EVALUATION REPORT

Evaluating the Effectiveness of Shelter, Health, and Education Programs for Iraqi and Syrian Refugees in Turkey

December 2016

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EVALUATING THE EFFECTIVENESS OF SHELTER, HEALTH, AND EDUCATION PROGRAMS FOR IRAQI AND SYRIAN REFUGEES IN TURKEY

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<th>Description</th>
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<tbody>
<tr>
<td>AFAD</td>
<td>Disaster and Management Authority</td>
</tr>
<tr>
<td>ASAM</td>
<td>Association for Solidarity with Asylum Seekers and Migrants</td>
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<tr>
<td>CC</td>
<td>Community Center</td>
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<td>CFS</td>
<td>Child Friendly Space</td>
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<td>CRS</td>
<td>Catholic Relief Services</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DGMM</td>
<td>Directorate General of Migration and Management</td>
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<td>DoS</td>
<td>U.S. Department of State</td>
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<td>DRC</td>
<td>Danish Refugee Council</td>
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<td>ECM</td>
<td>Emergency Case Management</td>
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<td>EQ</td>
<td>Evaluation Question</td>
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<td>ESSN</td>
<td>Emergency Social Safety Net</td>
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<td>ET</td>
<td>Evaluation Team</td>
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<td>EU</td>
<td>European Union</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GoT</td>
<td>Government of Turkey</td>
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<td>IBC</td>
<td>International Blue Crescent</td>
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<td>IMC</td>
<td>International Medical Corps</td>
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<td>IMPR</td>
<td>International Middle East Peace</td>
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<tr>
<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<td>IO</td>
<td>International Organization (multilateral partner)</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender and Intersex</td>
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<td>LNGO</td>
<td>Local Non-Government Organization</td>
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<td>MEB</td>
<td>Minimum Expenditure Basket</td>
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<td>MHPSS</td>
<td>Mental Health and Psychosocial Support</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoNE</td>
<td>Ministry of National Education</td>
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<td>MSC</td>
<td>Multiservice Support Center</td>
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<td>NFI</td>
<td>Non-Food Items</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NP</td>
<td>Non-Government Organization Partner</td>
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<td>PAP</td>
<td>Provinical Action Plan</td>
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<td>PRM</td>
<td>Bureau of Population, Refugees, and Migration</td>
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<td>PRS</td>
<td>Palestinian Refugees from Syria</td>
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<td>SI</td>
<td>Social Impact, Inc.</td>
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<td>SHE</td>
<td>Shelter, Health, Education</td>
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<td>SNF</td>
<td>Special Needs Fund</td>
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<td>TEC</td>
<td>Temporary Education Center</td>
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<td>TL</td>
<td>Turkish Lira</td>
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<td>3RP</td>
<td>Regional Refugee and Resilience Plan</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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EXECUTIVE SUMMARY

Evaluation Purpose
This evaluation is part of an effort to examine the effectiveness of shelter, health, and education (SHE) programs funded by the U.S. Department of State’s Bureau of Population, Refugees, and Migration (PRM) for Syrian and Iraqi refugees in Lebanon, Jordan, and Turkey during fiscal years 2012-2015. This report focuses specifically on PRM-supported SHE programming in Turkey. The evaluation will guide PRM’s funding decisions and diplomatic engagements, increase operational efficiency, inform PRM Refugee Coordinators’ monitoring efforts, and enable partners to increase their impact.

Program Background
This evaluation looks at SHE programming by two non-governmental organizations (NGOs), two United Nations agencies, and one inter-governmental organization for non-camp refugees in Turkey.

• Catholic Relief Services (CRS) engages in education programming and provides protective environments for Syrian refugee children to better cope with trauma and displacement.
• Danish Refugee Council (DRC) increases access to quality protection and essential services through sustainable community structures for displacement-affected communities in south and southeastern Turkey.
• International Organization for Migration (IOM) distributes emergency aid, supports vulnerable households through emergency case management, and provides school transportation.
• United Nations High Commissioner for Refugees (UNHCR) and its subcontractors provide access to healthcare and social services, mental health support, informal education, and legal counseling.
• United Nations International Children’s Emergency Fund (UNICEF) engages in providing Syrian refugee children improved access to education and safe environments; building prefabricated schools; and provisioning of school supplies and equipment, student and teacher kits, teacher training, and incentive payments for teachers.

Evaluation Design, Methods, and Limitations
The evaluation team (ET) visited Ankara, Istanbul, Hatay, and Sanliurfa during a four-week visit to Turkey in August-September 2016. The mixed method approach included: a review of program documents; semi-structured interviews with key informants; and observations of program sites. Interviewed beneficiaries also completed a short structured questionnaire. Limitations of the evaluation include limited resources, timing of the evaluation, political unrest in Turkey, and selection bias.

Conclusions
PRM prioritized the following questions to be answered by the Turkey program evaluation. Please see pages 6-23 of this report for detailed findings by evaluation question and sub-question.

1. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?
To improve humanitarian efforts and diplomacy, the ET concludes that there is a need for regular information-sharing meetings with partners, increased opportunities for communication and facilitation between donors, and support for informal education and life learning programs that target adolescents.

2. How could cash assistance programming be more effective, in the context of education, shelter, and health? Were there instances where this cash was used for other immediate needs?
Effective cash intervention requires technical expertise, targeting based on vulnerability criteria, an effective monitoring system, risk management, information provision, and the establishment of a transfer amount based on the minimum expenditure basket. A balanced approach in employing unconditional cash and restricted voucher assistance is needed in the Turkish context. However, for inclusive unconditional cash assistance, more research is needed on households’ decision-making power dynamic over cash and cash spending habits. The ET concludes that rent payments, utility bills, and food are the most immediate needs for refugees spending cash in Turkey.

3. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices?

a. To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as disabled, female-headed households, Iraqis and Palestinian Refugees from Syria (PRS)?

The ET concludes that PRM-supported programs have predominantly targeted and reached vulnerable Syrian refugees. The NGO programs included in this evaluation were not initially designed to target Iraqis; as such, very limited support has been provided to Iraqi refugees due to a lack of targeting. International Organizations (IOs) predominantly addressed the needs of Syrian refugees in the 3RP, which limited IOs in using donors’ funds to address the needs of non-Syrian refugees. Most NGOs have limited outreach strategies, which may limit reaching the most vulnerable. Transportation costs and language differences create barriers for refugees in every sector.

b. To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?

Overall, PRM-supported programs are in line with refugee preferences, with some exceptions. However, there is a need for improved information provision to beneficiaries about feedback and complaint opportunities, criteria, coverage, and time frames. Although they prefer cash assistance, beneficiaries are very appreciative of in-kind services, e.g. Temporary Education Centers (TECs), Child Friendly Spaces, Community Centers, Multiservice Support Center’s psychosocial support, Special Needs Fund, and Emergency Case Management services, as well as quality winterization items.

c. Were refugees satisfied with the quality of services received? What was the impact of these services on refugees’ quality of life?

Overall, refugees are satisfied with the quality of provided services. Providers could be more responsive to gender-specific needs and preferences. The ET concludes that some services delivered a significant impact on the lives of beneficiaries. Without the provided services, the situation of refugees would be compromised, especially for children’s access to formal and informal education. The full extent of positive change is difficult to assess given the short-term nature of assistance, varied modalities used by NGO partners, and limited scope of the evaluation.

4. How and to what extent was programming coordinated with local government, local organizations, and civil society?

The ET concluded that, overall, NGOs coordinated with local government and community leaders to a large extent. The team concluded that coordination with local civil society was limited, with the exception of international (multilateral) organizations (IOs) sub-contracting national NGOs to implement programs. Coordination at the central government level is challenging, especially in the current political context. More donor coherence is needed for effective humanitarian and diplomatic interventions in light of Turkey’s internal political crisis and a lack of donor coordination. PRM established a Turkey Donor Working Group and facilitated its first coordination meeting at the time of the evaluation. PRM’s
Efforts to organize and coordinate the Working Group have potential to contribute to shaping policy and advocacy coherence among donors.

5. **Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices?**

   a. *Where applicable, to what extent were these services available and utilized by host community members?*

   The ET concluded that SHE services were available and utilized by host community members to a limited extent. The majority of programs did not specifically target vulnerable host households, while other programs had challenges in engaging Turkish nationals’ active participation in community events mainly due to language barriers and Turkish nationals’ lack of interest in communicating with refugees.

   b. *To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures)?*

   Overall, PRM programming built on existing structures, enhanced existing capacities, and filled gaps to address specific needs of Syrian refugees.

   c. *To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?*

   The Government of Turkey is taking a major role in terms of sustainability since it provides all refugees with free access to basic services such as health and education. The ET concludes that, to a lesser degree, NGOs have sustainability plans for their PRM-funded programs. Few steps have been taken toward a realistic transition or longer-term integration, with the exception of the process started in the summer of 2016 by the Ministry of National Education to integrate TEC into the Turkish education system.

6. **How successful were rental agreements with landlords in allowing refugees to meet their shelter related needs? What happened when rental agreements ended and what are the implications for refugee assistance?**

PRM did not fund traditional emergency shelter programs in Turkey. Shelter is the most urgent and immediate need for refugees in Turkey, regardless of nationality, gender, or geographic location. However, these needs remain unmet since shelter is the sector least supported by humanitarian actors. Shelter is a sensitive sector for the Turkish government, from both political and security standpoints.

**Recommendations**

The ET offers the below recommendations for continued progress in SHE programming. Please see pages 30-33 of this report for actionable recommendations tailored for PRM and its partners.

1. Encourage IOs to include the needs of the most vulnerable non-Syrian refugees in appeals. Work with NGOs to ensure targeting, inclusion, and provision of SHE services to the most vulnerable Iraqi and other non-Syrian refugees in areas of their high concentration.

2. Continue coordination and information sharing efforts with donors and NGOs.

3. Actively engage in information sharing and outreach, both with IOs and government structures, as well as with beneficiaries and vulnerable groups.

4. Adjust activities to increase their impact on beneficiaries’ quality of life.

5. Ensure that host communities are included in programming, when appropriate, to strengthen social cohesion and integration.

6. Design and implement activities in coordination with local and national authorities, as well as local civil society.
7. Consider supporting programs to fill programming gaps (e.g., informal and life learning needs of adolescent boys and girls, shelter-related needs) and, where feasible, consider funding research to fill information gaps (e.g., cash spending preferences, gender-based power relations within refugee households) and inform funding decisions. Use research/assessment findings to inform programming decisions.

8. Develop sustainability strategies to foster long-term integration into existing structures.
PROGRAM BACKGROUND

Country Context

Turkey hosts the largest refugee population in the world. Over 3.1 million refugees, including Syrian, Iraqi, and other nationalities, are registered in the country. Out of the over 2.7 million registered Syrian refugees, 46.8 percent are women, 53.2 percent are men, and children constitute 44.7 percent.

The Government of Turkey (GoT) has been the lead responder to the refugee emergency since the onset of the Syrian crisis in 2011. The Disaster and Emergency Management Authority (AFAD), the government agency in charge of the emergency response to the Syrian refugee crisis, has built and manages a network of 26 refugee camps, where over 260,000 Syrian refugees have access to housing, healthcare, education, and mental health and psychological support (MHPSS). However, the vast majority of Syrian refugees live outside the government-built camps in urban and rural areas, in poor shelter conditions and with limited access to information, registration, and the means to meet basic needs.

Turkey is a signatory to the 1951 Refugee Convention. However, the country maintains a “geographic limitation” to the convention, limiting the prospect of long-term integration for refugees from non-European countries. Nevertheless, on April 10, 2013, the country adopted a Law on Foreigners and International Protection that establishes a legal and institutional framework for asylum in Turkey and reflects the country’s commitment to humanitarian values and principles. Under this law, Turkey implements a “Temporary Protection” regime for refugees from Syria, provides Syrian refugees basic rights and the framework to access healthcare, education, and social assistance; however, it does not provide long-term integration and solutions for Syrian refugees seeking safety in Turkey. In January 2016, the GoT extended access to work permits to Syrian refugees under the temporary protection regime, albeit with restrictions. Refugees and asylum seekers from other countries of origin, including Iraqis, are under “International Protection” status. The government does not commit to providing shelter to refugees under this status; however, they are entitled access to basic healthcare and education.

The political and security situation in Turkey deteriorated during the period in which this evaluation took place. After a failed coup d’état in July 2016, the GoT conducted a massive purge in state structures and arrested thousands of suspected opposition sympathizers in the military, security forces, justice, law enforcement systems, and media. The GoT has removed many suspected opposition sympathizers from public jobs, including from the education sector. The focus of the crackdown has been entities related to Fethullah Gulen’s supporters and the Hizmet network, which includes a range of schools and many civil society organizations. Turkey’s major cities also experienced a series of deadly terrorist attacks and bombings. The terrorist bombings have been blamed on the Islamic State and Kurdish militants.

For additional information about the Turkish country context, see Annex V.

Overview of Programs Evaluated

The evaluation team (ET) reviewed the following shelter, health, and education (SHE) programs in Turkey supported by the U.S. Department of State’s (DoS) Bureau of Population, Refugees, and Migration (PRM):

Catholic Relief Services (CRS)

CRS implemented a PRM-supported program to increase Syrian children’s access to education. CRS has two sub-awardees, both local non-governmental organizations (NGOs): Caritas has been implementing in Hatay and Istanbul, while International Blue Crescent (IBC) does so in Kilis. The program’s objectives
are: 1) vulnerable Syrian refugee children learn in a supportive educational environment, and 2) vulnerable Syrian refugees better cope with trauma and displacement. The program has three main pillars: 1) access to formal education through Temporary Education Centers (TEC), 2) Child Friendly Spaces (CFS), and 3) Information and Protection. Activities include a) establishing schools and support of TEC, b) training activities for Syrian teachers and school administrators, c) incentives for teachers and administrators, provision of teaching supplies and materials, d) bridge building activities to engage Syrian refugee children in cultural, sports, and community service activities with their Turkish peers, e) creating CFS to better cope with trauma and displacement, f) dissemination of information to refugees about available government and other NGO assistance.

**Danish Refugee Council (DRC)**
The PRM-supported DRC program aims to increase access to quality protection and essential services through sustainable community structures for displacement-affected communities in south and southeastern Turkey. The program objectives are: 1) provide quality psychosocial, information, and counseling services, and improve host-refugee relations through outreach and community center (CC) activities; 2) address vulnerabilities of Syrian refugees through tailored assistance and services; 3) enhance protection, psychosocial, management, and institutional capacity of DRC and partner staff and volunteers, and ensure handover of some centers to local partner. Activities include: 1) outreach and community centers, 2) Special Needs Fund (SNF), and 3) training needs assessment and training of DRC and local partner staff on CC management, proposal development, and donor compliance.

**International Organization for Migration (IOM)**
IOM utilizes PRM funds to: a) distribute emergency assistance (basic needs and non-food items (NFI)/winterization items), b) support vulnerable households and individuals through Emergency Case Management (ECM), c) provide school transportation to children living in Sanliurfa (Urfa), Adana, Malatya, and Batman, d) and support the Gaziantep governorate’s food kitchen. The ECM program aims to meet urgent needs of Syrian refugees in Turkey on an identified or referral basis. The target group of ECM is individuals or families with specific, emergency, and complex needs that are not met by other organizations. Types of ECM assistance include: medical equipment and care; accommodation and rental assistance; documentation/translation/legal costs; transportation; and material and food assistance. The school transportation program for students of TEC has been implemented since 2014 in coordination with the Ministry of National Education (MoNE) and local authorities.

**United Nations High Commissioner for Refugees (UNHCR)**
UNHCR indirectly implements PRM-supported activities that relate to the scope of this evaluation through its sub-contracted implementing partners International Medical Corps (IMC), an international NGO (INGO) and Association for Solidarity with Asylum Seekers and Migrants (ASAM), a local NGO (LNGO). ASAM has been providing services to Syrian refugees in Istanbul, Sakarya, Gaziantep, Izmir, and Adana through its Multiservice Refugee Support Centers (MSC). The main aim of the MSC is to improve access to healthcare and social services; MHPSS; and informal education and legal counseling. MSCs also provide interpreting support; vocational training; and art, language, and music courses. In addition, distribution of NFI and voucher cards is intended to meet basic needs of vulnerable refugees. ASAM has also been conducting pre-registration procedures for non-Syrian refugees in Ankara since January 2013.

PRM funds contribute to UNICEF’s interventions in: a) education and protection for Syrian children; b) provision of basic winter and hygiene supplies, c) advocacy, communication, and partnership building activities; and d) capacity building, enhancement, and strengthening of existing education systems. PRM-supported UNICEF program activities in non-camp areas include: building prefabricated schools; back to school campaigns; student stationary kits; classroom supplies; teacher supply kits; emergency
training for teachers; and incentive payments for teachers. PRM funds were also utilized to provide polio, measles, mumps, and rubella vaccinations.
EVALUATION PURPOSE AND EVALUATION QUESTIONS

Evaluation Purpose

The purpose of this evaluation is to examine the effectiveness of SHE programs for Syrian and Iraqi refugees in Lebanon, Turkey, and Jordan implemented by five PRM multilateral and NGO partners (NPs) during fiscal years 2012-2015. The overall objective of the SHE program evaluation is to assess the extent to which PRM grantees followed good practices for the various sectors and how programming can be improved in the future. The evaluation findings and recommendations are intended to guide PRM’s operational and programmatic efficiency, influence funding decisions and diplomatic engagement, inform PRM Refugee Coordinators’ monitoring efforts, and enable implementing partners to increase their impact. PRM plans to use Turkey evaluation findings and recommendations to inform calls for proposals, review proposals; and influence future PRM SHE program decision making and planning in the region.

Evaluation Questions

PRM prioritized a set of evaluation questions for each of the targeted countries. Following are the priority questions set by PRM for Turkey program evaluation:

1. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?
2. How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?
3. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices? Effectiveness is defined by the following:
   a. To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female-headed-households, Iraqis and Palestinian Refugees from Syria (PRS)?
   b. To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?
   c. Were refugees satisfied with the quality of services received? What was the impact of these services on refugees’ quality of life?
4. How and to what extent was programming coordinated with local governments, local organizations, and civil society?
5. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices? Effectiveness is defined by the following:
   a. Where applicable, to what extent were these services available and utilized by host community members?
   b. To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures)?
   c. To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?
6. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance?
For the full scope of work, see Annex I.

**EVALUATION DESIGN, METHODS, AND LIMITATIONS**

Social Impact, Inc. (SI) deployed a two-member ET to Turkey during four weeks in August and September 2016. A Team Leader and Local Researcher visited program sites in Ankara, Istanbul, Hatay (Antakya, Kirikhan, Kumlu, Altynozu), and Sanliurfa. The ET utilized a mixed-methods approach including review of program documents; semi-structured individual and group interviews; and program site observation. Interviewed beneficiaries also completed a short structured questionnaire.

Six categories of target groups served as data sources:

- Donor: DoS/PRM
- Multilateral implementers (international organizations [IOs]): UNHCR, UNICEF, and IOM
- NGO implementers and subcontractors: CRS, DRC, Caritas, ASAM, IMC and IMPR
- Beneficiaries of PRM-funded SHE programs
- Program stakeholders: mukhtars (community leaders), local government, Turkish TEC coordinators, community focal points, clinical psychologists, social workers, health educators, nurse, teachers and volunteers
- Central Government Ministries: Ministry of National Education (MoNE)

**Document Review**

Prior to fieldwork, SI conducted a Desk Review of PRM-supported program documents and literature on good/emerging practices in SHE programs in the humanitarian context. The Turkey field evaluation complements findings from the Desk Review report submitted to PRM in March 2016.

**Key Informant Interviews (KIIs)**

Fieldwork in Turkey involved 69 KIIs, during which 131 key informants were consulted. The ET developed four types of semi-structured interview protocols for key informants. These schedules included management and field staff of PRM-funded SHE programs implementers; PRM staff; central and local government officials; and service providers such as social workers; psychologists; teachers; volunteers; animators; team leaders; lawyers; Turkish and Syrian community focal points; and Turkish TEC coordinators. As appropriate, several people from the same organization or constituency participated together in interviews. The ET analyzed qualitative data by coding descriptive and inferential information collected during the interviews.

**Group and Individual Interviews with Beneficiaries**

The ET conducted semi-structured group and individual interviews with beneficiaries. The sample included male and female Syrian and Iraqi refugees. In total, the team interviewed 87 beneficiaries (52 female, 35 male). The ET randomly selected beneficiaries from lists provided by only two partners; due to confidentiality reasons, other partners did not provide their beneficiary lists for random selection. The available beneficiary lists contained mainly Syrian nationals and were disaggregated by sex and age.
Given that NPs did not target Iraqi refugees for programming, the ET identified a limited number to interview. The ET conducted 16 group and 13 individual interviews. To ensure the comfortable and active engagement of beneficiaries in group discussions, the team conducted separate discussions with each sex and nationality. Out of 16 group interviews: 7 were female, 5 were male, and 4 were mixed. The ET conducted 13 individual interviews with mental health beneficiaries and home-visit SNF and ECM beneficiaries (5 females, 8 males).

The ET developed one semi-structured interview protocol to interview SHE program beneficiaries individually and in groups. The ET entered data from the structured questionnaire into Excel to compare background information of beneficiaries.

**Observation of Program Sites**

During fieldwork, the ET visited a non-Syrian refugee registration site implemented by UNHCR/ASAM in Ankara; four Child Friendly Spaces run by Caritas/CRS in Kirikhan; CCs administered by DRC in Antakya and Altynozu; and MSCs managed by ASAM/UNHCR in Antakya, Urfa, and Istanbul. The ET was able to visit a teacher training conducted by MoNE/UNICEF and talk with TEC teachers in Antakya and Urfa. During the visits, the ET observed the accessibility of facilities for the disabled; the dynamics between service providers and beneficiaries; the ability of beneficiaries to obtain information; the opportunity for beneficiaries to leave feedback; the availability of staff to answer people’s questions; and the general condition of facilities. The ET developed and used a semi-structured observational guide and informally spoke with refugees at the sites.

**Limitations**

The ET faced certain challenges and limitations in conducting fieldwork in Turkey:

- **Resources**: The ET had limited time in country, with 15 working days to meet with many stakeholders spread across a wide geography. The last week of the field work fell into the week-long Kurban Eid holiday celebration, during which nearly all relevant stakeholders were on leave.
- **Scope**: This evaluation involved 10 questions to be answered by five core partners and three subcontractors across three sectors. The small size of the ET and time constraints limited the team’s ability to cover much breadth. As such, additional time for fieldwork would have allowed for the team to examine various evaluation questions in more depth.
- **Timing**: The unstable political and security situation in Turkey after the failed coup delayed fieldwork, and the GoT’s subsequent purge of officials complicated procedures for obtaining permissions to interview stakeholders. These developments limited interviews with the host community, central and provincial government officials, and a greater number of refugee beneficiaries and teachers. Additionally, many key informants for supported education programming were unavailable given that schools were closed for the summer.
- **Selection Bias**: There was a likely selection bias in the composition of beneficiary group discussions and individual interviews. As stated above, the ET did not have access to de-identified beneficiary lists for random sampling due to confidentiality concerns raised by some partners. In addition, the ET did not conduct interviews with children. As a result, children’s perspectives and experiences on education programs are not included. However, the ET did conduct interviews with parents of refugee children involved in education programs to understand the accessibility, relevance, and program impacts on children and households. As
mentioned above, the ET interviewed a limited sample of Iraqi refugees due to the fact that PRM-supported services for Iraqis are primarily delivered by other programs not examined by this particular evaluation.
EVIDENCE AND FINDINGS

Evaluation Question 1: How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

Nearly all interviewed partners reported that PRM is the most generous, supportive, and flexible donor in terms of funding. According to UNHCR, UNICEF, and IOM, PRM’s advantage over other donors is that its funds are un-earmarked. This enables flexible use of funds, timely response, and coverage of emergency response gaps. This is considered especially important given Turkey’s dynamic, unpredictable humanitarian and political environment. The flexibility of PRM funds reportedly allows multilateral partners to be need-driven rather than donor driven. Nevertheless, evidence suggests potential improvements to the effectiveness of PRM programming on both operational and programmatic levels.

PRM-supported services overwhelmingly benefit Syrian refugees

Interviews with multilaterals and NPs suggest a disconnect between donor expectations and actual targeting and provision of services to refugee groups. NPs interviewed believe that PRM funding is exclusively intended for Syrian refugees. However, PRM indicated that NPs have flexibility to serve the host community and other non-Syrian refugees, as long as at least 50 percent of PRM funds are reserved for the population of concern (in this case, Syrians). Indeed, due to its misperception, a local NP in Istanbul was hesitant to mention that it also provides access to the TEC and other non-PRM funded services to a few Iraqi children and adult refugees. CRS activities predominantly benefit Syrian refugees.12 DRC’s SNFs support Syrian refugees only.13 IOM stated that until recently, its ECM activities covered only Syrian refugees.15 Istanbul Tarlabasi MSC, supported by UNHCR, provides MHPSS to children and adult Syrian nationals exclusively; non-Syrian refugees are referred to another Istanbul-based MSC.16 The MSC in Urfa provides services to Iraqi, Afghan, Kurdish, and Tunisian refugees.17

IOs receive PRM funds against annually set priorities and target populations in the Turkey chapter of the Regional Refugee and Resilience Plan (3RP), set by UN agencies and IOM, as the response to the Syrian Refugee Crisis. The 3RPs predominantly include the needs of Syrian refugees; accordingly, the IOs cannot use donor funding to address the needs of non-Syrians. There are notable differences in refugee density along regional lines. The majority of refugees in the southern provinces are Syrian, whereas Iraqi, Afghani, and other nationals mostly reside in the northern and eastern provinces.18

Although the sample was limited and the programs included in this evaluation were not designed to target Iraqis, interviewed Iraqi refugees expressed being excluded from aid and services in Turkey. The lack of support to Iraqi refugees is also reflected by GoT’s limited budget for non-Syrian refugees; international protection status regulations; and provincial and local non-compliance with national directives that create discrepancies in assistance. For example, interviewed service providers and Iraqi refugees mentioned that not all Turkish hospitals and clinics are providing healthcare service to Iraqi and other non-Syrian refugees in accordance with what international protection status grants.19

Partners requested timely information about and disbursement of PRM funds

IOs expressed deep appreciation to PRM for flexible funding, including top up funds; however, they wished that PRM was more predictable about funding prior to the start of the year for stronger

“**We are sinking in the sea, we are looking for help, we want to survive.**”
~ Iraqi Female, 37 years’ old

“**What is it? UN is only on TV and news saying that they provide great help. We need help, we went there, and they were unable to help us.**”
~ Iraqi male, 62 years’ old
planning, budgeting and effective program implementation. For example, as one partner stated: “this year we received top up funds in April, in June we learned that PRM will give additional funds and then in September we learned about another top up fund. It is hard to plan and implement by the end of year when we are unaware of available funds prior to the beginning of a year...” The necessity of predictability for planning was echoed by other partners.

The interviewed IOs also mentioned delayed fund transfers as an issue for effective program implementation. As stated by a partner: “PRM usually delays its payments. In the agreement, PRM says we will be provided funding for a year, from January to December, but actual funding comes in March or April. Three-month gaps are usually covered with funds from other donors like Kuwait and Japan. In previous years, it was challenging to plan and implement school transportation without knowing whether PRM funding would be available in the middle of an academic year.”

**Donors and implementers alike can increase coordination**

Interviews with NPs and PRM revealed a lack of donor coordination in Turkey. Reportedly, the politicized Syrian crisis and refugee issue is one of the key reasons. For example, the GoT has requirements that make conducting assessments challenging, which affects program implementation. Partners believe that donors could advocate for GoT action on these issues via a functioning donor coordination mechanism. The ET learned that PRM established a Turkey Donor Working Group and facilitated its first coordination meeting in October 2016. PRM’s efforts to organize and coordinate the Turkey Donor Working Group have potential to contribute to shaping better policy and advocacy coherence among donors. Details about the coordination structures are further discussed under Evaluation Question (EQ) 4.

NPs also stated that meetings with other PRM-supported partners could enhance understanding of PRM country and regional strategies; program implementation expectations (e.g. targeting requirements); exchange experiences; as well as discussions of challenges and potential solutions to overcome them. As one of the interviewed NPs mentioned: “We could operate as one bloc and be quite influential...” Others said that it would also be beneficial for PRM to better understand their NPs as a group and for partners to coordinate and find programming linkages. The majority of interviewed partners named January as the preferred month for such a meeting.

**Adolescent refugees require tailored programs**

Interviewed NGOs working in the education sector emphasized a need to provide education and life skills training for adolescent children, especially for those who missed multiple years of schooling. Partners consider this category of refugee as the most vulnerable and at risk of being exploited. One of the partners shared that adding a catch-up component early on in the TEC program would simultaneously provide access to formal education for those who were unable to attend school.

The lack of services for teenage children was also mentioned by the interviewed mothers of children attending CFS in Kirikhan, mothers of TEC in Istanbul, and female beneficiaries of ECM and winterization kits in Kirikhan. Suggested activities include Turkish language and computer classes; catch-up classes for those who missed multiple years of schooling; sports activities; and handicraft courses for girls. Syrian female respondents also expressed concerns about increasing tensions on the streets between refugee and Turkish teenagers. In addition, Syrian female respondents in Kirikhan pointed out the need for MHPSS for adolescent children, saying that boys are becoming aggressive and girls are fearful and anxious.
A gap exists in provision of shelter-related services

PRM did not fund a traditional emergency shelter program in Turkey. Interviews with partners, service providers, and beneficiaries indicate that the ability to pay for rent is the highest priority need for refugee families and hence, shelter assistance could be a significant help. There is a need for an in-depth assessment on shelter to identify sensitivities, policies, needs, modalities for shelter assistance and potential shelter support influence on the real estate market.

Evaluation Question 2: How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?

Part I: How could cash assistance programming be more effective, in the context of SHE?

Interviewed UNHCR, UNICEF, and IOM representatives agreed that Turkey has good infrastructure and conditions for implementation of cash assistance. Turkey has a well-developed cash transfer system, as it has been providing cash assistance to its vulnerable citizens and conditional cash for Turkish children to ensure school attendance. According to partners, the political environment in terms of cash assistance for refugees is mixed. UNHCR staff mentioned that the GoT, wary of upsetting its citizens, has lacked political will to permit unconditional cash assistance to refugees, until the recent Turkish Emergency Social Safety Net (ESSN) program that kicked off in September 2016. ESSN is a part of the European Union (EU) EU-Turkey Cooperation Agreement, which is the largest ever humanitarian program using direct cash-transfer to cover basic needs of the most vulnerable refugee families in Turkey. However, several respondents believe that the EU-Turkey deal is based on political interests, not humanitarian needs. Partners indicated that humanitarian agencies were not part of the negotiations.

Partner Perspectives on Cash Modality

According to the interviewees, there has been a shift from in-kind aid distribution to cash-based initiatives to meet basic needs of refugees. INGOs, LNGOs, and UN agencies have been distributing restricted and unrestricted vouchers for food, NFIs, and specialized medical equipment in Turkey. IOM, ASAM, and UNHCR consider in-kind distribution effective during emergency situations; however, for the transition phase, restricted vouchers are considered more appropriate. One partner pointed out that one-time e-voucher distribution is not effective in meeting basic needs of refugees. NPs stated that an effective cash-based response requires technical expertise; targeting based on vulnerability criteria; a robust monitoring and risk management system; information provision; and capacity to deliver.

Three out of five interviewed partners prefer restricted vouchers over unconditional cash transfers due to ease of monitoring and reporting; lack of knowledge on how the cash would be spent; and lack of knowledge of decision-making power over cash within household. Two partners highlighted that unconditional cash is preferred over restricted vouchers because it is considered a more cost-efficient and cost-effective modality to address basic needs of refugees and provides dignity to refugees. According to key informants, for unconditional cash assistance to be effective, the amount of a transfer should be based on the minimum expenditure basket (MEB) and comprehensive vulnerability criteria. Partners suggested including expenses for rent, food, transportation, and basic needs in establishing the MEB. As stated by NPs, it is advisable to distribute complementary restricted e-vouchers to the most vulnerable refugees in order to address seasonal needs such as winterization items.
Refugee Perspectives on Cash-Based Assistance

All beneficiaries interviewed by the ET preferred unconditional cash over restricted vouchers. Male and female beneficiaries in Antakya, Istanbul, and Urfa preferred receiving assistance in cash. In Hatay and Istanbul, the interviewed Syrian men and women are disappointed with the high prices and quality of food in select shops. Beneficiaries feel that they lose a lot of money when they redeem e-vouchers in those shops. E-voucher female and male beneficiaries in Istanbul suggested that NGOs and UN agencies consider working with the BIM market chain. According to beneficiaries, the prices in BIM markets are wholesale, offer good quality food products, and are easily accessible.40

PRM Cash Programming in Turkey

The ET found that PRM cash programming for SHE in Turkey was limited, except for UNICEF and CRS teacher incentive payments.

- **Education:** UNICEF and CRS used cash for teacher incentive payments. UNICEF pays through a semi-government bank system, while CRS pays directly through its partners. In addition to NPs, provincial Deputy Directors of MoNE and Turkish Coordinators at TEC in Hatay and Urfa emphasized the importance of the teacher incentives in providing Syrian children access to education and the key role they played in the government’s ability to increase the number of TEC as a second shift in Turkish public schools.41 As respondents reported, without this support, few Syrian refugee children could have access to education. UNICEF informed the ET that it will participate in ESSN by topping up conditional cash to ESSN households with school age children. UNICEF hopes that conditional education cash could increase school enrollment and attendance by refugee children.42

- **Health:** PRM supports health programs primarily through providing in-kind assistance to refugees.

- **Shelter:** Under its ECM activities, IOM provides a one-time one-month rent payment in the amount of up to 500 Turkish Lira (TL) to the most vulnerable Syrian refugee individuals and families.43 There may be exceptions for extreme cases, in which ECM rent assistance is extended up to three months.

Part II: Were there instances where this cash was used for other immediate needs?

In order to understand how refugees use cash, the ET asked how Syrian and Iraqi refugees prioritize their needs. Interviews with beneficiaries indicate that rent payment is the greatest need for Syrian and Iraqi female and male refugees. As Figure 3 demonstrates, beneficiaries frequently mentioned the following priorities: rent, food, utility bills, clothes for children, medication, and transportation to/from

![Figure 3: Immediate priorities for beneficiary cash spending](image-url)

“I am alone bringing up my 4 children. I need cash assistance to pay rent and buy other basic needs.”

~Syrian female (30), MHPSS beneficiary Antakya

“The market is too far, prices are very high, food is poor quality. They simply torture us with this market.”

~Syrian female (29), MSC beneficiary Istanbul
Evaluation Question 3: Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices?

Evaluation Question 3A: To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, FHHs, Iraqis and PRS?

Part I: To what extent did these interventions target and reach the most vulnerable?

Four out of eight NPs interviewed developed modality-specific criteria to identify, target, and reach the most vulnerable groups based on assessments of the local context. However, they do not use a unified standardized vulnerability framework or scoring system. The vulnerability criteria developed by NPs, include persons with physical and mental disabilities, victims of torture, unaccompanied minors, elderly, women and children at risk, lesbian/gay/bisexual/transsexual/intersex (LGBTI), female-headed households (FHH), and large families under extreme economic hardship. IOM, together with other INGOs implementing the e-voucher program, developed a standardized assessment sheet to score and capture vulnerability level. UNHCR recently started to standardize its vulnerability criteria through a checklist.

NPs reported that receiving referrals from other NGOs, UN agencies, government bodies, local authorities, and community leaders is the most common approach to identifying and targeting beneficiaries. However, there is no standardized referral system. NPs relayed that the Case Management Discussion Group (Hatay and Urfa) is developing standardized operating procedures, a unified referral form, pathways, services mapping, and vulnerability criteria. Most NPs regularly use word-of-mouth targeting. Beneficiaries confirmed that they learn about services provided through relatives, neighbors, and friends.

Education

GoT provides access to public schools for refugees under temporary and international protection status free of charge. However, accessibility to public schools is hindered by several factors, including language barriers, unavailability of learning spaces, lack of access to information, and economic hardship. A number of key informants mentioned transportation cost as the biggest barrier for school attendance regardless of geographic location. Parents emphasized that when budget necessitates prioritizing among children, preference usually is given to the youngest child regardless of gender. GoT statistics indicate a gender balance in school enrollment and attendance; however, in mid and higher grades, attendance drops considerably largely due to economic reasons (boys drop out to work and girls to marry or care for relatives). Bullying and violence on the streets create an additional barrier for school attendance. Both CRS and UNICEF identified education for children with special needs as a gap due to lack of specialized staff as well as proximity and accessibility of buildings.

Table 1: Targeting criteria and outreach approaches by education partners

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>CRITERIA AND TARGETING</th>
<th>OUTREACH APPROACHES</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>Any out of school child is vulnerable</td>
<td>Door-to-door visits,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dissemination of information</td>
</tr>
<tr>
<td>CRS, CARITAS</td>
<td>TEC: Any out of school child is vulnerable; however, the main focus is on Syrian refugee children.</td>
<td>First-come first-serve model (due to limited space in TEC and CFS)</td>
</tr>
<tr>
<td></td>
<td>CFS: Syrian refugee children and slight engagement of Turkish children</td>
<td>Referrals</td>
</tr>
<tr>
<td>PARTNER</td>
<td>CRITERIA AND TARGETING</td>
<td>OUTREACH APPROACHES</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>DRC⁵⁷</td>
<td>CC: Open to all interested, Syrian and host community, regardless of vulnerability</td>
<td>Outreach events and activities</td>
</tr>
<tr>
<td></td>
<td>CCs are established in areas with high concentration of Syrians</td>
<td>SMS messages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social Media (Facebook)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information brochures in three languages</td>
</tr>
</tbody>
</table>

**Health**

ECM and SNF, implemented by IOM and DRC, respectively, target vulnerable refugees.

*Table 2: Targeting criteria and outreach approaches by health partners*

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>CRITERIA AND TARGETING</th>
<th>OUTREACH APPROACHES</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOM⁵⁸</td>
<td>ECM: Vulnerability criteria</td>
<td>Referrals from other organizations, INGOs, LNOGs, UN agencies, local authorities and community leaders</td>
</tr>
<tr>
<td></td>
<td>Targeted Syrian refugees until 2016</td>
<td>Referrals through other IOM project activities</td>
</tr>
<tr>
<td></td>
<td>Open in terms of geographic reach</td>
<td>Targeting and referral guidelines</td>
</tr>
<tr>
<td></td>
<td>Covers cases that cannot be met by other already existing services in a short period of time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No cap on the amount of assistance</td>
<td></td>
</tr>
<tr>
<td>DRC⁵⁹</td>
<td>SNF: Vulnerability criteria and scoring system</td>
<td>Referrals</td>
</tr>
<tr>
<td></td>
<td>Targets protection need cases, Syrian refugees</td>
<td>Home visits</td>
</tr>
<tr>
<td></td>
<td>A cap on the amount of assistance</td>
<td>CC outreach program</td>
</tr>
<tr>
<td></td>
<td>Covers cases that cannot be met by other already existing services</td>
<td>Word of mouth</td>
</tr>
<tr>
<td>UNHCR/ASAM/IMC</td>
<td>MSC PSS: Persons with suicidal thoughts/attempts, drug use, inability to function, isolation, severe depression, and/or violent behavior are prioritized</td>
<td>Referrals</td>
</tr>
<tr>
<td></td>
<td>Target Syrian refugees only, except of MSC based in Urfa</td>
<td>Walk-ins and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outreach activities done by mobile teams</td>
</tr>
</tbody>
</table>

Partners described employing a gender-sensitive approach in providing services; for example, DRC’s house visits are conducted by gender-balanced teams to provide quality services both for women and men. DRC’s hotline was reported by interviewed staff as an effective approach in providing immediate, free of charge interpretation via phone to refugees needing Arabic-Turkish translation in hospitals, clinics, and pharmacies.⁶⁰ DRC’s community focal points and beneficiaries confirmed, highlighting that availability of female and male interpreters on hotline is very helpful.⁶¹

Persons with suicidal thoughts/attempts, drug use, inability to function, isolation, severe depression, and/or violent behavior are prioritized by psychologists for MHPSS treatment.⁶² According to key informants, there are no substantial gender differences in prioritizing support; both women and men have severe depressive symptoms and traumatic stress. The number of female clients is higher than male clients, though; most adult clients are 25-45 years old. Teenage girls have anxiety and trauma problems, while boys are displaying fear.⁶³ Severe mental health and psychological cases are referred to psychiatrists in Turkish hospitals/clinics with the assistance of a translator.
Shelter

IOM, under its ECM assistance, provides accommodation and one-time one-month rental assistance in extremely vulnerable cases. This assistance is provided to beneficiaries referred to hospitals outside their residence and who need to be accompanied by a caregiver. Priority of one-time one-month rental payments up to 500TL are given to applicants meeting the following criteria: single-headed households; caregivers of patients with serious diagnoses; families whose source of income is child labor; persons with disabilities; newcomers; LGBTI; women and children at risk of gender-based violence (GBV); and the elderly. In some extreme cases, rental assistance could be extended up to 3 months.

Part II: Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female headed households (FHHs), Iraqis and PRS?

Available evidence shows that services were largely not accessible and used by non-Syrian refugees, with some exceptions in Urfa (MSC and TEC) and Istanbul (TEC). As stated above, Iraqi and other refugees were mostly not targeted and reached by partners. However, vulnerable Syrian refugees such as the disabled, FHHs, children, adult and children refugees with special needs, and the elderly largely have been accessing and using provided services. Interviews with beneficiaries and NPs indicate that refugees in rural areas are not targeted and reached by partners, except by IOM. According to NPs, often in rural areas there are large refugee families with multiple children headed by females living in poor shelter conditions, lacking information about and access to services such as education, MHPSS, food, and NFIs. Nearly all interviewed female and male Syrian and Iraqi refugees expressed that transportation costs and Turkish language are the biggest barriers to accessing and using SHE services.

In Urfa and Istanbul, interviewed Iraqi refugees expressed concerns about access to hospitals and medication in pharmacies. Government hospitals and pharmacies inconsistently provide healthcare services to which refugees are entitled under the temporary and international protection status. As one Iraqi said: "We show kimlik to the pharmacist and still pay for generic medication, unlike Syrians, who get it for free. We are all refugees and we should be treated equally." In Kirikhan, interviewed Syrian beneficiaries complained that Turkish clinics are not accepting Syrians and some pharmacies are declining to provide free generic prescription medication. Reportedly, pharmacies are boycotting because the government delayed its payments. This was also confirmed by the interviewed NP staff in Kirikhan. Iraqis in Urfa and Istanbul suggest that Iraqi children do not attend Turkish schools because of the language of instruction and Turkish curriculum. However, the majority of interviewed Iraqis, however, pointed out that their aim is to move to a third country. As one Iraqi stated: "We do not see our future in Turkey."

Evaluation Question 3B: To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?

Refugee beneficiaries interviewed in Hatay, Istanbul, and Urfa reported that services provided by NPs mostly align with their needs and preferences, with some exceptions. Nearly all refugees prefer cash assistance, though they appreciate various forms of in-kind assistance. However, beneficiary responses across sectors indicate a low awareness of opportunities to communicate feedback and complaints to service providers, discussed further under EQ3. For example, Syrian female beneficiaries in Istanbul revealed that they do not ask questions or provide feedback for fear of losing services or assistance.

Education

According to beneficiaries, TECs, CFS, and CCs meet various refugee preferences in certain ways—for example, the use of Arabic language, Syrian teachers, and Syrian curricula. In addition, these spaces enable socialization and recreation. However, even when aligned to these preferences, there are unmet
needs. Lack of transportation limits access to their programs, especially for TECs and CCs. Refugee parents cited issues with the quality of instruction and resources. This is at times aggravated by overcrowding due to high demand for such services. Partners also expressed a desire for certificates of attendance to be distributed, though this is not possible given the informal nature of the instruction.

As discussed in EQ1, another unmet need expressed by refugee parents is the lack of programming and educational considerations for adolescent boys and girls from age 11 to 18, especially those who missed multiple years of schooling. In TECs, illiterate teenagers are usually placed in grade levels by age.\(^69\) This creates psychological unease for them because they may be unable to perform on the same level as their peers, decreasing their desire to attend school.\(^70\) Several Syrian female beneficiaries in Antakya mentioned that their teenage daughters do not attend school because of gender-mixed classes. In all locations, parents expressed great concern about bullying and increasing tensions between Turkish and Syrian children, especially among boys. Parents also described a desire for adolescent programs at CFSs.

Health

Overall, SNF and ECM beneficiaries expressed satisfaction with the provided assistance. SNF beneficiaries prefer to have more shop options due to the poor quality or unavailability of prescribed medical items in contracted shops. Additionally, SNF beneficiaries complained about the long wait until assistance is provided and the low amount in one-time restricted vouchers. ECM beneficiaries requested MHPSS for children, women and particularly for men. Apparently, men are suffering but do not seek MHPSS help due to fear of stigma. Further, ECM beneficiaries reported that medication in government contracted pharmacies, especially for chronic patients, is not always available for free.\(^71\)

Interviewed beneficiaries that receive ASAM’s MHPSS stated that sessions are helpful. However, due to transportation costs, beneficiaries are unable to attend sessions with clinical psychologists regularly. In addition, challenges in meeting basic needs makes psychosocial support sessions less of a priority. Interviewed psychologists in Istanbul, Hatay, and Urfa stated that they use the help of an interpreter in their talk therapy. Even though interpreters are carefully selected and briefly trained, psychologists feel that a lot is lost in translation. According to key informants, in order to provide quality therapy sessions, interpreter training should be improved, especially on the basics of psychology, specific terms, ways of conveying messages to the client and body language.\(^72\) The language barrier impedes receipt of quality health services from referred government hospitals and pharmacies. As one beneficiary stated: “I was referred to hospital and there was no interpreter to go with me. The hospital treated me so badly, like I am not human. I did not get any help.”\(^73\)

Shelter

Beneficiaries of ECM’s one-time rent assistance expressed a preference to have a longer period of rental coverage and the provision of clear information about the process of coverage. As a beneficiary explained, it was not clear for how long and who exactly is providing the rental assistance.\(^74\) Reportedly, landlords were requesting that beneficiaries pay six months in advance after one-month rent assistance.\(^75\)

Group discussions with IOM winterization and ECM recipients depicted difficult relations with landlords in Hatay. At the same time, female respondents urged the humanitarian community to provide assistance to impoverished Turkish families as well to keep social cohesion.

“The Turkish community will be angry if only Syrians are helped. I feel for the Turkish people, because some of them are poorer than we are.”

~Syrian female (40), IOM ECM beneficiary Kinkhan, Hatay
Evaluation Question 3C: Were refugees satisfied with the quality of services received? What was the impact of these services on refugees' quality of life?

Part I: Refugee satisfaction with the quality of services received

Of 8 NPs interviewed, 7 conducted satisfaction surveys or collected data about satisfaction levels and beneficiary feedback through post-distribution or post-assistance monitoring. Education sector NPs conduct parent-teacher meetings to measure satisfaction and gather feedback from parents. DRC developed a two-way beneficiary feedback and complaint mechanism, and adapted the “Most Significant Change” technique to capture changes in beneficiaries’ lives after attending community centers in Antakya and Altynozu. Every two months, reportedly, DRC collects beneficiary feedback for planning purposes. UNHCR/ASAM placed complaint and suggestion boxes in MSCs; however, it is unclear how beneficiaries receive responses to their feedback or inquiries.

Sex-disaggregated needs assessments and group discussions with beneficiaries were conducted by four NPs. However, the ET’s impression was that not all partners are conducting gender disaggregated analysis and using it to adjust interventions that are responsive to the gender differentiated needs and preferences. It seems the collected information is mainly utilized for reporting and proposal-writing. IOM conveyed that in addition to reporting and proposals, the collected data is used for advocacy.

Of 87 interviewed beneficiaries, 66 (75 percent) rated the quality of services as satisfactory. Syrian women were more satisfied than men. While a small sample, female and male Iraqi refugees displayed satisfaction with the quality of services.

However, during the group discussions and individual interviews, concerns frequently mentioned by beneficiaries related to a) information provision about criteria, process, length, and type of assistance, b) lack of tangible and long-term assistance, and c) referrals to other organizations for assistance.

CFS: Interviewed mothers expressed concerns over the poor quality of tents and overcrowded conditions. Reportedly, during the fall and winter, CFS tents tend to flood and during the summer there is no air conditioning. This was confirmed by interviewed CFS animators and team leaders. The ET visited four CFS tents in Kirikhan and observed that even with a fan, inside of the tent was very hot.

SNF: DRC SNF beneficiaries complained about the low quality of received medical equipment and long wait until assistance is provided between assessment time and actual aid receipt. The interviewed DRC beneficiaries were not aware about other services provided by DRC like recreational activities at CC. This contrast with staff interviews, where they asserted they regularly refer beneficiaries to other available services within the organization or to others such as UNHCR, IOM, IMC, Concern, CARE and others.
ECM: Even though IOM ECM beneficiaries are satisfied with the provided service, they highlighted that communication with ECM is weak, the process of assistance provision is unclear and beneficiaries lacked contact information to get in touch with the provider in case they have a question or compliant.

One recurring theme expressed by the majority of beneficiaries in all locations is the lack of understanding about criteria, household selection (especially for vouchers) and length of assistance. According to beneficiaries' observations, some households receive multiple aid from various organizations while others in the same condition receive insubstantial aid or none at all. Partners explained that a complicated scoring system (e-voucher, SNF and ECM) makes it difficult to communicate it to beneficiaries. Prevention of fraud and other possible abuses, specifically for voucher recipients, is another reason for only partial disclosure of information about criteria to beneficiaries.

“They did not say for how long help with rent will be. They just came and said sign here and I signed.”
~Syrian female (60), IOM ECM beneficiary, Kirikhan

“They just brought wheelchair, I signed and their left. I had some issue with my wheelchair, I wanted to call them but they did not leave any contact information.”
~Syrian female (76), IOM ECM beneficiary, Kirikhan

Part II: Impact of SHE services on refugees’ quality of life

Of 87 survey responses, 62 beneficiaries (71 percent) perceived that SHE services resulted in a significant impact on their lives, 22 perceived an insignificant impact, and 3 said “no change.” However, the extent of change is difficult to assess given the short-term nature of assistance, varied modalities used by NPs, and limited scope of this evaluation.

![Figure 5: Beneficiary perceptions of the impact of provided SHE services on their lives](image)

Education

UNICEF/CRS/Caritas TECs

As discussed in Q2, NPs, provincial Deputy Directors of MoNE, and Turkish TEC coordinators highlighted that teacher incentives, building of schools, transportation, and school supplies played a key role for Syrian children. Nearly all interviewed parents are grateful to donors and TEC for giving children the opportunity to study in Arabic, enhancing a sense of well-being, and establishing structure in the lives of their children. However, in Urfa and Istanbul, Syrian parents expressed concerns poor condition of school buildings, transportation costs and overcrowded classrooms. Interviewed teachers, expressed a great concern about their job security given the started integration process of TECs into the Turkish public education system. Discussions with Syrian teachers in Hatay and Urfa revealed that Syrian teachers contribute from their incentives to pay for school rent, utility bills, and cleaning materials.
Teachers also complained that 900TL is insufficient to survive; in comparison, the minimum salary of a contracted Turkish teacher is 2,300TL. The MoNE department head also acknowledged that Syrian teacher incentives are low and must be increased to a minimum salary. Reportedly, many teachers have a second job to survive.

**CRS/Caritas CFS**

Interviewed mothers highlighted the considerable impact of CFS activities on the well-being of their children, including noticeable changes in children’s behavior and confidence—indeed, a satisfaction survey conducted by Caritas found that 75 percent of parents confirm improvement in children’s behavior and performance at TEC. Several highlighted the useful advice of animators on ways of talking and playing with children, especially those who have experienced trauma. Outreach activities such as awareness-raising sessions on child labor, early marriage, hygiene, and sanitation have a positive impact on families’ decision making, as reported by animators. For instance, a mother stopped the marriage process of her thirteen-year-old daughter after she attended an awareness-raising session on the harmful practice of early marriage. Despite these benefits, CFS staff expressed the need for a professional clinical psychologist to help children with trauma issues and noted challenges in finding organizations to which they can refer children for professional psychosocial help.

**DRC CC**

CC beneficiaries are grateful for safe spaces to connect and socialize. As a positive unintended result, beneficiaries pointed out that Syrians from different governorates are given an opportunity to mix, share experiences, and address prejudices about each other. They noted that the CC provides information related to schools, vaccination centers, and registration. As beneficiary stated: “Thanks to this CC we learn where and what type of documents are needed to obtain official marriage or newborn certificates.”

**Health**

Interviews with DRC SNF and IOM ECM beneficiaries indicated that these services have a considerable impact on improving lives, especially for the disabled, children with special needs, the elderly, and those who need immediate healthcare. For example, parents of a 10-year-old girl with special needs expressed satisfaction with the provided stroller. It allows the girl to go outside more often than before and for parents to be more comfortable to move her around. The positive impact on the lives of SNF and ECM recipients was supported by the interviewed staff. As a DRC staff member conveyed: “We feel rewarded when we provide life-improving medical equipment or safe accommodation for victims of GBV or life-saving transportation to a medical facility for emergency cases.”

**Evaluation Question 4: How and to what extent was programming coordinated with local governments, local organizations, and civil society?**

**Coordination with Local Governments and Community Leaders**

Given the heavy involvement and commitment of the central government in the humanitarian response and mandate that province governors coordinate response, all NPs engaged with local authorities and community leaders, although the degree of coordination varies. Coordination led by governors was described by multilaterals as “ineffective,” because it is not operation-based coordination. However,
NPs pointed out that effectiveness of coordination meetings at the provincial level differs from province to province. As NPs conveyed, despite the Turkish government’s centralized decision making system, every province has its own dynamic, which depends on the number of Syrians residing in a province, relations between line ministries and the governorship, individual initiatives, personalities, and historical and power relations between host community and Syrian populations.

DRC programs jointly with the local municipality and NGOs in Hatay. For example, DRC staff highlighted their successful collaboration with the municipality in the rehabilitation of the community park and establishing a public laundry in Altynozu. This finding was supported by the deputy mayor of Altynozu, who emphasized that DRC’s activities constitute a real partnership and meet refugee and local populations needs. According to the deputy mayor, Altynozu municipality participated in all stages of project implementation, from the needs assessment to design, budgeting and execution.

IOM closely coordinated and collaborated with local authorities and mukhtars (community leaders). According to the IOM team: a) local municipality and police provide security support during NFI distributions, b) local DGMM shares and verifies the names of vulnerable beneficiaries on the IOM list to avoid duplication in aid distribution, c) mukhtars help with distribution of e-vouchers and NFIs, data collection, refer the most vulnerable and newly arrived refugees to IOM and connect with the local community. Interviews with a head of the local municipality and mukhtars confirmed the strong relations and nature of collaboration with IOM. Mukhtars relayed that IOM consults with them before and after any distribution activities to ask for feedback. The mukhtars emphasized that many refugees in rural areas are facing a lot of challenges, since access to basic services is very limited.

Interviews with CRS and Caritas also demonstrated cooperation with local government agencies and community leaders. CRS reported that MoNE’s unexpected involvement in managing and supervising TEC schools delayed programming and created challenges for effective program implementation. For instance, CRS was unable to assess students’ learning progress. Every school activity required permission from MoNE, which was usually delayed. As MoNE accessed the TECs in the middle of the academic year, coordination with UNICEF became challenging, with double distributions of student kits in the same schools at the same time. Considering these challenges, CRS plans to gradually transition from formal to non-formal education programming. It is planned to hand over CRS-assisted TECs to UNICEF and MoNE.

Caritas staff in Kirikhan reported strong relations with mukhtars and police. For example, mukhtars were instrumental in conducting a needs assessment, helped reduce rent for the apartment to establish the first CFS, and find land for four CFS tents throughout Kirikhan. With sub-governorates and provincial MoNE, Caritas has more formal relations such as information sharing. A key informant disclosed that more engagement is needed with those offices. In terms of TECs, CRS coordinates with MoNE in Ankara mainly through Education working group. However, on the provincial levels, CRS and its partner built stronger relations, particularly in Kilis. According to an NP, effectiveness of work depends on relations with the local authority. CRS described coordination during the first two years with provincial MoNE as challenging, partly due to CRS’ registration problems.

UNICEF participates with local government, provincial MoNE and education NGOs in developing annual Provincial Action Plans (PAP); however, PAPs are not developed in all 21 provinces where TECs are operate. UNICEF also cooperates and provides school supplies, furniture, photocopy machines, stationary, and teacher kits to public schools that accommodate TECs. Public schools welcome this support. For example, a photocopy machine that would cost $5,000 is a great help for public provincial school. UNICEF shared that due to the lack of provincial MoNE officers’ capacity to correctly complete the ‘supply request form,’ there are delays in the provision of school supplies. In order to accurately provide the needed supplies according to UNICEF’s regulations, UNICEF has to clarify the missing
information and double-check the incorrectly completed requests. Thus, in Urfa, an interviewed MoNE representative complained about delays in the provision of supplies like school furniture.

Coordination with Local Civil Society

NPs reported that the majority of Turkish civil society organizations (CSOs) have traditionally worked on advocacy and human rights issues, which makes it hard for them to shift to service delivery programs. The available evidence suggests that three out of five NPs are implementing PRM-supported SHE programs through national NGOs like ASAM, IMPR, Caritas, and IBC. The ET lacks evidence of NPs’ coordination with local grassroots CSOs.

UNHCR has been implementing PRM-supported MSC activities through its sub-contracted partners, IMC and ASAM. UNHCR informed the ET that it has a rigorous process and mechanism for selecting local partners. ASAM has been assisting refugees and asylum seekers for over 20 years, well before the Syrian Refugee Crisis. Reportedly, ASAM is well accepted by central government, local authorities, community leaders, and host communities and enjoys beneficiary trust. ASAM describes its role as a “bridge between UN and government and the voice of refugees.” Apparently, good relations over the years with central and local governments, justice and law enforcement agencies help expedite the process of registration, receiving kimlik, and solving any other problems requiring government involvement, according to interviewed NPs, ASAM field staff and service providers. As one NP stated: “ASAM has good outreach and they really work very well.” According to a service provider in Urfa, ASAM facilitated obtaining kimlik on numerous occasions for women to be treated at hospitals in emergency cases and for children to enroll in school. In Istanbul, ASAM has recently started collaborating with local authorities to conduct outreach activities in remote neighborhoods. Istanbul municipalities provide ASAM free-of-charge space for outreach and distribution of NFIs, restricted vouchers, and information.

UNICEF reported that it works with INGOs to build the capacity of local CSOs. In addition, it brings together MoNE and NGOs, so that MoNE can delegate to local NGOs providing non-formal education services. However, given the difficult operating environment for CSOs in Turkey, how they will work together remains to be seen. MoNE is UNICEF’s primary partner. UNICEF closely coordinates with and provides technical support to MoNE concerning the refugee crisis. However, as stated by UNICEF staff, it has become more challenging to collaborate in recent years due to high staff turnover and frequent leadership changes in the counterpart departments of MoNE, which requires repeated relationship-building. Similarly, UNHCR stated that collaboration with the Ministry of Health (MoH) is challenging. The high turnover of focal points results in inconsistent implementation of MoU between UNHCR and MoH.

Coordination at Central Level

There are three aid coordination structures: 1) Government and line ministries, 2) Syria Task Force (3RP) composed of UN agencies and IOM in Ankara, and 3) sectoral and cluster coordination group encompassing UN agencies, INGOs, and LNGOs in Gaziantep. According to UNHCR and UNICEF, bringing these structures together has been challenging, partly due to the increased number of participants in the sectors and the lack of an interagency coordinator. UNHCR, along with other agencies, is reportedly restructuring the coordination body and aligning mechanisms for enhanced coordination and response to the crisis. Interviewed NPs expressed criticism that decisions made by the central government are not always conveyed in a timely manner by 3RP Ankara coordination to working group in Gaziantep.

Coordination in the GoT rarely involves UN agencies, let alone NGOs, due to the political sensitivity of the refugee issue and the initial reluctance of Turkey to receive aid from the international community.
Supposedly, the failed coup has negatively affected coordination activities between government structures and the humanitarian community, especially in the education sector.117

According to NPs, coordination is very challenging at the central government level. NPs repeatedly described the following challenges: a) high turnover of government focal points, b) constant changes to decisions and unpredictability of regulations on migration and asylum, and c) lack of coordination and weak communication between AFAD, governors, line ministries, and even within the same line ministry. These conditions create constant challenges for coordination, and timely and effective program implementation. Frequent change of government officials often affects commitments made by predecessors and requires NPs to re-initiate building relations and advocacy activities.

Another issue conveyed by multilateral and NPs is the lack of accurate data on Syrian refugees disaggregated by location, sex, and age. The GoT is cautious about conducting a comprehensive vulnerability assessment and reluctant to share confidential information about refugees, because the Syrian refugee situation is considered a sensitive security issue. NGOs managed to conduct some assessments at the local level, but the lack of a comprehensive, systematic, and representative assessment creates duplication and gaps within the humanitarian community. All NPs expressed that any type of assessments or monitoring even for ongoing programs cannot be done without approval of the governorship and line ministries.

UNICEF and MoNE consider the teacher incentive scheme as a successful collaboration with the central government. According to UNICEF, there was replication of the scheme in different sectors; for example, the Turkish Ministry of Family and Social Policy used the scheme to hire youth workers in the refugee camps.118 When the partner was asked what strategies helped to promote successful collaboration, UNICEF mentioned that partnering with governmental and semi-governmental entities, such cash transfer schemes, increased the possibility of integrating into the existing system.119

**Evaluation Question 5: Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices?**

**Evaluation Question 5A: Where applicable, to what extent were these services available and utilized by host community members?**

The available evidence suggests that host community members had limited access to and use of SHE services. Multilateral partners justified the exclusion of the host community from direct assistance, stating that the host community in Turkey is much less vulnerable than host communities in Lebanon or Jordan; therefore, no direct assistance is required.120 Moreover, the GoT has a social safety net program to address the needs of vulnerable citizens.121 Primarily services have been extended to the host communities.

PRM-supported education programming has been making efforts to engage the Turkish community in bridge building activities; however, due to language barrier, lack of time and interest in communicating with refugees, a limited number of Turks participated in activities organized by NPs.

UNICEF provides Turkish public schools hosting a second shift of TECs school supplies such as furniture, equipment, and teacher kits. Additionally, UNICEF began distribution of school supplies to Turkish students in 2015; previously, school supplies were distributed mainly to Syrians.122

CRS and Caritas TEC program conducted bridge building activities with Turkish and Syrian students to engage them in joint activities such as chorus, art, physical activities, sports tournaments, handicrafts and picnics. In Istanbul, Caritas staff disclosed that initial efforts to actively engage the host community and the local municipality to conduct joint activities with Turkish public schools were challenging and unproductive.123 A very small number of Turkish students turned up for the events. Partners reported
the huge challenge of engaging the Turkish population in large cities such as Istanbul, where people lack time and are considered to be less empathetic to refugees, unlike in smaller communities. Another reason, as reported, is the lack of interest on the part of Turkish parents in their children’s interaction with Syrian children. At the same time, Caritas conveyed that a sports tournament organized jointly with a Turkish private school was more successful. As described, children in teams of mixed nationality enjoyed a week of sports activities such as chess, soccer, and volleyball, and as a result picked up each other’s languages.

In Kirikhan, CFS tents are open to both Syrian and Turkish children from 5 to 12 years old. CFSs are established in poor neighborhoods lacking access to services provided by other NGOs. For example, compared with 80 Syrian children beneficiaries, there are only from 5 to 10 Turkish children.

Bridge building activities were also conducted in CFSs to engage Turkish children from surrounding neighborhoods. This, reportedly, helps build understanding and acceptance.

However, as Caritas staff stated, work still needs to be done to integrate and build understanding between the two communities. Reportedly, among the Turkish community there is a stigma about Syrian refugees.

DRC CCs in Antakya and Altynozu are open to both refugees and the host community. The majority of Turkish beneficiaries are university students who enroll in English or Arabic courses. As a joint activity, CC staff in Altynozu held soccer games with 15 nationality-mixed teams. Reportedly, Ramadan Iftar events in 2014 and 2015 were very important and useful for bringing Turkish and refugee communities together. More Turkish citizens visit the Altynozu CC in comparison to the Antakya CC. In Antakya, Turkish people lack time to attend CC activities. Thus, according to CC staff, only 5 percent of beneficiaries are from the host community.

According to CC staff, language is the key barrier for Turkish people to use CC services. For example, the majority of courses are facilitated by Arabic-speaking instructors, and the ET found that receptionists in both CCs are Arabic speakers. A Turkish community focal point stated that there are many Turkish nationals interested in attending CC; however, transportation costs are an obstacle.

As discussed earlier, DRC’s SNFs are targeted and provided services only to Syrian refugees. The interviewed DRC staff explained that vulnerable Turkish citizens have access to government aid. IOM’s ECM, NFI and e-voucher distributions are also restricted to Syrian refugees. As stated by the interviewed mukhtars and municipality head, the local government distributes winterization kits similar to IOM’s to its vulnerable citizens. This is believed to be one of the factors for low levels of tension between the host and refugee communities. Interviewed IOM beneficiaries expressed that when some of the refugee households receive winterization kits from the local municipality similar to IOM’s, they tend to sell IOM’s coal because it is of much better quality to the host community. This sometimes created dissatisfaction among the host community, as they assert that refugees are receiving double benefits.

“I myself as a Turkish national would like to bring my daughter to attend events and take English courses, but Antakya CC is far from where we live. I would have to spend a lot of time taking her to and from CC. Some people will need to take two buses to get here, this is a burden for many families.”

~Turkish community focal point, DRC, Antakya

“Iftar was a very beautiful experience, with Turkish and Syrian adults were sitting together and our children playing together. After the Iftar, we started to communicate with and greet each other on the streets. I am not sure why DRC did not conduct Iftar this year. I asked CC staff and they told me ask the administration.”

~Syrian community focal point, DRC, Antakya
Evaluation Question 5B: To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures)?

The ET found evidence that PRM-supported SHE programs build upon existing structures, enhance existing capacities, and fill gaps to address specific needs of Syrian refugees.

Education

**TECs**

Key informants justified initial support to TECs as follows: 1) initially GoT considered Syrian refugees as guests and did not have a plan for providing them access to public education 2) lack of infrastructure (space in schools, Arabic speaking teachers), 3) Syrians considered their refuge in Turkey to be temporary. Key informants offered divided opinions about whether TEC is a parallel structure. Out of 11 interviews in which TEC was discussed, 6 key informants (education NPs, provincial MoNE) considers TEC to fill a gap or be complementary, and 5 (multilaterals, LNGO) consider TEC a parallel structure. MoNE considers TEC a temporary measure in responding to the education needs of Syrian refugee children.132

UNICEF’s education program is focused on enhancing existing capacity so that the Turkish education system benefits all children. UNICEF advocates and works with authorities to make sure that the education system is inclusive. Given that GoT overstretched its capacity, UNICEF supports implementation of teacher incentives, teacher training, student examinations, school supplies for TECs, and public schools hosting TECs. Given the huge number of out of school children, UNICEF is also advocating to expand the non-formal component to create opportunity for children to integrate into communities.133

Through the teacher incentive program, UNICEF supported 3,000 teachers at the end of 2014; it now supports 12,090 teachers.134 UNICEF and MoNE consider the teacher incentive scheme to be a successful collaboration.135 According to UNICEF, there was replication of the scheme in different sectors, for example, the Turkish Ministry of Family and Social Policy used the scheme to hire youth workers in the refugee camps.136 UNICEF mentioned that partnering with governmental and semi-governmental entities, as well as the use of a similar transfer scheme, increased the possibility of integrating into the existing system.137 Interestingly, the provincial MoNE Director in Hatay perceives UNICEF’s assistance with teacher incentives, building schools, and providing school supplies as filling a gap.138

**CFS**

Available evidence suggests that CFSs are filling the gap by creating a supportive environment for children to better cope with trauma, displacement and improve their sense of well-being. Reportedly, bridge building activities help Syrians socialize with the local population. At the same time, mothers pointed out that the Turkish community misperceive Syrians, considering them dangerous and believing that they are benefiting more than Turkish citizens from the Turkish government and humanitarian organizations. The interviewed NP, stated that the lack of a Turkish speaking staff and translators create barriers to enhanced communication and engagement with the host community.139 The host community lacks awareness that CFSs are open to all children, regardless of nationality. Apparently, some Turkish parents are bitter that they have to pay for their children to attend kindergarten when Syrians receive it for free.140

*“GoT cannot solve the Syrian refugee crisis alone, therefore we cooperate with UNICEF. Teacher incentives have a very big effect on the capacity of government to provide access for Syrian children to school and Syrian teachers to teach.”*

~Provincial MoNE Director, Antakya
The available evidence suggests that DRC is filling a gap in addressing the needs of the refugee population by providing recreational services, awareness raising sessions, language courses, sport, music, theater handicrafts and other life skill activities. In Altyonzu, CC established a youth club led by adolescent boys and girls. The interviewed beneficiaries stated that CC services helps them increase their sense of well-being, it provides space for interaction with other refugees and reduces feeling of isolation.

Health

GoT provides free access to primary healthcare to refugees. DRC’s SNF and IOM’s ECM provide tailored and emergency health and protection assistance to the most vulnerable refugee groups such as disabled, unaccompanied minors, children with special needs, large families with multiple children, women and children at risk of GBV—an otherwise unmet need.

UNHCR’s health program enhances existing government health structures by providing medical equipment, mobile clinics, and building capacity of medical staff, according to interviewed staff. MSCs run by ASAM feel there is a gap in the provision of psychosocial assistance to Syrian refugees, because GoT clinics lack Arabic language speakers and interpreters. As discussed under EQ3, MHPSS health beneficiaries identified opportunities to enhance the quality and use of health services by provision of transportation assistance and additional support to meet basic needs.

Shelter

Shelter is the most urgent and immediate need for refugees; however, this need remains unmet. The evaluation found that shelter is the sector least supported by humanitarian actors, including PRM.

Evaluation Question 5C: To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?

The GoT assumes a major role in terms of sustainability, by providing all refugees with free access to basic services such as primary healthcare and education. Despite this context, sustainability plans are relevant for supporting special health needs that fall outside the minimum health package provided by GoT. Non-formal education programs to a large degree depend on availability of resources and donor funds. The ET found little evidence of fostering long-term integration, except in the education sector (i.e., TEC integration process into the Turkish education system and UNICEF’s efforts to integrate teachers’ incentives into the MoNE payroll system).

Education

UNICEF uses a significant portion of PRM funds to pay incentives to Syrian teachers. NPs mentioned that without donor funds, it is unlikely to sustain TECs, continue paying incentives, and provide inclusive education to refugee children.

According to MoNE, the process of integrating TEC into the state public education system has begun; in the 2016-2017 academic year, all first graders will enter Turkish public schools and will not be allowed to enroll in TECs. Within two or three years, MoNE intends to close all TECs and transfer all Syrian students to Turkish public schools. In terms of Syrian teachers, MoNE plans to train, select, and certify teachers; however, the ET understands that work permits for Syrian teachers have not been decided. Steps taken by MoNE to foster long-term integration of TECs is promising. However, multilateral and NPs expressed skepticism about the TEC integration process because Syrian families and children may refuse to attend Turkish schools due to bullying, language barriers, the curriculum, and challenges for
older children to integrate, especially those who missed multiple years of schooling. Parents in Istanbul expressed concerns about new teaching methodologies used by Turkish teachers, which may create stress for children, and concerns that they will not be able to help their children with homework assigned in Turkish. Another worry conveyed by parents is the unknown fate of their children if they return to Syria, as Turkish education will not be recognized. The interviewed teachers expressed concern over the lack of information about the integration process and anxiety about their jobs and livelihoods.

CRS shared that it plans to transfer CFSs into a community and children’s hub to provide life skills training, Turkish language, and other activities useful for livelihoods and social cohesion. Thus, CRS plans to greatly engage the Turkish community to gain its support for community spaces and collaborate with provincial and local authorities for longer-term integration and ownership. As mentioned under EQ4, CRS plans to gradually hand over CRS-assisted TECs to UNICEF and MoNE.

DRC plans to hand over community centers in Antakya and Altynozu to NGOs. At the time of the evaluation, DRC was looking for a NGO to train and gradually transfer CCs, as they did in Urfa. However, an interview with IMPR team in Urfa revealed a real challenge in maintaining the center without donor support. IMPR nearly closed down the center before GIZ provided needed support. According to DRC and IMPR, running CC requires a lot of funds (rent, salaries, insurance, utilities etc.); it is unlikely that CCs will be sustainable without donor support. One option suggested by DRC is partnering with local government or Turkish Red Crescent, which is considered strong and connected.

Health

To a large extent, sustainability of DRC’s SNF and IOM’s ECM depends on availability of resources and donor funds. NPs mentioned that after the most vulnerable families receive support from SNF and ECM, beneficiaries are referred to other organizations for further support; it is unclear to what extent these cases are being followed up, though. The evaluation lacks evidence to suggest that either program has plans to sustain activities or move toward a realistic transition or long-term integration.

UNHCR’s sustainability policy is to work through NGOs and mainstream programs into national systems, which is the key element of its strengthening government response and durable solutions strategy. The ET’s impression is that UNHCR is still working on a sustainability strategy for MSCs; although, as reported, for long-term integration it plans to mainstream centers into the national system and not create a parallel structure. ASAM’s strategy to sustain its activities is to diversify source of funds; for example, they are supported by UNHCR, UNICEF, IMC, IOM, PRM, GIZ, EU and others. As ASAM stated: “The experience of being funded by DFID showed that priorities of a single donor may change and may affect beneficiaries. We feel safe being contracted by UNHCR. As a multilateral refugee agency it will continue receiving funds from multiple donors as long as the refugee issue present.” Available evidence suggests that to sustain MHPSS and other services provided by MSC will require developing strategies for transition and long-term integration with existing national systems. According to a key informant, the Turkish mental health services lack capacity to support Syrian refugees.

Evaluation Question 6: How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance?

Despite the great need for shelter support, as observed by partners, there is little systematic shelter service provided by humanitarian agencies. NPs relayed that shelter is available in Turkey but it is a matter of affordability, willingness of landlords to rent to refugees, and refugees’ awareness regarding rental procedures. However, there are provincial differences in shelter availability and rent prices in towns and districts near the border and further inside the country. At the border areas, usually shelter is
less available and more expensive, unlike in others areas. In big cities, like Istanbul, rental rates are very high. The willingness of landlords to rent to Syrians is an issue in many locations, based on discussions with refugees. Shelter assistance is a sensitive political and security issue. According to national NPs, GoT has concerns about any accommodation or shelter support, especially after the failed coup. Apparently, state security is concerned with the potential of spread of any anti-government ideological and terrorist elements.154

NPs mentioned that refugees are not protected from being unlawfully evicted from the rented houses and/or pressure by landlords to pay rent for several months upfront.155 A key reason for this is the lack of rental agreements between tenants and landlords.156 Two possible reasons for a lack of rental agreements between landlords and refugees were shared with the ET. First, there is landlords’ unwillingness to pay taxes. Apparently, according to government regulations, landlords are required to notarize the rental agreement at the municipality and pay taxes on the rental income. Second, there is the refugees’ lack of awareness about signing rental agreements with landlords in order to protect their rights.157 Beneficiaries in Hatay complained about the challenge to find a house to rent due to the unwillingness of Turkish landlords to rent Syrian families with multiple children.158 As one female beneficiary expressed: “I terminated my pregnancy because I cannot provide food and a place to live for my children.”159 Interviewed beneficiaries also reported that landlords tend to increase rental payments after few months on renting. A rental assistance beneficiary stated: “After one-month of rent assistance, the landlord said that now we have to pay in advance for 6-months and increased rent amount by 50TL.”160

PRM supported a small scale rent or accommodation assistance for emergency health and protection cases implemented by DRC’s SNF. However, DRC reported that it stopped supporting rent payments as of January 2016 because rent is more of a basic need rather than protection and also due to the lack of sustainability (one-time payment).161
CONCLUSIONS

Overall, the ET concludes that PRM plays an important humanitarian and diplomatic role in engagement with the government and implementing partners to respond to the Syrian refugee crisis in Turkey. PRM’s contributions to Syrian refugees and their SHE needs has largely been relevant and effective.

1. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

On the operational level, the following factors limit effectiveness: a) limited exchange of experience and lessons learned, b) delays in fund transfers and short-term funding, which hinders planning, implementation, and continuity of services to refugees, and c) lack of donor coordination. On the programmatic level, evidence indicates gaps in the provision of a) informal education and life learning skills for adolescent refugee girls and boys, and b) shelter-related services. In addition, findings suggest that non-Syrian refugees are inadequately served by the PRM-funded programs evaluated. The ET notes that other NP programs beyond the scope of this evaluation provide PRM-funded services for non-Syrians; however, IOs do not include non-Syrians in their funding appeals.

The ET concludes that in order to improve humanitarian efforts and diplomacy there is a need for: a) regular meetings with partners to share information, lessons learned, and potential program linkages, b) increased opportunities for communication and facilitation between donors, such as the recently-established Turkey Donor Working Group, c) non-formal education and life learning programs that target adolescent refugee girls and boys, and d) assessment efforts to determine potential shelter assistance interventions. Given that evaluation findings demonstrate that shelter assistance is a sensitive political and security issue, a mindful approach is needed. Finally, based on the review of PRM-funded CRS, DRC, IOM, UNHCR, and UNICEF programs included in this evaluation scope, there appears to be a need for greater inclusion and provision of SHE services to Iraqi refugees.

2. How could cash assistance programming be more effective, in the context of education, shelter, and health? Were there instances where this cash was used for other immediate needs?

Conditions for effective cash-based assistance are technical expertise, targeting based on vulnerability criteria, a robust monitoring system, risk management, information provision, as well as capacity to deliver. For effective unconditional direct cash response, the amount of a transfer should be based on the MEB. The ET concludes that a balanced approach in employing unconditional cash and restricted voucher assistance is needed in the Turkey context. Additionally, there is a need for complementary distribution of restricted vouchers to better address the seasonal needs of the most vulnerable refugee groups. However, for inclusive unconditional cash assistance more research is needed on households’ decision-making power dynamic over cash and cash spending habits. The ET concludes that rent payment, utility bills, and food are the most immediate needs for Syrian and Iraqi refugees in Turkey, regardless of sex and geographic location.

3. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices? Effectiveness is defined by the following:

   a. To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as disabled, female-headed households, Iraqis and PRS?
The ET concludes that PRM-supported programs have predominantly targeted and reached vulnerable Syrian refugees. The extent of targeting and reaching out to the most vulnerable Syrian refugees, however, depends on a specificity of program objectives and approaches. Overall, NPs give priority to areas with a high concentration of Syrian refugees, where direct assistance programs are limited. Partners employ a gender-sensitive approach in providing case-management based services. Very limited support has been provided to Iraqi refugees due to a lack of targeting of those groups among by the programs evaluated. Most NPs have limited outreach strategies, which may limit reaching the most vulnerable. A lack of standardized referral system among NGOs and other actors involved in the humanitarian response decreases effective and timely provision of services to the most vulnerable refugees. Transportation costs and language differences create barriers for refugees in every sector.

b. To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?

Overall, PRM-supported programs are mostly in line with refugee preferences, with some exceptions. However, there is a need for improved information provision to beneficiaries about feedback and complaint opportunities, criteria, coverage, and time frames. Although they prefer cash assistance, beneficiaries are appreciative of TEC, CFS, CC, MSC’s MHPSS, SNF, and ECM services. Women and men prioritized access to opportunities to earn income over humanitarian aid. Parents desire tailored programs for adolescent boys and girls, especially for those who missed multiple years of schooling. Reports on increased tension between host and refugee communities call for community cohesion projects.

c. Were refugees satisfied with the quality of services received? What was the impact of these services on refugees’ quality of life?

Overall, refugees are satisfied with the quality of provided services. As well, providers could be more responsive to gender-specific needs and preferences. The ET concludes that some services delivered a significant impact on the lives of beneficiaries, especially for SNF, and ECM health beneficiaries and for children to meet their education needs at TEC and CFS. Without the provided services, the situation of refugees would be compromised, especially for children’s access to formal and informal education. The full extent of positive change is difficult to assess given the short-term nature of assistance, varied modalities used by NPs, and limited scope of the evaluation.

4. How and to what extent was programming coordinated with local government, local organizations, and civil society?

The ET concludes that overall, NPs coordinated with local government and community leaders to a large extent; however, there is a need for greater involvement of and coordination with local civil society. The nature of coordination with local government and community leaders varied from service to service, but overall included: a) joint implementation of community facilities rehabilitation, b) security support from municipality and police during in-kind aid distribution, c) sharing and verifying the names of vulnerable families to avoid duplications in aid distribution, d) gaining community acceptance, distribution of aid, assessments, referral of the most vulnerable to receive aid/service and assistance in reducing rent amounts and finding land for facilities, and e) information-sharing and providing free-of-charge space for outreach activities mainly in remote neighborhoods of Istanbul. Based on available evidence, the ET concludes that coordination at the central government level is challenging. More donor coherence is needed for effective humanitarian and diplomatic interventions in light of Turkey’s internal political crisis and a lack of donor coordination.

5. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices? Effectiveness is defined by the
a. Where applicable, to what extent were these services available and utilized by host community members?

The ET concludes that SHE services were available and utilized by host community members to a limited extent. The majority of programs did not specifically target vulnerable host households, while other programs had challenges engaging Turkish nationals in active participation in community events. The overall demand for services by host community members is low because the GoT has social programs to address the needs of its vulnerable citizens. However, the ET concludes that PRM programming needs to be more inclusive to enhance social and community cohesion.

b. To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures)?

To a large extent, PRM programming built upon existing structures, enhanced existing capacities, and filled gaps to address specific needs of Syrian refugees. The ET concludes that education programs enhance existing capability by assisting the government in ensuring the inclusiveness of the existing public education system, and they also fill a gap by providing access to free public education for Syrian children and creating supportive spaces for refugee children to cope with trauma. Health-related programs are filling a gap in addressing the specific health, protection and psychosocial needs of vulnerable Syrian refugees not covered by the government. Shelter program do not create a parallel structure because PRM did not support traditional emergency shelter programming in Turkey.

c. To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?

While the GoT assumes a major role in terms of sustainability by providing all refugees with free access to basic services such as health and education, the sustainability of PRM-supported education (CFS, CC, teacher incentives) and health programs (SNF, ECM, MSC MHPSS) to a large degree depends on availability of resources and donor funds. The ET concludes that NPs have sustainability plans for their PRM-funded programs to a limited degree. Few steps have been taken toward a realistic transition or longer-term integration, except for the process started by MoNE of integrating TEC into the Turkish education system, and UNICEF’s efforts to integrate teachers’ incentives into the MoNE payroll system.

6. How successful were rental agreements with landlords in allowing refugees to meet their shelter related needs? What happened when rental agreements ended and what are the implications for refugee assistance?

PRM did not fund traditional emergency shelter programs in Turkey. However, shelter is the most urgent and immediate need for refugees in Turkey, regardless of nationality, sex, or geographic location. These needs remain unmet given that shelter is the sector least supported by humanitarian actors. Shelter is a sensitive sector from a political and security standpoint for the GoT.
RECOMMENDATIONS

The following recommendations arise directly from the ET’s fieldwork in Turkey and are informed by the emergent practices outlined in SI’s Desk Review report on SHE programming (March 2016).

Recommendation 1: Ensure that the most vulnerable Iraqi and other non-Syrian refugees are targeted and included in programming.

Recommendations for PRM:

• Encourage IOs to include the needs of the most vulnerable Iraqi and other non-Syrian refugees in appeals, so that a proportion of funds is devoted to non-Syrian groups.
• Ensure that partners explain in proposals how they intend to identify, target, and provide services to the most vulnerable refugees, including those residing in rural and hard-to-reach urban areas. Partners should consider vulnerability in targeting criteria and track both targeting and service provision to these groups. Alternatively, partners may design projects exclusively dedicated to serving these particularly vulnerable refugees. The ET acknowledges that PRM’s proposal template asks applicants to explain targeting strategies. With the aim of ensuring that the most vulnerable refugees are targeted, PRM should incorporate a review of partner targeting strategies when scoring proposals for funding and during routine monitoring of PRM-funded programs.

Recommendation for UN Agencies and NPs

• Include non-Syrian refugees in appeals, assessments, program designs, and implementation.
• UNHCR should clarify with its partners whether there are restrictions on targeting and provision of services to non-Syrian refugees.
• Devise or refine outreach strategies outlining how the most vulnerable refugees will be identified, targeted, and engaged. Increase provision of transportation and interpretation options so that the most vulnerable may access and use services, possibly through mobile outreach teams. Other potential approaches include use of social media and/or local committees composed of refugees and host community members to disseminate information about available services and referrals.

Recommendation 2: Continue coordination and information sharing efforts with donors and NPs.

Recommendations for PRM:

• Continue flexible funding and engagement with partners for an effective and timely response to the needs of the most vulnerable refugees and host communities.
• Conduct regular information-sharing meetings with partners, ideally each January, to provide an opportunity for NPs and PRM to clarify beneficiary targeting requirements, funding updates, reporting expectations, and PRM’s strategies. Additionally, these meetings could provide a platform for NPs to exchange lessons learned, discuss challenges, find solutions, and identify potential programmatic linkages.
• Continue to increase opportunities for communication and facilitation between donors, such as the Turkey Donor Working Group, to shape better policy and advocacy coherence among donors.
Recommendation 3: Actively engage in information sharing and outreach, both with international organizations and government structures, as well as with beneficiaries and vulnerable groups.

Recommendations for NPs and UN agencies:

- Improve engagement with beneficiaries by disseminating information about assistance processes and raising awareness about existing feedback and complaint mechanisms. Specifically encourage children, female, and male beneficiaries to provide feedback on received services.
- Establish or improve systematic beneficiary feedback and response mechanisms.
- Explore avenues for engagement and joint program planning with existing state structures providing similar non-formal education, e.g. Turkish Public Education Centers.
- Request that the Case Management Working/Discussion Group finalize standardized operating procedures for referrals, a unified referral form, pathways, service mapping, and vulnerability criteria for effective targeting and timely response to the SHE needs of the most vulnerable refugees. Consider establishing a secure and safe online referral system.

Recommendation 4: Adjust activities to increase their impact on beneficiaries’ quality of life.

Recommendation for PRM:

- Continue supporting SHE programs, as long as they fill a gap or provide complementary services; however, adjust some programs are needed (see below).

Recommendations for NPs and UN agencies:

- Conduct gender sensitive analysis of satisfaction surveys, post-distribution monitoring, post-assistance monitoring, parent-teacher feedback, and other data to inform improvements in targeting delivery of services.
- UNHCR/ASAM should continue MSC services, especially provision of MHPSS. However, consider the following adjustments: a) cover transportation costs for beneficiaries and b) improve interpretation services by training interpreters on basics of health and psychology.
- DRC should continue provision of CC services; however, a) adjust courses based on the needs and preferences of refugees and host community, b) provide attendance certificates to beneficiaries, not necessarily accredited, where possible, c) hire additional Turkish speaking receptionists in both CC in addition to Arabic speakers, so that host community can access CC.
- CRS/Caritas should continue providing CFS; however consider renewing old tents with proper air conditioning; improve provision of professional MHPSS to children, perhaps through an agreement with IMC or other specialized MHPSS agency.
- SNF and ECM should continue providing support to the most vulnerable refugees in meeting their emergency health, shelter, and protection needs.

Recommendation 5: Ensure that host communities are included in programming, when appropriate, to strengthen social cohesion and integration.

Recommendations for PRM:

- Support programs that promote interaction between refugees and host communities, and foster social cohesion. Livelihoods programs are a potential avenue.
- Encourage inclusion of host communities in programming through calls for proposals.
Recommendations for NPs and UN agencies:

- Design programs that promote social cohesion between refugees and host communities.
- Formal and non-formal education NPs should gather feedback from Turkish beneficiaries and consult with host women, men, and children to identify preferences in activities and obstacles that prevent them to participate and/or use provided services. Leverage this information to adjust existing activities or design a new, separate intervention.

Recommendation for GoT, donors, and NPs:

- Consider introducing tolerance, civic education, and bridge building programs/activities for Turkish and refugee children, teachers, and parents to foster peaceful coexistence, social cohesion, and stability.

Recommendation 6: Design and implement activities in coordination with local and national authorities, as well as local civil society.

Recommendations for PRM:

- Increase opportunities for improved communication and facilitation between line ministries and NPs to strengthen collaboration on SHE programs and look for integration possibilities with existing structures (CFS, MHPSS, MSC, CC).

Recommendations for NPs and UN agencies:

- Continue close coordination and collaboration with local authorities and community leaders in program implementation.
- More efforts should be made to engage in partnerships with local CSOs, for example, capacity building, involvement in data collection, and joint activities, service provision to refugees and vulnerable host communities.
- Consider consulting with local authorities, community-based organizations, and community leaders in the program design phase to capitalize on local knowledge. Inclusion of host community in the design phase can provide information on the experience of the host population and identify similarities and differences between host community and refugee needs and preferences. This could help align the intervention with host community needs and priorities.
- Continue engaging local authorities, community leaders, and local small businesses in implementation of projects to ensure ownership and sustainability.

Recommendation 7: Consider supporting programs to fill programming gaps, where feasible, consider funding research to fill information gaps and inform funding decisions. Use research/assessment findings to inform programming decisions.

Recommendations for PRM:

- Observe implementation of ESSN and consider, if the political environment is conducive, the possibility of filling the gap with cash-based intervention to address SHE needs of the most vulnerable Syrian, Iraqi, and other refugees. Assessment or consultations to identify ESSN gaps should be conducted prior making decisions on supporting cash-based assistance.
- Support programs responding to the informal and life learning needs of adolescent boys and girls, especially those who missed multiple years of schooling (catch-up and remedial classes; computer literacy; Turkish, and English lessons, etc.) based on needs assessment if feasible.
• Consider a shelter program that supports refugees with rental agreements. However, an in-depth assessment is needed to understand shelter-related needs, identify sensitivities, government policies, and potential shelter support implications for refugee assistance.
• Consider supporting research to increase understanding of cash spending preferences and gendered power relations within refugee households.

Recommendation 8: Develop sustainability strategies to foster long-term integration into existing structures.

Recommendations for NPs:
• NPs should examine opportunities for PRM programs to be integrated into existing structures and systems similar to CFS, MHPSS, MSC, and CC services.
• Develop sustainability and/or transition strategies based on the findings of assessment.
• Coordinate with relevant government structures regarding transition of programs.
• DRC and IOM should develop a plan to sustain SNF and ECM to address emergency health, protection, and basic needs of the most vulnerable refugees.
ANNEXES

Annex I: Evaluation Statement of Work

STATEMENT OF WORK
-V. 7/9/2015-

U.S. Department of State
Bureau of Population, Refugees, and Migration

Evaluating the Effectiveness of Shelter, Health, and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

Purpose
The purpose of this solicitation is to obtain the services of a contractor to carry out an evaluation, lasting up to 16 months, of shelter, health, and education programs for non-camp based Syrian refugees implemented by selected PRM multilateral and NGO partners in Lebanon, Jordan and Turkey from FY 2012 – FY 2015 (note: Turkey will be considered a Near East country for this evaluation.) The evaluation will consist of: (1) a comprehensive desk review and analysis of best practices/recurring mistakes regarding the implementation of shelter, health, and education programming for Syrian refugees in the Near East; and (2) fieldwork in Lebanon, Turkey, and Jordan where PRM has made significant investments in these sectors; and (3) guidance as to how PRM can optimize its programming and humanitarian diplomacy for the benefit of refugees and their host communities. PRM intends to use findings and recommendations to shape NGO funding decisions and diplomatic engagement with multilateral and host government partners. PRM partners will also make use of the findings and recommendations. The contractor will begin work within a month after the contract award.

Bureau of Population, Refugees and Migration

PRM’s mission is to provide protection, ease suffering, and resolve the plight of persecuted and uprooted people around the world on behalf of the American people by providing life-sustaining assistance, working through multilateral systems to build global partnerships, promoting best practices in humanitarian response, and ensuring that humanitarian principles are thoroughly integrated into U.S. foreign and national security policy. The United States Government (USG), through PRM, is the largest bilateral donor to UNHCR as well as the International Committee of the Red Cross (ICRC), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and among the largest bilateral donors for the International Organization for Migration (IOM). On a case-by-case basis, PRM may fund other multilateral organizations such as the UN Children’s Fund (UNICEF), the World Health Organization (WHO), and/or the United Nations Development Program (UNDP). PRM funds NGOs to fill critical gaps in programming by multilateral organizations and host governments. PRM generally funds activities in 12 month increments although in recent years it has allowed NGO partners to apply for multi-year funding. It is important to note that the Bureau considers its humanitarian diplomacy to be as important as its programming.

PRM’s programming and humanitarian diplomacy regarding Syrian refugees in Jordan is managed by the Asia and Near East (ANE) Office in Washington, DC. PRM has Regional Refugee Coordinators (Refcooords) who are based at embassies throughout the world. Relevant Refcooords are based in Ankara, Amman, and Beirut. It is important to note that the Bureau considers its humanitarian diplomacy to be as important as its programming.

The Bureau works closely with the Near East Affairs (NEA) Bureau and the European Affairs (EUR) Bureau, given its oversight of embassies throughout the region. Monitoring the performance of PRM partners is a responsibility shared by PRM Regional Officers, Refcooords, and local staff, with M&E training and support provided by the Office of Policy and Resource Planning (PRP). PRP and ANE will work closely with the contractor for the duration of the evaluation. In accordance with the standards of good management and performance-based results, the contractor will be held accountable for cost, schedule, and performance results.
Evaluation Questions
The evaluations should answer the following questions with an emphasis on developing best practices, lessons learned, and actionable recommendations to inform the programming and diplomacy of PRM and its partners.

1. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices? Effectiveness is defined by the following:
   - Were refugees satisfied with the quality of services received? What was the impact of these services on refugees’ quality of life?
   - To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female-headed-households, Iraqis and Palestinian Refugees from Syria (PRS)?
   - To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?
   - Where applicable, to what extent were these services available and utilized by host community members?
   - To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures?)
   - To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?

2. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance?

3. How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?

4. How and to what extent was programming coordinated with local governments, local organizations, and civil society?

5. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

Methodology

Desk Review: The desk review should determine: (1) the characteristics of successful shelter, health, and education programs for Syrian refugees throughout the Near East including Turkey (2) the extent to which reporting provided to PRM is sufficient for demonstrating performance; and (3) whether PRM and its partners are incorporating best practices into programming and avoiding recurring mistakes. It will draw from already completed evaluations. The desk review is expected to inform the fieldwork.

Fieldwork
It is anticipated that fieldwork in Lebanon, Turkey, and Jordan will take up to six weeks in each country, not including travel days, to complete. This will allow time for consultation with UNHCR, other multilateral partners, international and local NGOs, host government officials, refugees, and other stakeholders. UNHCR will advise on issues relating to security and logistics. When in the field, a six-day work week with no premium pay is authorized. Upon award of contract, the evaluators will confer with PRM on a monthly basis, and particularly before each of the field assessments in Lebanon, Turkey, and Jordan. With PRM assistance, the contractor will consult with relevant U.S. Embassies prior to in-country data collection activities. The evaluators will need to coordinate closely with PRM and its Regional Refugee Coordinators in Adana (covering Turkey and, to a limited extent, Syria) and Amman (covering Jordan, Lebanon and Syria), and, when present, Beirut (covering Lebanon) when making travel arrangements and scheduling meetings with PRM’s IO and NGO partners. The evaluation team will also need to consult and coordinate with UNHCR, as it has the international mandate for coordinating protection of and
assistance to refugees, including health, shelter, and education. The contractors will provide oral out-briefs to U.S. Embassies, UNHCR, and PRM-funded NGO partners upon completion of field research in each country.

Recommendations should be concrete, actionable, and directed to specific stakeholders. Recognizing the increasingly protracted nature of this emergency, the evaluation should provide guidance on how PRM can programmatically improve shelter, health, and education programs for non-camp based Iraqi and Syrian refugees. This guidance should include checklists and indicators for PRM to consider when: (1) writing requests for proposals that include health, shelter, and education programs; (2) reviewing proposals with health, shelter, and education components; and (3) monitoring health, shelter, and education programs. Findings and recommendations may be used by PRM’s implementing partners as well.

After completion and approval of the final report, a one-month window of availability shall be planned for presenting the final report to stakeholders, including PRM, other relevant State Department Bureaus, USAID, representatives of IOs and NGOs, and others as appropriate. It is anticipated that approximately four two-hour presentations will be conducted.

**Deliverables (Based on 16 Months)**

The contractor shall maintain open, timely, and effective communications with PRM, resulting in a relationship that proactively addresses potential problems with flexible, workable solutions. The below timeframe for each of these activities is projected and PRM requests the contractor provide a schedule of deliverables, including anticipated delivery dates, in the proposal.

a. A detailed work plan with time lines (Week Two)

b. **Teleconferences**: Monthly teleconferences as to performance against the detailed work plan, challenges, and future plans. (Ongoing)

c. **Monthly Updates/Quarterly Reports**: The contractor shall submit five quarterly reports in English to PRM. These reports shall summarize progress and status of the major activities being undertaken in relation to the requirements of this program; comparison of actual accomplishments with the goals and objectives established for the period of the report; deviations from the work plan and explanations of such; indications of any problems encountered and proposals for remedial actions as appropriate; and projected activities for the next reporting period. Data measuring progress on each of the indicators selected as part of a monitoring plan shall be included in each report. Reports are due 30 days after Month Three, Six, Nine, Twelve, and Fifteen. These reports would be shared only with PRM. However, PRM may decide to share these reports with select partners.

d. **Desk Review and Country Summary Reports**: The desk review report will detail findings from a global desk review of shelter, education, and health programs for Iraqi and Syrian refugees in the Near East and Turkey. The desk review and each country summary report should not exceed 30 pages (although exceptions may be granted). PRM will provide feedback on the draft reports within 14 business days. The contractor shall submit the final version of the desk review and country reports 10 business days following the receipt of PRM feedback. If there is any cause for delay, the contractor should notify PRM immediately. (Desk Review: Week Six/Seven)

e. **Summary Reports**: From each of the three field based evaluations (Months 4, 8, and 12)

f. **Draft Report**: A draft evaluation report will be prepared for PRM review and comment (Month 14)
f. **Final Report:** The contractor should deliver a draft final report to PRM at least 75 days before the completion date of this contract. PRM will provide feedback on the draft report within 14 business days. The final report shall summarize the major results achieved, any problems encountered, and notable successes realized in performing this program. The contractor shall also make recommendations of appropriate follow-up actions primarily for PRM, but also UNHCR and NGO partners where relevant. The final report shall include a section on how well programs support PRM’s Functional Bureau Strategy. The contractor has 21 days to complete the final report after the draft report is returned by PRM. Evaluation reports should be no more than 30 pages in length (although an exception may be granted), not including any annexes and three to four pages for the Executive Summary. The SOW, data collection tools (i.e., interview protocols, checklists, etc.), properly documented sources of information and signed conflict of interest statements should be included in the annex. The evaluation methodology should be described in the report in detail. The final report shall include conclusions as to what types of health, shelter, and education interventions have been most (and least) successful, reasons why, and recommendations on best practices based on findings. Recommendations should be concrete, actionable, and tailored to specific stakeholders (Month 15)

g. An executive summary of the final report findings and recommendations, no more than three pages long, should be prepared in English, Arabic, and Turkish. The summary should be brief, not more than two pages and should not include confidential issues. It should include the title of the evaluation, date of the submission of the report, evaluation questions, data collection methods, key findings and recommendations. PRM will provide a template for the summary. The evaluation summary for dissemination shall be submitted before the completion date of this contract. (Month 15)

h. Oral presentations provided for PRM and other relevant stakeholders in Lebanon, Turkey, and Jordan (Month 4, 18, 12, 15/16)
Annex II: Data Collection Instruments

Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

# _____________

Key Informant Interview Schedule NGOs, UN Agencies, IOM

Date of interview: ______________
Organization: 1. UNHCR; 2. UNICEF; 3. IOM; 4. DRC; 5. CRS; 6. IMC; 7. ASAM
No. of interviewees _______________ Gender: M _______ F ________

General

1. Please describe your current programs in the SHE sectors for Syrian and Iraqi refugees. Are there differences in your programs this FY, versus last year and the year before?

2. What percentage of these programs are funded by PRM?

3. What aspects of these programs are successful in your opinion? How has this changed over time?

4. What are the main challenges you face with these programs? How has this changed over time? What could be done to overcome these challenges?

Design

1. How did you decide to design the program the way you did?
   a. What existing information did you use?
   b. Did you collect any data yourselves?
   c. How did you consider female, male and youth beneficiary needs/preferences?
   d. How did you build on existing resources/capacities?

2. Does “vulnerability” figure into your program design? If so, how does your organization define this concept? How do you identify, target and reach to “vulnerable” refugees? Are there targets for inclusion?

3. Do host communities figure into your program design? How do you target them?

4. What would you change about the program’s design/activity in future programming?
Relationships with Other Structures

1. Related to SHE programming, please describe the quality of your relationship with:
   - the central government/related ministries
   - local government
   - Turkish CSOs
   - UN agencies/INGOs

2. (For each category), how did you work with them (or not) during the design phase of your program? Startup phase? On-going? Have you been more successful in engaging a certain category of stakeholder compared to another?

3. What strategies help to promote positive interaction and coordination for each category of structures mentioned in Q1?

4. Are you involved in any coordination structures? Please describe how this works and the benefits/challenges to current structures.

Programming & Sustainability

1. In your opinion, how could PRM improve their support for you & SHE programming for the Syria/Iraq response in Turkey?

2. Have you considered cash programming? What are the benefits and drawbacks of doing so?

3. Have you thought about what will happen to programs and beneficiaries after donor withdrawal?

4. Have you thought about/made efforts to streamline your programs across sectors? What is your thinking on the benefits and drawbacks of doing so?

M & E, Donor Requirements & Feedback

1. How are you aware of beneficiary satisfaction over the course of the program?

2. What opportunities do beneficiaries have to provide you with feedback? What kind of feedback are you receiving? How is this addressed?

3. Have your beneficiaries been referred to other organizations for specialized support? Is there a referral system in place? How do you inform your beneficiaries about a referral opportunity?

4. What have been impacts of the program activities on female, male and youth beneficiaries? How have these been measured?

5. What is your reflection on usefulness of the established internal M&E mechanism in providing timely data to inform programming decisions?

6. Are there restrictions on donor funding that influences your ability to program the way you want?

7. What would you change about the reporting procedures to PRM? Are there any aspects currently missing?
8. What additional support from PRM is needed to implement program?

9. Are there any lessons you learned during the implementation of the program?

Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

#: ___________

Interview Schedule for Service Providers
(CBOs, Health Workers, Community Center employee, School administration, Teacher and CFS worker, landlord and other service providers)

Date of interview: _____________________
Location: 1. Hatay 2. Urfa 3. Istanbul
Organization: 1. UNHCR; 2. UNICEF; 3. IOM; 4. DRC; 5. CRS; 6. IMC; 7. ASAM
Nationality: 1. Syrian 2. Iraqi 3. Turkish 4. Other
No. of interviewees _______________ Gender: M _______ F ________

1. Please tell us a bit about your familiarity with XX activity?
   a. How did you become involved in XX activity?
   b. Since when you have been involved?
   c. What is your role/involvement in activities?
   d. Terms of engagement

2. Where you involved in the design of XX activity?

3. What are the main challenges with XX activity/support?

4. What are the main successes with XX activity/support?

5. Please describe the quality of your relationship with NGO/UN organization.

6. How often do you communicate with them, and what is the nature of your communication?

7. If you have concerns or feedback (positive or negative), can you express them? How do you do so? How are these concerns addressed? Can you provide examples of this?

8. How are XX activities engaged/coordinated with
   a. local authorities
   b. CBOs
   c. other local actors?

9. For each reported on above, please rate the quality of this engagement and/or coordination.
1. Excellent; 2. Good; 3. Adequate; 4. Needs Improvement; 5. Don’t know

If needs improvement, please specify in what way? ________________________________

10. Have XX’s provided services been available to and used by host community members?
   1. Yes 2. No 3. Don’t know

If no, please elaborate, why do you think so? _________________________________________

11. In your opinion, how have the following groups of beneficiaries benefited from XX provided services? (ask all that apply)
   1. Female, male and youth host community; 5. Disabled;
   2. Female, male, youth Syrian refugees; 6. Young people;
   3. Female, male, youth Iraqi refugees; 7. Other ________________
   4. Refugee female-HHs;

Please describe _______________________________________________

12. From your experience, what are the main challenges faced by beneficiaries that are engaged in XX activity?

13. How do you think XX activity/services could be improved?
# Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

Interview Schedule for Local and Central Government

Date of interview: _____________________
Organization: 1. UNHCR; 2. UNICEF; 3. IOM; 4. DRC; 5. CRS; 6. IMC; 7. ASAM
Nationality: 1. Turkish 2. Other
No. of interviewees _______________ Gender: M _______ F ________

1. Please describe your role/interface with XX organization and XX activity.

2. How did this relationship begin?

3. What involvement did you/your office have at the design phase of this program, beginning implementation phase, now?

4. How influential have you/your office been in this program? Please describe the frequency, type and quality of communication/coordination, including exchange and feedback loops.

5. How would you rate the quality of the engagement/coordination with XX activity?
   1. Excellent; 2. Good; 3. Adequate; 4. Needs Improvement; 5. Don’t know

If needs improvement, please elaborate _______________________ ________________________

6. How does this program support or complement government initiatives?

7. Does this program have any negative consequences for government initiatives or residents?

8. What do you think will happen if/when this program is terminated?

9. What are your main concerns for the female, male and youth residents of this location?

10. What are your main concerns for the female, male and youth refugees in this location?

11. What do you think are the best ways to address these concerns?
Key Informant Interview Guide
DoS/PRM

Date of interview: _______________
Location: 1. Ankara 2. Istanbul
Gender of interviewee: 1. Female 2. Male

1. Before we begin, could you please tell us a bit about your involvement with each of the following NPs — CRS, DRC —and UNICEF, UNHCR and IOM in SHE programs? (Probe: role, duration, intensity, level of involvement)

2. Were you involved in the design of the program? If so, does the program as implemented today differ in any significant way?

3. What would you change about the program’s design/activity in future programming?

4. In your opinion, have SHE been equally successful in achieving stated objectives or has one sector been stronger compared to other? (Probe: why?)

5. In your opinion, what are some of the specificities of the Turkey context that impact SHE programming? (Probe for positive and negative aspects)?

6. What is your reflection on cash assistance programming? What are the benefits and drawbacks of cash programming?

7. In your opinion, what have been PRM-funded programming successes so far? What have been its biggest challenges? (Probe: why? what factors contributed to it?)

8. How would you assess NPs’ engagement with local/central government, local civil society organizations, UN agencies/INGOs?
   a. Have they been more successful in engaging one certain structure/stakeholder compared to others?

9. We have learned that PRM conducts meetings with all PRM-funded partners. Could you please share how often do you conduct these meetings and what are the objectives?
   a. Do you follow up with partners as to whether the meetings increased information and knowledge about programming activities and applied?

10. What is your reflection on partners’ monitoring and evaluation plans and reporting capacity? What aspects of reporting should be improved? What would you change about the reporting procedures?

11. What are your thoughts about partners’ plans for sustaining programs after PRM withdrawal?

12. Are there restrictions/conditionality from the USG that make you’re in-country work challenging or impact SHE programs in general?
   a. How do these restrictions/requirements differ between NGOs and UN agencies?

13. Are there any areas of the program that you feel are in need of improvement?

14. Is PRM engaging in/prioritizing/strategizing for inter-sectoral programs? Could you share with us your thinking on this?
15. You are one of our primary intended users for this evaluation. As such, our aim is to provide you with relevant and useful information to help you better manage/oversee this program. Is there anything in particular that you feel is important for us to explore during our fieldwork? (Emphasize limited time in-country)
Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

#: ________

Interview Schedule for Beneficiaries
(Individual & Group; Refugees & Host Communities)

Date of interview: _____________________
Location: 1. Hatay 2. Urfa 3. Istanbul
Organization: 1. UNHCR; 2. UNICEF; 3. IOM; 4. DRC; 5. CRS; 6. IMC; 7. ASAM
Type of HH: 1. Syrian Refugee 2. Iraqi Refugee 3. Host 4. Other
No. of interviewees: ______________________ Gender: M _________ F _________

1. Since when you have been receiving service/assistance from XX organization? ____

2. Could you please tell us about the support that you receive/received from XX organization? (Prompt for time period, exact support, locations, etc.)

3. If a cash assistance beneficiary, what do you spend the cash on?
   1. Rent
   2. Health
   3. Food
   4. Education
   5. Other _________________________________

4. How did you become aware of this support, and how did you access it?

5. Before you started receiving this support, what were your primary concerns?
   1. Shelter
   2. Health
   3. Education
   4. Food security
   5. Protection
   6. LH
   7. WASH
   8. Other _________________________________

6. How did this support address your concerns or not?

7. What are your primary concerns at present?
   1. Shelter/housing
   2. Health
   3. Education
   4. Food security
   5. Protection
   6. LH
   7. WASH
   8. Other _________________________________

8. What do you think are the best ways to address these concerns?

9. Who can you go to for help with these concerns?

10. During the course of your relationship with XX organization, did you have contact with representatives of that organization?

   10a. Other representatives involved in that support (local admin, CBOs, partners, etc.)?
   10b. How often did you communicate with them? (ask for each)
   10a. What was the quality of your communication? (ask for each)
   10b. Did you wish to provide them with feedback/complaints or ask questions? If so, what were your concerns? How did you communicate these?
   10c. Have you been/were you referred by XX for specialized support to other organizations?
   10d. How were these concerns addressed?
11. Did you face difficulty in accessing this support? Or did this support create difficulty for you in other areas of your life?

12. How would you rate the quality of communication with XX?
   1. Satisfactory  2. Unsatisfactory  3. Do not know
   Please elaborate ____________________________________________________

13. How would you rate the quality of services received from XX?
   1. Satisfactory  2. Unsatisfactory  3. Do not know
   Please elaborate ____________________________________________________

14. How would you rate the impact of the provided SHE services on your life?
   1. Significant  2. Insignificant  3. No change  4. Do not know
   Please elaborate ____________________________________________________

15. How could this support be/have been improved?
   (Prompt for type of service, mode of administration, modality of assistance, etc.)

16. What is your understanding of how long this support will be provided to you? (If support has terminated ask: Why did you receive support for X period of time?)

17. How will you manage/how did you manage after the support stops?
## Annex III: List of Key Informants

<table>
<thead>
<tr>
<th>Donor</th>
<th>Title/position</th>
<th>Association</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Senior Regional Refugee Coordinator</td>
<td>PRM Turkey</td>
<td>Ankara</td>
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</tbody>
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<table>
<thead>
<tr>
<th>UN Agencies and NGO partner</th>
<th>Title/position</th>
<th>Association</th>
<th>Location</th>
</tr>
</thead>
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<td>Deputy Country Representative</td>
<td>UNHCR</td>
<td>Ankara</td>
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<tr>
<td></td>
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<tr>
<td></td>
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<td>UNHCR</td>
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</tr>
<tr>
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<td>UNHCR</td>
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</tr>
<tr>
<td></td>
<td>Head of Office</td>
<td>UNHCR</td>
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</tr>
<tr>
<td></td>
<td>Field Officer</td>
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</tr>
<tr>
<td></td>
<td>Assistant Field Officer</td>
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</tr>
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<td></td>
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</tr>
<tr>
<td></td>
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<td>UNICEF</td>
<td>Ankara</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
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<td>UNICEF</td>
<td>Ankara</td>
</tr>
<tr>
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<tr>
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<tr>
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<td>Refugee and Migrant Service Program Officer</td>
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<tr>
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<td>Teacher Trainer</td>
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**Government Representatives and community leaders**

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<tr>
<td>Head of Education Department for Migration and Emergency</td>
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<td>Officer of Education Department for Migration and Emergency</td>
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</tr>
<tr>
<td>Head of Municipality</td>
<td>Local government</td>
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<tr>
<td>Deputy Mayor of Altnozu</td>
<td>Local government</td>
<td>Altnozu</td>
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<td>Provincial MoNE</td>
<td>Hatay</td>
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**Service Providers**

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</tr>
<tr>
<td>Psychologist</td>
<td>ASAM</td>
<td>Antakya</td>
</tr>
<tr>
<td>Seven female teachers</td>
<td>TEC Teacher training</td>
<td>Antakya</td>
</tr>
<tr>
<td>Four Male teachers</td>
<td>TEC Teacher training</td>
<td>Antakya</td>
</tr>
<tr>
<td>Five Female teachers</td>
<td>TEC Teacher training</td>
<td>Urfa</td>
</tr>
<tr>
<td>Six male teacher</td>
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<tr>
<td>School administrator</td>
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<td>School teacher</td>
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## Annex IV: Sites Visited

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<tr>
<th>Site</th>
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<tr>
<td>Non-Syrian Refugee Registration Centre</td>
<td>ASAM/UNHCR</td>
<td>Ankara</td>
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<tr>
<td>Market visit; the evaluation team observed e-voucher transaction</td>
<td>IOM</td>
<td>Hasba, Hatay</td>
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<tr>
<td>Altynozu community center and public laundry. Informal discussion with CC music, youth club and art courses instructors</td>
<td>DRC</td>
<td>Altynozu, Hatay</td>
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<tr>
<td>Visited 4 classrooms at the teacher training together with the Deputy Director of Hatay MoNE and Turkish TEC Coordinator</td>
<td>MoNE/UNICEF</td>
<td>Antakya, Hatay</td>
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<td>Visited 4 Child Friendly Spaces’ tents</td>
<td>Caritas/CRS</td>
<td>Kirikhan, Hatay</td>
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### Annex V: Program Information Table

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<th>Partner</th>
<th>Sectors</th>
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<th>Award value</th>
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<td>CRS</td>
<td>Education</td>
<td>Education and Protection for Syrian Refugees in Turkey</td>
<td>9/17/15 – 9/16/16</td>
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<td>9/17/14 – 9/16/15</td>
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<td>DRC</td>
<td>Health, Education</td>
<td>Support, Strengthen &amp; Sustain: Enhanced Protection Services for Displacement-Affected Communities in Turkey</td>
<td>9/30/15 – 9/29/16</td>
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<td>IOM</td>
<td>Emergency, Health, Education</td>
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<td>2014</td>
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<td>Funds provided against 3RP appeal (winterization, school transportation, emergency case management, food kitchen)</td>
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<td>UNHCR</td>
<td>Health, CBI</td>
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<tr>
<td>UNICEF</td>
<td>Education</td>
<td>Funds provided against 3RP appeal (prefab school support, back to school support, teacher training, incentives for teachers, NFI, hygiene items, basic needs, child protection)</td>
<td>02/13 – 03/14</td>
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<td>01/14 – 06/15</td>
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<td>01/15 – 12/31/15</td>
<td>$18,559,932</td>
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Annex VI: Country Context

The international community considers the Syrian Crisis to be the largest political, humanitarian, and development challenge of our time. Turkey hosts the largest refugee population in the world. Over 3.1 million refugees, including Syrian, Iraqi, and other nationalities, are registered in the country—more than 2.7 million of which are Syrian according to an inter-agency information sharing portal.

The Government of Turkey (GoT) has been the main responder to the refugee emergency since the onset of the Syrian crisis in 2011. The Disaster and Emergency Management Authority (AFAD), the government agency in charge for the emergency response to the Syrian refugee crisis, has built and manages a network of 26 refugee camps, where over 260,000 Syrian refugees have access to housing, healthcare, education, and psychological support. However, the vast majority of Syrian refugees live outside the government-built camps in urban and rural areas, in poor shelter conditions and with limited access to information, registration, and basic needs. Initially, Syrian refugees were concentrated in the southeastern provinces of Turkey, but the increased influx of refugees has led to the movement of Syrians inwards towards the central and western parts of Turkey in search of better opportunities.

Turkey is a signatory to the 1951 Refugee Convention. However, the country maintains a “geographic limitation” to the convention, limiting the prospect of long-term integration for refugees from non-European countries. Turkey has two different sets of asylum rules and procedures; one for a mass influx of refugee populations from Syria, and another for individually arriving asylum seekers originating from Iraq, Iran, Afghanistan, Somalia and other countries.

In April 2013, Turkey adopted a Law on Foreigners and International Protection (LFIP), which establishes a legal framework for asylum in Turkey and reflects the country’s commitment to humanitarian values and principles. Under the LFIP, the civilian Directorate General of Migration and Management (DGMM) under the Turkish Interior Ministry was created to take charge of building a full-fledged migration and asylum system, including refugee registration and status decisions. Under central government leadership, a field coordination structure was established at the provincial level, with the provincial governors taking the lead in field coordination with line ministries, AFAD, and DGMM.

Turkey implements a “Temporary Protection” regime for refugees from Syria, which is based on the LFIP and the Temporary Protection Regulations (TPR) of October 2014. The TPR provides Syrian refugees basic rights and the framework to access healthcare, education, and social assistance, as well as extends protection; however, it falls short of promising long-term integration and solutions for Syrian refugees seeking safety in Turkey. In January 2016, the GoT extended access to work permits to Syrian refugees under the TPR, albeit with restrictions. Refugees and asylum seekers from other countries of origin, including Iraqis, are under “International Protection” status. The government does not commit to providing shelter to refugees under IP; however, they are entitled to access to basic healthcare and education. DGMM implements a dispersal policy known as the “satellite cities,” under which IP refugees are designated a province where they are expected to stay on their own means until the end of their “international protection” proceedings.

The internal political and security situation in Turkey has deteriorated recently. The failed coup d’état attempt on July 15, 2016 by the rebellious faction of the military and clashes with police and President Erdogan’s civilian supporters resulted in the deaths of 265 people. Since the failed coup, Turkey’s government has conducted a massive purge in state structures and arrested thousands of suspected sympathizers in the military, security forces, justice and law enforcement systems, and media, and has removed many more from public jobs, including from the education sector. The focus of the crackdown has been anything related to Fethullah Gulen’s supporters and the Hizmet network of educational
projects. Turkey’s biggest cities have experienced a series of deadly terrorist attacks and bombings since the failed coup. The terrorist bombings have been blamed on ISIS and Kurdish militants.
7 See Annex II for interview protocols
9 See Annex III: List of people interviewed
10 See Annex II for interview schedules
11 Only two out of five partners provided the lists, but even those who were randomly selected were not interviewed. As the evaluation team was told, the randomly selected beneficiaries either were not available or had moved to another area.

12 Key Informant Interview, Senior Management, Caritas, Istanbul, September 7, 2016.
13 TEC aims to provide access to formal education to Syrian refugee children and provide instruction in Arabic by Syrian teachers, who deliver an adjusted version of the Syrian school curriculum. The lack of access to education for non-Syrian refugee children is also reflected by the 2014 MoNE Circular No. 2014/21 on “Education Services for Foreign Nationals,” which provides a legal framework for the coordination and supervision of these education centers by MoNE and permitted establishing TECs only for refugees under temporary protection, i.e. Syrian refugees. According to the circular Iraqi and other non-Syrian refugee children can be enrolled only in Turkish public schools, not TECs. Key Informant Interview, Coordinator, UNICEF, August 24, 2016; Key Informant Interview, Senior Management, UNICEF, Ankara, August 22, 2016.
14 Key Informant Interview, Team Leader, DRC, Antakya, Hatay, August 31, 2016. SNF is implemented under the objective 2 “Address Vulnerabilities of Syrian refugees through tailored assistance and services” of the two-year “Support, Strengthen and Sustain: Enhanced Protection Services for Displacement-Affected Communities in Turkey” PRM award. Source: DRC Project proposal, Continuation Application for Follow-On PRM Funding, pp. 1, 2, Updated January 2014.
15 Key Informant Interview, Management, IOM, Ankara, September 14, 2016
16 Key Informant Interview, Senior Management, ASAM, Ankara, August 23, 2016
17 Key Informant Interview, Management, ASAM, Istanbul, September 9, 2016
18 Key Informant Interview, Psychologist, ASAM MSC, Urfa, September 9, 2016
19 Key Informant Interview, Senior Management, DRC, Antakya, Hatay, August 31, 2016
20 Key Informant Interview, Social worker, UNHCR/ASAM MSC, Istanbul, September 8, 2016.
21 Key Informant Interview, Management, IOM, Antakya, Hatay, August 29, 2016
22 Key Informant Interview, Management, IOM, Ankara, September 14, 2016
23 Key informant interview, Senior Management, UNICEF, August 22, 2016
24 Key Informant Interview, Senior Coordinator, PRM, Ankara, August 22, 2016
25 Key Informant Interview, Management, DRC, Antakya, Hatay, August 31, 2016
26 Key Informant Interview, Senior Management, IOM, Ankara, August 24, 2016
27 During the mid-brief with PRM, the evaluation team was informed that PRM is already planning to conduct a meeting with all PRM-supported Turkey partners in the fall of 2016.
28 Key Informant Interview, Senior Management, Caritas, Istanbul, September 7, 2016
29 Key Informant Interview, Management, CRS, Ankara, August 24, 2016
30 Group Discussion, Syrian female, Caritas/CRS TEC, Istanbul, September 8, 2016
31 Group Discussion, Syrian female, IOM BNFs, Kirikhan, Hatay, August 30, 2016
The key concern among partners is that the future of cash assistance programming in Turkey will be affected by ESSN. Partners anticipate that the GoT may restrict their on-going cash-based initiatives. An additional concern among partners is that the ESSN scheme may create a lot of errors and gaps in covering the most vulnerable refugees, especially those residing in rural areas who do not have opportunity to self-refer and register at the established service centers. Another concern is that Syrian refugees will be prioritized over non-Syrian refugees. Interviewed cash experts were skeptical that ESSN will target the most vulnerable families because ESSN implementers will be selecting eligible families based on simple demographic criteria, not vulnerability criteria. This, according to experts, may create a gap in covering the most vulnerable refugee families. However, according to PRM, the ESSN scheme may actually improve collective well-being of refugees, and they could lift each other up because refugees tend to help each other. Also, PRM believes that anxiety among partners concerning potential restriction of their CBI is overstated. There is no indication on the Turkish government side of any potential restrictions; on the contrary, the GoT is looking for increased cash-based interventions.

The review of group discussion responses with female beneficiaries indicates that in male-headed households, the decision over spending cash is made by the man, while in female-headed households, it is made by the woman. More research is needed on this.

UNICEF started a pilot outreach project in Ankara by mapping districts with a high density of Syrian refugees in order to identify out-of-school children. According to key informant, UNICEF’s local partner, targets and reaches out to Syrian refugees through door-to-door visits and disseminates information about education opportunities. During house visits, enumerators, in addition to collecting background information, also gather data on factors...
preventing families from sending their children to school, and identify refugee interests in attending TEC or Turkish public schools and non-formal education.

56 Targeting beneficiaries in the CRS education program depends on the location and on the first-come first-serve model due to the limited space in TEC schools, lack of available schools buildings and limited funds to extend the service. CRS and its partner Caritas focus mainly on Syrian refugee children, with slight engagement of Turkish children in Child Friendly Spaces (Kirikhan) and Bridge Building activities of TEC. Identification of neighborhoods populated with a large number of Syrians for supporting existing or establishing new TEC was done through an assessment. Generally, UNHCR, IOM and other NGOs refer Syrian refugee students to Caritas and CRS-run education programs, and when school’s capacity does not allow the admission of new students, CRS refers refugee children to other schools.

57 DRC run community centers (CC) in Antakya and Altynozu are mainly designed to provide non-formal education and recreational services for Syrian refugees and open to host community regardless of vulnerability. Areas for establishing CCs are selected based on the density of the Syrian population. DRC conducts outreach activities through local community leaders, SMS messages and uses social media, like Facebook, to inform beneficiaries about upcoming activities and events. DRC also published a number of brochures in three languages depicting offered courses and activities in centers.

58 Emergency Case Management Guidelines, IOM Turkey, 2016

59 DRC started SNF activity at the end of 2013 targeting 400 SNF cases, cap amount 350TL; current target is 1000 SNF cases and the cap amount is 275TL per case. The distinguishing factor for SNF is that it targets protection need cases and has a cap on the amount of assistance. Source: Key Informant Interview, Team Leader, DRC, Antakya, Hatay, August 31, 2016

60 According to DRC, from the end of September 2015 to July 2016, CC received 15,589 calls for immediate interpretation, which exceeded the planned target of 11,000 calls

Key Informant Interview, Team Leader, DRC, Antakya, Hatay, August 31, 2016

Key Informant Group Interview, Case Management Team, DRC, Antakya, Hatay, August 31, 2016

Group Discussion, Syrian male, DRC CC BNFs, Antakya, Hatay, September 1, 2016

Key Informant Interview, Syrian female and male, Community Focal Points, DRC, Antakya, Hatay, September 1, 2016

Key Informant Interview, Clinical Psychologist, ASAM MSC, Istanbul, September 8, 2016

Key Informant Interview, Psychologist, ASAM MSC, Urfa, September 9, 2016

Group Discussion, Syrian female, IOM BNFs, Kirikhan, Hatay, August 30, 2016

Group Discussion, Syrian male, IOM BNFs, Kirikhan, Hatay, August 30, 2016

Key Informant Interview, Field Coordinator, Caritas, Kirikhan, Hatay, August 29, 2016

Key Informant Interview, Head of Office and Social worker, ASAM, Urfa, September 8, 2016

Individual Interview, Iraqi male, 34 years old, ASAM PSS BNF, Urfa, September 8, 2016

Group Discussion, Syrian female, Caritas/CRS CFS BNFs, Kirikhan, Hatay, August 29, 2016

Individual Interview, Iraqi male, 34 years old, ASAM PSS BNF, Urfa, September 8, 2016

Similarly, a conversation with three teenage boys while the evaluation team was waiting for permission from MoNE to visit teacher training in Antakya indicated the need to support catch-up classes for children who missed multiple years of schooling. As one of the boys reported, last academic year he was placed at local TEC to grade 9 even though he was lacking writing and reading skills. The entire year he failed his tests. As he said: “The teachers are good and they do their best to help, but because I missed four years of school I did not learn much. This year I will be placed to grade 3. I want to become a teacher. I am ready to attend 1st grade if it helps me to learn.”

70 UNICEF shared a good practice/example undertaken by the Kilis MoNE Director to better respond to the education needs of children who missed multiple years of schooling. Thus, Kilis MoNE designated one TEC school to teach children who missed 1-4 years of schooling. After these children catch up with the curriculum, they are transferred to regular TEC. According to UNICEF, this initiative seems to be working well and responding to the needs of children. Reportedly, this initiative was undertaken without MoNE Ankara’s blessing; therefore, Kilis MoNE Director is keeping a low profile and not sharing his approach. Source: Key Informant Interview, Emergency Field Coordinator, UNICEF, Antakya, Hatay, September 5, 2016

71 Individual Interview, Syrian female, 76 years old, IOM ECM BNF, Kirikhan, August 30, 2016
Currently, as reported, DRC is in the process of improving the feedback, complaint and response mechanism. Key Informant Group Interview, M&E staff, DRC, Antakya, Hatay, August 31, 2016

Meeting with Syrian female teachers during the MoNE teacher training at the Antakya Hazret Ayse Kiz Anadolu imam Hatip Lasesi school, Antakya, Hatay, September 5, 2016

Key Informant Interview, Head of Education Department for Migration and Emergency, MoNE, Ankara, August 26, 2016

PAP outlines the situation in education sector, challenges and possible solutions, provides statistics on the number of teachers, the number of enrolled and out of school children, as well as contributions of education actors. Key Informant Interview, Emergency Education Coordinator, UNICEF, Antakya, September 5, 2016

Thus, a UNHCR committee annually selects local partners based on a scoring system. The committee scores against partner selection criteria, which include strategic and protection priorities, technical capacity and ability, reliability, existence of a financial control system, etc. Key Informant Interview, Senior Management, IOM, Ankara, August 24, 2016

For the last 16 years, UNICEF has been operating in Turkey with a development mandate before the refugee crisis and has collaborated with MoNE and MoH for years. As an example, UNHCR described its contract with MoH to procure 12 ambulance cars: “After the tender and procurement process was completed and ambulance cars were purchased, a new MoH focal point informed UNHCR..."
that the ambulance cars were no longer needed. Frequent change of key government counterparts directly affects planning, consistent implementation, proper organization and coordination. “Source: Key Informant Interview, Health Program, UNHCR, Ankara, August 23, 2016

114 Key Informant Interview, Health Program, UNHCR, Ankara, August 23, 2016
115 UNHCR is in the process of identifying the interagency coordinator. Key Informant Interview, UNHCR team, Ankara, August 23, 2016
116 Key Informant Interview, Head of Office, UNHCR, Istanbul, September 23, 2016
117 Key Informant Interview, Program Manager, CRS, Ankara, August 24, 2016
118 Key Informant Interview, Education Program, UNICEF, Ankara, August 22, 2016
119 Ibid.
120 Key Informant Interview, Emergency Coordinator, UNICEF, Ankara, August 22, 2016
121 Key Informant Interview, UNHCR team, Ankara, August 25, 2016
122 Key Informant Interview, Education Department, UNICEF, Ankara, August 24, 2016
123 Key Informant Interview, Head of Office, UNHCR, Istanbul, September 23, 2016
124 Key Informant Interview, Program Coordinator, UNHCR, Caritas, Istanbul, September 7, 2016
125 Key Informant Interview, Education Project Coordinator, Caritas, Istanbul, September 7, 2016
126 Key Informant Interview, Education Project Coordinator, Caritas, Istanbul, September 7, 2016
127 Key Informant Interview, Field Coordinator, Caritas, Kirikhan, Hatay, August 29, 2016
128 Key Informant Interview, CC Team Leader, DRC, Antakya, Hatay, August 31, 2016
129 Ibid.
130 According to the interviewed cash specialist, there is a possibility that the mid-size markets may indirectly benefit from IOM’s recently started e-voucher program (multiple donor funds).130 However, more in-depth study is needed to measure the impact of voucher assistance on the Turkish economy.
131 Group Discussion, Syrian male, IOM ECM/NFI BNFs, Kirikhan, Hatay, August 30, 2016
132 Key Informant Interview, Education Program, UNICEF, Ankara, August 22, 2016
134 Key Informant Interview, Education Program, UNICEF, Ankara, August 22, 2016
135 Key Informant Interview, Provincial Deputy Director, MoNE, Urfa, September 7, 2016
136 Key Informant Interview, Provincial Director, MoNE, Antakya, Hatay, September 5, 2016
137 Key Informant Interview, Education Program, UNICEF, Ankara, August 22, 2016
138 Ibid.
139 Key Informant Interview, Field Coordinator, Caritas, Kirikhan, Hatay, August 29, 2016
140 Key Informant Interview, Syrian female, Animator, Caritas/CRS CFS, Kirikhan, Hatay, August 29, 2016
141 Key Informant Interview, Senior Management, UNICEF, Ankara, August 22, 2016
142 Key Informant Interview, Department of Migration and Emergency, MoNE, Ankara, August 26, 2016
143 Ibid.
144 Group Discussion, Syrian female, Caritas/CRS TEC BNFs, Istanbul, September 8, 2016
145 Meeting with Syrian female teachers during the MoNE teacher training at the Antakya Hazret Ayse Kiz Anadolu imam Hatip Lasesi school, Antakya, Hatay, September 5, 2016
146 Ibid.
147 Key Informant Interview, Senior Management, CRS, Antakay, September 2, 2016
148 Key Informant Interview, Manager, IMPR CC, Urfa, September 6, 2016
149 Key Informant Interview, Senior Management, DRC, Antakya, Hatay, August 31, 2016
150 Key Informant Group Interview, UNHCR team, Ankara, August 25, 2016
151 Key Informant Interview, Senior Management, ASAM, Ankara, August 23, 2016
152 Key Informant Interview, Head of Office, ASAM MSC, Istanbul, September 9, 2016
Turkish Public Education Centers (PEC) is a network of non-formal education training centers who are supervised by the MoNE. The objectives of PEC are to teach reading-writing skills, foreign and Turkish languages, help to continue education for adults and students to finish their incomplete education, balanced nutrition, life skills and other non-formal education opportunities that will help to generate income.

To the extent that PRS are served under Syrian programs as other vulnerable populations, as UNRWA is not included in this evaluation.

Source: Key informant interview with Emergency Response Coordinator, IOM, Ankara, August 24, 2016

UNICEF Turkey Final Progress Report to BPRM, February 2013 – March 2014

UNICEF Interim Report to BPRM, March 2015

This figure is a provisional amount, Consolidated Emergency Report, UNICEF

About the Syria Crisis, Regional Refugee and Resilience Plan in Response to the Syria Crisis 2016-2017: http://www.3rpsyriacrisis.org/crisis/


Turkish President Approves Law on Rights of Foreigners, TurkishPress, April 10, 2013: http://www.turkishpress.com/news.asp?id=383990

