



SYRIA CRISIS RESPONSE SUMMARY

Data Sources and Methods

The UK Syria Crisis Response summary covers humanitarian and development activities in Syria supported by the FCDO, it includes:

- The context of the crisis and the population in need of humanitarian aid.
- Cumulative results from the entire regional response by the FCDO.
- Results of the reported financial year for FCDO UK Office for Syria humanitarian and development programming.
- Results of the reported calendar year for FCDO UK Office for Syria pooled funds.
- Sectoral spend of the reported financial year by FCDO UK Office for Syria humanitarian and development programming.
- Cumulative spend to date across all FCDO directorates and posts that contribute ODA to programming related to the UK Response to the Syria Crisis.

The statistics reported voluntarily comply with the [Code of Practice for Statistics](#), you can read more about how FCDO applies the Code in our [statement of voluntary compliance with the Code of Practice for Statistics](#). The results publication is released annually following the collection, quality assurance, and aggregation of reported financial year results. The purpose of this methodology note is to outline the sources key results and funding sources mentioned in the results publication.

Key Results Sources and Methodology

Data Source

- Results data was sourced from our implementing partners' management information and monitoring and evaluation (M&E) processes. As part of a bi-annual results commission, partners are requested to provide data on a set of pre-defined indicators via standardised templates and guidance for consistency.
- Indicators are created for each programme; these adhere to FCDO's Programme Operating Framework (PrOF) guidance. Results from programme indicators are mapped to standard indicators to form a whole portfolio picture. This list of standard indicators can be found at the end of this document under Annex C.
- The key results included in the summary represent contributions from multiple partners.
- Results data is provided to FCDO by implementing partners, who quality assure it before submission.
- Published results reflect high-level summaries of key programming sectors.
- Where FCDO contributes to a pooled fund or multilateral mechanism, results are proportional according to the UK financial contribution against the total fund. If data integrity is unreliable then the results are not included in this summary.

Aggregating Results

- Results are, where possible, disaggregated by age, sex, disability, and beneficiary type. They are further disaggregated by geography (down to Geographic Administration Level 3).
- Results are collected on a unique beneficiary basis, which means each beneficiary is only counted once per result, regardless of how many times they receive assistance.
- As implementing partners provide anonymised summary data, FCDO Syria aggregates these results to ensure beneficiary reach is calculated appropriately. To ensure that beneficiaries are not double counted, the following calculation is applied:

1. **Where one partner reports on a result:** partners account for double counting in their reporting, and the full result can be captured in the aggregate figures in this publication.
 - a. **Per the below example, Partner A is the only partner to have submitted results with full disaggregation** (not all columns included). The total result here can be taken as 70 beneficiaries reached for this indicator.

Partner	Result	Sex	Age	Administration 3
Partner A	2	Male	0-17	Subdistrict A
Partner A	27	Male	18+	Subdistrict A
Partner A	33	Women	0-17	Subdistrict A
Partner A	8	Women	18+	Subdistrict A

2. **Where more than one partner reports on a result:** disaggregated data by demography is calculated as the maximum figure reported by any one partner in a subdistrict (Administration Level 3).
 - a. **Per the below example, both Partner A and B have submitted results with full disaggregation** (not all columns included). The maximum figure for each disaggregation is used, these are highlighted below. The total reach will be taken as 213 beneficiaries reached for this indicator.

Partner	Result	Sex	Age	Administration 3
Partner A	22	Male	0-17	Subdistrict A
Partner A	0	Male	18+	Subdistrict A
Partner A	18	Women	0-17	Subdistrict A
Partner A	22	Women	18+	Subdistrict A
Partner B	21	Male	0-17	Subdistrict A
Partner B	65	Male	18+	Subdistrict A
Partner B	58	Women	0-17	Subdistrict A
Partner B	68	Women	18+	Subdistrict A

3. **Where a partner has not provided full demographic disaggregation:** the maximum of either the disaggregated demographic data or the maximum of the largest result that has no disaggregation is used.
 - a. **Per the below example, Partner A has submitted results with no demographic disaggregation and Partner B has submitted results with full disaggregation** (not all columns included). The maximum for disaggregated results is 57, whereas the maximum for the combined result is 68. The result of 68 is used as this is higher.

Partner	Result	Sex	Age	Administration 3
Partner A	68	Combined	Combined	Subdistrict A
Partner B	18	Male	0-17	Subdistrict A
Partner B	8	Male	18+	Subdistrict A
Partner B	26	Women	0-17	Subdistrict A
Partner B	5	Women	18+	Subdistrict A

4. **Where a partner has not provided full geographic disaggregation:** the maximum of either the largest result at Admin 3, 2, or 1 is used.
 - a. **Per the below example, Partner A has submitted results without full geographic disaggregation and Partner B has submitted results with full disaggregation** (beneficiary disaggregation is not included in this example). Partner B's results across 4 different subdistricts within a district totals 95 beneficiaries reached, whereas Partner A's result for the same district without disaggregation totals 108. The result of 108 is used as this is higher.

Partner	Result	Administration 1	Administration 2	Administration 3
Partner A	108	Governorate A	District A	Combined
Partner B	38	Governorate A	District A	Subdistrict A
Partner B	16	Governorate A	District A	Subdistrict B

Partner B	33	Governorate A	District A	Subdistrict C
Partner B	8	Governorate A	District A	Subdistrict D

- Pooled Funds do not necessarily provide results to the above standards. Results under pooled funds do not contribute towards sectoral reach, though the Aid Fund for Syria does contribute to the overall reach figure in headline results.

Disaggregation

- Sex disaggregation is required for results data and is collected for the majority of “people reached” results. FCDO is committed to ensuring all relevant programming targets and reaches at least 50% women and girls through its ODA programming. This data is essential for calculation of FCDO’s performance against the 50% women and girls reach commitment.
- Disability data helps us understand the extent to which vulnerable populations are reached through different interventions. Partners take different approaches to gathering information on disabilities:
 - Direct Surveying: Some partners ask all beneficiaries directly using the Washington Group Questions or a similar set of questions.
 - Representative Sampling: Others conduct surveys on a representative sample of beneficiaries across provinces, again using the Washington Group Questions or comparable tools. The sample produces a disability prevalence which can be applied to the whole population of beneficiaries.
 - Self-Declaration and Observation: In some cases, disability data is gathered through self-declaration during health interventions, supplemented by direct observation by frontline workers to assess functional limitations.
- The disability disaggregation is based on data from the partner with the largest reach of people with disabilities to avoid double-counting. The disability figure provided in our publication is an “at least” estimate; the total number of people with disabilities reached could be much higher.
- Age disaggregation is required for results data and is collected for the majority of “people reached” results.

Reporting, Communication, and Accuracy

- Results provided in the summary represent the key results achieved by implementing partners who have a direct programme goal to deliver aid to affected Syrians.
- Where possible, FCDO encourages implementing partners to use our set of core indicators to ensure results are relevant.
- Results linked to number of units provided (e.g. food rations, cash grants, medical consultations) are cumulative from the start of the crisis until the end of the reported financial year.
- Given the range of data sources used, the accuracy of results is subject to the quality of the underlying data source. Data presented is collected by implementing partners, who are provided the following assistance and communication to set expectations:
 - Implementing partners are given guidance on best practices for data collection and quality assurance.
 - This includes the requirement that implementing partners do not double count beneficiaries (if applicable).
 - Implementing partners are advised on data disaggregation requirements.
 - Implementing partners are provided training on how to use the Results, Evidence, and Exchange (REX) platform and FCDO’s expectations.
 - Advisers routinely work with programme teams and their implementing partners to ensure results accuracy and evaluate that indicators are fit for purpose.
 - Third-party monitoring is used to establish that data collection practices are maintained.
- Accredited members of the Government Statistical Service or Government Social Research group in FCDO undertake quality assurance of the data. The FCDO quality assurance process is as follows:
 - Null Fields – Data is checked for missing values and/or fields. When identified, FCDO requests corrections from implementing partners.
 - Field Errors – Fields are checked for correct data categorisation. Partners are provided with a template to input data correctly.

- Mid-Year and End-Year Results – Partners provide results overviews every 3 months, and disaggregated results datasets every 6 months. These results are monitored to ensure consistency over time, both in year and for programme duration.
- Sense Checks – Data is compared to previous year(s) targets and results across programmes, and previous annual publications of the factsheet.
- Attribution – Accurately associating results with FCDO interventions or funding, where applicable.
 - FCDO may contribute towards multi-donor funded programmes, and attribution reflects the relative amount of a result that UK funding has gone towards.
 - Attribution is agreed with implementing partners, FCDO will also check the correct attribution is reported by the implementing partner in their dataset.
- Double Counting and Aggregation – Where multiple implementing partners provide data that overlaps in both indicator and disaggregation fields, the max value is taken to prevent double counting or duplication. This reduces data uncertainty (examples as shown under ‘Aggregating Results’).

Timeliness

- The time-period the results provided cover is stated in the document. However, some implementing partners may have different reporting cycles and a minority of results may go beyond this time frame by one or two months.
- Implementing partners are expected to submit data twice in a given financial year. This is done no later than 6 weeks after the end date of the data timeframe.

Caveats and Limitations

- Results data is collected in a complex and challenging operational context; inaccuracies are expected and FCDO and implementing partners attempt to minimise errors and risk where possible.
- FCDO implementing partners submit a variety of results, relevant results are aligned to the FCDO UK Office for Syria core indicator list to enable aggregation (See ‘Aggregate Indicator Definitions’). Implementing partner results that cannot be aggregated are not included in the publication.
- Data collection and quality assurance is performed by implementing partners, results data is a secondary source of information. Third-Party Monitoring (external and independent monitoring and evaluation) is utilised to verify activities and implementing partner processes to ensure confidence in partner results.
- Some results may be excluded if the implementing partner does not submit data within the required timeframe.
- The aggregation process, in mitigating against double counting, will lead to results being underreported in the published result. Beneficiary reach is always considered to be ‘at least’ to illustrate the result being a minimum estimate.
- Funding data is not inclusive of all bilateral ODA spend. For official figures on total ODA spend, please refer to the [Statistics on International Development](#) publications.

FCDO Funding Sources

- ‘Spent by FCDO’ refers to actual expenditure incurred by FCDO implementing partners from the beginning of the UK Syria crisis response in February 2012 and up to the end of the reported financial year or relevant quarter.
- Spend calculated only considers Overseas Development Aid (ODA) funded projects and programmes that have a direct or indirect benefit to Syrian’s affected by the Syria Crisis.
- This includes ODA eligible expenditure from the UK Integrated Security Fund (ISF); formerly known as the Conflict, Stability and Security Fund (CSSF). It is not reflective of all ISF spend over time.
- ODA eligible ISF spend has only been incorporated in the total since April 2016.
- ‘Turkey’ includes contributions from the FCDO EU Directorate (a regional office) towards the EU Facility for Refugees (FRIT) programme.
- ‘Iraq’ spend was included until 2014. In 2014, Iraq ODA spend has been attributed to the [UK Iraq Crisis Response](#) as the expansion of Daesh established a distinct crisis in Iraq.
- ‘Egypt’ spend was discontinued in 2014 as Syria Crisis ODA was directed towards Syria and neighbouring countries.

- 'Regional' spend previously accounted for wider total operating costs (ToC) directed towards the Syria Crisis. Since 2023, regional ODA spend for the Syria Crisis was merged under relevant country spends.

Ethical and sensitivity considerations

- Ensuring ethical considerations and data confidentiality is a key priority. In line with FCDO statistics: statement on disclosure control, figures have been rounded to the nearest 1,000 and partner names have been suppressed.

Annex A: Glossary

AFS: Aid Fund for Syria (AFS), formerly the Aid Fund for Northern Syria (AFNS) is a country pooled fund co-ordinated by a steering board of NGOs, Community Organisations, and International Donors.

Aggregation: the process of combining data from multiple implementing partners to calculate the total result for all FCDO ODA programmes.

Beneficiary: an individual receiving support or services provided through FCDO funded programmes.

Cash/Voucher: a form of humanitarian aid where recipients receive cash or vouchers to buy goods and services locally. Unconditional cash/vouchers are not restricted to specific goods and services.

GHO: Global Humanitarian Overview (GHO) is an annual global publication released by OCHA that provides a summary of the humanitarian needs and funding requirements globally.

Humanitarian Assistance: the provision of emergency assistance or preventative support with the aim to save lives, alleviate suffering and protect dignity during and after crises – whether triggered by natural disaster, conflict or displacement. Essential health, nutrition and water & sanitation in a protracted humanitarian crisis are also described as humanitarian aid and included in the headline result.

HNO: Humanitarian Needs Overview (HNO) is an annual country-specific publication released by OCHA that provides a comprehensive overview of the humanitarian needs for said country.

Implementing Partner: an organisation responsible for delivering aid and services on the ground on behalf of donors.

International Donor: An organisation or government, such as the FCDO, who contributes funds towards implementing partners.

M&E: Monitoring and Evaluation (M&E) is the process in which partners can be assessed for their efficacy and value of the programme. FCDO may have an M&E or Statistics specialist to support both implementing partners and TPM.

ODA: Official Development Assistance (ODA) is an internationally agreed measure of resource flows to developing countries and multilateral organisations, which are provided by official agencies (e.g. the UK Government) or their executive agencies, where each transaction meets the following requirements:

- It is administered with the promotion of the economic development and welfare of developing countries as its main objective; and
- It is concessional, including grants and soft loans.

ODA is measured according to the standardised definitions and methodologies of the Organisation for Economic Cooperation and Development's (OECD) Development Assistance Committee (DAC).

OCHA: Office for the Coordination of Humanitarian Affairs (OCHA) is a United Nations agency focused on the co-ordination of crisis response, facilitating needs analysis and mobilised international humanitarian assistance.

Results: figures that have been collated from a set of programmes to provide an indication of FCDO activity. Results are defined as the outputs, outcomes or impacts of development interventions. The results in this publication are outputs describing the support and services which result from FCDO's Syria ODA programmes.

SHF: Syria Humanitarian Fund (SHF) is a country pooled fund which is co-ordinated by the Office of Co-ordination of Humanitarian Affairs (OCHA).

SCHF: Syria Cross-Border Humanitarian Fund (SCHF) is a country pooled fund which is co-ordinated by the Office of Co-ordination of Humanitarian Affairs (OCHA). As of 2025 it has been merged with SHF.

UNHCR: United Nations High Commissioner for Refugees (UNHCR) is a United Nations agency focussed on providing life-saving assistance to refugees, stateless people, and those forced to flee their homes.

TPM: Third Party Monitoring (TPM) is a process of contracting monitoring services to an independent party, who can independently assess and verify the activities, efficacy, and value of implementing partners.

Unique Beneficiary: a unique individual that is only counted once within a partner intervention, within an indicator even if they receive multiple interventions

WASH: Water, Sanitation, and Hygiene (WASH), these interventions are focused on improving access to clean and safe water, safe disposal of waste and minimising environmental contamination and personal hygiene, all contributing towards preventing illness.

Washington Group Questions: a standardised data collection tool designed to identify whether someone has a disability. The set of questions are the best practice approach to collecting disability data. They promote inclusive and sensitive data collection; the results are internationally comparable and easy to use and understand.

Annex B: Key Result Definitions

WASH: Water, Sanitation, and Hygiene – Number of people reached	Water activities focus on the distribution of clean and safe drinking water for beneficiaries, seeking to either increase water access for regions experiencing water shortages, or to increase safe water access for regions experience ill effects from water not deemed safe for consumption. Sanitation activities include activities that seek to prevent human contact with the hazards of waste (e.g. waste management, latrines, and sewage systems). Hygiene activities seek to preserve the health and cleanliness of individuals. These may include awareness sessions, training, and provision of non-food items including hygiene kits, soap, shampoo, and so on.
SRH/GBV: Sexual and Reproductive Health and Gender Based Violence – Number of people reached	This indicator combines two protection indicators and takes the maximum value of one or the other per geography and partner. Sexual and Reproductive Health (SRH) services can include family planning, maternal and newborn care, post-rape treatment, and prevention and treatment of sexually transmitted infections, amongst many other services. Gender Based Violence (GBV) 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).
Agriculture and Livelihood Interventions – Number of people reached	Agricultural and Livelihood interventions are facilitated primarily through early recovery mechanisms, focussing on providing beneficiaries of agricultural households with sustainable interventions and resilience capacity. Interventions range from vocational training to local infrastructure development that improves agricultural security, economic resilience, and longer-term growth.
Nutrition: Young Children, Expecting Mothers, and Mothers – Number of people reached	Nutrition specifically targets young children under the age of five, as well as pre- and post-natal mothers. Most nutrition-based aid encompasses dietary healthcare improvement for young children and mothers, though also includes wider support services such as malnutrition screening and food packages.
Healthcare – Number of People Reached	This support covers people provided with medical consultations, vaccinations, or rehabilitation services. It is facilitated through both permanent and temporary healthcare facilities that are either managed exclusively or supported by public organisations and/or private bodies.
Education: Primary/Secondary – Total children reached	Education, whether primary or secondary, is institutionalised, intentional, and planned education facilitated through both public organisations and/or private bodies which constitutes the formal education system of a country. Formal education programmes are recognised by the relevant national education authorities or equivalent bodies. This indicator does not blend formal and informal education, where many children supported within informal education systems are a subset of formal education.
Food: Rations – Cumulative ration/food packs provided	A full food ration meets or comes close to meeting the Sphere standard for one individual's daily nutritional requirements. It is cumulative since the start of the crisis.
Multi-Sector: Cash Grants – Cumulative people reached with cash grants	Cash grants count the number of individuals supported with cash grants for beneficiaries to cover basic needs such as: food, household items, clothing, kitchen utensils, paying rent, etc. Results here are not indicative of the total value of cash grants provided to beneficiaries. It is cumulative since the start of the crisis.
Health: Medical Consultations – Cumulative 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. injuries due to 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. It is cumulative since the start of the crisis.

Annex C: Aggregate Indicators

Sector	Indicator
Education	Total number of pupils provided with access to formal or non-formal primary/secondary education
Education	Total number of children that are "proficient" at reading by the end of primary education
Health & Nutrition	Total number of people supported with access to comprehensive health services, including via COVID response plans
Protection	Total number of people reached with support to end violence against women and girls
Agriculture and Livelihoods	Total number of people reached by FCDO Agriculture and Livelihoods activities
Agriculture and Livelihoods	Total number of people supported to increase their food production and income generation
X-Cutting	Total number of people reached with humanitarian assistance (food aid, cash and voucher transfers)
X-Cutting	Total number disaster-affected people provided with humanitarian support (i.e. total reach)
X-Cutting	Total number of people reached with early recovery support
WASH	Number of individuals provided with sustainable drinking water
WASH	Number of individuals provided with emergency drinking water
WASH	Number of people provided with improved access to sanitation
WASH	Number of people provided with improved access to drinking water
Health	Number of trauma consultations provided
Health	Number of non-trauma healthcare consultations provided
Health	Number of children under five, pregnant and lactating women reached through nutrition-focused interventions
Agriculture/Livelihoods	Number of individuals directly or indirectly supported through agricultural services and/or technical assistance
Agriculture/Livelihoods	Number of individuals directly supported through business development interventions
Agriculture/Livelihoods	Number of individuals directly supported through technical and vocational training and skills development
Agriculture/Livelihoods	Number of individuals directly supported through cash for work interventions
Agriculture/Livelihoods	Number of people with improved climate resilience
Agriculture/Livelihoods	Number of people supported to better adapt to the effects of climate change
Protection	Number of individuals benefitting from SGBV services
Protection	Number of children benefitting from psychosocial support
Protection	Number of adults benefitting from psychosocial support

Protection	Number of people provided with sexual and reproductive health services
Education	Number of pupils provided with access to formal primary/secondary education
Education	Number of pupils provided with access to non-formal primary/secondary education
Education	Number of pupils reached by informal learning activities
Multisector	Number of individuals benefitting from multisector cash/vouchers
Multisector	Number of cash/voucher grants for multi-sectoral use

Annex D: Sector Definitions

1. Supporting Services

Activities that enable or facilitate the delivery of humanitarian assistance, such as logistics, coordination, information management, technical assistance, M&E. These services support the effective functioning of humanitarian operations but do not directly deliver aid to affected populations.

2. Health

Provision of emergency medical care, disease prevention, mental health and psychosocial support, reproductive health, and public health interventions to reduce morbidity and mortality among affected populations.

3. Protection

Actions aimed at ensuring the safety, dignity, and rights of affected people, including child protection, gender-based violence prevention and response, legal assistance, and support for vulnerable groups.

4. Agriculture and Livelihoods

Support to restore or strengthen food production, income generation, and self-reliance, including distribution of seeds, tools, livestock, vocational training, and microfinance.

5. Education

Provision of safe and inclusive access to formal and non-formal education, including temporary learning spaces, teaching materials, and psychosocial support for children and youth affected by emergencies.

6. WASH (Water, Sanitation, and Hygiene)

Ensuring access to safe water, adequate sanitation, and hygiene promotion to prevent disease and maintain health and dignity in emergencies.

7. Multisectoral (Cash)

Use of cash-based interventions to address multiple needs across sectors, allowing affected people to prioritise and meet their own requirements, such as food, shelter, health, and education.

8. Food Security

Ensuring that affected populations have reliable access to sufficient, safe, and nutritious food to meet their dietary needs and preferences for an active and healthy life.

9. Non-Food Items/Shelter

Provision of essential household items (such as blankets, cooking utensils, clothing) and emergency shelter solutions to protect affected populations from the elements and support their dignity.

10. Infrastructure

Rehabilitation or construction of infrastructure (such as schools, health centres, or water wells) to support humanitarian response and recovery.

11. Other

Activities that do not fall under the standard humanitarian sectors or have not been mapped to a sector.