

**ANNEXES**

**INTER-AGENCY HUMANITARIAN  
EVALUATION OF THE RESPONSE TO  
EARTHQUAKES IN TÜRKİYE AND SYRIA**

A decorative graphic in the bottom left corner consisting of several concentric circles and arcs in shades of teal and blue.

**August 2025**

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## Annex 1. Strength of evidence

### Approach to strength of evidence

During the data analysis, synthesis, and reporting phase, the Evaluation Team (ET) employed a systematic approach to assess the strength of evidence underlying each finding. Evidence was primarily judged based on the degree of triangulation across multiple, credible data sources (see list below). Findings supported by consistent data across diverse sources were considered strong. The ET also critically examined conflicting data, assessing contextual factors across Türkiye, non-government controlled areas (NGCA), and government controlled areas (GCA), potential biases, and the quality of each source before determining whether and how to integrate divergent views. This nuanced approach aimed to present findings that are both evidence-based and reflective of the complex humanitarian context(s) in which the evaluation was conducted.




### Triangulation and data source integration

Findings were derived from **multiple data sources**, including:

- KIIs at the global, regional, and national levels
- Focus Group Discussions (FGD) with affected populations
- Quantitative data from the aid worker survey
- Document reviews (e.g., Flash Appeals, operational reports, policy documents)
- Financial and operational data from UN OCHA and partner agencies
- Other (validation workshops, other relevant stakeholder engagement, draft evaluation report feedback).

Triangulation was used to cross-verify information across these sources, identify patterns, and test the consistency of results. Where multiple, independent sources confirmed the same insight, confidence in the finding was increased.

The scale below demonstrates the strength of the evidence framework adapted to the evaluation's mixed methods approach used in this evaluation. For a summary of the strength of evidence for each finding, please refer to the tables below.

Term	Definition
Strong 	At least <b>three distinct and independent data sources</b> support the finding. These may include combinations such as: Key informant interviews (KIIs) from multiple levels FGD evidence + survey data + documentation Financial/operational data triangulated with qualitative sources
Moderate 	The finding is supported by <b>two different data sources</b> , for example: KII + FGD Survey + document review FGD + financial data
Limited 	The finding is based on <b>one data source only</b> , such as A single KII or FGD Survey data only Document review without supporting primary data

## Validation and internal consistency

Throughout the synthesis process, the ET held multiple validation sessions to review findings, reassess evidence levels, and ensure coherence across data points both within the evaluation team and with external stakeholders. Findings were validated in both in-person and via remote sessions with IASC member agencies and other key stakeholders, further strengthening their credibility. During the reporting process, draft reports were also circulated to key groups at the global level, field offices, and Syrian community representatives in NGCA for their feedback and comments.

Strength of evidence	Source of evidence				
	KIIs	FGDs	Aid Worker Survey	Document review	Other
<b>Finding 1</b> Across all three contexts, IASC members did not have a joint preparedness plan for their actions in case of a large-scale rapid onset emergency. In Türkiye, this was mainly because of the government's clearly demonstrated capacity to undertake disaster management. In Syria, this was because humanitarian actors were focused on the protracted crisis. As of the end of 2024, IASC members in all three contexts still did not have such a plan in place due to ongoing context-specific challenges.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Validation sessions, report feedback
<b>Finding 2</b> In spite of a delay in declaring a System-Wide Scale-Up Activation for Türkiye and Syria, the immediate response to the earthquakes was fast in Türkiye, largely because of the activation of global emergency response mechanisms and quick actions by individual IASC members.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Validation sessions, report feedback
<b>Finding 3</b> In NGCA, the failure of Member States to deploy Urban Search and Rescue (USAR) teams resulted in unnecessary suffering and loss of life, with communities believing that the UN had failed them. Member States' lack of response to advocacy by humanitarian leaders to adhere to humanitarian principles in providing USAR support highlights the limited leverage that IASC members have with them.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>	<b>X</b>		<b>X</b>	
<b>Finding 4</b>					

Strength of evidence	Source of evidence				
	KIIs	FGDs	Aid Worker Survey	Document review	Other
In Syria, the role of national/local actors and affected communities as first responders was an important determinant of the timeliness of the response given that it took a few days for aid agencies to mobilize and gain access to NGCA. The impact of the earthquakes led to an unprecedented opportunity to negotiate access into NGCA for non-Syrian humanitarian workers, which was used to boost visibility and strengthen a number of different aspects of the cross-border operation, including coordination and accountability to affected populations (AAP).					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>	<b>X</b>		<b>X</b>	
<b>Finding 5</b> Humanitarian workers (in international, national, and local organizations) in South-East Türkiye and Northwest Syria (NWS) were impacted by the earthquakes to an unprecedented extent but put aside their personal circumstances to deliver a timely response. International humanitarian agencies in both Türkiye and Syria were unable to agree on a coordinated approach to duty of care. The resulting differences in levels of support to staff had left some aid workers in Gaziantep angry and describing their trauma, even 18 months after the earthquakes. This did not impact the quality of the earthquake response but it had implications for the long-term well-being of humanitarian workers					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>		<b>X</b>	<b>X</b>	<b>X</b> Validation sessions, report feedback
<b>Finding 6</b> In both Türkiye and Syria, IASC members found it challenging to base their planning and programming on initial needs assessments since the assessments suffered from duplication, delays, and inconsistent data. However, they made efforts to overcome these obstacles as the response progressed.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Validation sessions, report feedback
<b>Finding 7</b> In both Türkiye and Syria, the most timely and flexible funding came from agencies' internal funds (which are designed to help kick-start responses) and private donors (who provided unearmarked funding). Bilateral donors facilitated quick action by allowing partners to reprogram existing funding but, in line with funding trends for the region, they provided limited additional funding.					
Moderate	<b>X</b> <i>Multiple KIIs at different levels</i>				<b>X</b> Financial data

Strength of evidence	Source of evidence				
	KIIs	FGDs	Aid Worker Survey	Document review	Other
<b>Finding 8</b> A slight delay in launching the Türkiye and Syria Flash Appeals did not impact the speed of resource mobilization, but there was limited evidence that the Appeals (which became delinked from identified or estimated needs in the affected contexts) helped to mobilize additional funds beyond what donors would have contributed because the scale of the disaster was so clear.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>				<b>X</b> Financial data, report feedback
<b>Finding 9</b> The Central Emergency Response Fund's (CERF) immediate release of funding for both Türkiye and Syria helped to scale up programs and mobilize additional funding in Türkiye. In Syria, challenges in the country-level prioritization processes reflected the complexities of the Whole of Syria (WoS) approach. Those delivering the cross-border operation were largely excluded, and there was a lack of clarity about the extent to which allocations were needs-based.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Report feedback
<b>Finding 1</b> In Syria, the two CBPFs made funding available quickly (based on their procedures) and added value by financing important activities that other donors may not have supported.					
Moderate	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	
<b>Finding 11</b> In both Türkiye and Syria, it was positive that IASC members' developed plans to integrate Early Recovery into their earthquake response. However, the extent to which most agencies could implement these and respond to residual humanitarian needs was limited due to funding constraints.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Financial data, report feedback
<b>Finding 12</b> The roles of strong governments in Türkiye and GCA shaped the leadership of the IASC response in different ways. In Türkiye, the System-Wide Scale-Up Activation contributed to strengthening humanitarian leadership and the collective nature of the IASC response that supported and					

Strength of evidence	Source of evidence				
	KIIs	FGDs	Aid Worker Survey	Document review	Other
complemented the government's response. The GoS's control over the humanitarian response was challenging for IASC leadership.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Validation session
<b>Finding 13</b> In Syria, IASC members found it challenging to deliver neutral and impartial assistance because of the GoS's restrictions on humanitarian assistance and the politicization of crossline assistance. In NGCA, humanitarian actors were better able to make their adherence to humanitarian principles clear in agreements with relevant authorities.					
Moderate	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	
<b>Finding 14</b> In NGCA, vacancies in leadership and senior positions of the cross-border operation at the time of the earthquakes did not have a detrimental effect on IASC members' leadership of the response. This is because staff who were on the ground stepped up to the challenge until the positions were filled. non-governmental organizations (NGOs) also supported leadership of the response, particularly by taking on cluster leadership responsibilities.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Validation session, report feedback
<b>Finding 15</b> In Türkiye, the newly established United Nations Disaster Assessment and Coordination (UNDAC) coordination structure for the earthquake response was not well suited to the context of strong government leadership and significant national/local response capacity. However, this evolved into the Area Based Coordination (ABC) model that sought to address the initial challenges.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Validation session
<b>Finding 16</b> The disruption caused by the earthquakes to the cross-border operation exposed the limitations of coordinating it solely from Gaziantep and highlighted the need for more localized coordination structures inside NGCA. It was positive that, as a result of changes introduced, Syrian non-governmental organizations (SNGOs) were playing a more prominent role in coordination.					

Strength of evidence	Source of evidence				
	KIIs	FGDs	Aid Worker Survey	Document review	Other
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Validation session
<b>Finding 17</b> The design of the WoS architecture was not well suited to a timely and agile response. Its inability to overcome competition for resources between the GCA and NGCA hubs limited its added value to the earthquake response.					
Moderate	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	
<b>Finding 18</b> In Türkiye, collective efforts to collaborate and harmonize with national actors during the early stages of the response had limitations and failed to accommodate existing national/local response capacity. Moreover, challenges in meeting the government's expectations of the UN's contribution hampered efforts to engage with them on the role of IASC members in future emergencies.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Validation sessions, report feedback
<b>Finding 19</b> The expansion of IASC member partnerships with NGOs was slow in both Türkiye and Syria, partly due to the time required for due diligence. In Türkiye, the delay was further compounded by Turkish NGOs initially prioritizing their own earthquake response efforts. In Syria, the earthquakes' impact on SNGO capacity was an additional factor.					
Moderate	<b>X</b> <i>Multiple KIIs at different levels</i>				<b>X</b> Validation sessions, report feedback
<b>Finding 20</b> In Syria, despite the rhetoric around the localization agenda, power imbalances between SNGOs and IASC members and compliance requirements meant that SNGOs perceived their relationships with international agencies as contractual rather than collaborative partnerships.					
Moderate	<b>X</b>				<b>X</b> Validation sessions




Strength of evidence	Source of evidence				
	KIIs	FGDs	Aid Worker Survey	Document review	Other
	<i>Multiple KIIs at different levels</i>				
<b>Finding 21</b> IASC members struggled to meet adequately the needs of older people and persons with disabilities (PWD) across the three contexts due to insufficient funding, program adaptation challenges, and a lack of agreed criteria for identifying vulnerable groups. Despite these significant obstacles, they took commendable steps to implement an equitable and gender-sensitive approach.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b> Validation sessions, report feedback
<b>Finding 22</b> Early in the response, IASC members faced significant challenges in collecting disaggregated data, which hindered tailored planning for vulnerable groups across all three contexts. These challenges included time constraints, limited data quality, coordination issues, and access limitations. However, as the response progressed, IASC members improved disaggregated data through better coordination and advocacy.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>		<b>X</b>	<b>X</b>	<b>X</b> Validation sessions
<b>Finding 23</b> Pre-existing mechanisms for Protection from Sexual Exploitation and Abuse (PSEA) in NGCA were helpful for the response and were strengthened considerably to improve community reporting. IASC members in Türkiye and GCA struggled to deliver effective PSEA due to the lack of robust inter-agency mechanisms and inconsistency in protection approaches across IASC members.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>	<b>X</b>		<b>X</b>	<b>X</b> Report feedback
<b>Finding 24</b> Consultations with affected people by IASC members across the three contexts were limited during the response due to the absence of a clear and comprehensive engagement strategy and poor communication coordination. However, in NGCA, the post-earthquake establishment of inclusive engagement mechanisms improved community consultations considerably.					
Strong	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>

Strength of evidence	Source of evidence				
	KIIs	FGDs	Aid Worker Survey	Document review	Other
	<i>Multiple KIIs at different levels</i>				Validation sessions
<b>Finding 25</b> In Türkiye and Syria, inadequate community engagement practices led to perceptions of favoritism, corruption, and aid diversion, resulting in social tensions and mistrust in humanitarian assistance among affected populations. In NGCA, after gaining access post-earthquake, IASC members implemented measures such as risk management to address these challenges, with the rumor tracker being the most successful measure.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>	<b>X</b>		<b>X</b>	<b>X</b> Validation sessions
<b>Finding 26</b> Community usage of complaint feedback mechanisms remained low across all three contexts due to a lack of trust in follow-ups, fear of harassment when filing complaints, and mistrust in data usage. This was despite awareness raising activities by IASC members, particularly in NGCA.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>	<b>X</b>		<b>X</b>	<b>X</b> Validation sessions
<b>Finding 27</b> The lack of response to complaints and feedback led to discontent among affected people about the accountability and trustworthiness of IASC members across both Türkiye and Syria. However, the post-earthquake establishment of well-structured collective mechanisms in NGCA have improved accountability and trust levels.					
Moderate	<b>X</b> <i>For NGCA multiple KIIs at different levels</i>	<b>X</b>			<b>X</b> Validation session
<b>Finding 28</b> In Türkiye and Syria, pre-existing cash programs and market resilience facilitated successful cash and voucher programming during the earthquake response, which was valued by communities as a relevant and flexible form of assistance.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>	<b>X</b>		<b>X</b>	<b>X</b> Report feedback

Strength of evidence	Source of evidence				
	KIIs	FGDs	Aid Worker Survey	Document review	Other
<b>Finding 29</b> In both Türkiye and Syria, the harsh winter conditions meant that food and shelter assistance were a priority for affected communities. While humanitarian actors and the government in Türkiye were able to address these needs for large numbers of people quickly, government restrictions delayed humanitarian actors in Syria. In Türkiye, ensuring the quality of in-kind donations was challenging, with some donations being unusable.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>	<b>X</b>		<b>X</b>	<b>X</b> Report feedback
<b>Finding 30</b> Across all three contexts, FGD participants' views on the timeliness and relevance of assistance varied because what they received and when differed even within a context. Whether the assistance they received had a positive outcome for them or not also depended on the manner in which aid distributions were organized.					
Moderate		<b>X</b> Multiple FGDs		<b>X</b>	
<b>Finding 31</b> In both Türkiye and Syria, the lack of a requirement for collective reporting against Flash Appeals, combined with factors such as the lack of mechanisms for aggregating data and the incorporation of the earthquake response into the ongoing crisis response in Syria, meant there was a patchwork of output-level data available. This did not reflect the type, scale, timing, and quality of assistance that affected communities received.					
Strong	<b>X</b> <i>Multiple KIIs at different levels</i>			<b>X</b>	<b>X</b> Validation sessions, report feedback

## Annex 2. Timeline of assistance Türkiye and Syria

Türkiye							
			1 WEEK	1 MONTH	2-5 MONTHS	6 MONTHS	6 MONTHS – 1 YEAR
Hatay*			Logistical aid, winter blankets, a tent and food aid	Financial aid and food baskets	Tents, voucher assistance, and hygiene kits		Hygiene kits, purchase voucher
Male	City	Hatay					
Hatay*			Financial aid of TRY 10,000, hygiene kit and meals, tents, food baskets and vouchers			Food baskets and hygiene kits	Voucher assistance
Female	City	Reyhanh					
Malatya*			Food basket and clothes, food aid, food and medical care			Logistical aid and tents	
Male	City (Caravans)	Yesilyurt					
Malatya*			TRY 5,000, food, BIM market card, money and children's clothing, wheelchair, clothing, tents, and food	Psychological assistance and money	Financial assistance, psychological support, and tents		
Female	City (Caravans)	Yesilyurt					
Hatay			First aid				
Female	Camp	Hatay					
Hatay			Food/heating (radiators, stoves), clothing, shoes and water	Tents	Food and market cards		Care package that includes TRY 5,000 and TRY 10,000 worth of aid with limited food aid.
Male	Camp	Hatay					
Malatya			Tents in the district	Blankets and additional aid			Support for children's problems
Female		Malatya					
Malatya TR			Food such as soup, water and cakes, blankets, winter supplies, and clothes		Financial assistance, clothing, food, and hygiene kits		Support services for children
Male		Malatya					

\*FGD took place with Syrian communities in Türkiye

## NGCA



			1 WEEK	1 MONTH	2-5 MONTHS	6 MONTHS	6 MONTHS – 1 YEAR
Arabo Shelter Center			food items and baskets, and clothes	ready-cooked meals, clothing, detergents, tents and heating materials, blankets, tarpaulins, insulation, sponges, and hygiene baskets	dignity baskets, mobile clinics, water tankers, transportation assistance for school children, cash assistance (150 USD), and heating material (firewood)		All aid stopped.
Female	Camp	Jinderis					
Arabo Shelter Center			food and water, emergency financial aid, rescue teams and medical services	tents, field and mobile clinics, blankets, food aid, and cash assistance	psychological support, shelters, and emergency household items	reduced water, sanitation support and free bread was stopped restoration projects ready-to-eat meals	All aid stopped.
Male	Camp	Jinderis					
Ajnadin Camp			food baskets and cooked meals, tents, blankets and mattresses, temporary shelter, and monetary aid	children's clothing, food basket and water, cleaning supplies, tents, fuel, emergency kits, and basic kitchen supplies (i.e. ready-to-use gas cylinder)	cash assistance (100-150 USD, 1000 lira), medical services through mobile clinics, educational programmes, food baskets, NFIs, mattresses, daily bread and water, dignity kits. Medical services and mobile clinics set-up	water tankers, housing (switch from tents to apartments), mobile medical unit tents (reduced to 1)	All aid stopped.
Female	Camp	Ajnadin					
Ajnadin Camp			food, shelter (tents), heating materials, financial aid, medical services, and debris removal equipment			water and bread	
Male	Camp	Ajnadin					
Jinderis			food and water, tents, blankets and mattresses, clothing, and cash aid of \$70	canned goods and food baskets, financial vouchers (i.e. 1500 lira for two months, 100 USD for three months), tents, psychosocial support, mobile clinics, and clothing	NFIs basket with kitchen items, dignity kits, clothing voucher (150 USD), mobile clinics	nutrition and breastfeeding services, water tankers, mobile toilets, food vouchers, hygiene kits, food baskets, and schools built in camps	food and water, and cans of fuel
Female	Urban	Jindires					
Jinderis			food (ready to cook) and water, cash aid, clothing, fuel and heating	cash assistance, tents/temporary shelter, mobile clinic, and baby formula	food baskets, dignity and hygiene kits	food baskets	food, water, and free clinics
Male	Urban	Jindires					
Salqin			medical services (limited), food and water	tents/shelters, heating supplies, food distribution, medical teams, and financial aid		Aid was reduced.	home repairs
Male	Urban	Salkin					
Salqin			blankets, food baskets, and money	cash and voucher assistance, food baskets, tents /shelter, heating materials, ready-made food, clothing, mobile medics and dignity		restoration/renovation services	apartment housing
Female	Urban	Salkin					
Salqin			cash, food aid, water heating cash, medical services, shelters, rubble removal, transportation, and clothing	shelters with water tanks, cash assistance, food baskets, new clothing, hygiene kits, and heating materials		renovation and psychological support	All aid stopped.
Male	Urban	Salkin					
Salqin			food, financial aid, tents/shelters, hygiene kits, and sanitation services	heating materials, blankets, and mattresses		rubble removal and home repair services	All aid stopped.
Female	Urban	Salkin					

## GCA



			1 WEEK	1 MONTH	2-5 MONTHS	6 MONTHS	6 MONTHS – 1 YEAR
Salah Al-Din			food aid and blankets		home repair assistance, kitchen utensils, and clothing	fridge and washing machines, furniture (i.e. tables and chairs), nebulisers, and shopping voucher cards	medical aid, educational services, restoration services
Female	Rural	Salah Al Din					
Salah Al-Din			blankets, food aid, mattresses, medicine, and clothing			No aid without papers	All aid stopped
Male	Rural	Salah Al Din					
Alsukkari			food, shelter, blankets, water, baby milk, diapers, financial aid, pillows, and mattresses		dignity bags, food aid, and cash assistance	food assistance, non-food assistance, furniture, mobility assistance, psychological support, cash assistance, home renovation support, and vocational training	All aid stopped
Female	Urban	Alsukkari					
Alsukkari			reference for medical assistance, shelter, food, blankets, mattresses, medication, clothing, and tents	psychological support and cash assistance		cash assistance, diapers, and medical services	All aid stopped
Male	Urban	Alsukkari					
Lattakia			food baskets, kitchen utensils, and health aid			cash assistance and food aid	health assistance, food aid, caravans, and clothing
Female	Urban	Alraml Alijanubiu					
Lattakia			food aid, cash assistance, household items, physical therapy, caravan, and temporary housing				
Male	Urban	Alraml Alijanubiu					

## Annex 3. Survey analysis

### About the survey

The ET conducted a survey of aid workers involved in the earthquake response with the main purpose of gathering their perspectives on two critical issues for this evaluation a) duty of care in the collective response by IASC agencies for their staff and for the staff of partner organizations and b) the extent to which the earthquake response accounted for the specific needs of the most vulnerable groups among the earthquake's affected populations, which includes women and girls, PwD, older people, marginalized groups, displaced populations, and other potentially vulnerable population groups.

During the survey analysis process, the data was cleaned to reflect only responses from those who have been involved in the Evaluation Question (EQ) response. There were a total of 136 respondents.

The survey includes a range of question types. Respondents were asked close-ended questions such as yes/no/I don't know; they were also asked multiple choice questions, and "select all that apply" question types. For some questions, respondents were asked to provide a rating on a scale (Very Good, Good, Acceptable, Poor, Very Poor). To gain more depth and ascertain more nuance behind answers, the survey was also designed to include a few open-ended questions, asking respondents to explain the reasons behind their ratings. Some open-ended questions also ask users to provide examples of good practices.

### Limitations

- **Incomplete responses:** Not all respondents answered every question, leading to variations in response rates across different survey items. This may have affected the representativeness and completeness of certain findings.
- **Misinterpretation of questions:** Analysis of qualitative responses suggests that some respondents did not fully understand certain questions. This may have led to inconsistencies in responses or incomplete answers.
- **Limited sample size:** With 136 respondents, the sample size is relatively small given the scale of the earthquake response and the number of aid workers involved.

### Profiling of respondents

A majority of respondents were involved in the earthquake response in Türkiye (40%) and the NGCA (39%), and around 19% of respondents were based in the GCA. Only a few of the respondents were based in Amman (1%), and 1% preferred not to say (see Figure 2).

The largest portion of respondents worked for international non-governmental organizations (INGOs) (40%) and about 30% of respondents worked for the UN during the EQ response. Around 27% of aid workers who responded worked for national/local organizations (see Figure 1).

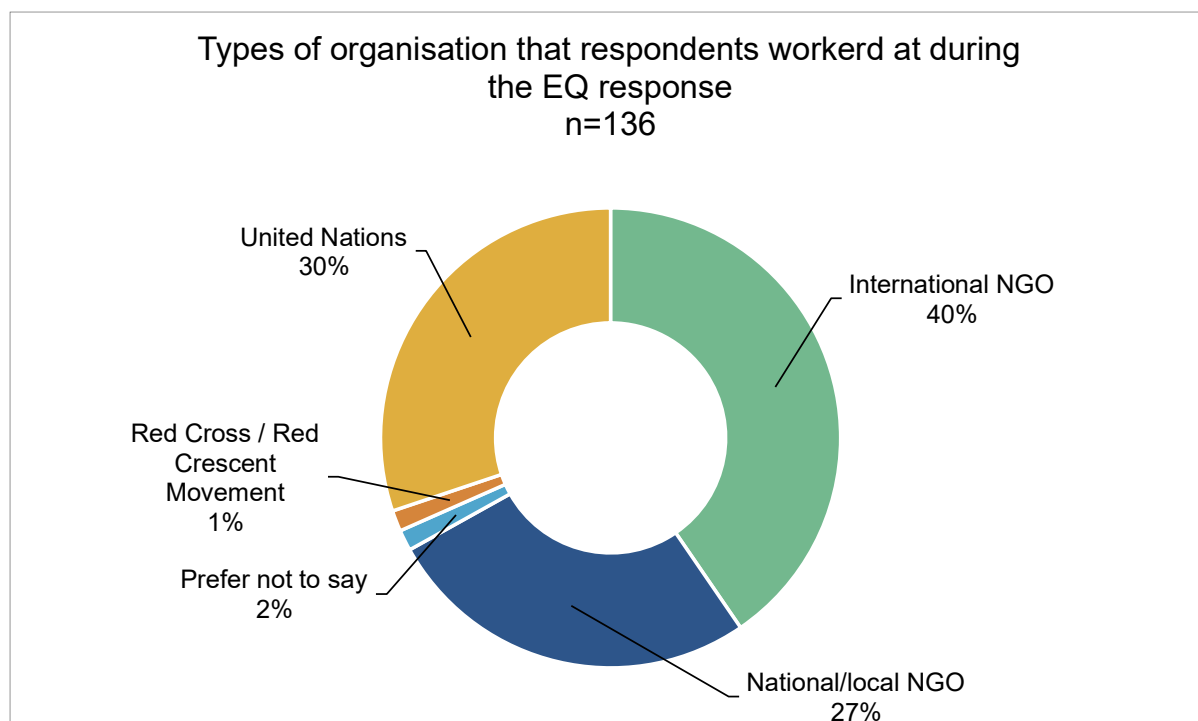


Figure 1 Types of organizations that respondents worked at during the EQ response.

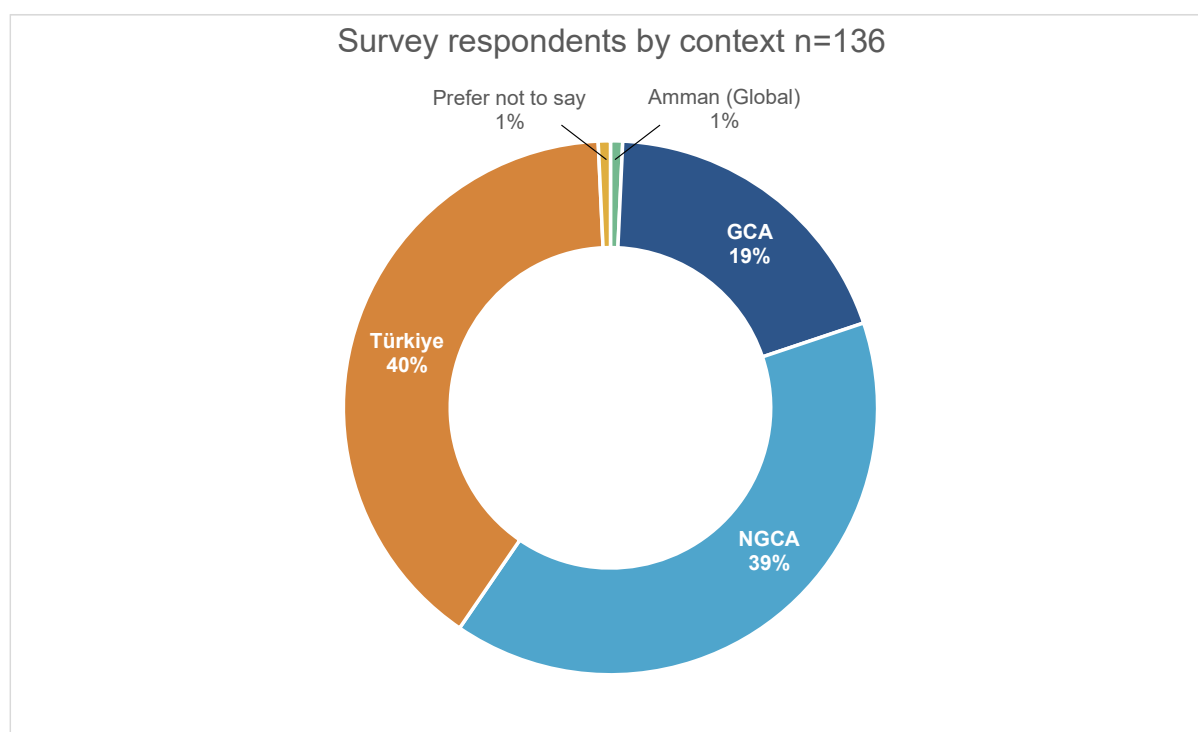


Figure 2 Survey respondents by context

### Duty of care

This section of the survey assesses whether organizations had a duty of care (DOC) policy in place during the earthquake response and whether it extended to both their staff and partner



organizations. It also explores the fulfillment of these policies and the types of support provided, and gathers feedback on improving DOC within the organization.

Of the 136 respondents who responded to the question, 73% said that the organization they worked for during the response had a DOC policy for its staff (Figure 3). Of those respondents who said that their organization had DOC policy for its staff, around 58% of respondents said that this policy also covered DOC toward staff of partner organizations. A combined 42% responded “No” or “I don’t know” (See Figure 4).

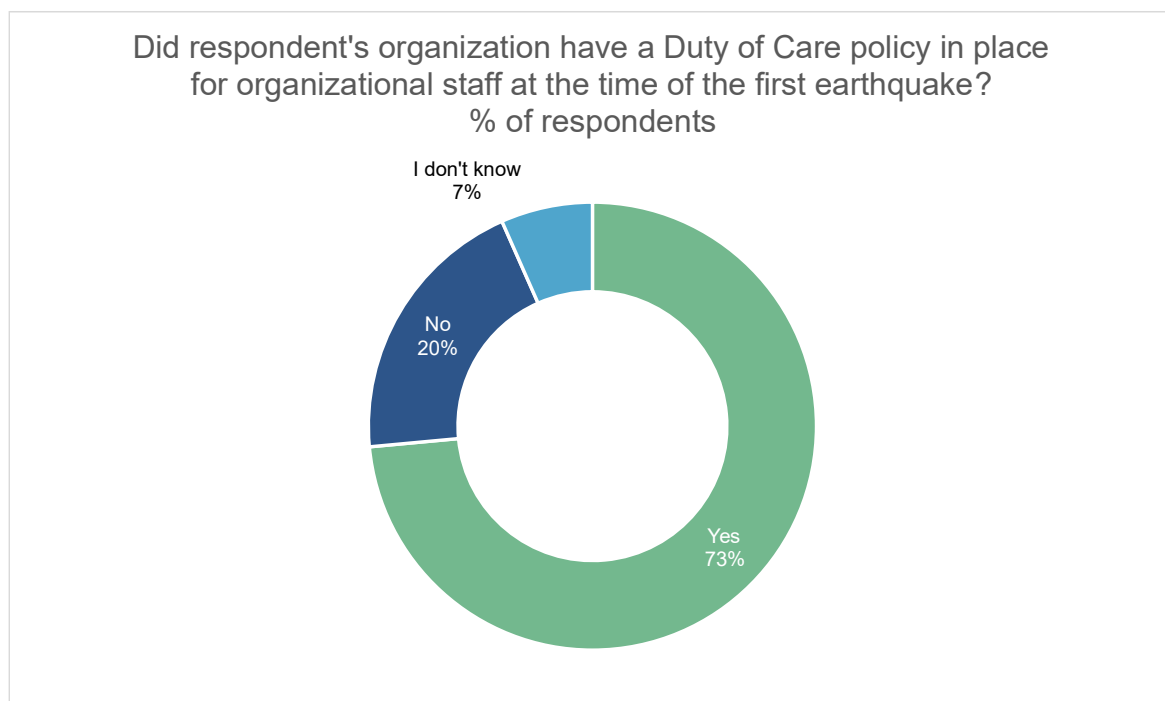


Figure 3 Duty of care for organizational staff

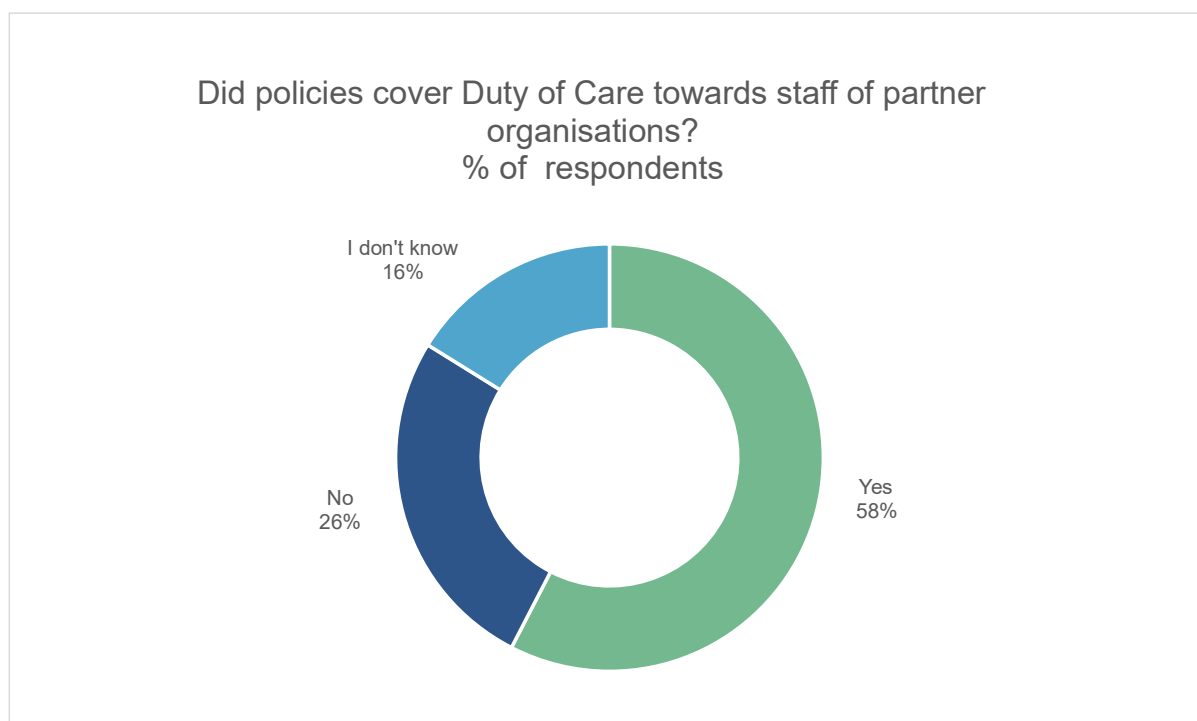


Figure 4 Duty of care for partner organizations

### How well were colleagues made aware of DOC arrangements?

Of the 135 respondents, around 48% of the total respondents felt that their organization's efforts to make them and their colleagues aware of DOC arrangements in a timely and accessible manner were either "Very good" or "Good" (Figure 5). Respondents provided the following reasons:

- Country directors and organization leadership provided staff with flexible working arrangements, while some have provided alternative options for accommodation and relocation support for staff whose houses were damaged during the earthquake.
- Psychosocial support in staff's mother tongue and counseling opportunities were offered.
- Financial support and compensation such as salary advances.
- Information on DOC was shared promptly by some organizations through communications channels such as WhatsApp groups, which were timely and accessible for staff.

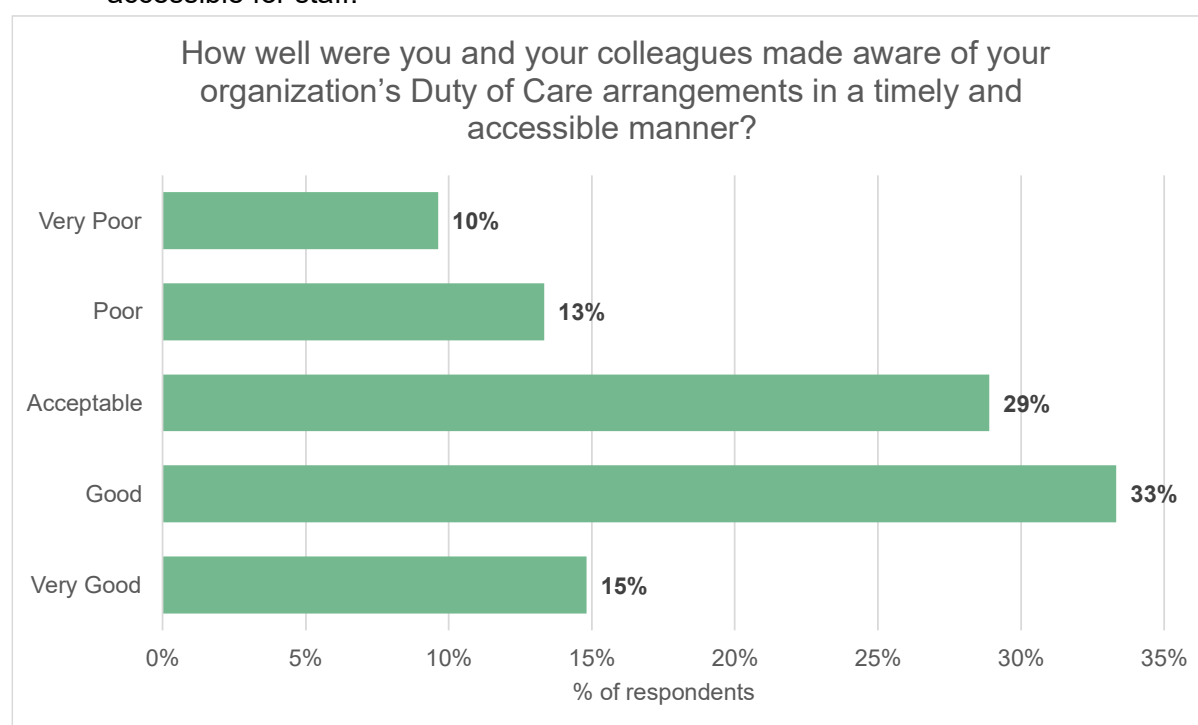


Figure 5 Duty of care policy awareness

Around 29% of 135 respondents thought efforts to make staff aware of DOC were "Acceptable," and those who felt that efforts were either "Poor or Very Poor" totalled 23% (Figure 5). Respondents provided the following reasoning for why efforts to make staff aware of DOC were "Poor or Very Poor":

- For organizations that did have DOC policies in place, staff were saying that they were not aware of DOC policies until much later, that decision-making around DOC efforts were super delayed and took lots of coordination, and that arrangements were not clearly communicated to staff.

- Some duty stations were not as high risk, which did not apply for DOC in the event of a natural disaster; moreover, the organizations did not anticipate a natural disaster of that intensity and did not have appropriate DOC policies in place at the time of the EQ.
- One staff member mentioned that more efforts should have been made by the organizations to ensure that workers are supported psychologically and economically and support for their families was provided so that they can return to work.

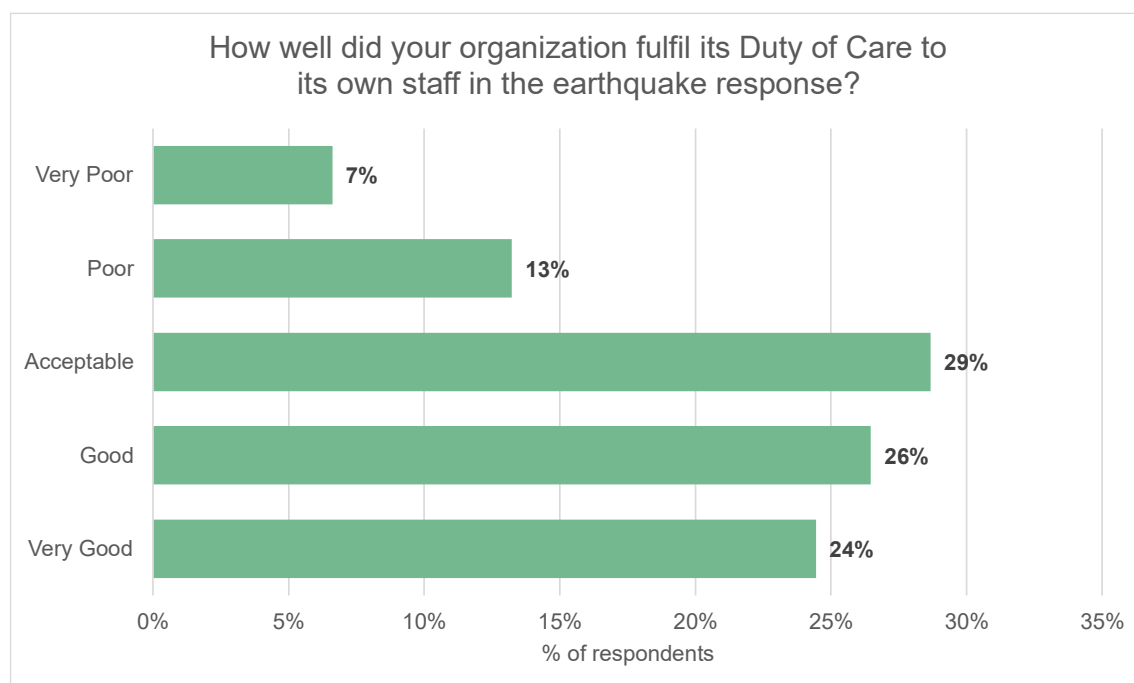


Figure 6 Duty of care for staff

Aid workers were then asked to rate how well their organization fulfilled its DOC to its own staff in the earthquake response, and 135 staff responded to this question (Figure 6). Around half of respondents (51%) of respondents answered either “Good” or “Very Good” when asked how well their organization fulfilled DOC arrangement to its own staff. About 29% of staff responded with “Acceptable” and the remaining choosing “Poor” and “Very Poor” (total approx. 20%). The majority of those who responded “Good” or “Very Good” emphasized the importance of the financial compensation and flexibility with working hours as part of DOC policies. Organizations also prioritized staff safety and made sure that staff were informed about the latest safety measures and procedures. Counseling and psychosocial support were also regarded as key support by survey respondents. Those who replied “Poor” and “Very Poor” expressed that organizations did a poor job of fulfilling their DOC due to a lack of clear policies, inadequate communication about existing policies, and insufficient support during the earthquake response. Common concerns may have included a failure to provide essential aid such as financial assistance, paid leave, relocation support, or psychosocial services, leading to a perception that the organization did not prioritize staff well-being during the crisis.

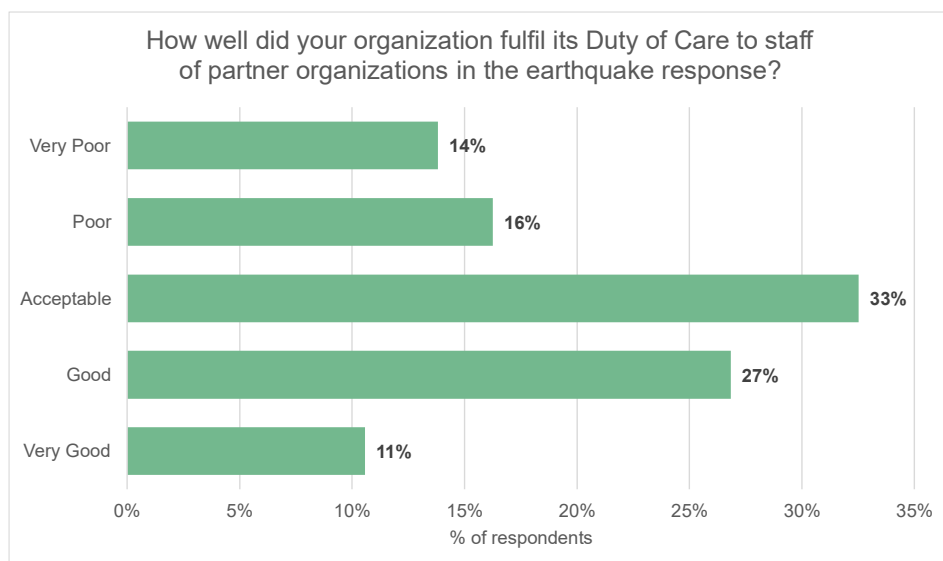


Figure 7 Duty of care for partner organisations

Aid workers were also asked how well their organization fulfilled DOC for staff of partner organizations, with a total of 123 responding. Around 37% responded that it was “Good” and “Very Good,” whereas 33% responded that it was “Acceptable.” Around 30% of respondents found it to be “Poor” or “Very Poor.” Those who responded “Good” or “Very Good” mentioned that they worked closely with partners on DOC and allocated budget for DOC, provided a flexible working environment with financial compensation, and took protective measures for staff in the field. One response also highlighted that although there was not an agreed common approach within the UN agencies, specific agencies (UNICEF, OCHA/SCHF) supported their partners with cash provision. Some that responded “Acceptable,” “Poor,” and “Very Poor” were part of organizations that did not have partners, or were unsure. Respondents who came from organizations with partners stated that:

- There was no contractual obligation with partners to fulfill DOC
- In some cases partners were supported eventually, but it took too long due to the lengthy consultation process and initial lack of preparedness.

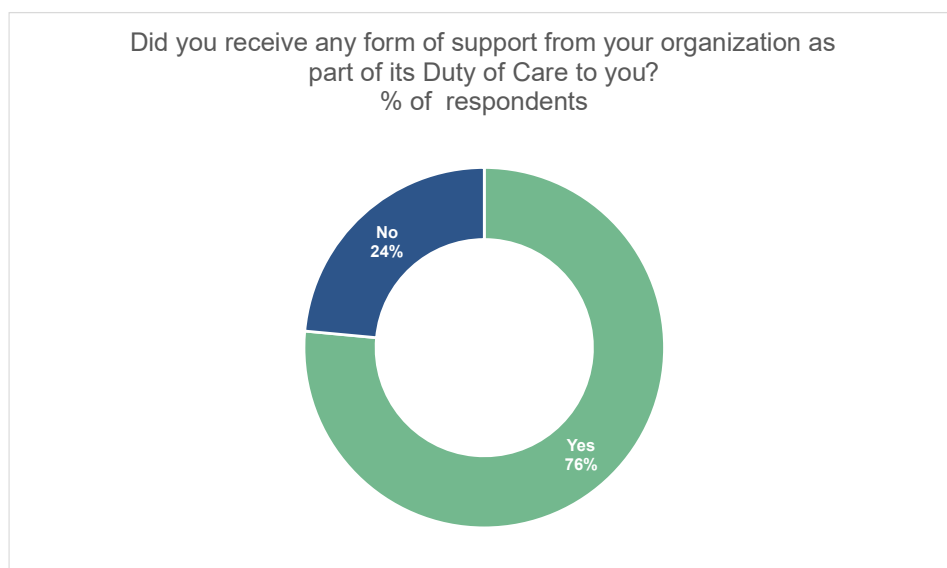


Figure 8 Have respondents received duty of care support from their organization?

When respondents were asked whether they personally received any DOC support, around 76% said “Yes” and 24% said “No” (of the total 136 that responded) (Figure 8). Of those 76% who said that they had received DOC support (104 respondents), 49% received financial compensation, 22% received psychosocial support, 13% received paid leave, and 17% selected “All of the above” (Figure 9 below).

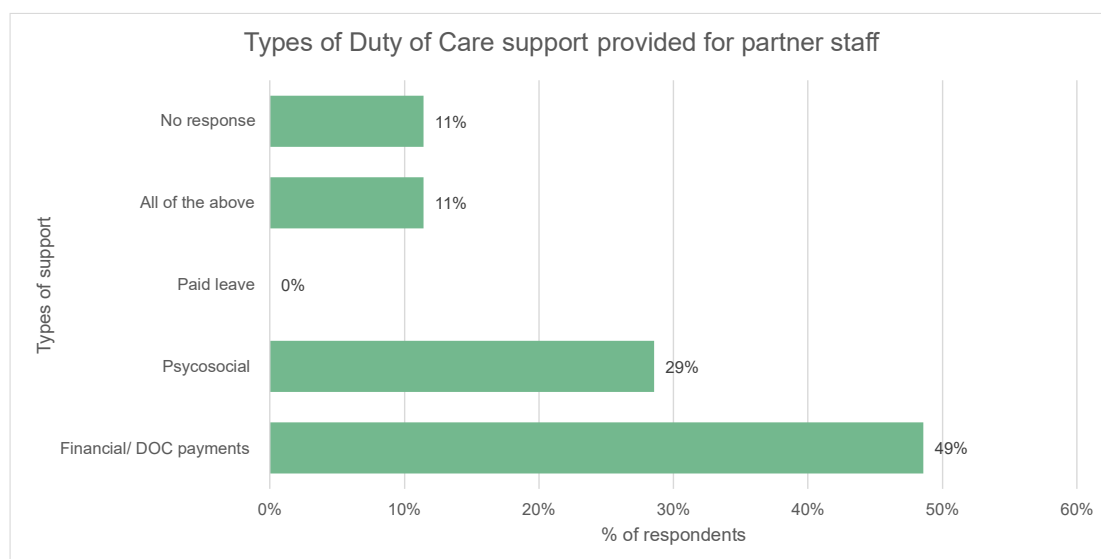


Figure 9 Types of duty of care received (respondents)

Respondents were also asked if anyone from their organization, such as colleagues, also received DOC support: around 78% answered “Yes,” with 11% answering “No” and 11% responding “I don’t know” (from the 136 who responded). Of the 78% (106 respondents) who responded “Yes” and had received support, the main support received was financial DOC payments (47%). The rest of the respondents received psychosocial support (22%), and 21% selected all options, with a few (9%) receiving paid leave only (see Figure 11). One respondent mentioned that they also received in-kind support in the form of NFIs and tents.

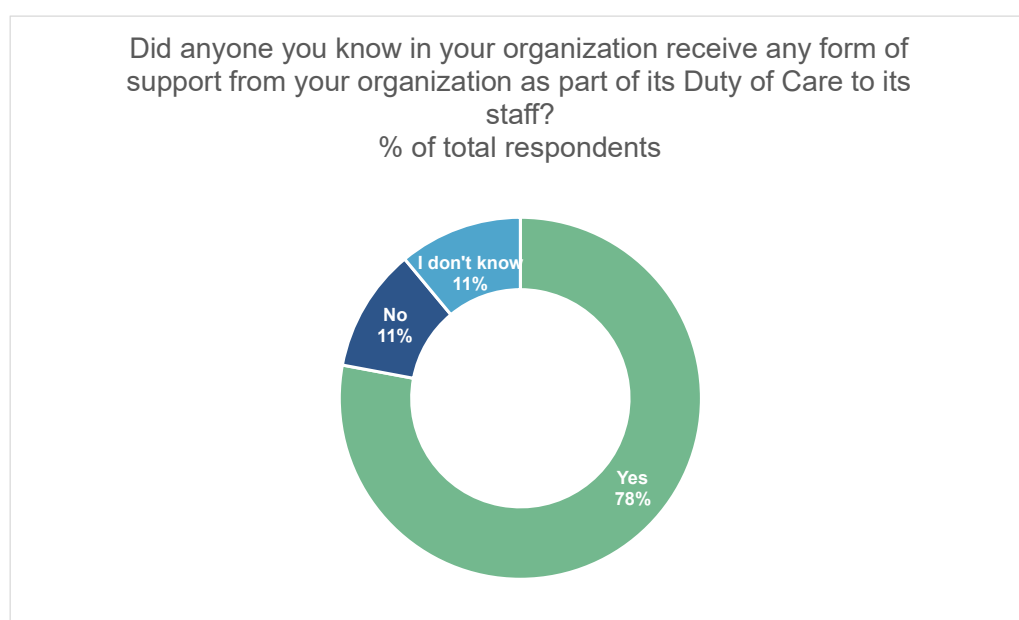


Figure 10 Receipt of duty of care

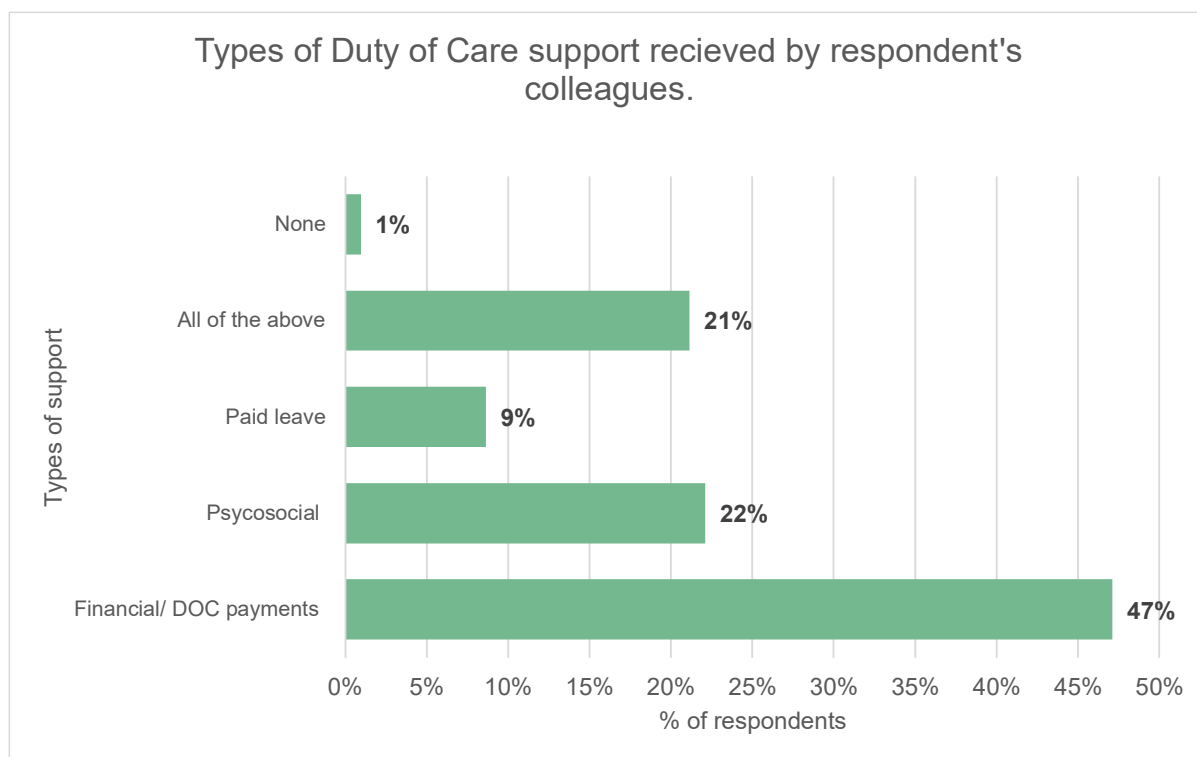


Figure 11 Types of support received

Aid workers were then asked if their organization provided forms of DOC support to partner staff as part of DOC policies to their partners (see Figure 12). Of the 134 who responded to that question, around 26% said that partner organization staff received DOC support, with almost two-thirds of respondents saying “No” (34%) and “I don’t know” (39.6%) demonstrating that more have not provided, or were unsure if their organization provided, DOC support to partners.

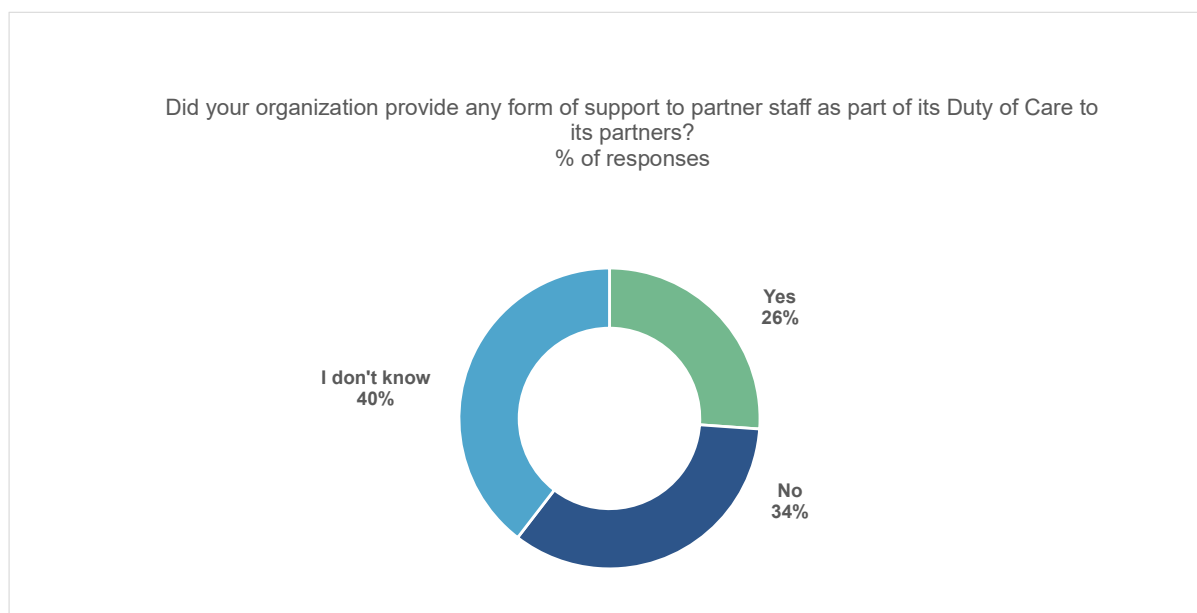


Figure 12 Did organizations provide duty of care support to partner staff?

Those who responded “Yes” were asked what types of support were provided for partner staff. Out of the 35 respondents who said that partner organizations had been provided support, 49% provided DOC payments, 29% provided psychosocial support, zero had been paid leave, with 11% responding “All of the above” (see Figure 13). About 11% (figure 13) of those were provided (figure 12) support did not specify which types when asked the follow-up question. Some organizations have said that they provided support based on the partner’s decisions.

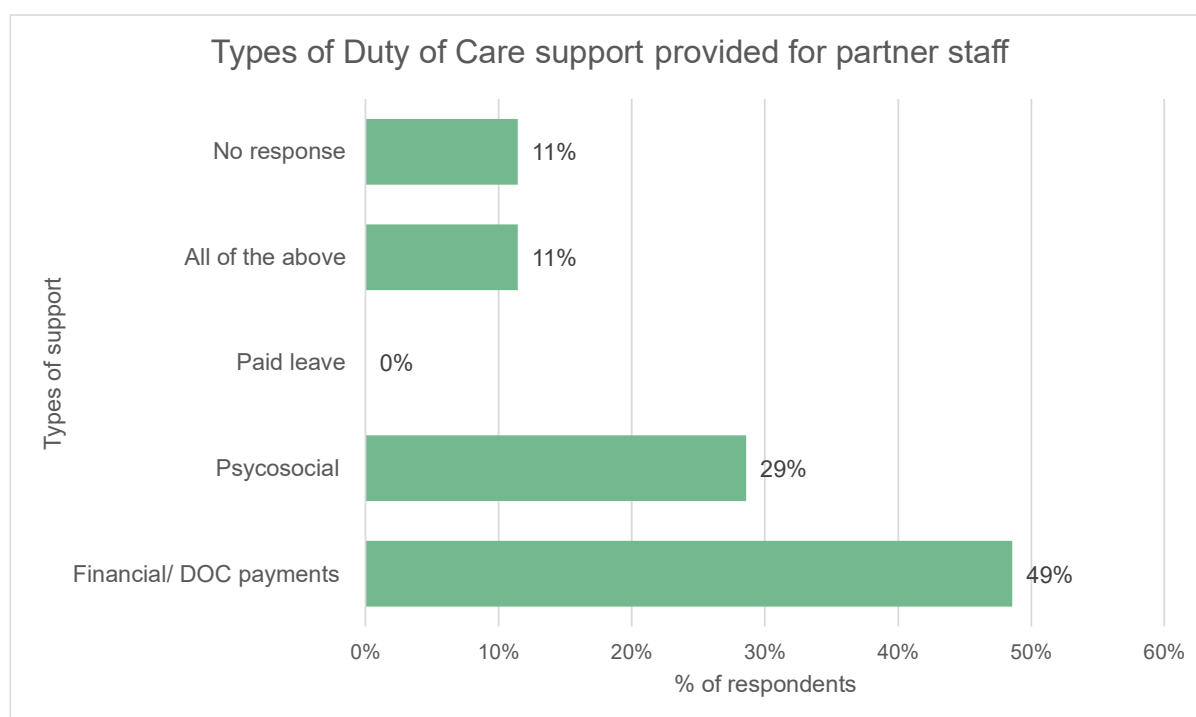


Figure 13 Duty of care provided for partner staff

In the final question of the DOC section, respondents were asked about their suggestions for improving DOC within their organization and provided the responses below:

- Need for faster and more equitable financial aid distribution.
- Develop better preparedness and contingency plans for DOC policies for staff moving forward.
- Clearer DOC policies that cover diverse scenarios and circumstances.
- Allocate sufficient funding/budget to DOC.
- Donors, fund managers, and INGOs should raise awareness, and share expertise and best practices, on how to plan for and cover DOC costs. Some emphasized that donor interest in DOC is one way to ensure that DOC is included in partnership agreements and policies.
- More collaboration across the UN agencies to ensure equity and fairness for all humanitarian staff receiving DOC.
- Rehabilitation for staff whose homes were affected by the earthquake.
- Ensure there are clear DOC arrangements for implementing partners.
- DOC compensation was not commensurate with the value of damage to staff homes.
- Better and longer-term mental health and psychosocial support (MHPSS) for workers and their families rather than one-off sessions.
- Flexible working conditions so that staff can care for family.

### Assisting the most vulnerable groups

#### Did the earthquake response account for the specific needs of the most vulnerable groups?

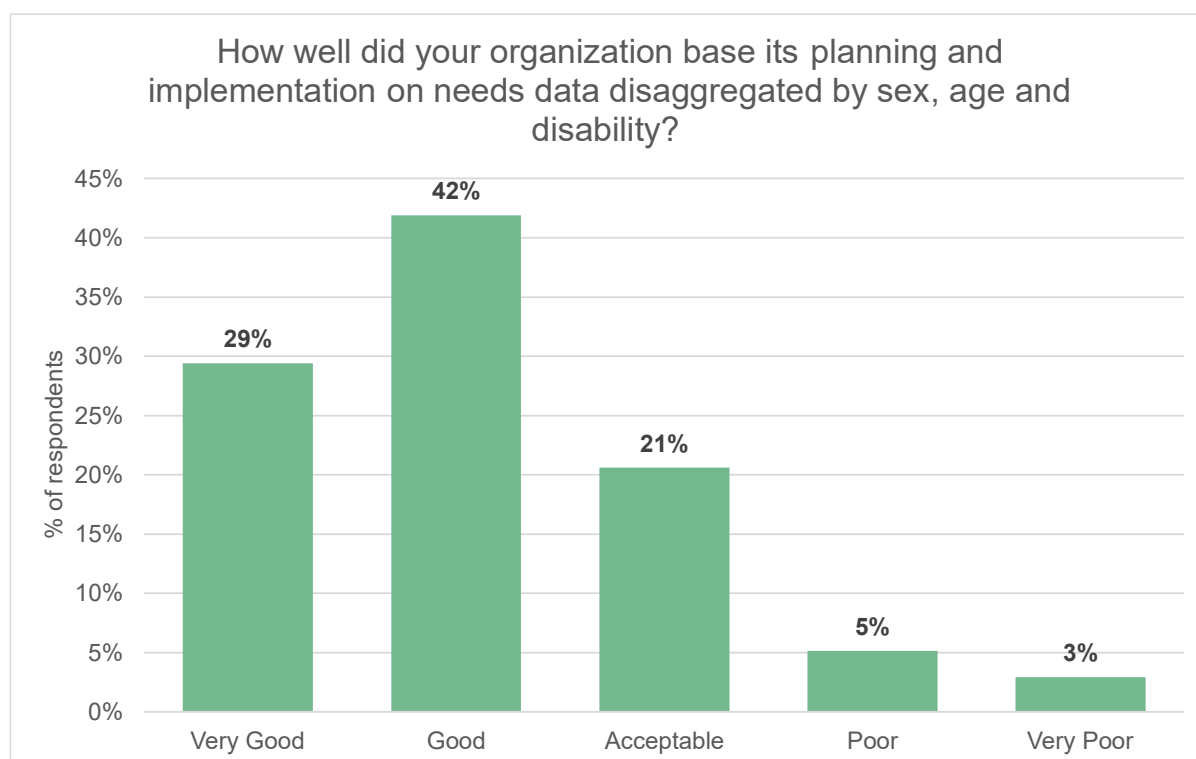


Figure 14 Planning based on data disaggregated by sex, age, and disability

For this section, respondents were asked a variety of questions to understand how well the earthquake response accounted for the needs of the most vulnerable groups among the earthquake-affected population.

First, respondents were asked their opinion on whether their organizations based planning and implementation on needs data disaggregated by sex, age, and disability (Figure 14). From the 136 respondents, 42% of respondents expressed that their organization did a “good” job of basing its planning and implementation on needs data disaggregated by sex, age, and disability. Around 29% of respondents chose “Very Good,” and 20.6% said that their organization did an “Acceptable” job. Combined, 8% of respondents chose “Poor” and “Very Poor.” Respondents who felt that planning and implementation based on disaggregated needs data was either “Acceptable,” “Good” or “Very Good” provided the following reasons:

- Planning was based on regularly updated and disaggregated data on needs, taking into account vulnerability criteria of target groups. Vulnerable and at-risk groups were put at the forefront of protection and needs assessments.
- Data disaggregation is a default practice and organizations followed donor and cluster requirements and procedures of using disaggregated data for planning and implementation.
- Although data disaggregation protocols were followed, some data such as disability data was hard to collect or was not reliable. Others had to rely only on available data.



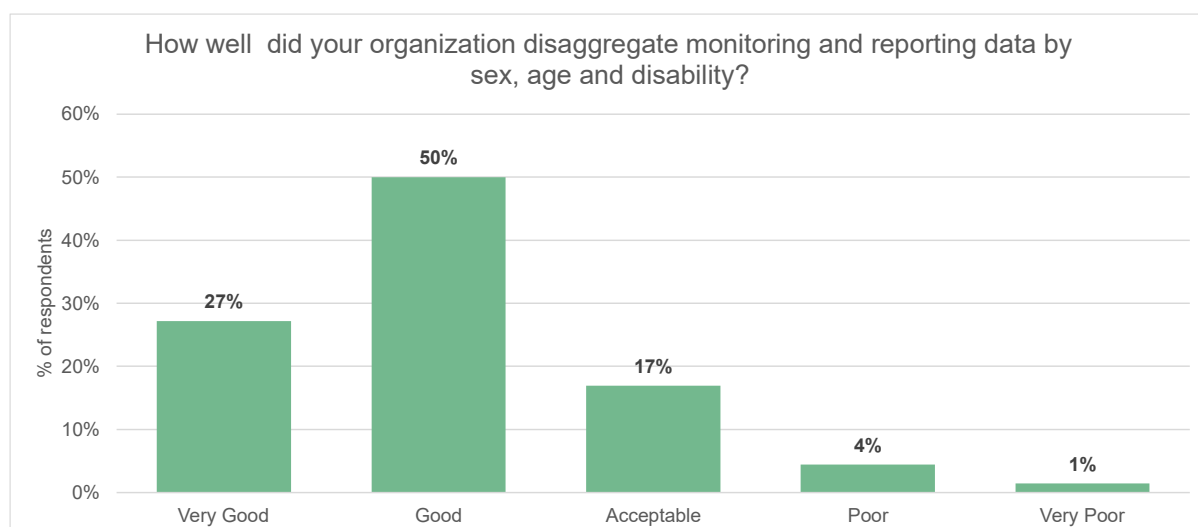


Figure 15 Disaggregation of monitoring and reporting data by sex, age, and disability

Qualitative responses for those who selected “Poor” and “Very Poor” were sparse.

Additionally, when asked how well the organization disaggregated their monitoring and reporting data by sex, age, and disability, a combined 77% of the 136 respondents said that it was “Good” or “Very Good.” Around 17% said that it was “Acceptable,” and 5% said that it was “Poor” or “Very Poor” (Figure 15). Reasons provided for “Good” and “Very Good” include:

- Data and reporting data were disaggregated by sex, age, and disability, particularly where there were strong Monitoring, Evaluation and Learning (MEAL) departments with disaggregation processes integrated into existing structures.
- Data was not well disaggregated at the beginning, when the emergency was intense, as the priority was to reach all people.
- Some organizations disaggregated data based on female-headed HHs.

Respondents were then asked to provide ratings on a matrix to assess how well they thought the needs of different vulnerable groups were met. Based on Figure 16 below, the respondents (average of 131) thought that the needs of elderly people and people living with disabilities were accounted for the least, as shown by the high ratings, or “Poor” and “Very Poor,” whereas the needs of women and displaced populations scored higher ratings. Except for the needs of other vulnerable groups, the majority of respondents chose “Good” to reflect whether the needs of the groups below were well addressed during the response.

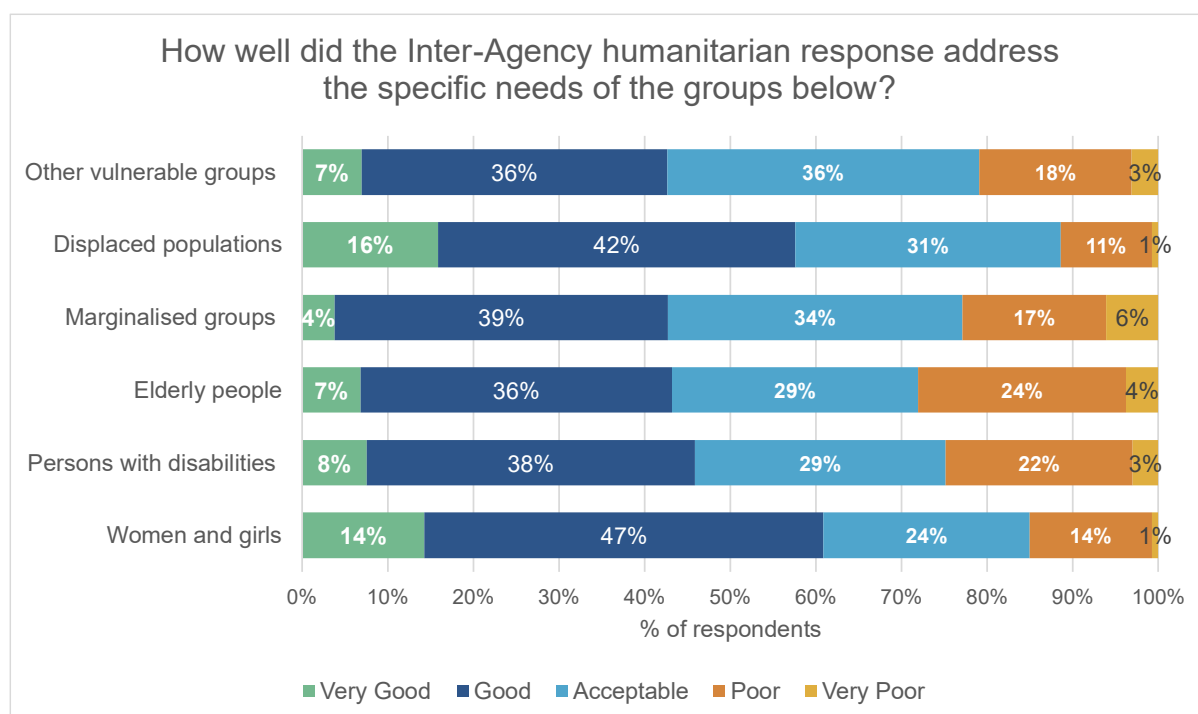


Figure 16 How well did the inter-agency response address the specific needs of certain groups?

When asked to explain ratings (Figure 16) and share good examples, respondents provided the following points:

#### Reasons for ratings:

- Initial response efforts focused mainly on general shelter needs, overlooking specific needs of groups like PwD, the elderly, and LGBTQ+ individuals.
- National and local government restrictions hindered targeted interventions for specific groups.
- Rural areas and those staying with relatives received less attention than those staying in shelters.

#### Some good practice examples:

- Some agencies mainstreamed inclusivity from day one, integrating women, PwD, and displaced individuals into planning and response efforts.
- ABC mechanisms helped identify and meet local needs efficiently.
- Some agencies ensured access to specialized services like psychosocial support, gender-segregated water, sanitation and hygiene (WASH) facilities, and disability-friendly infrastructure.

For Figure 17, respondents were asked to select all that applied to identify the main obstacles in addressing the humanitarian needs of the most vulnerable groups. This question received a total of 179 responses. The table below demonstrates the percentage of the total number of responses (rather than a percentage of total respondents). Lack of sufficient funding (64% of 179 responses) and difficulties with adapting programs for those with specific needs (30% of 179 responses) were the most selected obstacles.

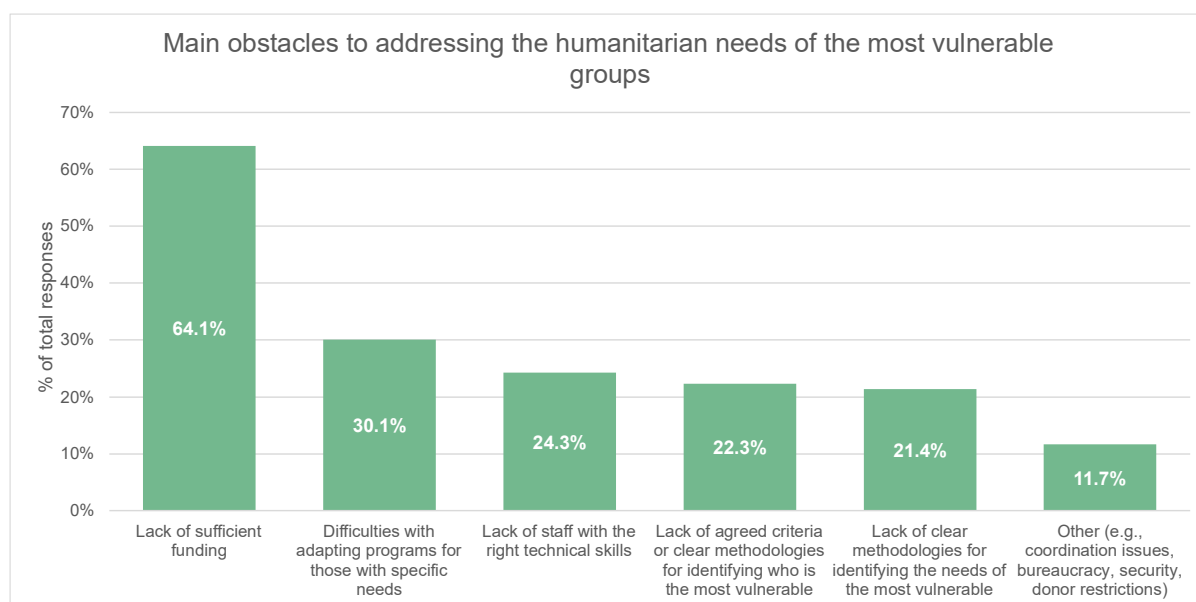


Figure 17 Obstacles to addressing humanitarian needs of the most vulnerable groups

The survey asked respondents to rate how well their organizations mainstreamed key issues in its response to the EQ (Figure 18). Mainstreaming the issues below during the EQ response was generally rated as “Good” or “Acceptable” according to aid workers. Respondents emphasized that although the responses addressed and mainstreamed the key issues below, there were challenges in the early days of the response due to the lack of resources and the focus on helping people who were trapped under the rubble and on providing basic needs such as food and shelter.

Good practice examples include:

- Complaints and feedback mechanisms (e.g., hotlines for sexual exploitation and abuse (SEA) allegations, awareness sessions on PSEA and accountability).
- Mainstreaming gender, disability, and protection themes into cluster meetings and humanitarian documents.
- Prioritizing the most vulnerable (e.g., elderly, women-headed households, children) in shelter through renovations and aid distribution.
- Expanding working hours for support services and increasing awareness through printed materials and communication channels.
- Ensuring gender-sensitive and disability-inclusive responses (e.g., separate shelters, mobility aids for PwD, privacy measures).

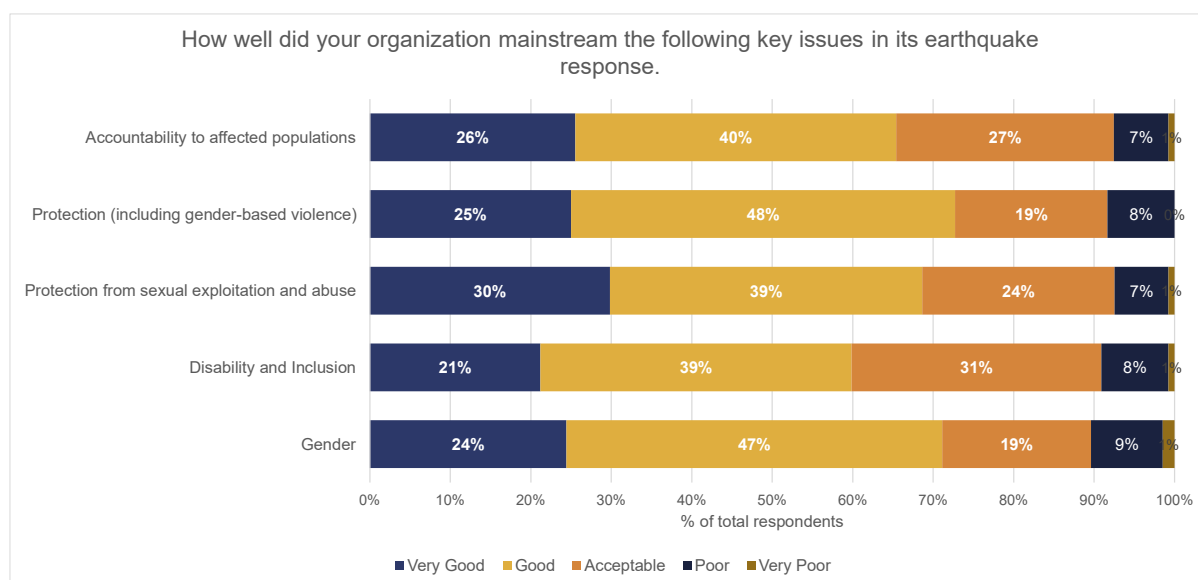


Figure 18 Mainstreaming key issues in the response

Aid workers were asked to rate how effectively the major coordination mechanisms (clusters and sub-clusters, NGO forums) ensured a harmonized approach to the issues in Figure 19 below. Respondents thought that the major coordination mechanisms generally did a “Good” or “Acceptable” job in ensuring a harmonized approach to the issues below. Respondents explained that:

- The response included key humanitarian elements such as gender, disability, and protection considerations, though some areas lacked clear methodologies.
- Rapid response efforts were implemented, but physical access and resource constraints, and a lack of specialization in gender and protection, limited effectiveness.
- Initial emergency responses focused on life-saving interventions (food, shelter, medical care), while long-term protection and inclusion efforts were secondary.
- Coordination and information sharing among organizations were generally strong, but gaps remained in ensuring accountability and acting on feedback.

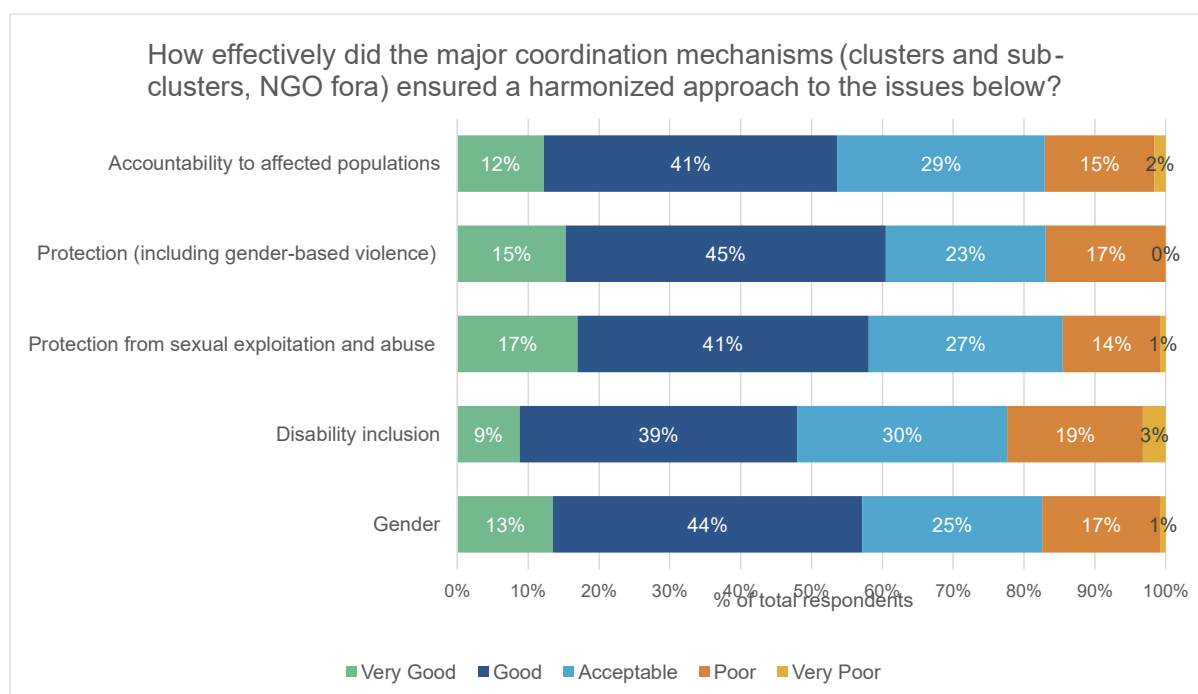


Figure 19 Coordination mechanisms ensuring harmonized approach to key issues

Good practice examples provided:

- Gender-sensitive and disability-inclusive interventions, such as rehabilitating collective shelters for PwD accessibility and prioritizing women and children in aid distribution.
- Engagement with local communities, volunteer teams, and committees in decision-making and response efforts.
- Hotlines for SEA allegations, complaints and feedback mechanisms, and awareness campaigns on protection issues.

Aid workers were asked how well their organization adapted its complaint and feedback mechanisms so that they could be used by people experiencing certain limitations (see Figure 20 below). Respondents generally thought that their organization did a “Good” job (average 35%) or “Acceptable” job (average 31%) in adapting its complaint and feedback mechanisms to be used by people experiencing some limitations. Respondents felt that adapting feedback mechanisms for those with limited hearing (16%) and sight (19%) was the poorest of all the limitations.

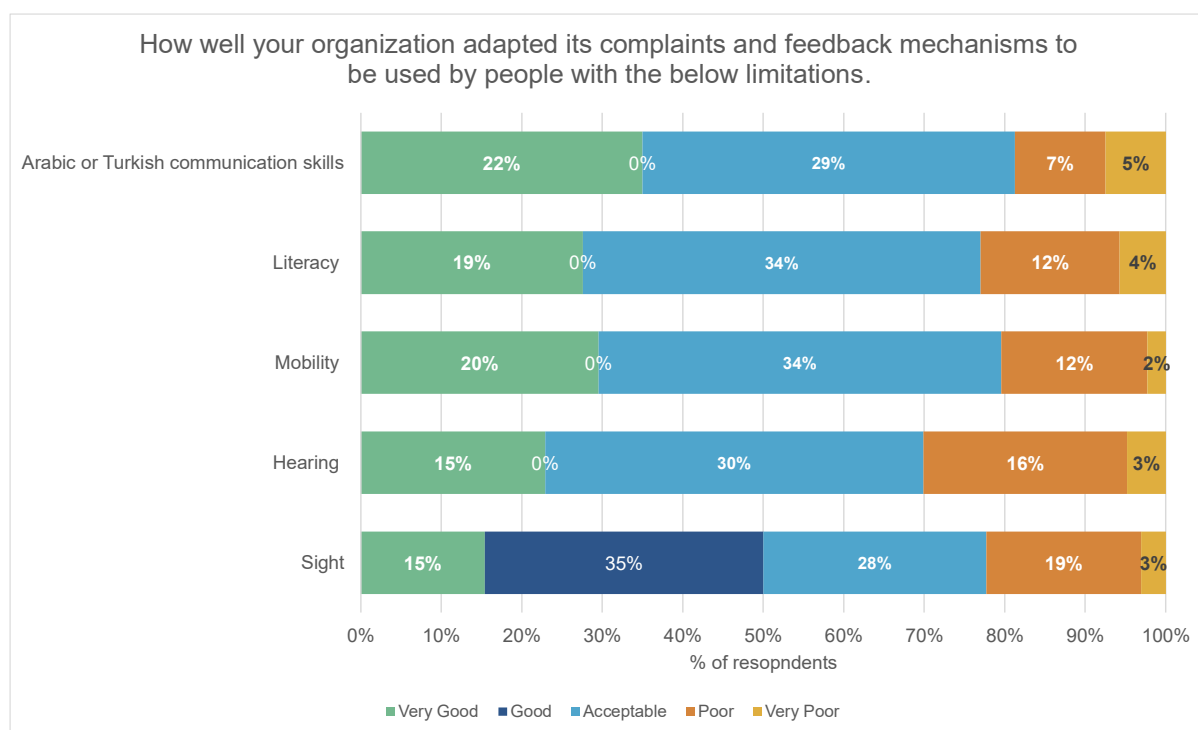


Figure 20 Adapting complaint and feedback mechanisms

Good practices shared by respondents include:

- Use of multiple communication channels such as WhatsApp, email, complaints boxes, direct feedback desks, and field visits to ensure accessibility. Information was provided in multiple languages, including visual aids (posters, banners, flyers) and Braille for visually impaired individuals. There was some mention of audio tracks for blind individuals and sign language for those with hearing impairments.
- Training staff on handling complaints effectively and sensitively, particularly for vulnerable groups.
- Clear complaint mechanisms displayed via posters, brochures, and banners in community centers.

#### Areas for improvement

- Some organizations collected feedback but failed to incorporate it effectively into program improvement, and there was limited follow-up on complaints, reducing community trust.
- Hearing-impaired individuals faced challenges in using existing complaint mechanisms.
- Lack of tailored complaint mechanisms for children with disabilities.
- Resource constraints limited the ability to respond to every complaint effectively.
- Need for better inter-agency referral mechanisms to streamline complaint resolution. Some organizations lacked significant improvements, only expanding existing systems rather than innovating.

Lastly, aid workers were asked how well their organization responded to the feedback received from affected communities (i.e. providing more information about programs or adapting programs) (see Figure 21 below). Of the total 94 respondents to this question, around 54% believe that their organization did a “Good” job of responding to feedback received from affected communities, with only a combined 12% saying it was “Poor” and “Very Poor.”



Figure 21 Responding to feedback

Respondents shared some of the reasons below:

- Organizations had a lot of financial constraints and resource limitations, which impacted their ability to respond to feedback.
- Organizations with established feedback mechanisms attempted to integrate community input into program adjustments.

Good practice examples provided:

- Examples include adjusting aid programs, providing financial compensation, installing water lines and solar lights, and refining communication strategies.
- Organizations communicated program changes back to communities, ensuring trust and continuous improvement.

Toward the end of the survey, respondents were asked to provide general feedback/concerns. Below is a summary of responses:

- Funding agencies were slow to react and lacked emergency preparedness.
- There were concerns about arbitrary dismissals and lack of support from specific organizations.
- A well-conducted MIRA assessment was not published due to criticism over gender balance in key informants, despite its relevance for decision-making.
- Respondents expressed fears of inadequate preparedness and funding for future crises, especially in earthquake-prone regions.

### Suggestions for the future

- PSEA and AAP efforts should be led by individuals familiar with the affected communities' cultural context rather than applying external theories.
- Integrating gender, child protection, and human rights into humanitarian response should be prioritized.
- Concerns about repeated mistakes in future responses.



## Annex 4. Türkiye and Syria validation and co-creation sessions

This section summarizes feedback from validation sessions and co-creation workshops conducted by the ET with key stakeholder groups. These included in-person engagements with the UN Country Team Plus (UNCT+), SEC Türkiye, Humanitarian Liaison Group (HLG), Inter-Cluster Coordination Group (ICCG), and volunteer groups in Gaziantep, as well as a remote session with the Humanitarian Country Team (HCT) in Syria. While validation was conducted with all groups, co-creation for recommendations with the HCT was limited due to access constraints.

### Co-creation Workshop UNCT+ and South-East Coordination Group (Türkiye Response)

**Date:** November 22, 2024

**Location:** Gaziantep, Türkiye

**Agencies Involved:** WHO, UNHCR, UNFPA, UN Women, WFP, Relief International, Education Sector, UNDP, OCHA, and other humanitarian actors

**Facilitators (Evaluation Team):** Tasneem Mowjee (Team leader), Valeria Raggi (Evaluator – tad)

**Slide deck presentation (double-click on the icon):**



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### Validation of findings

#### Key observations and challenges

- Sectoral response: The humanitarian response, particularly in health, was well coordinated, but existing assessment tools such as MIRA were not sufficiently specific.
- People-centered approach: There was a greater focus on the humanitarian response than on the affected population's needs. Preparedness gaps, including a lack of contingency planning, were noted.
- Coordination challenges: Initially, there was confusion over roles and responsibilities, which became clearer as the UN agencies' involvement grew.
- Repeated challenges: Findings from previous emergencies suggest weak institutional learning. Cultural barriers and a lack of emergency experience among staff were major challenges.
- Government engagement: The acceptance of a Flash Appeal was significant, but there was confusion between UNCT, HCT, and government roles.
- Funding constraints: Delays in funding allocation and distribution hindered response effectiveness.
- Gender and protection considerations: Gender-based violence (GBV) considerations improved through advocacy but were initially limited in scope. Localization and gender mainstreaming require further strengthening.

- Coordination mechanisms: Some agencies disagreed with findings, emphasizing that structural issues arose from the failure to accept existing coordination frameworks rather than mandate protection.

### **Lessons learned and recommendations**

- Strengthen institutional learning and integrate findings from previous emergencies into future preparedness plans.
- Improve coordination mechanisms between UN agencies and government actors, ensuring clarity of roles.
- Enhance funding accessibility and reduce delays in fund disbursement.
- Further incorporate gender and protection considerations into humanitarian response planning.
- Increase engagement with local and national actors to improve coordination and trust-building.

### **Co-creation discussions**

#### Adaptation to context

- Awareness of government response structures was limited, leading to duplicated efforts.
- Need for UN-government alignment through training on IASC operations and funding mechanisms.
- Establishing a joint UNCT-AFAD coordination body to ensure continuous communication and information sharing.
- Greater involvement of Resident Coordinators (RCs) in emergency response training and capacity building.
- Need for joint simulations and secondments into government structures to improve coordination.

#### Partnerships with local/national actors

- Engagement with local actors was inconsistent, affecting the effectiveness of response efforts.
- The 3RP framework was underutilized due to lack of coordination and chaotic implementation.
- Localization must go beyond NGOs and include municipalities and local government structures.
- UN agencies must manage expectations regarding direct humanitarian assistance and government involvement.

#### Preparedness and response frameworks

- A three-level Emergency Response Planning (ERP) framework should be implemented (institutional, sectoral, and strategic levels) by 2025.
- More defined leadership roles are needed in emergency preparedness and response.
- Coordination mechanisms should be standardized to enable flexible responses for different emergencies.

#### Demonstrating results and future strategies

- Ensure emergency response structures remain relevant and needed by authorities.
- Establish Standard Operating Procedures (SOPs) for localized response planning.
- Develop a contextually sound exit strategy that integrates humanitarian response with Early Recovery and reconstruction efforts.

- Enhance stakeholder mapping to ensure efficient use of resources and clear role definition.
- Strengthen data collection and accessibility, ensuring better collaboration with government actors for targeted assistance to vulnerable populations.

#### Final considerations

- The role of humanitarian actors in middle-income countries like Türkiye needs further definition.
- A lessons-learned workshop should be conducted to document best practices and identify areas for improvement.
- The UN must decide whether to scale back or transition its operations in the southeast of Türkiye.
- Development of guidelines for middle-income country responses, incorporating experiences from Türkiye and similar contexts.

#### **Validation workshop recommendations**

The table below provides country-specific recommendations for Türkiye, which came out of validation workshops with the UNCT+ and the SEC held during the analysis and reporting phase.

<b>Ensure that global emergency response mechanisms adapt to the context of strong government leadership and capacity</b>	
<b>Sub-recommendation</b>	<b>Action</b>
<p><b>In Türkiye</b>, IASC members should prepare a 5–8-page context analysis in preparation for a future rapid onset disaster so that surge support staff can gain a quick understanding of the context:</p> <p>The analysis should include a stakeholder mapping with contact details, an overview of national response structures and civil society capacity, and an analysis of the socio-economic and political context.</p> <p>The analysis should be updated annually.</p> <p>IASC members could also support surge staff by twinning them with national staff members to help improve their understanding of the context.</p>	<b>Türkiye: UNCT+ and SET-ICG</b>
<p><b>In Türkiye</b>, the UNCT+ should ensure that existing national and sub-national coordination structures are sufficiently flexible to respond to large-scale emergencies. They should do this by:</p> <p>Developing a revised Terms of Reference (ToR) for coordination structures, based on lessons learned from the earthquake response and a mapping of existing relationships with the government, NGOs, and the private sector. Prepare a clear checklist of actions with timeframes for the coordination structures.</p> <p>Making coordination mechanisms easily accessible to government entities, the Turkish Red Crescent, Turkish NGOs and other relevant national/local actors (e.g., by conducting meetings in both Turkish and English, by ensuring that UN terminology is clear to all participants or avoiding the use of jargon, by sharing meeting minutes with relevant stakeholders, etc.).</p>	<b>Türkiye: UNCT+ and SET-ICG</b>

Identifying a focal point within the coordination structures at national and sub-national levels to be a one-stop entry point for national/local actors to obtain all the information they need and also to coordinate government requests for assistance.	
<b>Develop a harmonized approach to duty of care at global level, informed by context-specific minimum standards</b>	
<b>Sub-recommendation</b>	<b>Action</b>
<p><b>In Türkiye</b>, IASC members and INGOs should work together to:</p> <p>Map individual agency policies on duty of care.</p> <p>Identify context-specific minimum standards of duty of care, including the type and level of support for first responders/key workers (like doctors and teachers).</p> <p>Explore options for how NGOs can finance duty of care, including the use of contingency budget lines, insurance (outside Syria) and joint advocacy with donors.</p>	<b>Türkiye: UNCT+</b>
<b>Strengthen partnerships with national/local actors and invest in community response capacities</b>	
<b>Sub-recommendation</b>	<b>Action</b>
<p><b>In Türkiye</b>, IASC members need to find ways to engage with the government. Actions should include:</p> <p>Demonstrating the added value of the UN to the government. This should include highlighting the results achieved during the earthquake response.</p> <p>Using partnerships at sub-national level as an entry point to demonstrate what support IASC members can provide and to build trust.</p> <p>Agreeing thresholds for UN intervention with AFAD/MFA as part of discussions on preparedness.</p> <p>Incorporating disaster risk reduction and emergency preparedness into existing collaborations with national/local actors (including the private sector).</p> <p>IASC members should also strengthen their relationships with the Turkish Red Crescent, understanding their preparedness plans and response procedures in order to complement these.</p>	<b>Türkiye: RC/UNCT+ and SET-ICG</b>
<b>Develop an emergency preparedness plan for each context, based on multiple scenarios and their impact</b>	
<b>Sub-recommendation</b>	<b>Action</b>
<p><b>In Türkiye</b>, take action at three levels simultaneously to improve preparedness:</p> <p>At the strategic level, identify the government's preparedness plans and how IASC members can contribute to this. Based on this, develop a simple framework that the UNCT+ can sign collectively with the government.</p> <p>At the sectoral level, develop a plan to coordinate the efforts of IASC members and their partners and ensure a joint response.</p>	<b>Türkiye: RC and UNCT+</b>

At individual agency level, have an emergency response plan or contingency plan in place (updating this regularly).	
Identify a group to take forward the strategic framework and inter-sectoral plan, including a lead agency, to ensure that these are in place by the end of 2025.	

### Co-creation workshop with the HLG, Cross-border NGCA response)

**Date:** November 20, 2024

**Location:** Gaziantep, Türkiye

**Agencies involved:** UNHCR, UNICEF, OCHA, WFP, WHO, BAHAR, Deputy Regional HC, IOM, NGO Forum, Maria Isabel Castro (EOS)

**Facilitators (Evaluation Team):** Tasneem Mowjee (Team leader), Valeria Raggi (Evaluator – Itad)

**Slide deck presentation (double-click on the icon):**



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workshop HLG\_FIN/

### Preliminary findings and Q&A:

- Over-assessing communities: There were multiple unsystematic and uncoordinated assessments conducted for the same communities, highlighting the need for consolidation.
- Price inflation: During the earthquake response, procurement challenges caused prices for food and non-food items to double or triple.
- Border and administrative challenges: Issues such as lack of cash access, adverse weather, and administrative hurdles affected the response. Suggestions include planning better for such scenarios in future disasters.
- Role of local councils: Local councils played a crucial role in the early days of the response despite the absence of recognized authorities in the area. Their quick mobilization and solidarity were key.
- Flexible funding: INGOs allowed flexibility in funding, marking a shift from previous rigid practices. Some agencies doubled their budgets through crowdfunding.
- Funding dynamics:
  - Significant funding influx from new donors, including institutional donors that had not previously funded Syria.
  - Donors requested implementing partners to differentiate between populations affected before and by the earthquake, which was impossible.

- Contingency plans: Emphasized the importance of emergency contingency plans beyond just funding, including stocking supplies and, for example, setting up mobile clinics.
- Recommendations and norms: Common challenges in emergency responses (e.g., delays in coordination) should be clearly addressed, and there should be a focus on actionable recommendations.
- First responders: Local organizations noted the lack of feedback on their efforts, impacting their ability to improve responses.
- Preparedness gaps: Current preparedness plans are often reactive and underfunded, with donors prioritizing response over preparedness efforts. Expensive capacities like trauma care and stockpiling were identified as critical gaps.
- Power imbalance: Imbalances between INGOs and local NGOs persist, with local NGOs often lacking the financial means to implement adequate duty of care measures.
- Coordination and security: Better communication and security capacity are needed. Coordination challenges between actors in Türkiye and NWS were highlighted.
- Audience clarity: The evaluation findings must clearly identify their intended audience to ensure effective interpretation and use.
- Business continuity plans: Emphasized the need for comprehensive continuity plans for leadership, including duty of care measures and clarity on roles during emergencies.
- Implementation of recommendations: Concerns were raised about whether organizations will take recommendations seriously and allocate resources to implement them.

### **Co-creation discussions**

#### Resource mobilization and allocation:

- Facilitate loans from CERF to country-based pooled funds (CBPFs). [CERF Secretariat]
- Maintain flexibility for quick fund reallocation during emergencies. [Donors + UN]
- Fast-track due diligence processes to onboard new partners quickly. [UN, INGOs, CBPFs]
- Strengthen needs-based allocations, with more autonomy for hubs like NWS.
- Address institutional challenges related to private donor funding, ensuring traceability.
- Sustain funding streams and include contingency lines in budgets.
- Expedite procedures with a “no regrets” policy for partners.
- Incorporate positive experiences from agencies like BHA.

#### Leadership and coordination:

- Enhance the autonomy of NWS and decentralize emergency coordination. [Strategic Steering Group (SSG), Regional Humanitarian Coordinator (RHC), Emergency Relief Coordinator (ERC)]

- Maintain a roster of surge experts to deploy during crises. [Agencies]
- Build capacity for cluster co-coordinators and local coordination groups (LCGs). [OCHA, ICCG]
- Develop and implement business continuity plans for leadership structures. [OCHA, ICCG]

#### Preparedness:

- Establish a comprehensive preparedness plan under the HLG, involving selected UN and NGO members, by Q1 2025. Share the plan with local authorities and cascade it through clusters.

#### Duty of care:

- Ensure alignment with universal duty of care policies for all emergencies, including support for first responders.
- Assess and standardize minimum duty of care requirements, considering the duration of assistance needed.
- Advocate for flexible funding to include duty of care measures in budgeting.

#### Early Recovery:

- Promote initiatives such as ceasefire agreements to facilitate recovery efforts.

### **Co-creation workshop with the ICCG, cross-border NGCA response)**

**Date:** November 21, 2024

**Location:** Gaziantep, Türkiye

**Agencies involved:** Education, Cash, Protection, Nutrition, WASH, Early Recovery, AAP, Gender working Group, CPO, Tasneem (Evaluation Team Leader), Valeria Raggi (Itad), Maria Isabel Castro (OCHA-EOS)

**Facilitators (Evaluation Team):** Tasneem Mowjee (Team leader), Valeria Raggi (Evaluator – Itad)

**Slide deck presentation (double-click on the icon):**



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workshop ICCG\_FIN

**Findings validation:**

- Trauma and stress: Humanitarians and their families faced immense pressure, with many NGO staff affected. Despite existing plans, there was little external support to NWS for aid delivery.
- Duty of care issues: Support for staff was delayed or absent, particularly for medical teams. Mental health needs of workers were not addressed adequately. Allowances and relocation grants were inconsistent, and consultants received no support.
- Initial funding gaps: During the crisis's first phase, organizations relied on loans rather than donor funding, leaving some still repaying debts.
- Pre-crisis downsizing: Many organizations had reduced staff and capacity before the earthquake. Some also lost vital connections with headquarters.
- Cluster improvements: Despite challenges, progress was noted in cluster coordination.
- Donor flexibility: Some donors provided flexibility, including direct funding to SNGOs, but others maintained restrictive conditions.
- Inadequate contingency plans: Existing plans did not account for earthquakes and proved ineffective.
- Discrimination: Instances of discrimination were reported during the response.
- Future preparedness: Recommendations should focus on addressing current gaps to improve future responses.
- Learnings for NGCA: Working in such contexts requires stronger accountability and concrete strategies, including input from INSARAG.
- Acknowledging progress: Recommendations should recognize what has already been achieved while focusing on future improvements.

## **Co-creation:**

### Leadership and coordination

- Funding and scaling challenges: Coordination efforts in Gaziantep lacked funding, and scaling up in emergencies was hindered by reduced budgets and staffing.
- NWS coordination: Initial efforts to establish NWS coordination were slow, but there is room to strengthen engagement and resilience-building with local communities.
- Pre-positioning supplies: UN resolutions supported pre-positioning supplies, highlighting its importance for future crises.
- Cluster focal points: High staff turnover in clusters highlights the need for dedicated focal points. Dual roles ("double-hatting") should be minimized.
- Minimum staffing levels: Define and maintain minimum staffing capacity for OCHA and cluster functions, even during funding reductions.

### Coordination and leadership recommendations:

- Fund dedicated for sectoral coordinators to support ICCG in affected areas, including hub co-coordinators.
- Develop mechanisms under WoS to fill leadership and coordination gaps during crises.



- Ensure leadership continuity by leveraging WoS capacity and global expertise.

#### Challenges noted:

- WoS coordinators' inefficiency in supporting hubs contrasts with global coordinators' effective contributions.
- Surge staff required excessive supervision, impacting local efforts, and kept local staff busy "babysitting."

#### Early Recovery:

- Quick transition: Establish mechanisms to accelerate the transition to early recovery.
- Monitoring gaps: Despite having an Early Recovery strategy, monitoring its implementation was overlooked.
- Funding challenges: Early Recovery activities are costly and lack donor interest.
- Health sector: Donors prioritized mobile clinics over rebuilding health infrastructure.
- Misconceptions: Early Recovery is often misunderstood; it involves integrating initiatives into humanitarian responses.
- Dedicated capacity: WoS Early Recovery strategy requires a dedicated team for implementation and advocacy.

#### Recommendation:

- Allocate dedicated capacity to monitor and advocate for Early Recovery under the RHC's office.

#### Duty of care:

- Standardization: Establish universal minimum standards for duty of care across organizations.
- Advocacy: Push for flexible funding to ensure comprehensive staff support during emergencies.
- Policy implementation: Strengthen UN-to-NGO policies to address gaps in response.

#### Preparedness:

- Integrated plans: Develop preparedness and business continuity plans for multiple shocks, potentially under WoS.
- Local capacity mapping: Strengthen local community-based approaches and enhance coordination by mapping existing response plans.
- Resource mobilization: Continue advocacy and fundraising for preparedness plans.

#### Needs assessments:

- Needs assessments: Significant gaps remain in humanitarian needs assessments. Despite improvements, tracking movements across Syria is limited.

#### Resource mobilization:

- Operational review: Conduct a review of pooled fund mechanisms.

- Transparency in allocations: Improve WoS involvement and transparency in resource allocation, including CERF.
- Access for local NGOs: Strengthen partnerships between INGOs and national NGOs to ensure local organizations can access funds.
- Flexible funding: Advocate for increased flexibility to redirect resources and address emerging needs like duty of care.

### Validation workshop recommendations

The table below provides country-specific recommendations that came out of validation sessions held with the HLG, ICCG, and community volunteer groups during the analysis and reporting phase.

Develop a harmonized approach to duty of care at the global level, informed by context-specific minimum standards	
Sub-recommendation	Action
<p><b>In Syria</b>, IASC members and INGOs should work together to:</p> <p>Map individual agency policies on duty of care.</p> <p>Identify context-specific minimum standards of duty of care, including the type and level of support for first responders/key workers (like doctors and teachers).</p> <p>Explore options for how NGOs can finance duty of care, including the use of contingency budget lines, insurance (outside Syria), and joint advocacy with donors.</p>	<b>Syria:</b> HCT level
Strengthen partnerships with national/local actors and invest in community response capacities	
Sub-recommendation	Action
<p><b>In Syria</b>, IASC members should:</p> <p>Put in place a clear and succinct plan on strengthening localization (implementing the Operational Peer Review (OPR) recommendation), including SNGOs, local structures, such as camp management, Area Mukhtars (community leaders), and local unions in the plan.</p> <p>Invest in strengthening the capacity of SNGOs and local volunteer groups for needs assessments and emergency response.</p> <p>Advocate for SNGOs to have greater direct access to humanitarian funding, particularly those working in hard-to-reach communities.</p>	<b>Syria:</b> HCT/HLG supported by ISCG/ICCG
Develop an emergency preparedness plan for each context, based on multiple scenarios and their impact	
Sub-recommendation	Action
<p><b>In Syria</b>, under the leadership of the RC/HC and the Deputy Regional Humanitarian Coordinator (DRHC), the HCT and HLG should develop the ToR for a Working Group comprising UN agencies and NGOs to develop an emergency preparedness plan. The plan should:</p> <p>Identify roles and responsibilities and outline actions that include strengthening the ability of the community and local responders to deal with a sudden onset emergency, particularly if this reduces or cuts off access.</p> <p>Be based on a mapping of existing local capacities and the emergency response plans of the new authorities, to the extent that these exist.</p>	<b>Syria:</b> RC/HC and DRHC leading discussions in the HCT and HLG, with the support of the inter-cluster coordination body

<p>Reflect a greater role for strengthened coordination mechanisms inside NWS (see recommendation on coordination), ensuring clear and regular communication with local actors, including camp management, Area Mukhtars, and local associations.</p> <p>The HCT/HLG should endorse the final plan, and its implementation should be cascaded through the clusters.</p>	
<b>Strengthen needs assessments tools and mechanisms to ensure that assessments are timely, coordinated (to avoid over-burdening affected communities), comprehensive (including coverage of hard-to-reach areas) and include disaggregated data</b>	
<b>Sub-recommendation</b>	<b>Action</b>
<p><b>In Syria</b>, inter-cluster groups should:</p> <p>Ensure that there is an inter-sectoral tool in place to consolidate needs assessment data from different sources, including assessments conducted by individual NGOs. This should also help to identify gaps.</p> <p>Map partners' and volunteer groups' presence and agree on who will conduct needs assessments as part of preparedness for a large-scale rapid onset emergency.</p> <p>Put in place a contingency plan for communications, in the event of disruption to access or communications due to a large-scale emergency.</p> <p>Strengthen the capacity of small SNGOs and groups working with the most vulnerable groups (such as unions) to identify the needs of the most vulnerable groups, including through the use of the Washington group of questions.</p>	<p><b>Syria:</b> ISCG/ICCG</p>
<b>Replicate good practices around AAP mechanisms and the role of SNGOs developed in the cross-border operation across Syria</b>	
<b>Sub-recommendation</b>	<b>Action</b>
<p><b>In Syria</b>, IASC members and NGOs should:</p> <p>Ensure that the post of the AAP Advisor to the DRHC is expanded to cover all parts of the country.</p> <p>Ensure that communities in all parts of the country are informed about Safeline and feel confident enough to make active use of it.</p> <p>Scale up the rumor tracker to cover all of Syria.</p> <p>Strengthen the capacities of volunteer groups, local associations, and community members to improve the delivery of the response as well as AAP.</p> <p>Ensure that SNGOs have a significant role in coordination and decision-making fora (including leadership where they have adequate capacity and resources). Do this by scaling up the measures put in place in Northwest Syria as part of the cross-border operation. This includes:</p> <p>Ensuring SNGOs have funding for dedicated sector coordinators</p> <p>Minimizing the double-hatting of cluster coordinators (while recognizing the funding challenges that drive this)</p> <p>Expanding the structures of LCGs and Humanitarian Field Officers to the rest of the country</p>	<p><b>Syria:</b> HCT/HLG members working with the AAP Advisor and agency AAP focal points; ISCG/ICCG; SNGOs that are cluster/sector members; donors</p>

### Remote session with the Syria HCT, GCA response)

**Date:** November 26, 2024

**Location:** Remote

**Agencies involved:** UNICEF, UNFPA, WHO, UNDP, UNHCR, FAO, WHO, UNRWA, Local NGO Rep, IMC, and other HCT members.

**Facilitators (Evaluation Team):** Tasneem Mowjee (Team leader), Valeria Raggi (Evaluator – Itad)

**Slide deck presentation (double-click on the icon):**



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## Co-creation

### Early Recovery and coordination structures

- WoS Recovery Strategy: Recently launched after a year of discussion; includes all three hubs. Importance was stressed on focusing on ToR rather than debating Trust Fund principles.
- WoS vs. P2P comparison: Suggested that recommendations on WoS structure be included to allow comparison with the P2P.
- Coordination at governorate level:
  - Set up roles at the governorate level to support coordination.
  - Governorates had different capacities and approaches for emergency coordination—valuable learning.

### Partnerships with local and national actors

#### Government engagement

- Attempted to involve Ministry of Health in public health emergency preparedness but lacked access.
- Submitted a concept note to Government of Syria (GoS) to support the creation of a humanitarian coordination body but received no response.
- Missed opportunities in formal engagement with authorities were a shared concern.
- Noted the complexities in the Latakia vs. Aleppo response, including the absence of hub-level offices, operational challenges with the health-focused emergency ops center, and legal/framework constraints. They also highlighted the lack of a designated coordination body with the UN, slow progress due to limited UNCT access, and the need to account for varying local coordination approaches across governorates to better support NGO and UN responses.

#### Local NGO engagement

- NGO capacity building: Ongoing need for training despite the protracted crisis; attributed partly to brain drain. Emphasized continuing investment and annual refresher training.
- Latakia needed intensive capacity building post-earthquake, which slowed down the response.
- Recognition of frontline workers: Highlighted the efforts of UN and NGO staff in GCA, who crossed conflict lines to provide aid.

### Needs assessments and Flash Appeals

- Fragmented assessments: Agencies noted that joint needs assessments remain weak and disjointed.

- Initial paralysis in funding: In the early response phase, a lack of funds for NGOs and INGOs delayed assessments and programming.
- Flash Appeals criticism: Participants expressed surprise that Flash Appeals were seen as not reflecting actual needs, noting overwhelmed programs and field-driven planning.

#### Preparedness

- Geographic disparities: Aleppo vs. Latakia
  - Aleppo: Stronger presence of NGOs and preparedness allowed for quicker response.
  - Latakia: Limited prior infrastructure and presence; required significant capacity building; slower response.
- UN capacities: participants acknowledged lack of UN agency presence in Latakia, highlighting need for broader preparedness.

#### Response frameworks (duty of care)

Participants emphasized mental health as a crucial and under-addressed element during the earthquake response. Attention increased only with the onset of the broader regional conflict. There are advocacy efforts to strengthen psychological support services.

#### Resource mobilization

Participants noted better funding for the response in Türkiye compared to Syria.

#### Overall

Participants stressed the value of concrete, structural recommendations from evaluations to better prepare for future rapid onset emergencies.

## Annex 5. List of key informants consulted

ID	Organization	Position	Context	Gender
94	AFAD	Deputy Manager	Türkiye	Male
113	AFAD	Representative	Türkiye	Male
142	AFAD	Representative	Türkiye	Male
60	AFAD (Malatya)	Representative	Türkiye	Male
126	ASAM	Representative	Türkiye	Male
127	ASAM	Representative	Türkiye	Male
141	ASAM	YSYD Representative	Türkiye	Male
143	ASAM	Representative	Türkiye	Male
144	ASAM	Representative	Türkiye	Female
66	Bahar Organization	Deputy CEO, Programs Director, Gaziantep	NGCA	Female
20	Basma wa Zaytoona/Women's Advisory Group	Coordinator/Deputy Coordinator	NGCA	Female
103	Bonyan Organization	Partnerships Coordinator	NGCA	Male
100	CARE International	Shelter Cluster Co-Coordinator	NGCA	Male
128	Chamber of Tradesmen and Craftsmen	Representative	Türkiye	Male
166	Civil Society Development Centre /Local NGO network	LAG Representative	Türkiye	Male
153	Danish Refugee Council	Country Director	Türkiye	Female
118	Donor Government	Development Director for Syria	GCA	Male
30	ECHO/EU	Donor Government Representative	Türkiye	Male
83	ECHO/EU	Head, Humanitarian Operations Syria	GCA	Male
125	FAO	Director, Office of Emergencies and Resilience/EDG member	Global	Male
19	FAO	Deputy Representative	Türkiye	Female
92	FAO	Deputy Director, Operations and Resourcing, Office of Emergencies and Resilience	Türkiye	Male
68	FAO	Coordination Officer	Türkiye	Male
161	Flying Broom	Co-Chair, Flying Broom Association; representing the Local Humanitarian Forum (LHF)	Türkiye	Female

ID	Organization	Position	Context	Gender
164	Global Communities	CCCM Cluster Co-Coordinator	NGCA	Male
121	Government (Germany)	Donor Government Representative	Türkiye	Male
129	Government, Civil Society Department	Representative	Türkiye	Male
137	Government, Presidency of Strategy and Budget	Representative	Türkiye	Female
138	Government, Presidency of Strategy and Budget	Representative	Türkiye	Female
139	Government, Presidency of Strategy and Budget	Representative	Türkiye	Male
132	Government, Provincial Directorate of Agriculture	Representative	Türkiye	Male
133	Government, Provincial Directorate of Family and Social Services	Representative	Türkiye	Male
134	Government, Provincial Directorate of Health	Representative	Türkiye	Male
135	Government, Provincial Directorate of National Education	Head of Office	Türkiye	Male
136	Government, Provincial Health Directorate	Representative	Türkiye	Male
140	Governorship (Malatya)	Representative	Türkiye	Male
50	Hand in Hand for Aid & Development/SIRF member	Country Director	NGCA	Male
31	HelpAge	Age Inclusion Specialist	Türkiye	Female
101	Hope Revival Organization	Executive director	NGCA	Male

ID	Organization	Position	Context	Gender
80	IFAD	Representative	Türkiye	Male
70	IFRC Türkiye	Head	Türkiye	Female
95	IGAM	LHF Focal Point	Türkiye	Male
104	IHH	International Relations Officer	Türkiye	Male
160	IHH	International Coordination and Grant Coordinator	Türkiye	Female
175	ILO	Representative	Türkiye	Male
85	INGO Coordinator, Türkiye	Save the Children	Türkiye	Female
52	IOM	Hub Coordinator for Shelter	Türkiye	Female
77	IOM	Head of Office, Gaziantep	NGCA	Male
124	IOM	Disability Inclusion TT Co-Chair	Türkiye	Female
180	IOM	Head of Office	Türkiye	Female
16	IOM	Senior inter-agency PSEAH Coordinator (Whole of Syria)	NGCA	Female
24	IOM	OMT Coordinator	Türkiye	Male
57	IOM	Chief of Mission, Türkiye	Türkiye	Male
15	IRC	Syria Deputy Country Director – Programs	NGCA	Female
155	LHF	NGO Coordinator	Türkiye	Male
36	Managing Director	UN Technology Bank	Türkiye	Male
130	Ministry of Foreign Affairs	Humanitarian Aid Department Representative	Türkiye	Female
131	Ministry of Foreign Affairs	Office of Multilateral Economic Affairs Representative	Türkiye	Female
156	Ministry of Foreign Affairs	Representative	Türkiye	Female
11	Ministry of Foreign Affairs, Türkiye	Ambassador	Türkiye	Female
112	Mosaic Organization	Executive Director	GCA	Female
167	MUDEM	LHF Focal Point	Türkiye	Male
105	NGO Forum	Chair	NGCA	Male
26	North West Syria Cash Working Group	Program Coordinator	NGCA	Female
76	NWS Forum Office	Deputy Director	NGCA	Male
63	OCHA	Head of Aleppo Sub-Office – Senior Humanitarian Affairs Officer	GCA	Female
81	OCHA	Senior Humanitarian Affairs Officer	GCA	Female
151	OCHA	Former HoO, Gaziantep	NGCA	Female



ID	Organization	Position	Context	Gender
162	OCHA	Deputy Director a.i. Africa1, Operations and Advocacy Division/Former P2P Mission member	GCA	Male
173	OCHA	Humanitarian Affairs Officer	GCA	Male
174	OCHA	Head, Coordination Support Unit, Whole of Syria	GCA	Male
33	OCHA	Former Head of Office, Syria	GCA	Male
55	OCHA	Chief, Assessment, Planning & Monitoring Branch	Global	Female
78	OCHA	AAP Advisor for North West Syria	NGCA	Female
89	OCHA	Deputy Head of Office, Syria	GCA	Female
108	OCHA	Head of Program, CERF Secretariat	Türkiye	Male
116	OCHA	Former Head of Regional Office, ROMENA	GCA	Male
154	OCHA	Chief, Emergency Response Section	Türkiye	Male
165	OCHA	CERF Secretariat	Global	Male
119	OCHA	UNDAC Thematic Focal Point	Türkiye	Male
58	OCHA (Former)	OAD Director	Global	Female
73	OCHA ROMENA	Deputy Head of Office	NGCA	Male
159	OCHA ROMENA	Head	GCA	Female
14	OCHA Türkiye	Head, Coordination Unit	NGCA	Male
13	OHCHR	Human Rights Officer	Türkiye	Female
172	People in Need	Country Director	NGCA	Male
99	Physicians Across Continents	CEO	NGCA	Male
47	Presidency of Strategy and Budget	Representative	Türkiye	Male
49	RC Office	Economist	Türkiye	Female
72	RCM	International Director, Turkish Red Crescent (Kızılay)	Türkiye	Male
22	SAMS	Country Director, Gaziantep	NGCA	Male
38	SAMS/Women's Advisory Group	Representative	NGCA	Female
107	Save the Children	Education Cluster Co-Coordinator	NGCA	Female
48	Sened	Operations Director	Türkiye	Male
10	SRD	Regional Director, Gaziantep	NGCA	Female
17	Support to Life	Local Humanitarian Forum coordinator	Türkiye	Female
157	Support to Life/Hayata Destek	Executive Director (HCT+ member)	Türkiye	Female

ID	Organization	Position	Context	Gender
56	Syria Cross-border Humanitarian Fund	Fund Manager	NGCA	Male
1	Takaful Al Sham	Representative	NGCA	Male
91	Takaful Al Sham	Partnerships Director	NGCA	Male
7	Turkish Red Crescent	DG for International Affairs & Migration Services	Türkiye	Male
44	Turkish Red Crescent	Head of External Relations and Partnerships	Türkiye	Female
106	Turkish Red Crescent	Head of Projects, Gaziantep	Türkiye	Male
145	Türkiye Government	External Relations and Partnerships, Kızılay	Türkiye	Female
146	Türkiye Government	Head of International Relations, Kızılay	Türkiye	Male
42	UK FCDO	Donor Government Representative	Türkiye	Male
3	UN	Resident and Humanitarian Coordinator	GCA	Male
9	UN	Former Resident Coordinator, Türkiye	Türkiye	Male
21	UN	Resident Coordinator	Türkiye	Male
35	UN	Deputy Regional Humanitarian Coordinator for the Syria Crisis	NGCA	Male
51	UN	ABC Hub Coordinator, Kahramanmaraş	Türkiye	Male
90	UN	Former Emergency Relief Coordinator/Under Secretary General	Global	Male
110	UN	Former Fund Manager, Syria Humanitarian Fund	GCA	Female
152	UN	Inter-Cluster Coordinator	GCA	Female
25	UN Resident Coordinator Office	Data Management and Result Monitoring, Advisor	Türkiye	Male
27	UN Resident Coordinator Office	ABC Co-Chair, Partnership and Development Adviser	Türkiye	Male
46	UN Resident Coordinator Office	Nexus Officer	Türkiye	Male
122	UN Resident Coordinator Office	PSEA Coordinator	Türkiye	Female
168	UN Resident Coordinator Office	Head of Office	Türkiye	Male
61	UN Women	Program Analyst	Türkiye	Female
177	UN Women	Deputy Country Director	Türkiye	Female
150	UNDAC	Former UNDAC Team Leader, Syria	GCA	Male
54	UNDP	Early Recovery and Livelihoods Coordinator	GCA	Male

ID	Organization	Position	Context	Gender
62	UNDP	Field Coordinator	Türkiye	Male
97	UNDP	Information Management and M&E Specialist	Türkiye	Female
158	UNDP	Hub Coordinator for Economic Empowerment	Türkiye	Female
163	UNDP	Representative	GCA	Male
98	UNDP	Deputy Representative	NGCA	Male
176	UNDRR	Representative	Türkiye	Female
120	UNDSS	Security Advisor	Türkiye	Male
29	UNECE	Environmental Affairs Officer	Türkiye	Female
123	UNECE	Program Management Officer	Türkiye	Female
88	UNEP	Program Coordinator	Türkiye	Female
93	UNESCO	Program Specialist	Türkiye	Female
179	UNFP	Head of Office, Gaziantep	NGCA	Male
23	UNFPA	Humanitarian Field Coordinator	Türkiye	Male
45	UNFPA	GBV Coordinator	Türkiye	Female
169	UNFPA	GBV Coordinator, Syria	GCA	Female
87	UNFPA	Representative	Türkiye	Female
37	UNFPA Regional Humanitarian Hub for the Syria Response	Head of Office	GCA	Female
64	UNFPA Syria	Former Representative	NGCA	Male
178	UNFPA	Assistant Representative	Türkiye	Female
71	UNHCR	CCCM Cluster Coordinator	NGCA	Male
79	UNHCR	Information Manager	Türkiye	Male
82	UNHCR	Protection Cluster Coordinator	NGCA	Female
111	UNHCR	Senior Operations Coordinator, Cross-Border Operation	NGCA	Male
170	UNHCR	Head of Office, Gaziantep	Türkiye	Male
171	UNHCR	AAP Advisor	Türkiye	Female
2	UNHCR	Associate CCCM Cluster Officer, Gaziantep	NGCA	Male
5	UNHCR	ABC co-chair	Türkiye	Male
34	UNHCR	Deputy Representative	Türkiye	Female
74	UNHCR	Senior Interagency Coordination Officer	Türkiye	Female
114	UNHCR	Senior Cluster Coordinator, Shelter/NFI, Gaziantep	Türkiye	Male
4	UNICEF	MENARO Regional Director	GCA	Female

ID	Organization	Position	Context	Gender
12	UNICEF	Educational Specialist	Türkiye	Male
28	UNICEF	Child Protection AoR Coordinator	NGCA	Female
40	UNICEF	Health and Nutrition Specialist (MENARO Outpost Gaziantep)	NGCA	Female
41	UNICEF	Emergency Coordinator (MENARO Outpost Gaziantep)	NGCA	Male
53	UNICEF	Chief Field Office, Gaziantep	Türkiye	Male
84	UNICEF	WASH Officer	GCA	Male
96	UNICEF	Surge Mission Lead (former)	NGCA	Male
109	UNICEF	WASH Manager	Türkiye	Male
115	UNICEF	WASH Sector Coordinator	GCA	Male
117	UNICEF	Emergency Specialist (MENARO Outpost Gaziantep)	NGCA	Male
149	UNICEF	Education Officer (MENARO Outpost Gaziantep )	NGCA	Female
6	UNICEF	Head of Office, MENARO Outpost Gaziantep	NGCA	Male
59	UNICEF	Deputy Representative Programs	GCA	Female
67	USA	Donor Government Representative	Global	Female
65	Violet Organization	CEO	NGCA	Male
32	WeWorld GVC	Former Chair, Damascus based INGOs (DINGO), SHF Advisory Board member and HCT member	GCA	Female
43	WFP	Program Policy Officer	Türkiye	Female
75	WFP	Country Director	GCA	Male
86	WFP	Deputy Country Director	Türkiye	Female
69	WFP	Emergency Coordinator for NW Syria	Türkiye	Male
18	WFP	Head of Office	Türkiye	Female
8	WHO	Health Coordinator	Türkiye	Male
39	WHO	Regional Emergency Director	Global	Male
102	WHO	Health Cluster Coordinator	NGCA	Male
147	WHO	Head, Acute Event Management	Global	Male
148	WHO	Head of Office	NGCA	Female

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## Annex 7. Evaluation matrix

Evaluation questions	Indicators	Data sources and data collection methods	Assumptions	DAC criteria
<b>Preparedness</b>				
1.1 To what extent did IASC member agencies have relevant and usable strategies/plans and capacities in place to respond to the emergency?	<p>Evidence that IASC member agencies had collective preparedness/business continuity plans in place, taking into account a context prone to earthquakes (Türkiye) and rapid onset emergencies (Syria)</p> <p>Evidence that IASC members had measures in place to enable a rapid response (surge support, procurement and partnership agreements, pre-positioned supplies)</p> <p>Extent to which IASC preparedness measures took account of national and local capacities and leadership for response</p>	Document review of preparedness/business continuity plans, meeting minutes, Agency documents KILs with OCHA, SSG/UNCT+/HCT/HLG, IASC member agencies, government representatives, national/local actors	In an earthquake-prone country (Türkiye) and a context of rapid onset emergencies (Syria), the UNCT/HLG/HCT had contingency/business continuity plans in place	<b>Relevance, Efficiency</b>
<b>Response frameworks</b>				
2.1 How did the System-Wide IASC Scale-Up Activation, IASC guidance, and other relevant response frameworks, contribute to the timeliness and effectiveness of the response?	<p>Extent to which the IASC Scale-Up Activation adhered to the timelines in Protocol 1</p> <p>Evidence that the IASC Scale-Up Activation led to a rapid scale-up of IASC member agency responses, adhering to internal timelines</p> <p>Evidence that activation of the humanitarian system complemented existing structures in addressing the needs of earthquake-affected population</p> <p>Evidence that IASC guidance and policies on addressing the specific needs of vulnerable groups (women and girls, PwD) were followed in response design and implementation</p> <p>Extent to which duty of care policies for humanitarian personnel and their family members were applied in a coordinated way</p>	Document review of Scale-Up protocols, relevant IASC policies and guidance (e.g., on inclusion, gender, protection), IASC member agency policies and guidance KILs with OPAG/EDG, regional/national RC/HCs, IASC members, INGOs, national/local actors, government representatives, gender and inclusion focal points Survey of aid agency staff	System-wide IASC Scale-Up Activation ensured that additional resources required for the response were made available quickly	<b>Coherence, Efficiency</b>
<b>Needs assessments</b>				
3.1 To what extent were IASC member agencies able to	Evidence that needs assessments were conducted in a timely, coordinated, and systematic way	Document review of needs assessments, Flash Appeals, agency program planning	Needs assessment teams are trained and equipped to conduct	<b>Relevance</b>

Evaluation questions	Indicators	Data sources and data collection methods	Assumptions	DAC criteria
Identify critical needs and gaps in a timely way?	<ul style="list-style-type: none"> <li>Evidence that Flash Appeals and program planning documents were based on needs assessment data and analysis</li> <li>Extent to which Flash Appeals included the needs of the most vulnerable</li> <li>Extent to which data on needs and gaps were shared efficiently to avoid duplication</li> <li>Evidence that needs assessments were gender-sensitive and took account of the specific needs of, and risks to, the most vulnerable groups</li> <li>Extent to which national/local actors led, or were involved, in needs assessments</li> </ul>	documents, situation updates/dashboards, after-action reviews (AARs)/evaluations KIs with IASC members, cluster/sector coordinators, INGOs, national/local actors, needs assessment organizations, Red Cross/Red Crescent movement, gender and inclusion focal points FGDs with earthquake-affected populations	gender-sensitive and inclusive needs assessments	
<b>Resource mobilization and allocation</b>				
4.1 To what extent were IASC members and their partners able to mobilize timely and flexible funding to respond adequately to the needs of the most affected populations?	<ul style="list-style-type: none"> <li>Extent to which funding from donors and pooled funding mechanisms was timely and flexible</li> <li>Extent to which internal IASC members' funding instruments were used to provide timely and adequate funding</li> <li>Evidence that funding mobilized was adequate to respond to both new and pre-existing humanitarian needs (Syria)</li> <li>Extent to which sector budget allocations under the Flash Appeals were aligned with the priorities identified</li> </ul>	Financial data analysis Document review of pooled fund, cluster/sector and IASC member documents KIs with donors, regional/national RC/HCs, SSG/UNCT+/HCT/HLG members, cluster/sector coordinators, Red Cross/Red Crescent movement, NGOs, partnerships and donor relations staff from IASC member agencies, government representatives	Flash facilitated Appeals resource mobilization	<b>Efficiency, Relevance</b>
<b>Leadership and coordination</b>				
5.1 What factors influenced the effectiveness of the IASC's leadership of the response (including of clusters/sectors) across the different response contexts?	<ul style="list-style-type: none"> <li>Extent to which Scale-Up Activation Protocol 2 on empowered leadership was implemented</li> <li>Evidence that the roles and responsibilities of IASC leadership and coordination bodies were clear, leading to timely decision-making</li> <li>Evidence that the UNCT+/HLG/HCT/SSG supported the RHC/DHRC/RC/HCs in delivering collective results, and with partnerships with key national/local actors, accountability and advocacy</li> <li>Evidence that IASC member agencies provided timely and adequate staffing for leadership of clusters/sectors</li> </ul>	Document review of Scale-Up protocols and relevant IASC guidance, AARs/studies KIs with RHC/DHRC/RC/HCs, SSG/UNCT+/HCT/HLG members, cluster/sector coordinators (global/national/sub-national level), government representatives, NGOs	Implementation of Scale-Up Activation Protocol 2 helps to deliver effective leadership of the response	<b>Coherence, Effectiveness</b>

Evaluation questions	Indicators	Data sources and data collection methods	Assumptions	DAC criteria
5.2 How well did IASC member organizations coordinate their efforts, both internally within the IASC and with non-IASC members such as local government and NGOs, in responding to the humanitarian needs?	<p>Examples of how coordination mechanisms in the different contexts ensured better coverage of assistance, avoided duplication, and facilitated timely decision-making</p> <p>Extent to which coordinating with government entities (Türkiye and GoS areas) and with NGOs helped with sharing of needs and response data, expanding response coverage and avoiding duplication</p> <p>Extent to which national/local actors and INGOs participated in, and led, coordination mechanisms and response planning</p> <p>Extent to which IASC member organizations delivered a well-coordinated Whole of Syria response</p>	Document review of IASC guidance on coordination, coordination arrangements, meeting minutes, OPR, AARs/evaluations KILs with regional/national RC/HCs, SSG/UNCT+/HCT/HLG, cluster/sector coordinators, cluster/sector members, national/local actors, Red Cross/Red Crescent movement	Coordination mechanisms are designed to facilitate leadership by, and active participation of, national/local actors	<b>Coherence</b>
<b>Adaptation to context</b>				
6.1 How well did the IASC's collective response adapt to the specific contexts in Türkiye and Syria?	<p>Ways in which the IASC's collective response adapted to the context of a middle-income country (Türkiye)</p> <p>Ways in which the context of a pre-existing humanitarian response to a protracted crisis shaped the IASC's collective response (Syria)</p> <p>Extent to which IASC members were able to overcome limited humanitarian access to provide a timely response (Syria)</p> <p>Evidence that IASC member organizations and their partners were able to respond through a cross-border operation (north-west Syria)</p>	<p>Document review of Flash Appeals, situation reports/updates, AARs/evaluations</p> <p>KILs with regional/national RC/HCs, SSG/UNCT+/HCT/HLG, INGOs, national/local actors</p>	IASC members and their partners are able to adapt their collective response to the specific contexts of a middle-income country (Türkiye) and protracted crisis (Syria)	<b>Coherence, Relevance</b>
<b>Partnerships with national/local actors</b>				
7.1 To what extent did the IASC members ensure that they complemented and supported national and local capacities at response level?	<p>Evidence that IASC leadership and clusters/sectors supported the Turkish government's leadership of the response (with information, human/financial/in-kind resources, advocacy)</p> <p>Extent to which IASC leadership and coordination mechanisms supported the largely Syrian NGO-implemented response in Northwest Syria (with funding/in-kind assistance, technical support, advocacy)</p> <p>Extent to which IASC members implemented their commitments on localization and equitable partnerships</p> <p>Ways in which IASC members sought to enhance involvement, and build capacity (including for preparedness), of national and local actors</p>	Document review of relevant IASC guidance, AARs/evaluations KILs with regional/national RC/HCs, SSG/UNCT+/HCT/HLG, cluster/sector coordinators and members, national/local actors, Red Cross/Red Crescent movement	National/local actors had the resources (funding and capacity) they needed to deliver assistance to affected populations	<b>Coherence</b>

Evaluation questions	Indicators	Data sources and data collection methods	Assumptions	DAC criteria
<b>Assisting most vulnerable groups</b>				
8.1 To what extent was the collective response of IASC member agencies gender responsive, equitable and inclusive?	<p>Evidence that sex, age, and disability disaggregated data was used to inform response planning and implementation, and reported on</p> <p>Extent to which the collective response addressed the identified specific needs of women and girls, PwD, older people, marginalized groups, displaced populations, and other potentially vulnerable population groups</p> <p>Extent to which vulnerable groups, including PwD, and communities in hard-to-reach areas were able to access services and assistance</p> <p>Evidence that gender, disability inclusion, PSEA and protection were mainstreamed into the earthquake response</p> <p>Evidence that coordination mechanisms ensured a harmonized approach to gender, protection (including GBV), AAP, PSEA and duty of care</p>	<p>Document review of Flash Appeals, cluster documents, response reporting, situation reports/updates, IASC guidance and policies (e.g., on PSEA, Centrality of Protection, AAP)</p> <p>Secondary data on views of affected populations (where available)</p> <p>Data from collective feedback mechanisms (where available)</p> <p>KIIs with IASC members, cluster/sector coordinators, gender, inclusion and other relevant focal points, international/ national/ local NGOs, Red Cross/Red Crescent movement</p> <p>FGDs with earthquake-affected populations</p>	Adequate resources (human and financial) are available to identify and address the specific needs of vulnerable population groups	<b>Relevance</b>
<b>Engagement with affected people</b>				
9.1 To what extent has the collective response been based on consultation with affected people, in particular the most vulnerable and hard-to-reach groups?	<p>Evidence that IASC members and their partners consulted affected communities, including the most vulnerable and hard-to-reach groups, about their needs, what assistance would be provided and how, and on their preferred feedback methods</p> <p>Evidence that accountability mechanisms are accessible to all, particularly PwD, and other vulnerable groups</p> <p>Extent to which affected communities were aware of, and had used, (collective) complaints and feedback mechanisms</p> <p>Evidence that affected communities received responses to feedback</p>	<p>Review of post-distribution monitoring data</p> <p>Secondary data on views of affected populations (where available)</p> <p>Data from collective feedback mechanisms (where available)</p> <p>KIIs with IASC members, AAP focal points, INGOs, national/local actors, Red Cross/Red Crescent movement</p> <p>FGDs with earthquake-affected populations</p>	IASC members are committed to prioritizing the voices and feedback of the most vulnerable and hard-to-reach affected communities through accessible consultations in decision-making processes	<b>Relevance</b>
<b>Cash assistance as delivery modality</b>				
10.1 To what extent did IASC member agencies provide relevant forms of assistance,	<p>Degree to which decisions about the types of assistance to be provided were evidence-based</p> <p>Evidence that community preferences were considered when deciding on types of assistance</p>	<p>Review of cluster strategies, pooled funding reporting, post-distribution monitoring data</p> <p>KIIs with donors, IASC members, cluster coordinators, cash working group,</p>	Cash transfer amounts are revised periodically, based on changes in context, needs, and exchange rates, in	<b>Relevance, efficiency</b>

Evaluation questions	Indicators	Data sources and data collection methods	Assumptions	DAC criteria
including cash and vouchers (when this was feasible and appropriate)?	Evidence that interventions, including cash and voucher assistance, were adapted to changes in the context and needs Extent to which quality assurance mechanisms were in place to ensure the relevance of assistance, including cash assistance Evidence that IASC members had accountability mechanisms in place to avoid aid diversion (post-distribution)	national/local actors, Red Cross/Red Crescent movement FGDs with earthquake-affected populations	order to remain appropriate	
<b>Principled humanitarian assistance</b>				
11.1 To what extent was the collective response of IASC member agencies aligned with the humanitarian principles of humanity, neutrality, impartiality, and independence? What challenges were encountered?	Evidence that IASC leadership and coordination mechanisms discussed and sought to address challenges in adhering to humanitarian principles Evidence that staff of IASC members and their implementing partners have an understanding of the humanitarian principles Extent to which IASC members identified and managed context-specific tensions between principles Evidence of advocacy efforts by IASC members to ensure that all actors adhered to humanitarian principles during the response	Document review of policies and guidance KIs with regional/national RC/HCs, SSG/UNCT+/HCT/HLG, IASC members, INGOs, national/local actors, Red Cross/Red Crescent movement	IASC members have a common understanding of humanitarian principles and have resources and guidance to apply these.	<b>Coherence</b>
<b>Recovery and risk reduction</b>				
12.1 How adequately were recovery considerations and the basic tenets of disaster risk reduction incorporated into the humanitarian response?	Evidence that emergency response was designed and implemented taking into account Early Recovery and sustainability Evidence that the humanitarian response shifted smoothly from the initial emergency phase to one that addressed longer-term humanitarian and recovery needs Extent to which the humanitarian response has incorporated measures to reduce the impact of future natural disasters (disaster risk reduction (DRR) plans, national/ local mechanisms for early response, strengthening community capacities)	Document review of Flash Appeals, cluster/sector strategies, transition plans, AARs/ evaluations KIs with regional/national RC/HCs, SSG/UNCT+/HCT/HLG, IASC members, donors, cluster/sector coordinators, national/local actors	Adequate resources (financial and human) available for disaster risk reduction and recovery activities	<b>Coherence</b>
<b>Results</b>				
13.1 To what extent were the planned strategic objectives	Evidence that assistance was provided quickly after the earthquake and deemed timely by affected populations	Document review of aid agency/pooled fund/cluster reports, AARs/evaluations	IASC members continuously evaluate and learn from	<b>Effectiveness</b>

Evaluation questions	Indicators	Data sources and data collection methods	Assumptions	DAC criteria
of the Flash Appeals achieved?	<p>Evidence that affected populations received life-saving and multi-sectoral assistance</p> <p>Evidence that affected populations have access to basic services</p> <p>Number of people targeted in the Flash Appeals compared with number of people reached</p>	<p>KIs with cluster/sector coordinators, IASC member agencies, INGOs, national/local actors</p> <p>FGDs with EQ affected populations</p>	<p>response implementation in order to ensure that the intended outcomes are being achieved, that they regularly course correct, and are better prepared to respond to future emergencies</p>	
13.2 What positive or negative, intended or unintended, outcomes did the IASC collective response generate?	<p>Evidence that intended results are articulated at sector and inter-sectoral level and compared with results reported</p> <p>Extent to which timing of the delivery of assistance aligned with planned timelines</p> <p>Evidence of mechanisms in place to identify negative unintended results</p> <p>Evidence that factors contributing to negative unintended results were identified and addressed</p>	<p>Document review of aid agency/pooled fund/cluster reports, AARs/ evaluations</p> <p>KIs and FGDs with cluster/sector coordinators, IASC member agencies, INGOs, national/local actors</p> <p>FGDs with EQ affected populations</p>		<b>Effectiveness</b>



## Annex 8. Methodology

### KIIs

During the data collection phase, the team conducted a total of 180 KIIs, which included a variety of in-person and remote interviews across southeast Türkiye, NGCA of NWS, and GCA of NWS, gathering qualitative insights from key stakeholders. Most key informants (KIs) interviewed were involved in the Türkiye response (57%), with around 39% of informants being based in Syria. The majority of KIs were male (60%) with 40% female KIs. The ET spoke mainly with UN stakeholders (59% of the total KIs) and NGOs (20% of total KIs). For a more detailed breakdown, see the figures below.

**Sampling:** Using purposive and snowball sampling, informants were selected based on their direct involvement in the earthquake response and IASC coordination efforts. KIs included government officials, UN leadership, humanitarian coordinators, cluster coordinators, IASC agency staff, Red Cross/Red Crescent representatives, NGOs, CSOs, donors, and members of the EDG of the IASC.

The team conducted multiple in-person interviews in Ankara and Gaziantep during field missions to explore key themes and evaluation questions in depth with stakeholders on the ground. Due to the security situation in Syria and Itad's Duty of Care Policy around travel to Extreme Risk countries, the ET was only able to conduct remote interviews with specific stakeholders involved in the response in Syria (NGCA and GCA). For more details on the topics and questions used during interviews, please see Annex 12 for the KII tool in the [Inception report](#) for this evaluation.

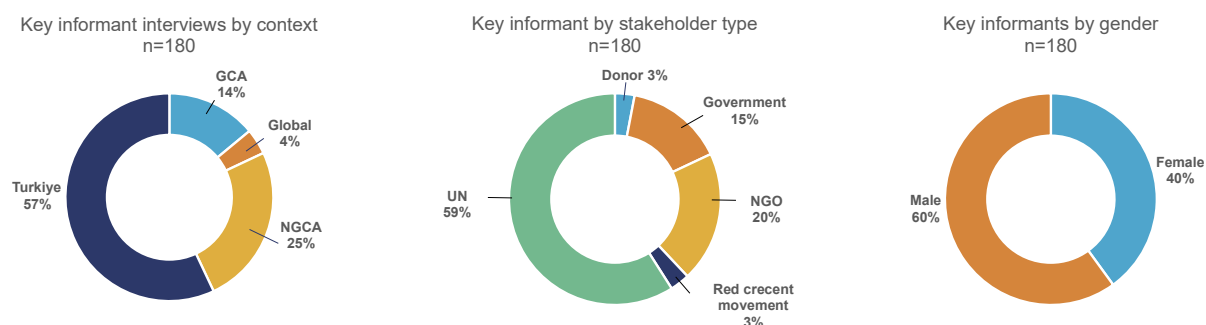


Figure 22 KII breakdown

### FGDs

The ET conducted a total of 24 FGDs covering 222 participants from earthquake-affected communities across Türkiye, the NGCA, and GCA. The FGDs were led by in-country consultants based across the contexts, and FGD discussions covered the timeliness and relevance of the response, targeting of assistance to the most vulnerable, AAP, and overall perceptions of the response's impact on the lives of the FGD participants (See Annex 1 for a timelines of assistance received). As demonstrated in the figure below, the majority of FGDs (10 out of 24) took place in the NGCA. The team conducted eight FGDs in Türkiye and six in the GCA. Across the contexts, an average 51% of FGD participants were female.

**Sampling:** A purposive sampling approach was used, with criteria set by the ET, to select prioritized areas with significant earthquake impact and multi-agency responses. The ET liaised with UN agencies on the field and their partner organizations to support with participant

selection and sampling to mitigate concerns or issues around beneficiary privacy. The ET conducted FGDs with participants that met the criteria that a) they were affected by the earthquake and b) they have received aid, ideally from multiple agencies.

FGDs were conducted in urban, rural, and camp settings, with sex-disaggregated groups in local languages. For more details on the data collection field plan, please see Field Schedule below. Separate FGDs were held for displaced communities and internally displaced persons (IDPs) in Türkiye due to language barriers and to understand their unique experiences of the response, without influence from other communities. Separate FGDs with displaced communities in Türkiye also ensured a diverse representation of affected communities.

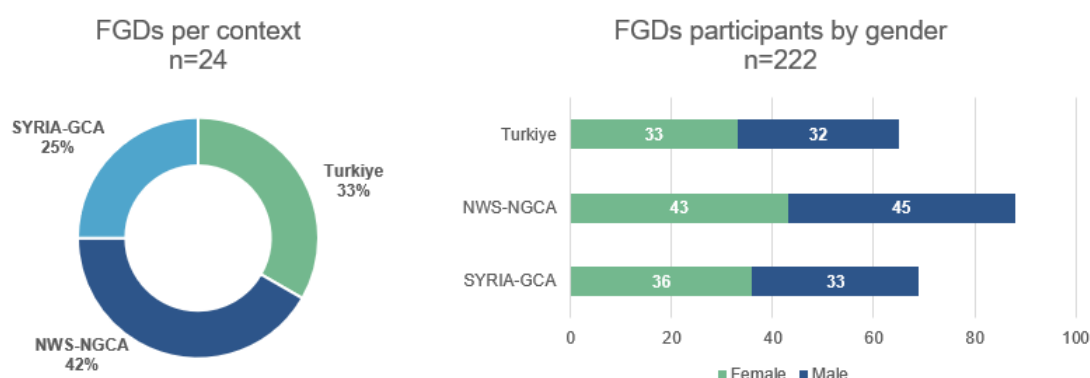


Figure 23 FGD breakdown

### Aid Worker Survey

The team conducted an online survey of 136 aid workers who were involved in the earthquake response, including staff from UN agencies, cluster leads, NGOs, and Red Cross/Red Crescent staff. The ET obtained the support of OCHA and sub-national offices. The survey was disseminated in English, Turkish, and Arabic to ensure broad participation. It focused on two key areas: a) duty of care policies for humanitarian aid workers; and b) the extent to which the response addressed the needs of vulnerable groups, including women, PwD, older people, and displaced populations.

**Sampling:** The team adopted a purposive sampling approach for this survey and selected participants who were working as staff members of organizations involved in the earthquake's humanitarian response. The survey was disseminated by key stakeholders in OCHA and in sub-national offices, ensuring that the survey reached a wide breadth of stakeholders. The survey was disseminated by UN staff and as a result the ET was not able to gather estimates for a response rate.

About 80% of respondents were based in Türkiye (40%) and the NGCA(39%), whereas 19% of respondents were based in the GCA and 1% in Amman. The majority of respondents were male (64%) with about 35% female respondents. For more analysis on the survey results, please refer to Annex 2.

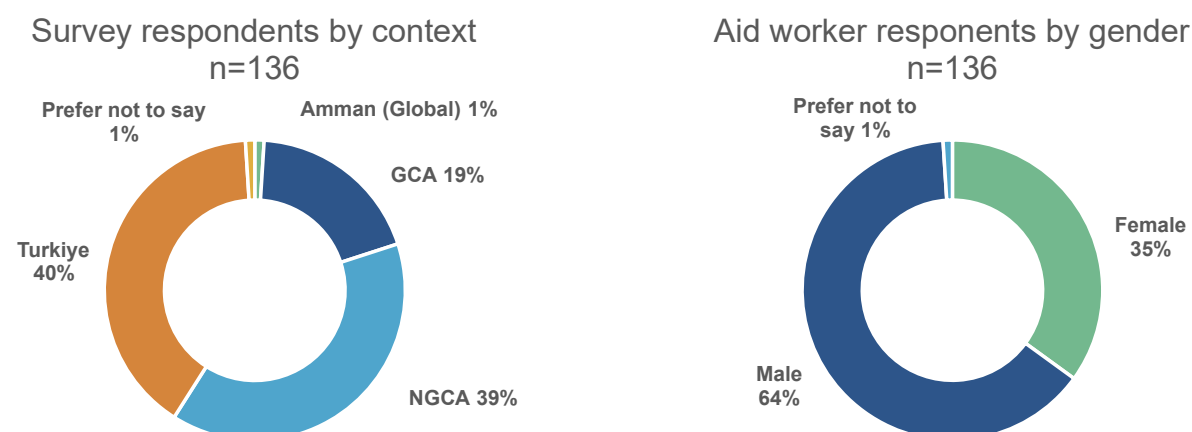


Figure 24 Survey respondents breakdown

### Document review

The ET conducted a systematic review of key documents that were provided by OCHA and other key stakeholders consulted during the data collection process. The ET reviewed over 150 key documents for this evaluation. Some key documents were added to the data analysis software MAXQDA and coded under the evaluation's EQs. Key documents include:

- **Policy and planning documents:** The evaluation reviewed key planning and reporting documents at various coordination levels, including those from SSG, the HCT, HLG, and United Nations Country Team (UNCT). This included Flash Appeals, Humanitarian Needs Overviews, Humanitarian Response Plans, and other relevant strategic frameworks.
- **Cluster and sector-specific reports:** Reports and planning documents from key sectors, including Camp Coordination and Camp Management (CCCM), Early Recovery and Livelihoods, Health, Logistics, Nutrition, Protection (including GBV), and Shelter, were reviewed to evaluate sectoral strategies and response efforts.
- **Agency-level reporting:** The evaluation examined planning and reporting documents from key humanitarian agencies operating in Syria, including IFRC, IOM, UNFPA, UNHCR, UNICEF, and WHO, to assess their contributions to the response and inter-agency coordination.
- **Studies, evaluations, and reviews:** Relevant studies, evaluations, and reviews were analyzed to gain insights into the response's effectiveness, and lessons learned. This included OPRs, AARs, and other sectoral or thematic studies.
- **Contextual and cross-cutting issue reports:** Documents covering cross-cutting themes such as AAP, localization, access, gender, and humanitarian coordination in NGCA were reviewed. Additionally, materials on search and rescue efforts and nexus approaches beyond humanitarian aid were considered.
- **Humanitarian reports and dashboards:** The evaluation reviewed publicly available situation reports, dashboards, and operational updates from humanitarian organizations, including OCHA, UN agencies, and international NGOs, to track response activities, needs assessments, and funding allocations.
- **Donor strategies and financial tracking data:** Publicly accessible donor reports and funding data, including those from the FTS and major donor agencies, were analyzed to assess funding flows, gaps, and priorities in the earthquake response. The evaluation included analysis of humanitarian financing mechanisms, funding

allocations, and financial tracking data from the FTS to assess resource mobilization and gaps in funding.

## Data analysis and synthesis

The ET employed a rigorous data analysis process to synthesize both qualitative and quantitative data, with a primary focus on the large volume of qualitative data from KIIs, document reviews, and FGDs.

**Step A—Coding:** The ET produced typed-up interview notes and extracted key information from documents that were coded and transferred into qualitative data analysis software (MAXQDA) to identify emerging patterns and themes. The ET then used a coding framework to collate data by indicators under each EQ. This coding framework linked explicitly to the evaluation matrix, and captured important and unexpected new themes and lessons learned as they emerged. Documents were reviewed in a structured way to align with the relevant EQs and pathways of the Theory of Change (ToC).

The ET utilized MAXQDA to compile and code evidence due to its robust capabilities in handling large volumes of qualitative data. MAXQDA is a qualitative data analysis software, designed for advanced data analysis and allowing for efficient organization, retrieval, and interpretation of complex datasets. Its user-friendly interface and powerful coding tools facilitated systematic coding, thematic analysis, and data visualization. By using MAXQDA, the ET ensured a thorough and consistent approach to coding, enhancing the reliability and validity of the findings. This software's ability to integrate various data sources and support collaborative work made it the optimal choice for the evaluation's needs.

**Step B—Analysis and iteration:** Throughout the data collection period, the ET held regular remote and in-person meetings to discuss emerging findings from field visits, and to identify areas that required further exploration and triangulation. Once coding was complete, the ET extracted data from MAXQDA based on EQs and indicators.

The ET used an iterative approach to evidence analysis to draw out patterns and themes on inputs, enablers, and results across the collective dataset. Context-specific evidence was also analyzed for specific themes and emerging implications, allowing for a comprehensive understanding of the unique contexts and challenges.

The evaluation also collected and analyzed primary data from the online survey of aid workers. The ET collected survey data via Microsoft Forms and conducted its quantitative analysis by exporting the raw data on Microsoft Excel. The ET also utilized Microsoft Excel to analyze financial data on earthquake-related funding from secondary sources and other sources shared by UN OCHA and other partner agencies.

**Step C—Synthesis:** The ET held an in-person workshop to conduct cross-cutting analysis to check for common themes and lessons, and to develop emerging findings for each EQ. The ET produced an initial analysis of key findings with an assessment of the strength of evidence supporting the findings.

Subsequent to the workshop, the team then held a validation workshop with key stakeholders to discuss preliminary findings and co-create recommendations in order to ensure that they were relevant and implementable, and to build ownership of recommendations. The workshop was conducted in-person, bringing together members of the UNCT+ in Türkiye, the HLG in Gaziantep, and remotely with the HCT in Damascus, and the SSG in Amman. Following a presentation of the findings, the ET used participatory approaches, including the use of small

breakout group discussions, to obtain participants' input into the development of recommendations. See the table below for country-specific recommendations, a key output from the validation co-creation workshops.

**Data triangulation:** The ET triangulated data in a number of ways. Firstly, it compared data collected through different tools, for example, following up on findings from the document review or reviewing quantitative data during KIIs. The team also triangulated data across different sources with the same data collection tool, for example, comparing KIIs at different field levels.

The ET used a set of standards to assess the strength of evidence supporting the evaluation findings, categorizing it based on a rubric of strong, moderate, or limited evidence, depending on the extent of triangulation. For further details on strength of evidence, see Annex 1.

The team meeting to analyze data helped to ensure consistency in the ET's interpretation of findings. In addition, Itad provided a Quality Assurance (QA) function to review the ET's analysis and the findings and conclusions that it had drawn. Finally, the ET triangulated its analysis of the data and identification of findings lessons/themes with by sending versions of the draft evaluation report to key stakeholders across UN agencies on the global and field level, as well as with local and community group representatives in Syria through the AAP Adviser. The ET took on further feedback from these stakeholders to triangulate and strengthen the findings, conclusions, and recommendations.

## Field schedule

The table below indicates a tentative field data collection schedule informed by the evaluation team's consultations with OCHA, the Resident Coordinator's Office (RCO) in Türkiye, and cluster coordinators in Türkiye and Syria.

LOCATION		DATES	ACTIVITY
Türkiye			
<b>Ankara</b> Ankara Province, Türkiye		September 2024	In-person and remote <b>KIIs</b> with national government, RC, UNCT+, UN agencies, NGOs, Turkish Red Crescent (based on availability)
<b>Antakya,</b> Hatay Province, Türkiye		September 2024	<b>KIIs</b> with local authorities (in-person or remote) <b>FGDs</b> with affected communities (in-person)
<b>Malatya,</b> Malatya Province, Türkiye		September 2024	<b>KIIs</b> with local authorities (in-person or remote) <b>FGDs</b> with affected communities (in-person)
<b>Gaziantep,</b> Gaziantep Province, Türkiye		September 2024	In-person and remote <b>KIIs</b> with DRHC, HLG, cluster coordinators, Areas Based Coordination staff, UN agencies, NGOs, Turkish Red Crescent for <b>both the cross-border operation and humanitarian response in South-East Türkiye</b>

Syria NGCA (former)		
<b>Jindires,</b> Aleppo Governorate	September 2024	<b>KIIs</b> with SNGOs (remote) <b>FGDs</b> with affected communities (in-person) Data collection will occur in <b>three sites in Jindires</b> with two being IDP sites
<b>Salqin,</b> Harim, Idleb Governorate	September 2024	<b>KIIs</b> with SNGOs (remote) <b>FGDs</b> with affected communities (in-person)
Syria GCA (former)		
<b>Latakia</b> Latakia Governorate,	September 2024	<b>KIIs</b> with humanitarian actors and/or local authorities (hybrid) <b>FGDs</b> with affected communities (in-person) Specific sites tbc
<b>Aleppo city,</b> Aleppo Governorate	September 2024	<b>KIIs</b> with humanitarian actors (remote) <b>FGDs</b> with affected communities (in-person) Specific sites tbc
Remote		
<b>Amman (remote)</b>	August 2024– October 2024	<b>KIIs</b> with humanitarian actors (remote)
<b>Damascus (remote)</b>	August 2024– October 2024	<b>KIIs</b> with humanitarian actors (remote)
<b>Remote</b>	August 2024– October 2024	<b>Aid Worker Survey</b> to be disseminated to IASC members and partners' staff

## Annex 9. Limitations and mitigation measures

### Limitations and mitigation measures

- **Dealing with contextual diversity to produce generalizable findings and recommendations:** The ET mitigated this risk by creating a reconstructed ToC that enabled it to look at different enablers/barriers to delivering planned results across the diverse contexts and to draw out relevant lessons. A thorough analysis was done to identify results, what has worked and what has not across the contexts and in each context.
- **The relevance of the recommendations created during the co-creation workshops after the fall of the Assad regime:** To address this, the ET will send the draft evaluation report, including recommendations, to field-level stakeholders for validation and contextual adaptation. The recommendations will be revised to reflect the new realities on the ground. The ET will also engage with the Management Group (MG) to ensure alignment with the newest changes and updates to Syria's operating context.
- **Data availability and consistency:** The evaluation engaged in data collection activities with at least 475 people across the different contexts and stakeholders in the evaluation, which yielded a large volume of data. There still remains a lack of consolidated data on results across the collective IASC agency's humanitarian response; however, data from FGDs has helped to mitigate this.
- **Access to affected communities and recall bias:** The ET, guided by UN agencies and their local partners, selected accessible and safe locations for in-country consultants and FGD participants across three contexts. A response timeline helped participants recall key events, and KIs provided additional data for triangulation. Focusing on the collective response rather than the work of individual agencies and reviewing up to August 2024 minimized recall bias.
- **Volatile security situation:** At the start of data collection, the ET undertook a lengthy consultation process with in-country consultants and IASC agencies and their partners to identify the safest and most suitable locations for data collection. The ET worked with in-country consultants experienced at undertaking data collection in all the contexts covered by the evaluation.

## Annex 10. Evaluation main activities and team composition

The evaluation has been designed around four distinct phases: an inception phase; a data collection phase; a data analysis and reporting phase; and a dissemination phase. The table below outlines a summarized timeline for the key activities and the ET's composition along with a summary of each member's roles and responsibilities.

	Key activities	Evaluation Team
<b>INCEPTION PHASE</b>		<b>Core Evaluation Team members</b>
May 2024 – August 2024	Initial document review and analysis Stakeholder mapping Hybrid inception mission: Field visit (Türkiye), remote interviews (Syria) Inception consultations and interviews with key stakeholders Development of evaluation matrix, evaluation design, methodology, and tools	<ul style="list-style-type: none"> <li>• <b>David Fleming (Project Director &amp; QA Lead):</b> Ensures timely project delivery, on budget, and to high quality; resolves technical issues; serves as client contact for high-level queries and provides QA on deliverables.</li> <li>• <b>Tasneem Mowjee (Team Leader):</b> Leads evaluation design, methodology, data collection, analysis, and final report, including overseeing the field missions and validation sessions.</li> <li>• <b>Valeria Raggi (Evaluator):</b> Supports design, data collection, synthesis, analysis, and reporting; leads data synthesis and contributes to workshops and report drafting.</li> <li>• <b>Joanna Grylli (Data Specialist &amp; Project Manager):</b> Oversees project management processes, supports data collection, analysis, and community engagement, and manages logistical support.</li> </ul>
<b>DATA COLLECTION PHASE</b>		
August 2024 – October 2024	Country-level document review Türkiye field visit and data collection Syria field visit and data collection (in-person FGDs with community and remote KIIs)	
<b>ANALYSIS AND REPORTING</b>		<b>In-country team</b>
November 2024 – May 2025	Data analysis and team analysis workshop Validation sessions Draft and final report submission	<p><b>Sabiha Senyücel Gündoğar (Türkiye Senior Consultant):</b> Leads in-country data collection in Türkiye, coordinates with the core team, and conducts preliminary analysis.</p> <p><b>Tuna Kılınç (Türkiye Junior Consultant):</b> Supports data collection in Türkiye, coordinates with the core team, and assists in preliminary analysis.</p> <p><b>Youssef AlYoussef (Syria Senior Consultant):</b> Leads in-country data collection in Syria, coordinates with the core team, and conducts preliminary analysis.</p> <p><b>Maysaa Qassem (Syria Junior Consultant):</b> Supports data collection in Syria, coordinates with the core team, and assists in preliminary analysis.</p>
<b>DISSEMINATION</b>		
May – June 2025	Preparation for the final presentation and dissemination to stakeholders	

Name and role	Tasks and responsibilities
<b>Core Team</b>	
David Fleming <b>Project Director and QA Lead</b>	The Project Director will have ultimate responsibility for the project, ensuring that it is delivered on time, on budget, and to the expected high quality. This will involve close liaison with the Team Leader to resolve any complex technical issues, acting as the client contact for the highest-level queries (and escalation) on project delivery and performance, and providing QA on all deliverables.
Tasneem Mowjee	The Team Leader is responsible for planning, leading, and overseeing the delivery of all team



<b>Team Leader</b>	<p>inputs and deliverables and as indicated below:</p> <ul style="list-style-type: none"> <li>▪ Leading the detailed design of the evaluation, including the designing the EQs and ToC, setting out the methodology and approach in inception; and leading inception consultations</li> <li>▪ Leading the delivery of the Inception Report (draft and final)</li> <li>▪ Overseeing data collection and analysis activities, including direct supervision of the field mission to Türkiye and remote supervision of data collection in Syria</li> <li>▪ Leading validation sessions, drafting of the final report, and the dissemination process of the evaluation findings</li> </ul>
<b>Valeria Raggi Evaluator</b>	<p>The Evaluator role will be supporting the Team Leader and Senior Evaluator with the technical delivery of all inputs and deliverables as outlined:</p> <ul style="list-style-type: none"> <li>▪ Supporting at Inception with evaluation design; consultations and the Inception Report</li> <li>▪ Undertaking data collection activities, including field visits</li> <li>▪ Leading the data synthesis, coding, and analysis during the analysis and reporting phase</li> <li>▪ Supporting the emerging findings workshop and recommendations workshop and other dissemination activities</li> <li>▪ Contributing to the drafting of the final evaluation report</li> </ul>
<b>Joanna Grylli Data Specialist and Project Manager</b>	<p>The Data Specialist and Project Manager role will be supporting the team by overseeing all processes related to project management and supporting the technical delivery of inputs and deliverables as indicated below:</p> <ul style="list-style-type: none"> <li>▪ Providing logistical support as required to support the core team in delivering the project. This will involve working with Itad's designated Project Officer (in Itad's internal Project Management Unit) to oversee key project processes such as contracting, risk management, QA, budgeting, and supporting the Project Director and Team Leader in team management</li> <li>▪ Remotely overseeing the data collection and community engagement activities in Syria</li> <li>▪ Supporting the data analysis, synthesis, and presentation of findings from the data collection phase as needed</li> </ul>
<b>In-country Data Collection Team</b>	
<b>Sabiha Senyücel Gündoğar Türkiye Senior Consultant</b>	<ul style="list-style-type: none"> <li>▪ Delivering the in-country data collection in Türkiye, including co-planning with core team members, and leading data collection with support from a junior consultant</li> <li>▪ Coordinating and consulting with the core team to share insights and progress on in-country data collection and community engagement</li> <li>▪ Responsible for conducting preliminary data analysis for the end of data collection and debriefing presentation</li> </ul>
<b>Tuna Kılınç Türkiye Junior Consultant</b>	<ul style="list-style-type: none"> <li>▪ Supporting the Türkiye Senior Consultant with the delivery of in-country data collection in Türkiye, including co-planning with core team members</li> <li>▪ Coordinating and consulting with the core team to share insights and progress on in-country data collection and community engagement</li> <li>▪ Responsible for supporting preliminary data analysis for the end of data collection and debriefing presentation</li> </ul>
<b>Youssef AlYoussef</b>	<ul style="list-style-type: none"> <li>▪ Delivering the in-country data collection in Syria, including co-planning with core team members, and leading data collection with support from a junior consultant</li> </ul>

<b>Syria</b> <b>Senior</b> <b>Consultant</b>	<ul style="list-style-type: none"> <li>▪ Coordinating and consulting with the core team to share insights and progress on in-country data collection</li> <li>▪ Responsible for conducting preliminary data analysis for the end of data collection and debriefing presentation</li> </ul>
Maysaa Qassem <b>Syria</b> <b>Junior</b> <b>Consultant</b>	<ul style="list-style-type: none"> <li>▪ Supporting the Syria Senior Consultant with the delivery of in-country data collection in Syria, including co-planning with core team members</li> <li>▪ Coordinating and consulting with the core team to share insights and progress on in-country data collection</li> <li>▪ Responsible for supporting preliminary data analysis for the end of data collection and debriefing presentation</li> </ul>