Department for International Development

SYRIA CRISIS RESPONSE SUMMARY
Data Sources and Methods[1]

UKaid from the British people

The UK Syria Crisis Response summary available online seeks to provide an overview of the DFID Syria crisis response, including key facts, an overview of DFID funding, key DFID objectives for work inside Syria and affected neighbouring countries and key results achieved by implementing partners under the response. As a default, the document is updated at any point throughout the year when there are key changes to the data (for example, changes in the number of people in need, a new funding announcement or an update of key results).

The purpose of this document is to outline the sources of the DFID funding figures and key results mentioned in the summary (including the methodology used to calculate the results).

DFID Funding Sources

'Committed' refers to the cumulative amount the UK government has publically pledged to the Syria crisis response to date.

'Announced allocations to date' refers to the allocations made by DFID to implementing partners that have been publically announced by ministers. Figures include a combination of actual spend by partners up to the end of the last financial year (as reflected in the internal DFID financial system - ARIES) and allocations to partners for the current financial year and beyond. As such, these figures may differ from allocations to partners listed in Development Tracker, which shows the total value of DFID grants to partners, including allocations which may have not yet been announced or do not reflect actual spend by partners.

'Spent' refers to actual expenditure incurred by implementing partners from the beginning of the UK Syria crisis response in February 2012 and up to the end of the last financial year or relevant quarter (as reflected in the internal DFID financial system - ARIES).

Key Results Sources and Methodology

Data Source

- The source of the key results included in the summary is an aggregation of partner results that align with a set of core indicators:

  a) Reported by implementing partners with DFID specific projects as part of regular progress reports.
  b) Where DFID has made an un-earmarked allocation to an appeal, DFID attributable results are calculated as a percentage share of the overall results reported by the implementing partner. The percentage share is equivalent to the share of the appeal expenditure DFID funding has covered.

Reporting and Accuracy

- Results provided in the summary represent the key results achieved by partners under the response, but do not capture the entire breath of the response. Where possible, DFID encourages partners to use our set of core indicators when reporting results, to allow for aggregation. However, this is not always possible and partners tend to use a combination of DFID core indicators and project specific indicators (the results of which cannot be aggregated and therefore are not included in the summary).

- Results linked to number of units provided (i.e. food rations, vaccines, relief packages, medical consultations) are cumulative from the start of the response (i.e. having been aggregated across partners and years) and results linked to number of people supported represent the sum of partner results reported in the last financial year alone.

- Given the range of data sources used, the accuracy of the results varies and is subject to the quality of the underlying data source. The data presented is collected and reported by partners and therefore DFID has limited control over the quality of the data. Statistics Advisers in DFID undertake quality assurance of the data and attempt to minimise the source of any errors although there is a risk that errors may still exist. The types of errors which DFID attempts to minimise include:

  - Double counting – identifying unique beneficiaries, avoiding duplication in partner reporting, and counting units other than individuals where we are concerned that this may lead to double counting.
  - Attribution – measuring the results which can be associated with DFID interventions/funding.

Timeliness

- The time period the results provided cover, is stated in the document. However, as partners have different reporting cycles, a minority of results may go over this time frame by one or two months. Also, some results for this time period may not be included due to a time lag in partner reporting.

[1] For more information please contact David Fallows: D-Fallows@dfid.gov.uk

Indicator definitions

Food: number of individual monthly rations provided	A full food ration meets or comes close to meeting the Sphere standard for one individual's daily nutritional requirements.
Relief: number of relief packages distributed	Packages distributed to affected populations and containing one type or more of non-food items. Packages typically include some of the following essential household items: kitchen utensils, mattresses, blankets jerry cans and clothes. There are often winter specific non-food item packages.
Health: number of vaccines provided	This includes vaccines provided as part of routine immunisation and mass immunisation campaigns. Routine immunisation refers to a regular and systematic delivery of EPI (expanded programme of immunisation – i.e. vaccines from a specific WHO established list) from fixed posts (e.g. Primary Health Clinic) or through outreach with no time limitation and to all eligible persons and successive birth cohorts (in principle within the health facility catchment population). Mass immunisation campaigns and vaccination campaigns, aimed at vaccinating a large number of people (usually nationwide or large areas) in a limited amount of time (usually several rounds per year) to prevent or stem disease outbreaks or to initiate a catch-up in coverage. Polio and Measles are examples of vaccination campaigns in Syria since the beginning of the war.
Health: number of medical consultations provided	This includes trauma care consultation and non-trauma care consultations. Trauma care includes specialised health care provided to individuals suffering from traumatic injuries, whether they are war related or not (e.g. as a results of shelling, landmines, gunshot wounds, vehicle collisions, domestic injuries). Non trauma care includes primary, secondary and tertiary (non-trauma only) healthcare consultations. Primary healthcare is generally the first point of contact for someone when they contract an illness, suffer an injury or experience symptoms that are new to them. It can be a 'gateway' to receiving more specialist care through referral to secondary (disease specialists) or tertiary (highly specialised expertise mostly dealing with inpatients) health care levels, when the case cannot be managed at primary level.
Multi-sector: number of cash grants/vouchers distributed	This counts the number of cash grants and vouchers distributed to beneficiaries for them to cover basic needs such as: food, household items, clothing, kitchen utensils, paying rent, etc.
Clean water: number of people reached	This includes water provided as part of interventions that can be considered sustainable and as part of an emergency response. Sustainable water includes water provided through rehabilitation/maintenance of water infrastructure. It can also include provision of chemicals to major municipal treatment plants. Emergency drinking water includes water provided as part of an emergency response (e.g. water trucking, bottled water) or as part of a temporary solution (e.g. purification tablets).
Sanitation/Hygiene activities: number of people reached	Hygiene activities seek to preserve the health and cleanliness of individuals. These may include, awareness sessions, training, provision of non-food items, including hygiene kits, dignity kits, soap, shampoo, other sanitary materials, etc. Sanitation activities include activities that seek to prevent human contact with the hazards of waste (e.g. waste management, latrines, and sewage systems).
Shelter support: number of people reached	Shelter interventions include activities that seek to provide security, personal safety and protection from the elements to individuals and to promote resistance to ill health and disease. Shelter interventions are wide ranging and include temporary tent accommodation, transitional shelter (e.g. public buildings, permanent housing, renovations or rent subsidies).
Agriculture/Livelihoods support: number of people reached	Agricultural interventions include provision of goods and services such as, but not limited to, seeds, tools, fertilisers, livestock, vegetable kits, horticulture packages, livestock care/vaccines, and value chain support or technical assistance. Livelihoods interventions seek to improve the ability of individuals to earn a living wage (e.g. temporary or permanent employment opportunities, training, advice, equipment, financial grants, loans, value chain inputs).
Psychosocial support: number of people reached	Psychosocial support mainly includes counselling consultations which encourage communication of trauma and insight into problems leading to improved ability to cope with past and future traumatic events.
Sexual and gender based violence support: number of people reached	Any service/intervention designed to address the needs of victims of gender-based violence (e.g. preventative measures such as physical safety interventions or initiatives to change the culture of violence, or responsive – counselling or safe houses).
Formal primary/secondary education: number of people reached	Formal education is education that is institutionalised, intentional and planned through public organisations and recognised private bodies and – in their totality – constitute the formal education system of a country. Formal education programmes are thus recognised as such by the relevant national education authorities or equivalent authorities, e.g. any other institution in cooperation with the national or sub-national education authorities.
Non-formal primary/secondary education: number of people reached	Non-formal education is education that is institutionalised, intentional and planned by an education provider. The defining characteristic of non-formal education is that it is an addition, alternative and/ or complement to formal education within the process of the lifelong learning of individuals. It is often provided to guarantee the right of access to education for all. It caters to people of all ages but does not necessarily apply a continuous pathway-structure; it may be short in duration and/or low-intensity, and it is typically provided in the form of short courses, workshops or seminars.
Nutritional support: number of people reached	This counts children under five, pregnant and lactating women reached through nutrition-focused interventions. Nutrition focused interventions seek to address the immediate determinants of child nutrition and development. An intervention can only be classified as nutrition-sensitive if it has an explicit objective to improve nutrition outcomes, such as: wasting or micronutrient deficiencies; prevent low birthweight; improve infant and young child nutrition.