to further emphasise the correct positions for breastfeeding followed by a brochure.¹⁹² Others mentioned combining water and soap to demonstrate handwashing¹⁹³, and both duty bearers and rights holders talked about using water supply with water tablets to explain how to perform the purification process.¹⁹⁴

Moreover, duty bearers noted that SBC activities are more effective if sessions include supplies that the rights holder does not have. For example, one stakeholder noted that “To increase the effectiveness of the programme, it is necessary to provide them with aid tools, such as detergents and sanitary pads, nutrients for children before they reach malnutrition.”¹⁹⁵ Other examples raised about how to increase the cost-effectiveness of SBC activities included: (1) the need for topics which provide “continuous motivation for beneficiaries to attend activities”, (2) a suitable location for sessions which is “quieter” and “safe for children”; and (3) having access to evaluative information to “understand work results” and the “impact of sessions”.¹⁹⁶ In sum, both rights holders and duty bearers have identified multiple activities which ought to be considered for further scale up.

CONCLUDING REMARKS

In essence, this section has presented an analysis of the extent to which resources dedicated to SBC have been used to accelerate sector- specific achievements. There are two levels of funding for which finance the overall UNICEF Syria SBC programme, including the programme effectiveness budget and inside each sector’s budget. The programme effectiveness budget is small compared to the sector budgets. However, from 2018 to 2022, overall programme funding appears to be less predictable with strong annual fluctuations in education, H&N, and WASH. Finally, the last section presents specific examples of cost-effective SBC activities identified from the UNICEF staff, rights holders and duty bearers.

5.4 Coherence/Coordination

KEQ 11: What are some examples of SBC activities where there is integration between sectors?

<p>FINDING</p> <p>11</p>	<p>While several good practices were identified, there is a further opportunity to strengthen understanding about how SBC and different sector programmes should work together (related to the concept of SBC and programme implementation).</p>
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¹⁹² 22_8.Damascus.FDG and 27_8.Homs.Sarraji.I.
¹⁹³ 16_8.DEZ.urban.FDG.2; 23_8.DEZ.urban.FDG.2; 28_8.Idleb.rural.KII.1; 28_8.Idleb.rural.KII.2; 30_8.Idleb.rural.KII.1; 27_8.Homs.Sarraji.2; and UNICEF08.
¹⁹⁴ 16_8.DEZ.urban.FDG; 16_8.Idleb.rural.KII;16_8.Idleb.rural.KII; and 28_8.Idleb.Alsahuni.I.
¹⁹⁵ 22_8.Damascus.KII.
¹⁹⁶ 16_8.DEZ.urban.FDG2; 28_8.Idleb.Alsahuni.I; 30_8.Idleb.Alsahuni.I; 16_8.Idleb.rural.KII; and 21_8.Damascus.KII.2.

To recall, the SBC team is comprised of eleven staff members,¹⁹⁷ However, almost half of the SBC Unit's posts were vacant for over nine months (since December 2022), and many SBC Officer posts were filled only after the earthquake which took place in February 2023. In specific, the Chief was recently recruited in February 2023, and three SBC Officers (in Aleppo and DEZ) were hired in June 2023, and one SBC Officer in Tartous was hired in July 2023.¹⁹⁸ The SBC Unit also engaged two "SBC Facilitators" in DEZ one in Damascus (a Monitoring and Evaluation consultant).¹⁹⁹ The SBC Unit experienced delays in recruiting posts for an extended period of time, which in turn, led to the sector staff to undertake SBC activities on their own.

While SBC was firmly integrated into the sectors with committed financial resources, there was, however, a continuum of staff perspectives about how well SBC is understood. For example, on the one hand, there is a clear understanding of the role of the SBC Unit, the expertise that the unit brings to the sector's work, and the need to monitor SBC's efforts, separate from the sector's achievements (although there is some overlap). For example, some quotes from UNICEF stakeholders are:

- "We are always thinking about solid component – the one support that we can provide people. **Now SBC can provide [the Supply Section] an important, but soft, component.** If it is done in a proper place and proper time. I was not interested in it before – I focused on technical issues (waste treatment and water supply), **but now I am aware of its importance.**"
- **"SBC is everyone's responsibility.** It is the responsibility lies with the volunteers, UNICEF, teachers, caregivers, its everybody."
- **"We work with SBC hand in hand** – the detailed training of the volunteers. We provide them with the messages that should be used."
- "There is a need to work together in order to drive change. It is like twins. I first need to change the behaviour of the parents."
- **"SBC is very important. We cannot move without it.** Because if we do not change the behaviour (not to have child labor), the programme will not be effective. We cannot just establish a learning center or school without this."
- "In my opinion, sometimes we separate the SBC [outreach is different from campaigns], for me it is a whole package."
- "Changing the behaviour should be all our responsibilities." So, refresher courses would be good....

¹⁹⁷ The team includes a Chief with a team of three staff members (two SBC Officers, one SBC Specialist, and one Programme Associate whose post has been vacant) and six SBC Officers, one located in each Field Office (i.e., Aleppo, Homs, Tartus, Qamishli and DEZ, and Damascus Rural).

¹⁹⁸ Reviewers' input from November 2023 notes that it is important to clarify the following summaries about SBC national officer posts' recruitment processes: 1. Aleppo's SBC National Officer, categorised as 'NOA' [a level with one year of relevant professional work experience] was created as part of Country Programme Management Plan of 2022-2024 but was classified by Human Resources and management as a second priority hiring and was only approved to proceed for recruitment after the February 2023 earthquake; 2. In Tartous, the SBC officer post was a newly created Temporary Assignment post with a duration of only six months, and was also approved for recruitment following the February 2023 earthquake; 3. In DEZ, the SBC officer post was a newly created Temporary Assignment post with a duration of only six months, and was also approved for recruitment following the cholera epidemic and other security risks; and 4. The SBC officer post with a P3 level was also a Temporary Assignment created due to a donor request to provide more focus on gender as part of immunisation agenda.

¹⁹⁹ The UNICEF Syria SBC programme had a total of 14 facilitators in 2022 supporting implementation all across Syria. Source: Reviewer comment from November 2023.

- “We are all on the UNICEF team.”²⁰⁰

On the other hand, however, there is a need for clarity in how the SBC and sectors’ activities ought to work together, and there are UNICEF staff member perceptions that some sector’s SBC budget should not be shared with the SBC unit. In an SBC Unit meeting on 11 September 2023, this theme was confirmed and also labeled a “blurred line” of operating. For example,

- “The technical part should come WASH [and not SBC].”
- “This SBC...the terminology change from C4D...**the concept is still not clear.**” and “I have no understanding of the difference between C4D and SBC....To be honest.”“SBC strategy is relevant. **But the challenge is that we do not have a clear strategy with the sections.** The sections are working on awareness. They are not focused on the social norms, however. We have this in general, but we need a specific strategy with each section – this would help us if we had this.”
- “It is not clear relationship between the two sections. Maybe they have specialised – they should be the ones to develop the specialised messages. For example, for positive discipline, **I am specialised in this, so my section should be the ones to develop the effective messages in a correct way.**”
- “We should agree [at] the section level what is the work on the SBC and what the work of Child Protection.”
- “We need messages that are heart touching , especially for breastfeeding.”²⁰¹

The KII data from many UNICEF sector staff indicates that the “blurred line” could be clarified if precise steps were outlined in an operating manual. However, an **SBC FIELD OPERATIONS GUIDE** already exists but is not used; If a new guideline were produced, however, one stakeholder points out that, “If some people ask for more clarity, this is a good idea. Sometimes if you do the guidelines, however, on the paper it can be clear, but on the ground it is not clear.....”²⁰² Therefore, there is a need for co-created operational guidelines.

Data from stakeholder interviews also indicates that while there is an institutional mandate necessitating funds be made available for SBC, from both the programme effectiveness budget as well as from the sector budgets, the procedural components for budget sharing with the SBC Unit are less clear. The Formative Evaluation of the Strategic Shift in Syria also notes that “programme budgets were often designed separately” in spite of some stakeholders “request[ing] more opportunities and incentives to work on identifying synergies for resource sharing.”²⁰³ Themes from the KII refer to misunderstandings about the budget, where one stakeholder admitted that “When [SBC staff] approach me for money...they ask for some money to do some kind of joint programme with SBC and WASH. I hesitate. I do not have a comprehensive idea about SBC”. Another notable theme observed was linked to monitoring SBC efforts and having to “share data” and achievements.

²⁰⁰ UNICEF10, UNICEF13; UNICEF14, UNICEF19; and UNICEF21.

²⁰¹ UNICEF01; UNICEF05; UNICEF11; UNICEF12; UNICEF14; UNICEF15; UNICEF16; and UNICEF21.

²⁰² UNICEF16.

²⁰³ Examples presented were: “... the Social Protection programme could for instance connect with other programmes through its case

management and referral system, the WASH programme could potentially further support the other programmes in rehabilitating other public services (health centres, education facilities, etc.).”; and GIST Research Ltd. (2022). UNICEF Formative Evaluation of the Strategic Shift in Syria: Final Report, page 40.

For example, one stakeholder noted, “Why does SBC get this [credit] for work progress? Why do we have two different programmes share the same indicator? I do not agree with this.”

Indeed, there is an opportunity to increase UNICEF staff’s understanding about the added value of SBC, why it ought to be valued, what contributions in terms of expertise that the SBC Unit brings to the process of community engagement, and what tools are available to help accelerate results (including behavioural change) within the sectors.

Moreover, apart from guidance, stakeholders recommended a form of basic training to address the conceptual and operational gaps identified, and that this training ought to be extended to UNICEF stakeholders, implementing partners, and government stakeholders. For example, one stakeholder highlighted the need for some guidance about how SBC is used in social media.²⁰⁴ Some stakeholders also emphasised the importance that “We also need to engage our stakeholders. Sometimes it is not the beneficiaries – the implementing partners also need to know [about SBC]. After the contractors implement their work, it is the part of the government that also has to get involved. So, they too must be trained in SBC.”²⁰⁵ Hence, training ought to be provided to address the conceptual gaps, and guidelines ought to be further developed to deal with the operational inefficiencies. Both recommended activities ought to be co-created jointly to ensure that the training and guidelines are appropriate and focus on the specific needs of all relevant stakeholders. Further training with implementing partners and government stakeholders also should be considered.

5.5 Sustainability

KEQ 12: What factors need to be in place for sustainability of key SBC messages/interventions in Syria context?

The UNICEF Syria SBC programme is already programmatically and financially integrated into the CO Programme portfolio, which in turn, enhances its operational sustainability. One main factor which ought to be in place to ensure programme sustainability is the resolution or reduction of the “blurred lines” between SBC and the sectors (Finding 11). Indeed, when the conceptual and operational lines between SBC and the sectors becomes clarified, several desired effects may be expected, including:

- leveraged synergies in expertise and interlinkages between sectors, which in turn, reduce the possibilities for inefficiencies;
- pooled financial and human resources, ensuring that efforts are not duplicated or interrupted, thereby enhancing the potential for sustainability; and
- knowledge sharing benefits, including lessons learned, among different Field Offices, and such evidence, in turn, could contribute to regional dialogues with other UNICEF offices in the MENA region about most effective SBC programme activities.

²⁰⁴ UNICEF01; UNICEF13; UNICEF14; UNICEF15; and UNICEF21.

²⁰⁵ UNICEF13; and UNICEF14.

In addition, the government's support for SBC activities and their engagement in the formulation of key messages, particularly in the WASH sector, are key to the sustainability of SBC programming. Finally, evidence-driven adaptive programming approach are also critical to ensuring that interventions stay relevant and effective.²⁰⁶

5.6 Child Rights, Gender, and Equity

KEQ 13: To what extent did SBC messages and engagement modalities address the challenges of the targeted groups, including marginalised and vulnerable groups?

"LEAVE NO ONE BEHIND" is a fundamental principle driving the work of UNICEF and a critical element of achieving the SDGs. Child rights, gender equality, and equity are at the core of the UNICEF Syria SBC programme, and this section presents findings in this substantive area.

In general, it was already noted in the relevance section that SBC's evidence generation strategies (i.e., formative and quantitative assessments for COVID-19 and cholera and BTL quiz) were designed to identify the profile of marginalised groups. Once vulnerable groups were identified, then SBC activities were used to prioritise the distribution of the COVAX vaccine for the elderly, widows, and PLWs.²⁰⁷ This shows the extent to which SBC approaches have helped to reduce persistent burdens that vulnerable groups experience, and, as a consequence, advance UNICEF's mandate.

5.6.1 CHILD RIGHTS

Article 6 of the United Nations Convention on the Rights of the Child (UNCRC) is also relevant to this evaluation. It includes: 6.1: States Parties recognise that every child has the inherent right to life; and 6.2: States Parties shall ensure to the maximum extent possible the survival and development of the child.²⁰⁸ Awareness raising activities directly addressed the pervasive effects of land mines, cholera, and COVID-19 by providing messages about the risks of mines, RI, COVID-19, cholera, and WASH. Moreover, SBC activities in IYCF and BTL reinforced right holder's survival and development. As an example, during BTL campaigns, SBC activities helped in the identification of at-risk, OOSC who were then tracked to confirm if they had benefitted (or not) from education programming efforts.²⁰⁹

5.6.2 GENDER EQUALITY

As already mentioned in the presentation of the Results Framework, the UNICEF Syria SBC programme design has logic which fully considers both gender equality and human rights concerns. That is, from the onset, both problems and challenges experienced by vulnerable groups (i.e., women, children, adolescents who are at risk of early marriage, the elderly, among others who experience forms of discrimination) are primarily targeted for almost all of the SBC interventions. Such efforts fully support the principles of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).

²⁰⁶ GIST Research Ltd. (2022). UNICEF Formative Evaluation of the Strategic Shift in Syria: Final Report, page 23.

²⁰⁷ Syrian Arab Republic. Ministry of Health, Department of Primary Health Care (PHC). (2021). Community Engagement and Demand Generation Assessment for COVAX roll-out, page 9.

²⁰⁸ United Nations. (1989). Convention on the Rights of the Child (UNCRC). Treaty Series, 1577, 3.

²⁰⁹ UNICEF04 and UNICEF19; UNICEF. (2023). Project Document Ref. No.: SYR/PCA2023358/PO2023755. Inclusive Education in Emergencies in Hama and Homs. (2023).

At the implementation levels throughout Syria's governorates, SBC programme activities may be characterised as gender sensitive and gender responsive. In fact, this report has included evidence that SBC programming takes place in isolated, rural areas, targeting women and children (girls and boys) who have low participation rates in education and who are therefore, considered vulnerable. As already noted, during the response to COVID-19 and subsequent rollout of the COVAX vaccine, it is noted in Finding 6 that real-time analyses determined that individuals above age 55 and illiterate were least likely to seek the vaccine. This data-driven profile of individuals ensured that those most vulnerable were targeted for COVAX. Moreover, the contributions of the UNICEF Syria SBC programme to the IYCF programme (through the engagement of PLWs and caregivers about breastfeeding and health promotion of the child) support the CEDAW principle of safeguarding women's reproductive role (by being good mothers). This is also in alignment with Goal Area 1 of the UNICEF Gender Action Plan 2023-2025²¹⁰ which focuses on Maternal health and nutrition and Adolescent girls' health and nutrition.

Finally, the results tracked for UNICEF Syria's SBC programme outreach are/were disaggregated by gender, age, and governorate (to a limited extent), which has been key to understanding progress and trends in SBC outreach. It is important to highlight that not all programmes or evaluations integrate such tools to undertake intersectional analyses to, in turn, ensure gender equality programming.²¹¹

5.6.3 EQUITY AND INCLUSION

With regards to children with disabilities, UNCRC Article 23.1 states that States Parties recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. The UNICEF Syria SBC programme has shown some beneficial contributions to children with disabilities (CWD), despite its uneven implementation. SBC is integrated into the PD *Support education of blind visually impaired children*.²¹² SBC activities also played a pivotal role in advertising the need for families with children with disabilities to overcome their concerns about enrolling their children in school.

In sum, this section has presented an analysis of the extent to SBC messages and activities have addressed the challenges of those marginalised and the most vulnerable. The UNICEF Syria SBC programme design has logic which fully considers child rights, gender equality, and equity concerns. This section provides numerous examples in the COVID-19 and cholera responses, education, child protection, RI, and WASH. Finally, SBC programme has shown some beneficial contributions to children with disabilities (CWD), despite its uneven implementation.

²¹⁰ Goal Area 1 is Every child, including adolescents, survives and thrives with access to nutritious diets, quality primary health care, nurturing practices and essential supplies. E/ICEF/2021/31 of 23 July 2021. UNICEF Gender Action Plan, 2022-2025, paragraphs 29 through 34.

²¹¹ United Nations Evaluation Group (UNEG). (2023). United Nations System-Wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP) Evaluation Performance Indicator 2022 Reporting Cycle Results, page 7; UNEG. (2011). Integrating Human Rights and Gender Equality in Evaluation- Towards UNEG Guidance, page 18.

²¹² UNICEF. (2021). Project Document Ref. No.: SYR/PCA 2020279/PD2022687. Support education of blind visually impaired children 2.

CONCLUSIONS & RECOMENDATIONS



6. CONCLUSIONS

The findings from this evaluation include a review of the design evolution and achievements of UNICEF Syria SBC programming. The UNICEF Syria SBC programme is a relevant programme; it encompasses a set of activities, administered in a timely fashion, which have accelerated the effects of sector programmes. It has been evidenced that the UNICEF Syria SBC programme was first **adapted** to help with polio and RI primarily in the North east and then was later extended to: (1) expand efforts in RI and hygiene promotion (i.e., WASH); (2) increase awareness about the risks of COVID-19 and later identify needs for the distribution of the COVAX vaccine; (3) expand the outreach of IYCF; (4) help to coordinate cholera response; (5) support a smaller scale MRE programme; and (6) execute a national BTL campaign. Clearly, SBC activities are embedded in the sector's programme activities as well as their budgets. Moreover, the UNICEF Syria SBC programme has its own budget with planned annual expenditures under the programme effectiveness budget.

A core part of this report is the trend analyses from 2018 to 2022, summarising SBC's strong contributions to sector-specific achievements. One of the most effective SBC interventions was the use of evidence-informed planning and targeting to help raise awareness about the risks of COVID-19 and identify vulnerable groups to support the roll out of the COVAX vaccine.

As there are multiple interpretations about how to go about organising and implementing programme activities, it was not possible to validate specific key approaches that support SBC programme relevance and effectiveness. Subsequently, it was also not feasible to produce a detailed assessment of the main enablers and drivers for behaviour and attitudinal changes *at household and community levels*. However, at the policy level, the most significant bottleneck is the economic situation and the overall crisis.

There are two levels of funding for which finance the overall UNICEF Syria SBC programme, including the programme effectiveness budget and inside each sector's budget. The programme effectiveness budget is small compared to the sector budgets. However, from 2018 to 2022, overall programme funding appears to be less predictable with strong annual fluctuations in education, H&N, and WASH. This report has shown that there are annual variations in each sector's total budget allocations, making planning (and budgeting) for longer-term SBC interventions very challenging. Therefore, there ought to be a minimum amount of investment made available for SBC within each sector, when mobilising future funding from donors.

To further advance key results for Syria's children, it is also necessary to resolve or reduce the SBC conceptual and operational "blurred lines" between the SBC Unit and the sectors. This report outlines the need for strengthening the understanding of UNICEF staff about how SBC and sector programmes ought to draw from its programmatic synergies and pool both human and financial resources. This is particularly important, given: (i) the overall economic crisis in Syria; and (ii) that funding for the CO's programme portfolio is not predictable with major annual fluctuations identified in education, Health and Nutrition, and WASH.

In closing, Child rights, gender equality, and equity are at the core of the UNICEF Syria SBC programme, and this report has drawn attention to how SBC programming is in alignment with the UNCRC.

7. RECOMMENDATIONS

The recommendations presented in this report have three categories, and they are presented in order of priority: Category 1: one recommendation addressing UNICEF operations; Category 2: one recommendation aimed at ensuring an improved programme design and implementation for the future; and Category 3: one recommendation designed to improve future monitoring and evaluation work.

CATEGORY 1: BUILDING SYNERGIES AND REDUCING INEFFICIENCIES

Increasing the understanding of SBC concepts and operations

RECOMMENDATION #1. Evaluation findings 1 and 11 drew attention to absence of a document outlining the UNICEF Syria SBC programme's contributing role in the sector, UNICEF stakeholder's fragmented understanding about SBC, and lack of clarity around roles played to maximise gains.

In the adjustments in the programme in 2023, UNICEF's SBC Unit and the staff from the sectors need to ensure that SBC is clearer conceptually and operationally. To broaden synchronised participation and clarify the different roles that each staff member needs to play within each programme to achieve synergies, it is recommended for the UNICEF Syria SBC Unit to:

- Provide training or orientation for a critical mass of sector-level stakeholders to facilitate understanding about SBC and to support operations;
- Engage in a process of co-creating guidelines that can be used to confirm staff roles in SBC with focus on sharing human and financial investments committed to SBC programming. This could include a consensus about how indicators detailing progress and achievement ought to be interpreted, and sharing information about promising practices observed during the day-to-day operations (i.e., joint monitoring field trips); and
- Develop a detailed articulation for how SBC programming specifically contributes to each sector's results, thereby reinforcing the programme's validity and added value to the CO programme portfolio. Such documents could define the ways in which SBC increases demand for sector-specific services and how specific SBC activities (i.e., CE, capacity strengthening, evidence generation, information sessions) render service delivery more effective.

Given the participatory nature of these exercises and potential need for securing supplemental resources to convene and engage UNICEF stakeholders, these activities ought to commence in January 2024. The Regional Office could also support the implementation of this recommendation by sharing existing guidance support.

CATEGORY 2: ENSURING IMPROVED SBC PROGRAMME DESIGN AND IMPLEMENTATION

Addressing uneven implementation

RECOMMENDATION #2. Evaluation finding #2 indicates that programme implementation was uneven, including approaches used to facilitate discussion with rights holders (i.e., community influencers, parents, caregivers, and out of school children), the duration of sessions, and various

levels of intersectoral integration. The UNICEF Syria SBC Unit should contract a research institution or firm to undertake broader FGDs with the IPs to:

- (a) Outline the current inconsistencies in implementation; and
- (b) Determine the critical levels of human and financial resources required to deliver systematic approaches over the long-term throughout the UNICEF Syria SBC programme.

To build on the momentum of this evaluation, both exercises should be initiated by November 2023.

CATEGORY 3: ADDRESSING THE LACK OF A TOC

RECOMMENDATION #3. Evaluation findings 2, 3, and 4 indicate that while there is a Results Framework, there is no clear ToC available, which in turn has contributed to the misunderstandings related to SBC's role and contributions to the sectors, especially at the strategic level.

Indeed, tracking accurate attitudinal and behavioural change requires a robust ToC; Having this tool will enable the SBC Unit to validate the extent to which an SBC strategy is effectively accelerating change within a given sector.

The UNICEF Syria SBC Unit should co-create the development of a multi-sectoral ToC that includes:

- (a) SBC Strategies;
- (b) Outcome statements for each sector which feature: (i) expected changes in knowledge; and (ii) expected changes in behaviour or practices; and (iii) for whom; and
- (c) A list of indicators, linked to and aligned with guidance issued by UNICEF HQ, that could be used to measure the above and ensure regular follow up.

ANNEXES

8. ANNEXES

8.1 Terms of Reference



TERMS OF REFERENCE/ADVERTISEMENT FORM

TITLE OF THE CONTRACT: *International Consultant to conduct Evaluation of UNICEF Syria Social and Behaviour Change (SBC)*

SECTION IN CHARGE: Planning, Monitoring and Evaluation, UNICEF Syria Country Office

BACKGROUND (RATIONALE AND CONTEXT):

Social and Behaviour Change (SBC) is a framework that uses the strategies of advocacy, behaviour change communication and community mobilization to influence both individual and societal change. SBC focuses on the relationship between the individual, the community and society, with individuals at the heart of the changes to be promoted. By involving individuals, it seeks to inform them to be able to analyse their own situation to mobilise knowledge to find out solutions and to make the necessary changes.

SBC is one of 11 Change Strategies for accelerating programme outcomes for children in the Middle East and North Africa region, in alignment with the UNICEF Global Strategic Plan (SP) 2022-25: a social and behaviour change communication strategy that addresses the interrelated causes of social norms and practices that are harmful to children's health, education, development and participation. SBC is a key change strategy in the UNICEF Syria Country Programme: 'a social norms and behavioural change communication strategy that targets inter-related causes of sub-optimal norms and practices for children'²¹³, which includes including risk communication and community engagement activities across sectors.

Consistent with global and regional trends, the use of SBC in support of UNICEF Syria's work has been increasing, ranging from routine programmed activities to the emergency response to infectious disease. SBC activities in Syria span life-saving and protective behaviours, aim to address harmful social practices as well as build capacity of partners and communities and works with programmes to accelerate results and create demand for services for children. UNICEF Syria SBC follows the 3E approach – education, engagement and empowerment through service, media and community delivery platforms to achieve social and behaviour change while employing risk communication and community engagement approaches and methods to be first, fast and frequent to deliver life-saving high impact practices at individual, family, community, organizational and institutional level.

The SBC programme in UNICEF Syria started in 2015 mainly to respond to the polio outbreak and by the beginning of 2018 the programme transitioned from a small programme focusing on campaigns to a fully-fledged programme addressing key priorities for social and behavior change issues in Syria in a systematic manner and integration into primary care package, including routine immunization. SBC and Risk Communication and Community Engagement (RCCE) was a key aspect of the UNICEF Syria COVID-19 response, which since early 2020 brought major opportunities and achievements in new partnerships, more meaningful engagement with the Ministry of Health (MoH), additional resources (financial and technical), and social listening platforms. UNICEF Syria has a dedicated SBC (formerly C4D) team consisting of six SBC staff members in 2021. Demand for SBCC has been increasing since 2015, which also reflects the

²¹³ UNICEF Syria Programme Strategy Note C4D 2022 – 2024.

recent public health emergencies (COVID-19 in 2020 and cholera in 2022), with SBC expenditures increasing, with total expenditure in 2022 of approximately \$3.9 million.

Relevant country programme outputs:

As a crosscutting function, SBC activities are integrated within sector specific plans and coded in UNICEF internal reporting systems under programme effectiveness: “SBC activities integrated in all programme components of the Country Programme and are inclusive of research, capacity building, community engagement, media and innovation”.

Indicators **proposed** in the UNICEF Syria SBC Programme Strategy Note 2022-2024 (November 2021) are:

Proportion of general population, especially parents and caretakers, health care providers, influential people who have knowledge and understanding on value of the health seeking and care practices.	Proportion of parents and caretakers, service providers, including influential people who have knowledge and understanding on value of the positive parenting practices to protect children from violence; recognize all forms of violence and positive practices.	Proportion of parents and caretakers, community members, teachers and influential people who have knowledge and understanding on value of education to build resilience	Proportion of parents and caretakers, community members who have knowledge and understanding on cost and value of the positive WASH practices.	Proportion of young people and adolescents who have knowledge and understanding on value of life skills to build their resilience.
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UNICEF Syria SBC Research, Monitoring and Evaluation framework (under development) proposes that results are determined by measuring the following:

1. improved knowledge, attitudes and practices of caregivers (behaviour change)
2. changed group norms and practices, community engagement and empowerment (social change).
3. increased demand and utilization for services (uptake).
4. increased community member participation in decision-making, community engagement and empowerment at local, state and national levels (governance).
5. increased number of civil societies, private sector, community-based organisations, partners and community leaders that contribute to community engagement and national mobilization (partnerships).

OBJECTIVES OF THE CONTRACT (PURPOSE OF THE ASSIGNMENT): The purpose of the assignment is to conduct an evaluation of UNICEF Social and Behaviour Change programming²¹⁴ from 2018 to 2022 and its focus on key strategic priorities for UNICEF Syria which include Covid-19 awareness and vaccination, infant and young child feeding, routine vaccination of children, integrated SBC/WASH programming, and cholera response.

Given the multi-sectoral focus of these initiatives, the evaluation will help identify learning for both individual sectors and cross-cutting approaches to help strengthen programming results for children in Syria, and reflect on those SBC strategies that have helped to accelerate outcomes for children in Syria. The evaluation

²¹⁴ SBC programmes were formerly known as Communication for Development – C4D – in UNICEF.

comes at an important time to inform the future strategic direction of the SBC team and should reflect on approaches taken to date, their successes and identify opportunities and forward direction.

The objectives of the evaluation are to:

- i. Review the design and achievements of UNICEF Syria SBC programming by assessing the relevance, effectiveness and efficiency of specific approaches & materials, in particular community engagement system & system strengthening²¹⁵;
- ii. Assess the main enablers and drivers for SBC in Syria as well as bottlenecks and barriers for behaviour and attitudinal changes at household and community levels and identify recommendations for programming approaches that are most effective in this context;
- iii. Identify opportunities for/adjustments needed by programmes and corresponding SBC material to support the achievement of key results for children in alignment with UNICEF Syria Country Programme Document 2022-2024, Programme Strategy Note Communication for Development (C4D) 2022-2024 and UNICEF MENA SBC-CE Regional Strategy and Programme Guidance for 2022-25, including an assessment of the results framework (in particular challenges of measurability and attribution of results);
- iv. Assess the common understanding of SBC across UNICEF Syria programming, including how UNICEF teams understand and utilise SBC approaches to achieve results and the added value of any integrated approaches to date, with a view to identifying areas of good practice and scope for improvements;
- v. (as appropriate, provide real-time reflection on any emergency SBC activities and identify transferable learning and success factors from recent responses).

Scope:

The evaluation will assess both i) the selection/prioritisation by UNICEF Syria Country Office of specific thematic areas to be the focus of significant SBC activities well as ii) the success and appropriateness of specific SBC modalities (system strengthening, community engagement). It is both a reflective exercise on what works in Syria and why, as well as a forward-look on what are the building blocks for effective SBC, the enabling factors and how they can deliver future results for children in Syria.

The time period that this evaluation will cover is from 2018 – 2022, for activities across the 13 governorates in Syria where UNICEF operates through 6 field offices.

The evaluation will use the existing data and evidence compiled from field monitoring visits, surveys, trainings, community engagement, risk communication, awareness-raising materials, social and media platforms, and reports and monitoring mechanisms. Qualitative data collection for the evaluation will also be possible through remote interviews with key informants and use of UNICEF Syria Third Party Monitors for in-country data collection (e.g. focus group discussions).

²¹⁵ The UNICEF MENA SBC-CE Regional Strategy and Programme Guidance for 2022-25 assessed Syria as being 'largely on track to realising the potential of applying SBC-CE approaches and capacity to improve results'. Articulation of results was highlighted as an area for improvement for UNICEF Syria.

The following draft evaluation questions indicate the main areas of interest and to guide the focus of the evaluation, but it is expected that these will be discussed and refined with the evaluation consultant during the evaluation design phase:

Relevance:

1. How appropriate were the designs, approaches and targeting of the SBC strategies to address the needs and priorities of the targeted population(s) and address the desired social/behaviour change?
2. To what extent were the activities and expected results of the SBC strategy consistent with the overall purpose and the attainment of its objectives and those of individual UNICEF programmes/sectors and the country programme?
3. How have SBC strategies been adapted and changed over time to different contexts within Syria?
4. Going forward, what are the key approaches and enabling factors for UNICEF SBC to ensure relevance?

Efficiency

1. How efficiently were resources (funds, expertise, time) used to achieve the objectives of SBC strategies in a timely way? How did SBC activities in Syria compare with other countries in MENA (where comparators are possible)?
2. Were the resources allocated to the programme implementation team and implementing partners appropriate to implement the activities and achieve change either in terms of behavioural or social change as part of programme effectiveness?
3. For emergency public health responses, to what extent were the SBC activities timely in terms of design and implementation?
4. What examples of cost-effectiveness of specific SBC activities or strategies can be identified for replication and / or scale up, and what are the core aspects of SBC in emergencies to be utilized for future responses?
5. What were the different leadership roles and coordination models taken by UNICEF in SBC activities and what are UNICEF strengths and weaknesses in these roles?

Effectiveness/Impact

10. To what extent did SBC activities achieve the set targets including community perception of risk; changes in practices; increase in utilization of services? How effectively do these targets function in terms of reflecting SBC achievements?
11. To what extent did the SBC strategy contribute to the achievements of country programme results?
12. To what extent is it possible to determine achievement of SBC programming objectives in terms of attribution of results to UNICEF Syria (given the mainstreaming of SBC); what adjustments can be made to M&E to better support future attribution?
13. What can be learned about the most effective SBC interventions for the achievement of results in terms of design, implementation, targeting; what are the most effective activities for driving change?
14. What were the major/critical factors that contributed to or hindered achievement of SBC results?

Coherence/Coordination

15. To what extent were SBC activities designed with a focus on coherence across relevant sectors to maximize synergies and complementarities, and what form did this take (within UNICEF and externally)?
16. Where SBC activities were explicitly intended as integrated between sectors, how successful was the integration and what was the added value of the integration?
17. How effective were relations with partners in the design and implementation of SBC activities?
18. To what extent was duplication of activities with other partner or external actors managed?

Sustainability

19. To what extent was the sustainability of activities and results considered in SBC programme design?
20. What factors need to be in place for sustainability of key SBC messages in Syria context?

Rights, Gender and Equity

21. To what extent were SBC messages and engagement modalities relevant to needs, based on evidence, and addressed the challenges of the targeted groups including marginalized and vulnerable groups?

Methodology

This evaluation will be conducted in accordance to the 2016 United Nations Evaluation Group Norms and Standards for Evaluation²¹⁶ and the UNICEF Evaluation Policy (2018)²¹⁷.

The methodology of the evaluation, and related deliverables, should consist of:

- a) Document review of strategy and programme documentation, monitoring data and reports²¹⁸;
- b) Mapping and assessment of data availability, both internal and external sources to identify evidence gaps;
- c) Stakeholder mapping and interviews with key internal and external stakeholders, including UNICEF Syria programme staff and senior management; UNICEF MENARO SBC staff; Government of Syria counterparts; implementing partners
- d) Data triangulation & analysis

It is not anticipated that the evaluation will involve quantitative primary data collection with beneficiaries or communities due to availability of existing internal monitoring and reporting data. Primary data collection should instead focus on qualitative data collection to complement existing data and reflect on SBC design and strategy.

Risks and limitations

A key risk is that programme planning, monitoring and reporting data may be incomplete or not have generated enough information to undertake a meaningful assessment of programming design, implementation or results. Where this is the case, the consultant should document the gaps, identify any possible proxies, and recommend how to improve in future.

Another risk is related to engaging with communities in Syria, such as accessing individuals outside of UNICEF-supported facilities. Any engagement with communities for data collection or access to personal and identifiable information during the evaluation will be subject to UNICEF and UNEG ethical standards and would require ethical approval.

It is important that the evaluation is timely in terms of the needs of the SBC programme and the recruited consultant will need to ensure adherence to workplan.

²¹⁶ <http://www.unevaluation.org/document/detail/1914>.

²¹⁷ <https://www.unicef.org/media/54816/file>.

²¹⁸ These include evaluation of Back to Learning Campaign a big communication campaign and Infant and Young Child Feeding programme, which also includes communication and community engagement as key to programming.

LOCATION (GEOGRAPHIC AREA/ DUTY STATION): Remote working

On-site working days: 0

Off-site working days: 90 days Field Missions/Travel: 0

DURATION:

The selected consultant will work for 90 days within 5 months period. It is anticipated that the work will be done remotely. The exact schedule of the activities will be agreed with the consultant based on the contract implementation progress. The deadline for submission of final deliverables to UNICEF is by the end of the contract. Specific dates for the deliverables should be detailed and agreed in the inception report.

SUPERVISOR: The consultant will be supervised and report to UNICEF Syria Chief of Planning, Monitoring and Evaluation, in close collaboration with the UNICEF Syria SBC team who will provide ongoing technical support. On a day-to-day basis, the consultant is expected to work closely and liaise with the Country Office Evaluation Focal Point (Monitoring and Evaluation Specialist) and Evaluation Specialist who are responsible for managing evaluation functions on the ground. A small Reference Group will be formed to provide technical guidance and support to the management of the evaluation.

DESCRIPTION OF ASSIGNMENT (TASKS, SMART DELIVERABLES, DEADLINES):

Tasks	End Products/ Deliverables	Duration/ Deadline
1. Orientation meeting with UNICEF Syria Country Office (Tentative date:)	Workplan to be developed after the orientation meeting	Duration 1 day
2. Weekly updates with supervisor and Evaluation Focal Point on progress.	Weekly online debrief on progress against work plan, including agenda of key items to discuss or action.	Starting from two weeks after the contract signing, until the end of the assignment.
3. Review of available documents and first round of interviews, to result in submission of draft inception report (max. 10-15 pages).	Draft inception report to include: <ul style="list-style-type: none">• Outline of the evaluation process, understanding of the context and SBC programme including challenges and mitigation methods• Scope and methods for the evaluation including workplan/timeline• Finalised evaluation questions• Draft outline for evaluation final report	Duration 15 days
4. a) Presentation and discussion of inception report with Reference Group and b) submission of revised inception report for approval	PowerPoint presentation and revised inception report (Word and pdf)	Duration 3 days

Tasks	End Products/ Deliverables	Duration/ Deadline
5. Document review and stakeholder interviews	Updates on progress during weekly online debriefs, including highlighting emerging findings to programme team focal points	Duration 25 days (assuming that the inception report will be approved within a week after submission)
6. Primary data collection	To include: <ul style="list-style-type: none"> • Training of UNICEF Syria Third Party Monitors on SBC data collection • Design of tools • Oversight of TPMs • Analysis of data 	20 days
7. Analysis and drafting of report	Submission of draft report to include clear findings and recommendations. Annexes should include: <ul style="list-style-type: none"> • Data collection tools • Evaluation matrix • Summary of review of SBC data/M&E and results framework 	Duration 10 days
8. Revision of report based on comments from the Reference Group ²¹⁹	Submission of revised report including comments matrix on how feedback has been incorporated	Duration 5 days
9. Presentation of key findings and recommendations to Reference Group	Powerpoint and final report (Word and pdf)	Duration 1 day
10. Technical support for SBC programme team on prioritization of recommendations	Work with SBC team on prioritization and development of action plan for recommendations	Duration 10 days

REPORTING REQUIREMENTS (IF APPLICABLE): As mentioned above in the Description of Assignment.

TRAVEL CONSIDERATIONS (PLEASE CHECK IF APPLICABLE):

☒ None ☐ Commencement travel (consultant's cost) ☐ Mission travel (schedule/itinerary required)
None

²¹⁹ The quality of the report will be assessed against standards detailed in UNICEF Evaluation Report Standards <https://www.unicef.org/evaluation/documents/unicef-adapted-uneq-evaluation-reports-standards>.

The consultant is expected to be provided remotely. Mission to Syria and onsite technical support may be requested if required, although not planned at this point.

Should “mission travel” be required, UNICEF will manage and pay for travel via Travel Authorization. However, this will be subject to the following prerequisites: Medical Clearance, Security Clearance through the Travel Request Information Process (TRIP) system, the Basic and Advanced Security in the Field Trainings, Travel Visa, and liability waiver. Trip prerequisites will be met at the expense of the consultant.

Travel cost shall be calculated based on economy class travel, regardless of the length of travel. Costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC at <http://icsc.un.org>), and it will be paid as per Rules, Regulations and Practice at the UNICEF Syria Country Office. The consultant must travel on UNICEF approved airlines.

REMARKS:

Individuals engaged under a consultancy will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures, and will not be entitled to benefits provided therein, such as leave entitlements (unless it is a full-time consultancy, where the consultant is eligible for Paid Time Off and paid UN official Holidays) or medical insurance coverage. Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants. Consultants are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

QUALIFICATION REQUIREMENTS:

1. Education: Advanced (master’s or above) university degree in evaluation, economics, social sciences, or related field.
2. Work experience:
 - At least eight years of relevant professional work experience in evaluation activities including work experience in the field, particularly experience in complex emergencies and protracted crises for United Nations agencies is required;
 - Direct experience of conducting evaluations in Syria and/or the MENA region is required;
 - Experience conducting evaluations for UNICEF is desirable.
3. Technical knowledge/competencies:
 - Knowledge and experience of social behaviour communication and community engagement research, programming and/or academic endeavours is required;
 - Experience in SBC communication in the field of humanitarian work; experience of Syria/or MENA region is desirable;
 - Ability to work well with people from diverse knowledge and background and at different levels of the organization;
 - Excellent communication and analytical skills.
4. Language
 - High proficiency in reading and speaking in English is required; Proficiency in Arabic is desirable
 - Proficiency in report-writing in English.

EVALUATION PROCESS (OF APPLICATIONS):

Qualified candidates are requested to submit:

1. Cover letter (1-2 pages) that highlights previous experience in evaluation including with UN, in Syria and technical experience with evaluation/research of social behaviour change communication and community engagement should include reference to at least two past work examples/experiences in relation to evaluability/M&E reviews/results-focused assessments of programmes of interest.
2. Technical proposal (2-4 pages) that details methodology, focus areas and challenges and mitigation measures.
3. Financial quote as daily rate for this consultancy;
4. CV clearly stating the relevant past experience and similar assignments
5. At least 3 Referees.

The application should be submitted by UNICEF's Talent Management System (TMS).

Shortlisted applicants may be invited for further technical assessment. Final recommendation will be made based on **"best value for money"**, i.e. the hiring section/office shall normally select the individual who quoted the lowest fee from among the candidates who are assessed as suitable for achieving all tasks on time, as per the criteria stipulated in this ToR, and based on the outcome of the evaluation/assessment conducted.

8.2 Evaluation Matrix

Table 16: Evaluation Matrix

Evaluation Criteria & Key Evaluation Questions	Methodology & Information Sources	Data / Content Analysis
RELEVANCE		
How appropriate were the designs, approaches and targeting of the SBC strategies to address the needs and priorities of the targeted population(s) and address the desired social/behaviour change? Sub-question: How did partnerships contribute to the design/appropriateness of SBC activities?	Document review of UNICEF Syria's SBC strategy. Qualitative evaluation evidence regarding the programme development process (i.e., Document review of strategy notes). KIs with UNICEF at regional and country levels, partners (NGOs), and facilitators about: (1) involvement in programme design; and (2) perceptions of SBC's appropriateness.	Qualitative Analysis. This analysis examines the original choices made regarding where and how to invest time and effort to address needs from 2018 to 2022. A review of SBC's expected results to determine alignment with existing strategies for all seven sectors. ²²⁰ Review to what extent SBC's is embedded in the CPD.
How have SBC strategies been adapted and changed over time to different contexts within Syria?	Document review of quarterly reports to examine bottlenecks, challenges, and lessons; KIs with previous SBC Section Chief for institutional memory-related details.	Qualitative Analysis. The assessment concentrates on issues related to changes in targeting, increasing scope or the number of people from 2018 to 2022.
Going forward, what are the key approaches and enabling factors for UNICEF SBC to ensure relevance?	KIs with UNICEF at regional and country levels, partners (NGOs), and perhaps facilitators about perceptions of relevance going forward.	Qualitative Analysis. Content Analysis of priorities that stakeholders mention.
EFFECTIVENESS/IMPACT:		
To what extent did SBC activities achieve the set targets? Sub-question 1: How effectively do these targets function in terms of reflecting SBC achievements? Sub-question 2: What adjustments can be made to M&E to better support future contribution?	KIs with UNICEF at country levels and IPs (NGOs) about perceptions of programme effectiveness. Document review of indicator data for seven sectors from 2018-2022. Document review of the Country Office Annual Report (COARs) 2018-2022, AWP, and RAM or other data will be used for triangulation purposes.	Mixed Methods. The Results Framework provides indicators for relevant targets were met from 2018-2022. The evaluation will present to the extent possible the scale of progress made, using available data. ²²¹ An analysis from KI data will show the extent to which targets data are useful in showing SBC achievements. (Sub-question 1) The Senior Evaluator will suggest indicators which could serve better the Syria CO in the future. (Sub-question 2)

²²⁰ They are: 1) cholera, 2) Covid, 3) Immunization, 4) IYCF, 5) WASH, 6) Education, and 7) Child Protection.

²²¹ In the event that there are the estimates are not consistently available, the evaluation would then present the information that is available and report on the remaining gaps.

Evaluation Criteria & Key Evaluation Questions	Methodology & Information Sources	Data / Content Analysis
To what extent did the SBC strategy contribute to the achievements of country programme results?	Document review of TPM Monitoring Reports for behaviour change data in seven sectors; Regarding utilization of services, data from Focus Group Discussions (FGDs) with rights holders. KIIs with UNICEF at country levels and IPs (NGOs) perceptions about the UNICEF Syria SBC programme 's effectiveness (implementation) and contribution to the country programme.	Content Analysis. Analysiss of TPM reports and summary of behaviour change data; In the focus guide, there are questions related to accessing SBC services (i.e., location & frequency, messages transfer, use of tools information presentation); and Quantitative Analysis. An analysis from KII data from Rights holder community members will illustrate behaviour related data: See questions in Series C (Immunization), Series D (cholera/WASH), Series E (Covid), and Series G (IYCF). While the overall analysis uses a Process Evaluation approach, the multiple information sources will enable strong triangulation.
What can be learned about the most effective SBC interventions for the achievement of results in terms of design, implementation, targeting; what are the most effective activities for driving change?	KIIs with IPs. FDGs with rights holders. Document review on SBC.	Content Analysis. The data generated from the focus guide's questions about: (1) accessing SBC services (i.e., location, frequency, messages transfer, use of tools information presentation, responsiveness of duty bearer to questions); and (2) how activities can be improved will be summarized. The analysis uses a Process Evaluation approach.
What were the major/critical factors that contributed to or hindered achievement of SBC results?	KIIs with IPs and with UNICEF staff about challenges encountered. FDGs with rights holders. Literature review on SBC.	Content Analysis. This data will be summarized.
EFFICIENCY		
How efficiently were resources (funds, expertise, time) used to achieve the objectives of SBC strategies in a timely way?	Document review of budget information. Document review of human resources information. Review of human resources and budget information.	Mixed Methods. This analysis includes an examination from 2018 to 2022 for funds and human resources budgeted for SBC for: (1) Immunizations, (2) cholera/WASH, (3) Covid, (4) Education; (5) Child Protection; and (6) IYCF.
Were the resources allocated to the programme implementation team and IPs appropriate to implement the activities and achieve change either in terms of behavioural or social change as part of programme effectiveness?	KII with previous SBC Section Chief for institutional memory-related information. KIIs with UNICEF at country levels, IPs (NGOs), and facilitators about perceptions of programme effectiveness.	Content Analysis. The analysis uses a Process Evaluation approach, reviewing how resources (financial and human) were disbursed/made available by UNICEF to partners from 2018 to 2022.

Evaluation Criteria & Key Evaluation Questions	Methodology & Information Sources	Data / Content Analysis
What examples of cost-effectiveness of specific SBC activities or strategies can be identified for replication and / or scale up?	<p>KIIs with UNICEF at country levels, IPs (NGOs), and facilitators about perceptions of programme effectiveness.</p> <p>Document review of TPM Monitoring Reports; Comments sections in the databases include rich data.</p> <p>Document review of existing evaluations, including: (1) Evaluation of the Infant and Young Child Feeding (IYCF)(2019 –2020); and (2) Evaluation of the UNICEF Response to the Level 3 Humanitarian Crisis in Syria.²²²</p>	<p>Content analysis of examples of promising practices that can be used for scale-up. These activities would be implemented by the IPs.</p> <p>Data to be explored in depth will come from evaluations regarding: (1) capacity-building efforts, and (2) partnership models with IPs and community groups.</p>
COHERENCE/COORDINATION:		
What are some examples of SBC activities where there is integration between sectors?	<p>KIIs with UNICEF staff and IPs about working cooperatively.</p> <p>Document review of budget information for COVID-19 and cholera from AWP.</p>	<p>Qualitative Analysis.</p> <p>The analysis will highlight if SBC and sectors are all working together or in silos, and to what extent are potential synergies linked to perspectives about the role of SBC, in general.</p>
SUSTAINABILITY:		
What factors need to be in place for sustainability of key SBC messages/ interventions in Syria context?	<p>Document review on SBC.</p> <p>KIIs with UNICEF staff and IPs/duty bearers to gain perspectives about sustainability.</p> <p>FGDs with rights holders.</p>	<p>Mixed methods data analysis.</p> <p>In the rights holder community member's focus guide and questionnaires for IPs and UNICEF, there are questions related to accessing SBC services (i.e., location & frequency, messages transfer, use of tools information presentation) and how this can be improved to be more sustainable. Content analysis of this data will be conducted.</p> <p>An analysis from KII data from rights holders community members will illustrate the sustainability of their behaviour.</p>
RIGHTS, GENDER AND EQUITY:		
To what extent did SBC messages and engagement modalities address the challenges of the targeted groups, including marginalized and vulnerable groups?	<p>KIIs with UNICEF staff and IPs/duty bearers to gain perspectives about how the UNICEF Syria SBC programme addresses gender equality and inclusion.</p>	<p>Content Analysis from qualitative data.</p> <p>Data will be summarized regarding how IPs targeted vulnerable groups at the community level.</p>

²²² The pages 52 and 53 and pages 102-103, respectively present insightful results.

Table 17: Survey sample of rights holders from governorates.

RIGHTS HOLDERS SAMPLED																	
	Governorates	Aleppo	Idleb	Tartus	Homs	Hama	Lattakia		Ar-Raqqa	Deir-ez-Zor		Rural Damascus	Damascus		Dar'a	Totals	%
Female		13	11	4	9	0	16		5	3		8	6		2	77	94%
Male		4	0	0	0	0	0		0	1		0	0		0	5	6%
Total		17	11	4	9	0	16		5	4		8	6		2	82	100%

Service Providers Sampled

Table 18: Service providers sampled from governorates.

SERVICE PROVIDERS SAMPLED																	
Governorates	Aleppo	Idleb	Tartus	Homs	Hama	Lattakia		Ar-Raqqa	Deir-ez-Zor	Al-Hasakeh		Quneitra	Rural Damascus	Damascus	As-Sweida	Dar'a	Totals
Routine Immunisations	1			1	1									2			5
COVID								1	1					(FDG n=2)			4
CHOLERA WASH	FDG (n=3)				1	2											6
EDUCATION	FDG (n=4)													1			5
CHILD PROTECTION													1				1
IYCF					1	1							2				4
Total	8	0	0	1	3	3		1	1	0		0	3	5	0	0	25

8.3 Analytical Framework from C4D Programme Note

The IF-THEN statements are presented below.

UNICEF staff work with service provider duty bearers to implement SBC activities with the community member rights holders. The IF-THEN statements are:

IF:

- parents and caretakers **know and understand** the value of adoption and maintenance of life saving high impact behaviours at individual and family level,
- parents **demonstrate intention and are able to practice, adopt and maintain life-saving high impact behaviours at individual and family level,**
- formal and non-formal **community institutions, including traditional, religious and local government are empowered with knowledge and skill and** support positive behaviours, practices and social norms in the best interest of a child at family and community level,
- duty bearers (government officials at central and local levels), **academic education and research institutions, traditional authorities, CSO/CBOs, mass media** have increased institutional capacity and capability to support and facilitate positive behaviour and social change at community, organisational and institutional levels,
- duty bearers (male and female service providers) have **empowered with knowledge** and skills (e.g., IPC through offline/online and digital knowledge delivery platforms) and **ability to deliver quality health services and perform prescriptive behaviours** at facility, community and family level,
- duty bearers (government officials, managers) **feel accountable, demonstrate commitment and are able to create enabling environment considering cost effective and efficient use of institutional mechanism and structures** for promotion, adoption and maintenance of life saving high impact behaviours to improve service delivery at organisational and institutional level,
- mass media (print, broadcast, digital and social) promotes and facilitates the adoption and maintenance of life-saving practices at service, community and media delivery platforms, and
- individuals, households and communities are able to take action to scale up positive behaviour and norms,

THEN,

- right holders (parents, caretakers and communities) will be able to practice positive behaviours and norms in the best interest of a child.
- right holders will demand life-saving high impact positive behaviours and norms and the delivery of quality and resilient services at facility level
- demand will be increased for and utilization of quality and inclusive services in the best interest of mother and child.

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8.5 List of Persons Consulted

8.4.1 UNICEF STAKEHOLDERS

NAME, POSITION, and LOCATION	GENDER	SECTOR
Amina Muhmmad, SBC Officer, Quamishli Field Office	F	SBC
Neha Kapil, Social and Behaviour Change – Community Engagement, UNICEF MENA Regional Office	F	SBC
Amay Gillespie, Sr. Behavioral Sciences Officer, UNICEF MENA Regional Office	F	SBC
Rosam Al Ali, SBC Officer, DEZ Field Office	F	SBC
Elnur Aliyev, Former SBC Unit Chief. Current position: Regional Social and Behaviour Change Specialist in Emergencies	M	SBC
Aman Elwan, SBC Officer, Tortus&Homs Field Office	F	SBC
Huzayfa Alahmar, SBC Officer, Aleppo Field Office	M	SBC
Ghiath Shaheen, SBC Officer, Homs Field Office	M	SBC
Mai Zalkha, SBC Officer, Damascus Field Office	F	SBC
SECTORS		
Dr. Hala AlBediwi, Health and Nutrition Officer, Homs/Hama Field Office	F	IYCF
Mais Ali , Former CP Officer Deir Ez-Zor Field Office (2 years	F	CP
Sanabel Alqassier, Health & Nutrition officer, Tortus Field Office (Latakia and Tartus)	F	IYCF
Mai Al Meir Ghaleb, Education Officer, Tortus Field Office (Latakia and Tartus)	F	EDUC
Hala ALSibai, Education Officer, Homs/Hama Field Office	F	EDUC
Ahmad Bakdad, Child Protection Officer, Aleppo Field Office	M	CP
Atef Deib, WASH Officer, Damascus Field Office	M	WASH
Anas Gaddoor, Education Officer, Qamishli Field Office	M	EDUC
Khourchid Hassan, Health and Nutrition Officer, Qamishli Field Office	M	H&N
Mohamad Kinan Turkawi, Education Officer, Damascus Field Office	M	EDUC
Nadin Shehda, WASH Officer, Homs Field Office	F	WASH
Modar Sibai, WASH officer, Homs & Hama Field Office	M	WASH
Rafi Youssef, Education Officer, Qamishli Field Office	M	EDUC

Table 19: UNICEF Staff Consulted by Field and Regional Offices

	AFO	TFO	HFO	DEZ FO			QFO	DFO	
Governorates	Aleppo	Tartus, Lattakia & Idleb	Homs & Hama		Deir-ez- Zor		Al-Hasakeh & Ar- Raqqa	Damascus Rural, Damascus,	Totals Dara, Sweida & Quneitra
Leadership / Regional Office									3

	AFO	TFO	HFO	DEZ FO			QFO	DFO	
SBC	1	1	1		1	1		1	6
HEALTH & NUTRITION (IYCF)		1	1				1		3
CHOLERA WASH	1		1					1	3
EDUCATION		1	1				2	1	5
CHILD PROTECTION	1				1				2
TOTALS	3	3	4		2	1	4	3	22

8.6 Data Collection Instruments

Community Member Questionnaire/Focus Guide

This instrument has two parts, including a short 20 minute survey and a FGD which should take no more than 20 minutes.

INFORMED CONSENT:

Good morning/Good afternoon. My name is_____ and I am here as part of an evaluation team from the [Name of the TPM firm]. We are gathering information on behalf of UNICEF and its partners to better understand the experience after being exposed to specific messages about:

- | | |
|-------------------|--|
| 1) Immunizations | 2) IYCF for pregnant and Lactating Women |
| 3) Cholera / WASH | 4) Education |
| 5) Covid | 6) Child Protection |

Your inputs into this survey will be used to help the UN and its partners to improve their work here in Syria. If you agree, I would like to ask of your time from a few minutes to a maximum of 20 minutes, depending on your experiences with messages.

The information you provide will be strictly confidential. Your participation in this survey is completely voluntary. Only our evaluation team will have access to the survey data, and the final report on the survey results will not present information on individual survey participants but rather on the feedback provided by the community as a whole.

If you don't want to participate, it is OK. If you want participate now and then change your mind later, that's OK too. You can stop at any time. If you agree to participate, you can decide not to answer any question and can stop the interview at any time. There are no right or wrong answers to this survey, so please feel free to speak to us openly. Choosing to participate in this survey will not affect any future assistance to you or anyone else.

If you participate in the survey, you can ask me questions at any time during the interview. You may also contact Dr. Tristi Nichols at +1914-414-8288 if you have any questions or concerns. We appreciate your help!

Do you have any questions now? Do you understand everything I have explained? Do you agree to participate in this interview?

They must give permission to continue [seek informed consent.]

A series

INTRODUCTIONS

A001	Governorate			A007	Do not note the name of respondent
A002	Distict			A008	Name of TPM_____ -
A003	Community			A009	Date of Interview:
A004	Location	<input type="radio"/>	Rural		
A005		<input type="radio"/>	Urban		
A006	Gender	<input type="radio"/>	Male	A010	Disability:
		<input type="radio"/>	Female		_____

B series	B01
I have seen and heard messages about immunizations.	
<input type="radio"/> Yes (Go to C series)	<input type="radio"/> No (Go to B02)
Through what information sources did you receive information or notice? (Mark all that apply)	
<input type="radio"/> Television/Radio <input type="radio"/> Health professional <input type="radio"/> Volunteer <input type="radio"/> Other_____ <input type="radio"/> Don't Remember _____	

C series		
PROCESSING KNOWLEDGE ABOUT IMMUNIZATIONS		
<div>C01</div> <p>Can you name the diseases that can be prevented by routine vaccination? (Multiple options allowed)</p> <div> <input type="radio"/> Measles <input type="radio"/> Diphtheria-tetanus-pertussis <input type="radio"/> Influenza <input type="radio"/> Polio <input type="radio"/> All of the above <input type="radio"/> Don' Know <input type="radio"/> Other_____ </div>	<div>C02</div> <p>What happens to a child's health if he or she is not immunized? (One response only)</p> <div> <input type="radio"/> Death <input type="radio"/> Physical disability <input type="radio"/> Mental disability <input type="radio"/> Don't Know <input type="radio"/> Nothing <input type="radio"/> Other_____ </div>	<div>C03</div> <p>Have you immunized your child/children?</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>
ENGAGEMENT IN ONE'S OWN HEALTH NEEDS		
<div>C04 (Circle only one response)</div> <p>I used information (that I heard about immunizations) to decide to immunize my child/children.</p> <div> <div>Strongly disagree</div> <div>Disagree</div> <div>Agree</div> <div>Strongly agree</div> </div>		
<div>C05</div> <p>I used information about immunizations to find out where to go to immunize my child/children.</p> <div> <div>Strongly disagree</div> <div>Disagree</div> <div>Agree</div> <div>Strongly agree</div> </div>		
<div>C06</div> <p>I found that information about immunization services was adaptable to my disability.</p> <div> <div>Strongly disagree</div> <div>Disagree</div> <div>Agree</div> <div>Strongly agree</div> </div>		

B series	B02
I have seen and heard messages about Cholera.	
<input type="radio"/> Yes (Go to D series)	<input type="radio"/> No (Go to B03)
Through what information sources did you receive information or notice? (Mark all that apply)	
<input type="radio"/> Television/Radio <input type="radio"/> Health professional <input type="radio"/> Volunteer <input type="radio"/> Other _____ <input type="radio"/> Don't Remember	

D series						
PROCESSING KNOWLEDGE ABOUT CHOLERA/WASH			ENGAGEMENT IN ONE'S OWN HEALTH NEEDS			
D01	D02	D03	D04 (Circle only one response)			
Do you think that cholera is preventable?	What are the main ways to avoid cholera? (One response only)	Have you had cholera before?	I used information (that I heard about cholera) to decide to change my hygiene practices.			
<input type="radio"/> Yes	<input type="radio"/> Washing hands before eating	<input type="radio"/> Yes	Strongly disagree	Disagree	Agree	Strongly agree
<input type="radio"/> No	<input type="radio"/> Washing hands after changing a baby	<input type="radio"/> No				
	<input type="radio"/> Treating drinking water special		D05			
	<input type="radio"/> All of the above		I found that information about cholera was adaptable to my disability.			
	<input type="radio"/> None of the above		Strongly disagree	Disagree	Agree	Strongly agree
	<input type="radio"/> Don't know					

B series	B03
I have seen and heard messages about Covid.	
<input type="radio"/> Yes (Go to E series)	<input type="radio"/> No (Go to B04)
Through what information sources did you receive information or notice? (Mark all that apply)	
<input type="radio"/> Television/Radio <input type="radio"/> Health professional <input type="radio"/> Volunteer <input type="radio"/> Other_____ <input type="radio"/> Don't Remember	

E series			ENGAGEMENT IN ONE'S OWN HEALTH NEEDS			
PROCESSING KNOWLEDGE ABOUT Covid			E04 (Circle only one response)			
E01	E02	E03	I used information (that I heard about Covid) to decide to get vaccinated.			
Do you think that covid is preventable?	Have you had Covid before?	Have you been vaccinated?	Strongly disagree	Disagree	Agree	Strongly agree
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes				
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No				
			E05			
		If no, skip To B04	I used information about the Covid vaccine to find out where to go to get myself vaccinated.			
			Strongly disagree	Disagree	Agree	Strongly agree
			E06			
			I found that information about Covid was adaptable to my disability.			
			Strongly disagree	Disagree	Agree	Strongly agree

FOR MOTHERS WITH CHILDREN UNDER AGE 5 ONLY

B series	B04
I have seen and heard about breastfeeding.	
<input type="radio"/> Yes (Go to G series)	<input type="radio"/> No (End survey)
Through what information sources did you receive information or notice? (Mark all that apply)	
<input type="radio"/> Television/Radio <input type="radio"/> Health professional <input type="radio"/> Volunteer <input type="radio"/> Other_____ <input type="radio"/> Don't Remember	

F series			ENGAGEMENT IN ONE'S OWN HEALTH NEEDS			
PROCESSING KNOWLEDGE ABOUT BREASTFEEDING / IYCF			F04 (Circle only one response)			
F01	F02	F03				
Women should start breastfeeding within one hour of birth.	What are the benefits of breastfeeding?	A baby is exclusively breastfed for up to: (One response only)	I used information (that I heard about breastfeeding) to decide to breastfeed my child/children.			
<input type="radio"/> True <input type="radio"/> False	OPEN ENDED	<input type="radio"/> 2 months <input type="radio"/> 4 months <input type="radio"/> 6 months <input type="radio"/> 2 years <input type="radio"/> None of the above <input type="radio"/> Don't know	Strongly disagree	Disagree	Agree	Strongly agree
			F05 I used information about breastfeeding from my family. [reliability question]			
			Strongly disagree	Disagree	Agree	Strongly agree

Thank you for your time today.

FOCUS GUIDE – Part 2

Hello again. My name is_____ and I am here as part of an evaluation team from the [Name of the TPM firm]. Like before, we are gathering information on behalf of UNICEF and its partners to better understand the experience after being exposed to specific messages about:

- | | |
|-------------------|--|
| 1) Immunizations | 2) IYCF for pregnant and Lactating Women |
| 3) Cholera / WASH | 4) Education |
| 5) Covid | 6) Child Protection |

This focus group discussion should not be more than 20 minutes. The information that you tell us from this session will be strictly confidential. We encourage you to keep each others' responses confidential too. Your participation is completely voluntary. Only our team will have access to the data generated. This information will be combined with data from other focus group discussions to produce findings, conclusions, and recommendations that will help UNICEF to improve its services for people like yourselves. If you don't want to participate, it is OK. If you want participate now and then change your mind later, that's OK too. You can stop or leave at any time. There are no right or wrong answers to this survey, so please feel free to speak to us openly. Choosing to participate in this focus group discussion will not affect any future assistance to you or anyone else.

If you participate in the focus group discussion, you can ask me questions at any time during the interview. You may also contact Dr. Tristi Nichols at +1914-414-8288 if you have any questions or concerns. We appreciate your help!

Do you have any questions now? Do you understand everything I have explained? Do you agree to participate in this interview?

B001	Governorate			B007	Do not note the names of respondents
B002	Distict			B008	Name of TPM_____ -
B003	Community			B009	Date of Interview:
B004	Location	<input type="radio"/>	Rural		
B005		<input type="radio"/>	Urban		
				B010	Disability:
B006	Gender	<input type="radio"/>	Male		_____
		<input type="radio"/>	Female		_____

ACCESS	Are SBC activities regularly held in your village?	[1] Yes [2] No [1] Weekly [2] Bi-monthly [3] Monthly [4] Other (please specify)
	Tell us how were you made aware of the SBC activities in your community? Who was the messenger/ facilitator?	OPEN ENDED
	Do you regularly attend SBC activities?	[Y/N] – If no why not?

MESSAGES TRANSFER	When you attend, is the language of the activities clear?	
USE OF TOOLS	What about the practical demonstrations, are there any tools used? Tell me how do the sessions go?	
INFORMATION PRESENTATION	PROBE: Practical demonstrations about hand washing, treating water special, or breastfeeding practices?	
LEARNING ENVIRONMENT	Can you ask questions or raise your issues? PROBE: Do they feel like they are being heard?	

Thank you for your time today.

SBC Duty bearer/ Service Provider Question Guide

C001	Governorate			C004	Name of respondent
				C005	Date of interview:
C002	Gender	<input type="radio"/> Male			
		<input type="radio"/> Female		C006	Disability: Y/N
C003	Sectors (circle one)				_____
Immune	C/W	Covid	Infant feeding	Educ	CP

INFORMED CONSENT:

Good morning/Good afternoon. My name is_____ and I am here as part of an evaluation team from the [Name of the firm]. We are gathering information on behalf of UNICEF and its partners to better understand the experience after being exposed to specific messages about:

- | | |
|-------------------|--|
| 1) Immunizations | 2) IYCF for pregnant and Lactating Women |
| 3) Cholera / WASH | 4) Education |
| 5) Covid | 6) Child Protection |

Your inputs into this interview will be used to help UNICEF improve its SBC work in Syria. If you wish to participate in the interview, this should not be more than 45 minutes.

The information you provide will be strictly confidential. Your participation in this interview is completely voluntary. Only the team will have access to this interview data. The information that you provide will be combined with other stakeholder's information to produce findings, conclusions, and recommendations. There are no right or wrong answers in this interview, and so please feel free to speak to openly. If there are any questions that you cannot or do not want to answer, you can choose not to answer them. You can also choose to end the interview at any time.

You can ask me questions at any time during the interview. You may also contact Dr. Tristi Nichols at +1914-414-8288 or at tnichols@manitouince.com if you have any questions or concerns. We appreciate your help!

They must give permission to continue [seek informed consent.]

KEY AREAS	MAIN QUESTIONS WITH PROBES
Introductions Doing the job	What role do you play in promoting SBC messaging in this community? Were you involved in designing SBC messages or organizing communities? Please give an example. Can you please walk us through the entire process of how these SBC activities (related to nutrition, health, hygiene, and or IYCF) are organised and conducted?
Process data	What is the content of these activities? What sort of issues are typically discussed in SBC activities? What tools/practical demonstration methods are used to help people remember concepts taught among the beneficiary women?
Effectiveness	In your opinion, have the SBC programming activities improved knowledge and practices about nutrition, health, hygiene, and or IYCF within the community? (Focus on the sector which is relevant to the stakeholder)

	In your opinion, how effective are these activities?
	PROBE:
	(1) Regularity of attendance,
	(2) Modules covered in the awareness activities,
	(3) Comprehension of language in which the activities are conducted,
	(4) Practical demonstrations (if any),
	(5) Tools used,
	(6) Level of retention (too complex or not at all complex),
	(7) Application of concepts learned (barriers to practicing concepts), and
	(8) Potential benefits of husbands also participating in the SBC activities (for infant feeding only).
Challenges	<p>In this community, for how long have SBC activities been conducted? [nutrition, health, hygiene, and or IYCF, education, child protection.</p> <p>Are there any specific areas where these activities are not taking place?</p> <p>What is the reason for this? PROBE: Any restrictions.</p> <p>Are there any other challenges in carrying out SBC activities?</p>
	In your opinion, do you think there is increased knowledge among the participants connected to the SBC activities?
Disability	<p>In what language do you conduct the activities?</p> <p>Do the participants attending the activities in this community or camp comprehend the language of the posters and other SBC material? [EXPERIMENTAL QUESTION]</p> <p>Have you noticed any community members who have disabilities? What kind of disabilities have you noticed? Do they have difficulties understanding the messages?</p>
Impact	<p>In your opinion, are these activities beneficial to the women and their households in your opinion? What about those families with disabilities?</p> <p>Have you witnessed the beneficiaries apply the concepts taught in the SBC Activities in their daily lives? [Experimental question]</p>
Improvement	<p>Were you provided any training to conduct these activities? Was it adequate? What other training is required in your opinion?</p> <p>What would you do to make SBC activities more productive? [change in the schedule, venue, targeting of participants]</p> <p>What additional content or methods are needed to improve its effectiveness? PROBE: Activities, materials, messages used.</p>
Coordination	Whom do you coordinate with to conduct the SBC Activities? Do you face any challenges in coordination?
Sustainability	What factors need to be in place for the sustainability of key SBC messages?

UNICEF Staff Question Guide

INFORMED CONSENT:

Good morning/Good afternoon. My name is Tristi Nichols, and I am the Evaluation Team Lead. Through this evaluation, I am gathering information to better understand the UNICEF Syria SBC programme strategy.

Your inputs into this interview will be used to help UNICEF improve its SBC work in Syria. If you wish to participate in the interview, this should not be more than 45 minutes.

The information you provide will be strictly confidential. Your participation in this interview is completely voluntary. Only the team will have access to this interview data. The information that you provide will be combined with other stakeholder's information to produce findings, conclusions, and recommendations. There are no right or wrong answers in this interview, and so please feel free to speak to openly. If there are any questions that you cannot or do not want to answer, you can choose not to answer them. You can also choose to end the interview at any time.

You can ask me questions at any time during the interview. You may also contact me, Dr. Tristi Nichols at +1914-414-8288 or tnichols@manitouinc.com if you have any questions or concerns after our interview. I appreciate your help!

They must give permission to continue [seek informed consent.]

C001	Governorate			C004	Name of respondent
				C005	Date of interview:
C002	Gender	<input type="radio"/> Male			
		<input type="radio"/> Female		C006	Disability: Y/N
C003	Sectors (circle one)				_____
Immune	C/W	Covid	Infant feeding	Educ	CP

KEY AREAS	MAIN QUESTIONS WITH PROBES
	Please tell me a bit about yourself. How long have you been working for UNICEF?
Process data	Can you please walk me through the entire process of how these SBC activities are organised or conducted in your sector? PROB: Relevant sectors of: 1) Immunizations; 2) Cholera/WASH; 3) Covid; 4) IYCF; 5) Education; and 5) Child Protection. Were your partners involved in designing SBC messages or organizing communities? Please give an example. Going forward, how should this process be improved?
Improvements – Capacity building	Were you provided any training on how SBC activities ought to be conducted? PROBE: If yes, was it adequate in your opinion? What other training is required in your opinion?
	Typically, what is the content of these activities? PROBE: modules are covered?
Coordination	With whom do you coordinate to conduct the SBC Activities? Do you face any challenges in coordination?

Equity/Inclusion	What tools/practical demonstration methods are used to support the women participants (beneficiaries)? And how about those parents with CWDs?
Relevance	In your opinion, are these SBC designs, approaches, and targeting strategies appropriate?
Equity	If husbands do not participate in breastfeeding activities, do you think it would be helpful if husbands also participated? Why or why not? [EXPERIMENTAL QUESTION]
Restrictions	Are there any specific areas where these activities are not taking place?
Challenges	In your opinion, are there any other challenges in implementing SBC activities?
Improvements – SBC services	In your opinion, what could be improved in the awareness raising activities? PROBE: 1) Regularity of attendance. Would a change in the schedule, venue, targeting of participants make a difference? 2) What about the tools used to raise awareness during activities, 3) comprehension of language in which the activities are conducted, 4) practical demonstrations (if any). For example, What additional content or methods are needed to improve its effectiveness 5) level of retention (too complex or not at all complex), 6) application of concepts learned (barriers to practicing concepts)
Perspectives about gaining knowledge	In your view, do you think that the SBC activities improve knowledge? PROBE: Immunizations, cholera/WASH, Covid, and breastfeeding within the community, education, child protection?
Impact / Sustainability	In your opinion, what is preventing people from proactively taking care of one's health? PROBE: Sustainability What about for child protection, education? PROBE: Sustainability
FOR SENIOR MANAGEMENT ONLY	
	When were you working for UNICEF Syria Country Office?
Institutional Memory	What did you find when you arrived? What role did SBC programming have in the Country Programme?
	Tell me how SBC programming was designed. [PROBE: Partnerships with IPs, Integration, Implementation, Budget]
	What was the staff capacity in SBC at the time?
Coordination	With whom did you coordinate for SBC activities? Did you face any challenges in coordination? Please provide an example. Can you recall any experiences where coordination was positive or successful?
Challenges	What other challenges did you face during that time?
Equity/Inclusion	What tools/practical demonstration methods were used to support the women participants (beneficiaries)? And how about those parents with CWDs?
Relevance	In your opinion, were these SBC designs, approaches, and targeting strategies appropriate?
Effectiveness	Can you give any examples of SBC programming that was really effective?
Future priority	What area would you suggest could be a key priority for future SBC programming in Syria?
Sustainability	What factors need to be in place for the sustainability of key SBC messages?

8.7 Ethical Clearance Letter

Research Ethics Approval

4 August 2023

Tristi Nichols, PhD
Manitou, Inc.
245 Park Street, Suite 1A
Peekskill, NY USA

RE: Ethics Review Board findings for: *Evaluation of UNICEF Syria Social and Behavior Change (SBC) Program* (HML IRB Review #759SYR123)

Dear Dr. Nichols,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 27 July – 04 August 2023. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,



D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Emmanuel Saka, Hideyuki Tsuruoka, Penelope Lantz, JD

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