



EVALUATION **CUTANEOUS LEISHMANIASIS AND DIABETES MELLITUS PROGRAMS IN SYRIA**

EXECUTIVE SUMMARY
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ACKNOWLEDGEMENTS

The evaluation team would like to warmly thank all those who contributed their time, knowledge, and experience to this evaluation of the ICRC's Diabetes Mellitus and Cutaneous Leishmaniasis Programs in Syria.

We are particularly grateful to the International Committee of the Red Cross (ICRC) Syria Delegation and Headquarters in Geneva for its trust, openness, and sustained support throughout the evaluation process. The engagement of the Health Department and field teams—at both the delegation and sub-delegation levels—was essential to enabling meaningful access to information, facilities, and stakeholders, and to fostering thoughtful dialogue on program achievements, challenges, and future directions.

Our sincere appreciation goes to the Ministry of Health of Syria and the Directorates of Health for their collaboration and facilitation of fieldwork. We also wish to acknowledge the dedication of health facility managers, medical personnel, and mobile health unit teams, who shared their perspectives with professionalism, often under significant operational pressure.

We thank partner organizations and humanitarian actors—including United Nations agencies, international and national NGOs, and Red Cross and Red Crescent Movement partners—for their constructive engagement and for sharing insights that helped situate the programs within the wider health and humanitarian response.

Above all, we express our deep gratitude to the patients, caregivers, and community members who participated in this evaluation. Their willingness to share their experiences, challenges, and expectations provided invaluable insights and ensured that the evaluation remained grounded in the realities of those the programs seek to serve.

Finally, the evaluation team acknowledges the strong collaboration among its members, whose complementary expertise, contextual understanding, and commitment to ethical evaluation practice made this work possible.

EVALUATION TEAM

Cecilia Carolina Delaney, Team Leader
Sofia Martinelli, Project Coordinator
Abdo Almostafa, Operations Manager
Dr. Mohammed Albittar, Health Technical Consultant

EVALUATION MANAGEMENT

Jo Kaybryn, Head of Evaluation Office
Nadera Burhani, ICRC Health Coordinator

BACKGROUND

Building on a three-year Memorandum of Cooperation (MoC), the International Committee of the Red Cross (ICRC) has partnered with the Ministry of Health (MoH) to support the delivery of essential health services in Syria in line with national policies and international standards.

This collaboration has focused on strengthening access to diagnosis, treatment, and follow-up care for patients affected by Diabetes Mellitus (DM) and Cutaneous Leishmaniasis (CL), two high-burden conditions whose prevalence and impact have been exacerbated by prolonged conflict, displacement, and the deterioration of the health system.

Since 2018, the DM and CL Programs have been implemented across multiple governorates—including Aleppo, Hama, Tartus, Damascus, Rural Damascus,

Hassakeh, Idleb, and Deir ez-Zor—through support for fixed primary health care facilities, mobile health units, and capacity-building for health personnel. The programs have sought to respond to both chronic and acute health needs in underserved and conflict-affected areas, while avoiding the creation of parallel systems and reinforcing the role of public health authorities.

The evaluation took place in a highly dynamic post-transition context characterized by evolving governance arrangements, persistent access constraints, and the continued fragility of national health systems. Within this environment, the ICRC's operational model—combining emergency response, system support, and partnership-based implementation—has required continuous adaptation.

The evaluation, therefore, examined not only program performance but also the extent to which the DM and CL interventions remain relevant, effective, and sustainable in a context marked by uncertainty, resource constraints, and emerging transition dynamics.

PURPOSE AND OBJECTIVES

The purpose of this evaluation was to inform the long-term strategic planning of the scope of the ICRC's Diabetes Mellitus and Cutaneous Leishmaniasis health support to the health system in Syria through the Ministry of Health, and contribute to the review and renewal of the DM and LC programs Memorandum of Cooperation between the ICRC and the MoH.

The evaluation had two primary objectives, each tailored to provide comprehensive insights into specific aspects of the Syrian Health Programs:

1. Review and assess the overall achievements of the diabetes and CL Programs as part of the current Memorandum of Cooperation with the MoH.
2. Identify the challenges and opportunities for long-term knowledge transfer and programs handover to the MoH and other relevant actors in light of recent and potential future geopolitical changes.

EVALUATION FRAMEWORK

The evaluation framework was designed to reflect the complexity of the Syrian health and humanitarian context and to support learning at both operational and strategic levels. Grounded in the OECD/DAC criteria and aligned with ICRC evaluation standards, the framework emphasized adaptability, system interaction, and partnership dynamics, recognizing that program performance is shaped not only by technical delivery but also by governance, access, and institutional capacity.

Relevance

Relevance was assessed by evaluating the extent to which the DM and CL Programs have remained aligned with the evolving health needs and priorities of communities and service users in the post-transition environment, taking into account epidemiological trends, access constraints, and changes in governance and service delivery arrangements.

Effectiveness

Effectiveness was assessed by examining how well the programs expanded access to care and treatment for patients with DM and CL through various service delivery modalities, including fixed facilities, mobile health units, and health promotion activities. It also assessed the extent to which community feedback mechanisms and monitoring systems have supported adaptive management and informed program adjustments.

Sustainability

Sustainability assessed the extent to which the programs have contributed to strengthening the health system and facilitating knowledge transfer to the Ministry of Health and other relevant actors. Special attention was given to partnership arrangements, institutionalization of practices, and the feasibility of maintaining services and capacities beyond ICRC's direct support.

Together, these criteria provided the analytical framework for presenting the evaluation findings, conclusions, and recommendations, with a focus on supporting evidence-informed decision-making and future planning.

Ethical review

During the inception phase, the evaluation underwent an external ethical review to ensure full compliance with ICRC ethical standards and international best practices in evaluation. This process included a dedicated ethical onboarding session led by the ICRC Evaluation Office, which addressed key principles related to data protection, informed consent, safeguarding, reporting obligations, and risk management when engaging with potentially vulnerable populations. The ethical review provided guidance to the evaluation team and reinforced a victim-

and survivor-centered approach, ensuring that the evaluation design and implementation adhered to the highest ethical and professional standards.

Fieldwork

The data collection was conducted alongside extensive desk review and scoping interviews, enabling systematic triangulation of findings and adaptive data collection in response to access constraints and operational realities.

The fieldwork was organized using a participatory, mixed-methods approach combining qualitative and quantitative data collection across multiple governorates. Primary data collection included 15 structured field observations in ICRC-supported health facilities—covering primary health care centers, diabetic centers, mobile health units, and leishmaniasis services—alongside approximately 52 semi-structured key informant interviews with representatives from the Ministry of Health, health authorities, facility managers and staff, and ICRC teams. In addition, 14 focus group discussions were held with service users, complemented by 361 exit surveys administered to patients (58.7% women and 41.3% men).

MAIN FINDINGS

Relevance

The DM and CL programs have ensured the relevance of their objectives through a combination of needs assessments, adaptive program design, coordination with health authorities and partners, and operational adjustments responding to contextual, epidemiological, and access-related changes in Syria's post-transition environment.

Effectiveness

Access expanded significantly through diversified service delivery. ICRC-supported health centers, MHUs, and trained health promoters substantially increased diagnosis and treatment coverage for CL, with cases treated more than doubling since 2018. Service readiness improved through the deployment of solar systems, laboratory upgrades, and stable supply chains in most areas. However, the quality, consistency, and resilience of these conditions varied significantly across locations, service modalities, and programs, with more pronounced constraints in high-volume, resource-constrained, or temporary settings.

The DM and CL programs relied predominantly on informal and interpersonal mechanisms to collect and process community feedback. While service users generally trust these channels and have enabled some responsiveness, they are limited, unevenly documented, and used for systematic learning and strategic decision-making.

The M&E system demonstrates solid operational functionality, particularly in tracking service delivery, clinical outputs, and immediate performance trends in a complex and volatile environment. The system has proven effective in informing routine management decisions, supporting adaptive implementation, and maintaining oversight of key risks. At the same time, the evaluation finds that the M&E system is less effective at capturing, analyzing, and communicating the contributions and impacts of partnerships and stakeholder engagement.

Sustainability

Great efforts were made to integrate sustainability elements into the programs' design, and capacity-building efforts successfully contributed to knowledge transfer to local actors, although with significant limitations in Northeast Syria. Elements of sustainability were integrated into the partnership strategy, ensuring a faster and more relevant response, a higher local acceptance rate, and, importantly, a more sustainable humanitarian impact. Coordination between ICRC and the MoH has been regarded as positive and has effectively institutionalized protocols and tools within the public health system, thereby enhancing the sustainability of the assistance.

RECOMMENDATIONS

#1 ADOPT A COMPREHENSIVE AND PHASED APPROACH TO HEALTH SYSTEM STRENGTHENING AND TRANSITION PLANNING.

- 🎯 **End goal:** contribute to building the MoH's institutional and professional capacities as part of the National Health System.
- ➔ **Pathway:** targeted support to institutionalize clinical protocols and guidelines by embedding them with national standards, pre-service training curricula, and routine supervision tools; implementation of a structured capacity-strengthening pathway; advocate to the Ministry of Health (Mo) for adopting a comprehensive approach that reinforces prevention, promotion of community-driven, and person-centered models of care.

#2 CONSOLIDATE AND ENHANCE THE EFFECTIVENESS OF THE CL AND DM PROGRAMS BY ADDRESSING PERSISTENT STRUCTURAL AND OPERATIONAL BOTTLENECKS THAT LIMIT EQUITABLE ACCESS AND ADAPTIVE PERFORMANCE.

- 🎯 **End goal:** contribute to addressing structural and operational bottlenecks to enhance and consolidate program effectiveness.
- Pathway:** stabilizing core service delivery functions; reinforcing referral pathways; improving geographic equity in a politically fragmented context; leveraging flexible operational partnerships; establishing accessible, systematic mechanisms to capture service users' feedback to reinforce lean and responsive management.

#3 STRENGTHEN THE LONG-TERM RELEVANCE OF THE CL AND DM PROGRAMS BY REINFORCING THEIR INTEGRATION WITHIN NATIONAL AND COMMUNITY-BASED HEALTH PRIORITIES.

- 🎯 **End goal:** expanding the preventative approach by defining explicit prevention objectives.
- Pathway:** embedding Non-Communicable Diseases (NCDs) Programs into the broader National Primary Health Care public agenda; scaling up evidence-informed prevention approaches.