

# Management response Final evaluation EU-Tartous program

#### Context

From May 2016 until October 2019, a program titled 'Integrated temporary shelter and family reunification to protect the rights of unaccompanied and separated children' has been implemented in Tartous, Syria. The project was mainly funded by the European Union (EU), coordinated by SOS Children's Villages Belgium (SOS BE) and implemented by SOS Children's Villages Syria (SOS SY). SOS Belgium commissioned a summative external evaluation. The evaluation included a global and nuanced assessment made by the evaluator. This final evaluation was conducted by an external party to guarantee an objective assessment. This evaluation was organized at the end of the project cycle.

As a summative evaluation, the objectives of this evaluation were (i) to assess the outcomes of the project for reasons of accountability towards the contracting authority and for decision-making in future project cycles, (ii) to generate learnings and recommendations to be integrated in subsequent planning processes and (iii) to evaluate impact on individuals and communities.

### Development and validation process of the management response

The management response is prepared by SOS BE with consultation of SOS SY. The final evaluation report and the feedback from the project director are used as inputs for the management response. The response is shared with SOS SY management and with SOS International Regional Office (IOR EUCM) for their validation and approval.

# Management response to recommendations:

The evaluation report includes strategic level recommendations and operational level recommendations. Whereas the former focus on changes on the system level, the latter concentrate on enhancements within the project. Whereas neither has priority over the other, it is important to take into account that the project is largely phased out and only continues in a reduced form until the end of 2020.

## Strategic level recommendations:

1. Recommendations towards a more harmonized and integrated project: it is recommended to fully integrate the project in the overall programming management cycle of SOS SY, in order to avoid to develop parallel management systems and in order to increase efficiency and quality of the project.

It is acknowledged by the management that the projects' integration in overall management systems of SOS SY, be they programmatic or financial, could be strengthened. Although this integration improved during the implementation of the project, there still is room for improvement. This could primarily be done i) by developing uniform management systems that are clear for and implemented on all levels of programs, ii) by having a transparent organigram on all levels in which roles and responsibilities are clearly described and



implemented, and iii) by respecting clear communication and reporting lines between program and management level.

2. Ensure data management and Monitoring and Evaluation (M&E) systems: the evaluator pointed to the absence of a comprehensive M&E system, mainly related to two elements: i) the absence of a master beneficiary list to ensure complete targeting of families, to facilitate information sharing between project components, and to ensure adequate project management and ii) the absence of standardized M&E tools to obtain pre/post project data in order to measure the quantitative and qualitative progress of the project and to adapt the project accordingly.

It is acknowledged by the management that the M&E of the project was essentially focused on the monitoring of the quantitative indicators that allowed for reporting to the donor, based on the agreed upon logical framework. Qualitative monitoring took place but mostly at an individual level (with each child or family) thanks to follow-up forms in their personal files. However, there was no elaborated system in place to perform an overall analysis of the qualitative data collected. In order to improve this, following elements have to be considered: i) agree on indicators that allow for quantitative and qualitative tracking of the project components during the formulation phase, ii) agree on comprehensive M&E tools at the kick-off of the project, iii) conduct a baseline study at the start of the project and ensure that for all beneficiaries there is a pre and post assessment in order to monitoring immediate impact of the project. As indicated by the evaluator, the project did not use a master database for all beneficiaries. The Program Database promoted by SOS was not adapted to the particularities of the Emergency Response Programs, and was therefore not used. It was only at the second half of the project that alternative project databases were developed for each project component. It is acknowledged that the project would have benefited from a comprehensive database at the start of the project, and therefore it is recommended to agree on this during the kick-off of the project.

3. Provide Interim Alternative Care for an increased duration and with increased capacity: it was recommended to increase the timeframe and the capacity of the Interim Alternative Care Center (IACC) to meet the existing demand for the provision of care for the projects' target group.

The management acknowledges that the needs regarding the provision of care are still high, and that the offer by governmental or non-governmental actors is very limited and largely insufficient. It is important to note that the IACC was extended until the end of 2020 (in the form of Small Group Homes - SGH) on SOS BE own funds to ensure the qualitative reunification of 18 remaining children with their families. However, and in link with limited funding possibility of SOS BE, it was decided that no new children would be admitted to the IACC in order to allow for a complete phase-out of the project by the end of 2020. With the current funding situation of SOS SY, it was decided by the management to refocus mainly on the existing programs in Damascus and on the reopening of the operations in Aleppo (if the security situation allows for it). If however additional funding would be granted, it still could be decided to provide interim alternative care (SGH) in Tartous.



#### Operational level recommendations:

4. **Develop a Theory of Change (ToC)** to ensure the project responds to the needs of the beneficiaries and addresses the root causes of the problems they are facing.

It is acknowledged that a ToC could improve the contextualization of the project and could further support the coherence between the projects' components and the identification of relevant external stakeholders (amongst others for referral) from the start of the project. Furthermore, it would have allowed for a more timely revision of the project, e.g. by adding the Family Strengthening Program to the project.

5. **Improve the community participation** in order i) to better capture the views of the beneficiaries, ii) to allow for accountability of the project towards its beneficiaries and stakeholders and iii) to ensure sustainability of the project.

Although community participation was not absent in the projects' implementation, it is acknowledged that there still is important room for improvement. Voices of the community were reflected in the project, but this could be done in a solid systematic and structured way. To increase the participation of the community, it could be suggested to install a community steering committee at the start of the project, composed of different types of stakeholders and actors within the community, and to describe its roles and responsibilities in its Terms of Reference. Timely meetings of this community steering committee would allow SOS to better integrate the needs and demands of the community, to better communicate about its decisions and the progress and evolution of the project and to better prepare the community for the phasing-out of the project. This committee should be included in the overall program design and therefore this element should be taken into account during the formulation phase of the project.

6. Further **enhance the community's behavioral changes** to complement awareness activities for the direct beneficiaries of the project.

Especially in the Child Friendly Space (CFS) action plans, awareness sessions for community representatives and community members were included, outside and inside the SOS activity center. It is also worth to mention that beneficiaries for community sessions (mainly women) explicitly indicated that they preferred to attend sort-like sessions in the SOS center, as it allowed them to be more relaxed and focused. However, it is acknowledged that the project could have benefited from a more structured approach (including substantially more outreach activities) regarding this. The community pilot committee mentioned under point 5 could support further this. As such, the outcomes of the awareness sessions are not confined to the (spatial and programmatic) boundaries of the project, but also infiltrate better in the overall community, improving the connection between the project and its surrounding community and environment.

7. **Include more host community members** in the beneficiary selection, especially for the Family Strengthening Program (FSP) component, to address the needs of the host community and to avoid being viewed as discriminatory.



It is acknowledged that in general the beneficiary list included significantly less members of the host community as compared to the Internally Displaced People (IDP) beneficiaries. For the selection of beneficiaries of the IACC, the project relied on referral paths with external stakeholders, and status of residence (host community or IDP) was not a deliberate factor for decision-making regarding the admission of children to the IACC. As for the beneficiaries of the CFS, the project was able to absorb all the children willing to benefit from the light activities of the project, whereas the more structured activities were mostly focusing on the children with the highest needs. As the CFS was located in an area (Bsireh) where mainly IDP were located, the beneficiaries were mainly children from IDP families. The moment the FSP was added as a project component, it was decided that beneficiaries for FSP would come from IACC or CFS beneficiary lists, so the FSP would directly contribute either to the reunification of families (IACC) or to the prevention of family separation (CFS). Therefore, FSP in general included more beneficiaries from IDP than from the host community. When designing FSP in this kind of projects, a more balanced beneficiary list is indeed recommended in order to address existing needs and to avoid perceptions of discrimination or disadvantage.

8. Increase the timeframe for CFS and create more structured form of activities (especially for activities related to Mental Health and Psychosocial Support [MHPSS]) to produce a tangible change.

Although a standardized duration of activities for children in the CFS is three months, children that have been assessed having important issues regarding MHPSS have benefited from support sessions going beyond these three months in order to address their needs. Nevertheless, a standardized 6 months of structured activities could be considered to allow for each child to have a comprehensive assessment, activity, tracking and evaluation cycle producing more impact. This recommendation is also linked with recommendation n° 2, as pre and post testing via adapted tools will allow for a more qualitative measurement of change for individual beneficiaries.

### **Action plan**

Even if the project is largely phased out and only continues in a reduced form until the end of 2020, an action plan has been developed to strengthen learning processes and to materialize the recommendations in the formulation of sort-like projects in Syria or elsewhere (internal document).

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