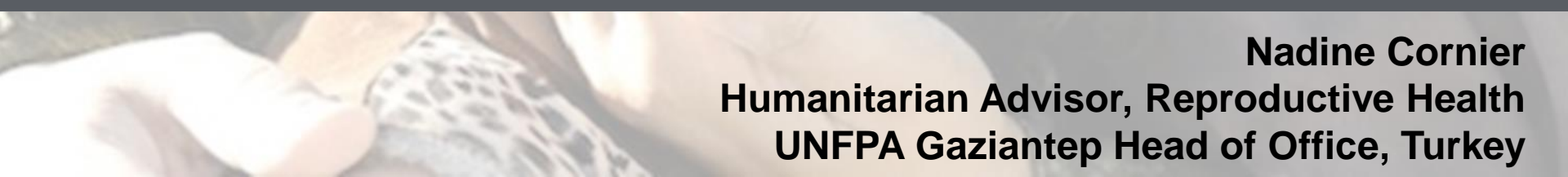




**Distance monitoring
of SRH and GBV services in emergency
Example of third party monitoring in Syria**



**Nadine Cornier
Humanitarian Advisor, Reproductive Health
UNFPA Gaziantep Head of Office, Turkey**

Syria Context

- 5 years of armed conflict
- 6.5 million people displaced, more than 3 millions refugees
- Cross-border operations in opposition controlled areas from Jordan and Turkey
- Almost no possibilities for international staff to provide direct support and supervision
- Challenging for Syrian staff to go to Turkey or Jordan.
- Internet and phones do work most of the time in all areas.

Syrian Arab Republic (Northern Governorates): Displacements reported from 1 Sep 2015 to 29 Feb 2016

338,085
Reported displacements since 1 Sep 2015*

Northern Syria Governorates
(reported displacements since 1 Sep 2015)

Aleppo: 167,031*



Hama: 23,959*



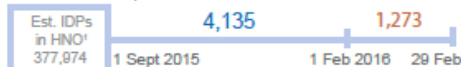
Homs: 6,195*



Idleb: 135,492*



Lattakia: 5,408*

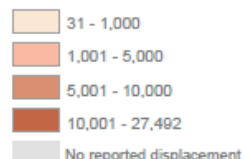


*Displacements reported after HNO might be multiple displacements of the same IDPs.

†Displacements before September are included in the HNO est. IDPs

Legend

Reported displacements to sub-district between 1 Sep 2015 - 31 Jan 2016

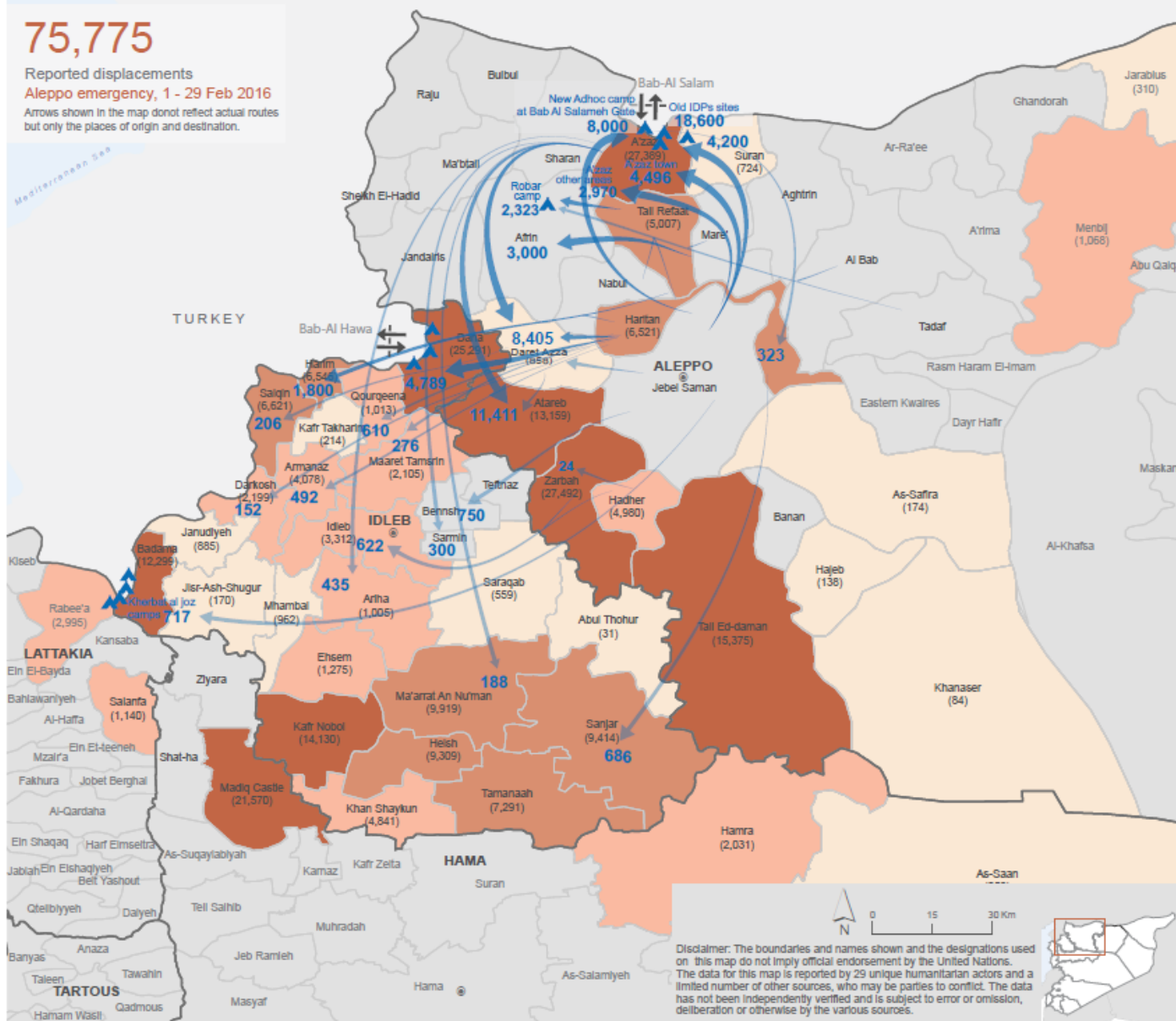


- Governorate capital
- Intl. border entry points
- IDP sites/settlements
- Governorate boundary
- Sub-district boundary
- New displacements reported in Feb 2016

XXXX
(x,xxx)
Name of sub-district
(# of displacements from Sep'15-31Jan'16)

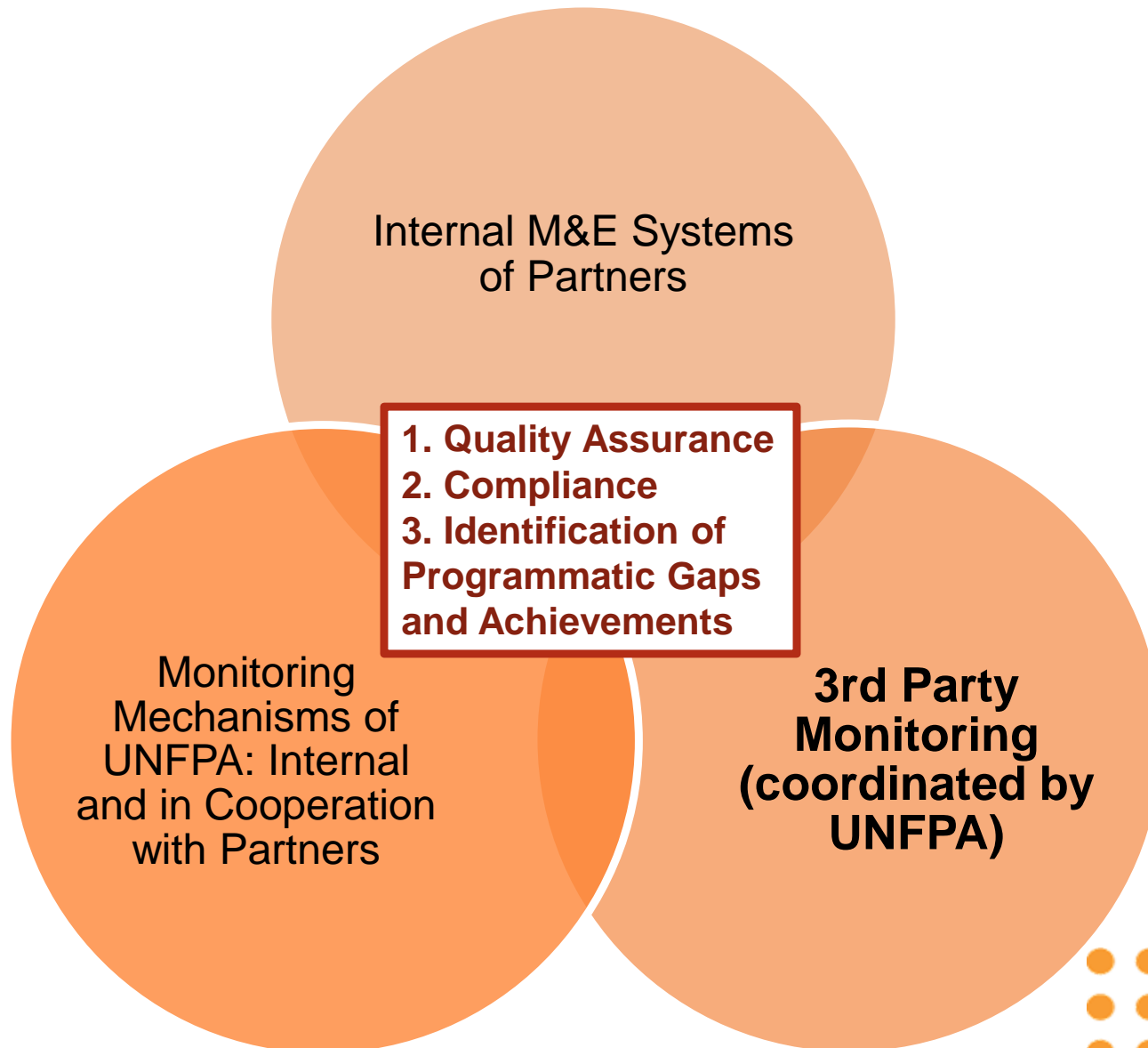
75,775

Reported displacements
Aleppo emergency, 1 - 29 Feb 2016
Arrows shown in the map don't reflect actual routes but only the places of origin and destination.



Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement by the United Nations. The data for this map is reported by 29 unique humanitarian actors and a limited number of other sources, who may be parties to conflict. The data has not been independently verified and is subject to error or omission, deliberation or otherwise by the various sources.

UNFPA M&E Methods & Objectives



Implementation

Cyclical Implementation on Bi-Annual Basis

Step 1: Methodology and tools design

Step 2: Third Party Observer Identification

Step 3: Partner consultation for site selection

Step 4: Training of observers teams

Step 5: Monitoring on site

Step 6: Data analysis

Step 7: Feedback and programmatic implementation

Gaziantep coordinated a first 3rd Party
Monitoring Assessment in Q4 of 2015



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Methods 3rd Party Monitoring

Mixed Methods

Key Informant Semi-Structured Interviews

Patient Satisfaction Surveys

Focus Group Discussions

Direct Observations and check-lists

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Monitoring Team Composition

- The Third Party Monitoring Organisation (RMTeam) identified 8 monitors from its network inside Syria.
- 4 teams were constituted, each of them consisting of 1 man and 1 woman. All female members had a medical background.
- All selected monitors had previously established credibility within the different communities being monitored.
- RMTeam conducted a preparatory skype training of the monitors including project objectives, humanitarian principles, communication skills, safety, security and ethics.
- A tool specific training was also conducted by RMTeam and UNFPA, still using skype.

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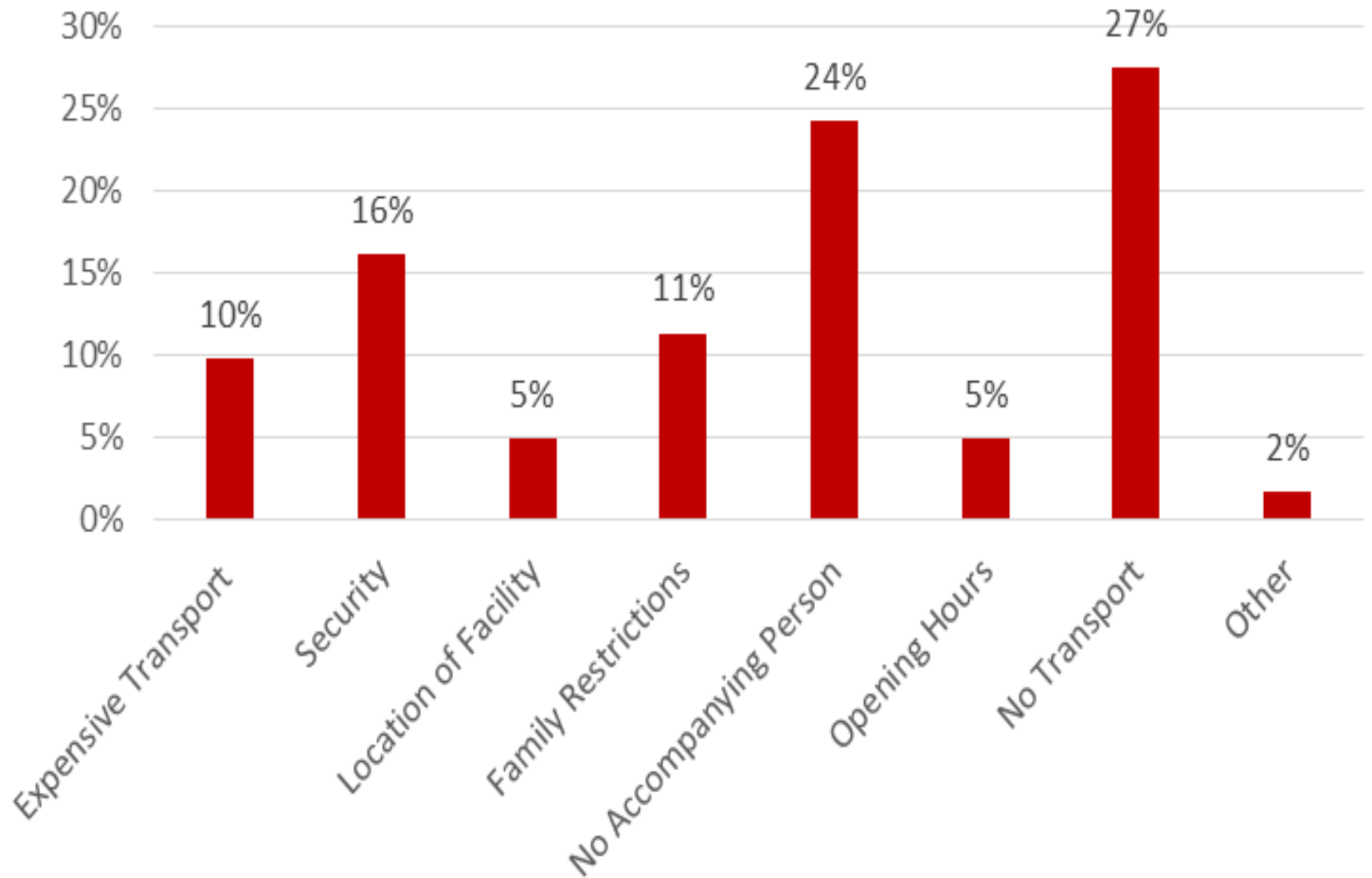


Results (1/2)

Result 1: Tools developed enabled to measure:

- The **availability** of services: in term of service delivery commitments (including staff, supplies and equipment etc.), and adherence to technical parameters and specifications.
- The **appropriateness** of services to respond to the needs of the population (including the identification of service delivery gaps in terms of quantity and quality, and challenges faced).
- The **accessibility** of services: physical, economical, working hours, communication and discrimination.
- The **acceptability** of services: in term of medical ethics and patient rights, cultural appropriateness, and sensitivity towards gender and age.

Access Barriers in Northern Syria



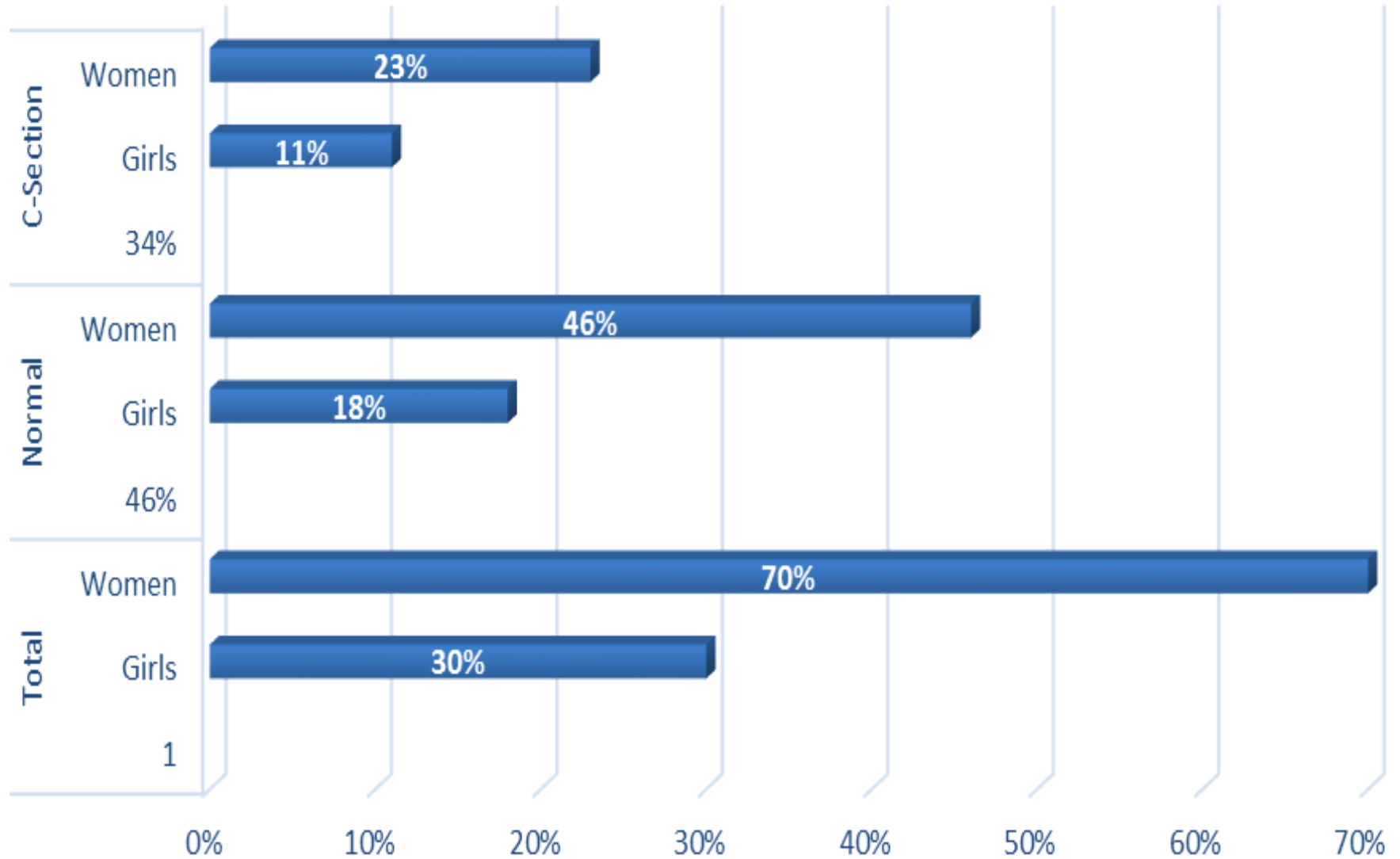
Results (2/2)

Result 2: Triangulation with results given by other monitoring methods were consistent.

Result 3: Qualitative data enabled interpretation and validation of quantitative routine data collected, and understanding of weak areas.

Result 4: Health care providers and patients appreciated the commitment to improving health care services and communicated their appreciation of knowing that we cared.

Deliveries Proportions



Gaps and Challenges

Result 5: Being facility-based, the method has a major potential selection bias to measure accessibility, which could be quantified or mitigated by an household component or by adding new questions in the questionnaire.

Result 6: Some of the questions were not relevant or gave little valuable information, while wasting precious time.

Conclusions

- Third party monitoring enables follow-up and accountability, in places which we cannot physically visit.
- The new technologies are incredibly valuable, for training, supporting and ensuring quality of the work of the monitoring teams
- Review and simplification of the tools would enable to make them more universal.
- The biggest challenge was security, but flexibility can be integrated in the monitoring plans (plan Bs).
- Constant communication and feed-back has to be integrated into the monitoring cycle to ensure commitment and quality.

Third party monitoring is a good strategy to improve monitoring of projects which are not accessible, in particular when triangulated with other methods

Way Forward: Standardized tools need to be developed and validated

