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Decision number

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Start date

01/10/2021

Partner

CARE-AT

Submitted

23/03/2023

Agreement number

ECHO/TUR/BUD/2021/91001

Duration (months)

12 - 15 days

Partner type

NGO

Action title

Urgent Protection and Resilience Programme – Phase VI

1. GENERAL INFORMATION

1.1 Humanitarian organisation

CARE-AT

1.2 Title of the action

Urgent Protection and Resilience Programme – Phase VI

1.3 Time frame of the action

Start date 01/10/2021 **Duration** 12 months 15 days

1.4 Executive summary of the action

Building on previous ECHO-funded projects, the Action aims at strengthening the capacities of marginalized refugees in Gaziantep, Sanliurfa and Adana to identify, prevent, mitigate, and recover from age, gender, disability and diversity-specific protection risks and concerns.

A three-pronged approach is applied:

1. CARE will continue to disseminate protection awareness messages (result 1) related to registration, prevention of gender-based violence (GBV), child protection, and other relevant topics. Depending on the evolution of the pandemic, sessions may be held virtually or through a hybrid approach, and include messages on COVID-19 (prevention, vaccinations etc.). CARE will expand two pilot initiatives, Sports-for-Development and Young Women's Clubs, to reach children, youth and young women with age- and gender-specific messages.
2. CARE will also continue to provide protection services (result 2), including case management (CM), individual protection assistance (IPA for cases that do not require full CM), and Protection Helpline services (e.g. translation). CARE will tailor its CM methodology further to the requirements of child protection cases, and will promote evidence-based solutions for pressing child protection concerns.
3. CARE will further strengthen its role as a convener in the South-East Turkey response, with view to implementing a joint learning agenda to address key protection information gaps. The aim is to generate evidence for more effective protection services and joint advocacy.

While all will be offered information, women, girls, older persons, person with disabilities, LGBTI persons and others with specific protection-related vulnerabilities will be prioritized for service provision. In total, CARE will reach 16.500 refugees through protection outreach, and will provide 650 with CM services, 3.185 with IPA, and 650 with legal assistance. 10 organizations will benefit from enhanced coordination.

1.4.2 [FIN] Executive summary of the action's achievements

CARE's multifaceted protection intervention tailored to the needs of vulnerable women, men, boys, and girls empowered refugees and enabled their access to services. The Action improved the protective environment and well-being of beneficiaries, but also it reduced the duplication amongst service providers in Turkey. Throughout the Action, CARE reached 19,862 unique beneficiaries (F 15,256, M 4,606, PwD 245, and 22,170 indirect) in Gaziantep, Adana, and Sanliurfa, with prioritized services to people with specific needs, women, youth, children, and PwDs at risk, in line with ECHO's Protection Framework. Furthermore, the intervention continued to build resilience and inclusiveness and to contribute to a sustainable reduction in vulnerability amongst refugees in southeast Turkey.

Building on the previous ECHO-funded phases; the Action focused on building self-reliance and resilience of refugees, and enhanced awareness-raising through community-based outreach activities that strived to drive positive behavioural change in the target communities. Case management intervention used an internationally recognized six-step collaborative, client-focused approach including identification and registration of individuals. The project also provided legal protection services for vulnerable persons seeking legal advice, assistance and aid. Additionally, advocacy efforts promoted fundamental rights of persons seeking protection and asylum. CARE continued working to improve access to justice in a non-discriminative environment at legal authorities in

accordance with (inter)national laws and human rights.

1.5 HIP / Decision (if known)

ECHO/TUR/BUD/2021/91000

2. Project Data Overview by Country

Countries	Sectors	Total number of unique beneficiaries per sector		Total amount allocated to a sector	
		[RQ/MR] (last favourable data)	[FR]	[RQ/MR] (last favourable data)	[FR]
1. Türkiye	1. Protection	22.170	19.862	3.084.112,15	3.034.695,81
		Total		3.084.112,15	3.034.695,81

2.1 Geographical information

2.1 Country (1/1)

Türkiye

2.2 Places of intervention (optional for actions in a group of countries and for global actions)

Name of the place of intervention (or name of country in case of actions in "Group of countries")	Upper administrative level (province)	Lowest administrative level (district)	Type
Islahiye	Gaziantep	Islahiye	Both
Nizip	Gaziantep	Nizip	Both
Birecik	Sanliurfa	Birecik	Both
Eyyubiye	Sanliurfa	Eyyubiye	Urban
Haliliye	Sanliurfa	Haliliye	Urban
Seyhan	Adana	Seyhan	Both
Yuregir	Adana	Yuregir	Both

2.3 Information on beneficiaries
Please enter in the fields below only the estimated number of DIRECT beneficiaries.
A direct beneficiary is a unique individual directly benefitting from an action financed by DG ECHO.

2.3.1 Number of unique beneficiaries

Gender	[RQ/MR] (last favourable data)	[IR]	[FR]
Total	22.170	11.859	19.862
Female	13.302	9.609	15.256
Male	8.868	2.250	4.606

2.3.2 Number of unique beneficiaries by age and gender (data per gender compulsory at IR/FR stage)

Age	[RQ/MR] (last favourable data)			[IR]			[FR]		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
0 - 59 months	3.081	1.849	1.232	55	25	30	444	218	226
5 - 17 years	6.740	4.044	2.696	1.286	995	291	2.355	1.480	875
18 - 49 years	11.528	6.917	4.611	8.875	7.358	1.517	16.082	12.948	3.134
50 years and more	821	493	328	1.643	1.231	412	981	610	371

2.3.3 Number of unique beneficiaries with disabilities (included in 2.3.1)(data per gender compulsory at IR/FR stage)

Gender	[RQ/MR] (last favourable data)	[IR]	[FR]
Total	200	198	245
Female	125	125	149
Male	75	73	96

2.3.4 Number of unique beneficiaries by profile

Profile	[RQ/MR] (last favourable data)	[IR]	[FR]
Local population	0	30	41
Internally displaced	0	0	0
Refugees / asylum seekers	22.170	11.829	19.821
Other persons on the move	0	0	0
Returnees	0	0	0
In camp or camp like	0	0	0

2.3.5 Number of organisations directly targeted and benefiting from the action

Type	[RQ/MR] (last favourable data)	[IR]	[FR]
Local	6	6	8
International	0	4	0

2.4 Country (1/1) - Sector (1/1)

Türkiye

2.4.1 Sector

Protection

2.4.2 Places of intervention (optional for actions in a group of countries and for global actions)

- Islahiye
- Nizip
- Birecik
- Eyyubiye
- Haliliye
- Seyhan
- Yuregi

2.4.3 Total amount (for this sector)

3.034.695,81

2.4.4 Number of unique beneficiaries (in this sector) (data per gender compulsory at IR/FR stage)

Gender	[RQ/MR] (last favourable data)	[IR]	[FR]
Total	22.170	11.859	19.862
Female	13.302	9.609	15.256
Male	8.868	2.250	4.606

2.4.5 Transfer modalities (in this sector)

Modality	[RQ/MR] (last favourable data)		[IR]		[FR]	
	Amount	Unique beneficiaries	Amount	Unique beneficiaries	Amount	Unique beneficiaries
In cash	547.152,20	2.993	203.352,59	2.685	568.673,63	3.161
In vouchers	156.329,20	855	117.882,00	767	171.225,53	2.885
In kind	78.164,00	428	68.521,23	384	77.801,68	1.258

Non-allocated amount	2.302.466,75	1.297.574,90	2.216.994,97
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2.4.11 Number of unique beneficiaries (in protection sector) - data needed at IR/FR stage

	[RQ/MR] (last favourable data)	[IR]	[FR]
0 - 17 years old children	-	1.020	2.799

2.5 Eventual comments

Age brackets used for are 18-59 and 60+, in line with the disaggregation suggested by UNHCR for the response in Turkey.

The value for beneficiaries for "coordination" is indicated as 0, because the direct benefit of activities under this sector/result area is produced for response actors/organizations, not individuals.

Local organizations benefiting from this action/partnering with this action are Bar associations, legal clinics, Municipalities, Ministry of family and social services agencies: child monitoring centers (Çim), Violence Prevention and Monitoring Centre (ŞÖNİM), Social Assistance and Solidarity Foundations (SASF), Social service centers

2.5 [FIN] Eventual comments

The project achieved overall 19.863 unique beneficiaries, whereas the overall target was 22.170.

The total reached unique beneficiaries were counted: DIRECT IEC recipients + CM beneficiaries at age 11 years old and below + Legal beneficiaries are not shared with CM and not referred by PO. The direct IEC materials recipients include the beneficiaries above 12-year-old by CM/Legal intervention.

As a main reason of the under achievement, throughout the project implementation, a large number of the cases that were identified and supported were in need of multi-layered support, where they have benefited from a number of services to be able to mitigate/prevent and recover from the protection risks they were facing. Therefore, although the total number of services/activities provided met and even exceeded the targets, the total number of achieved unique beneficiaries was lower as CARE was very keen on providing all available support to identified cases, in terms of protection information dissemination where the field defines the focus of information (Rights and access to services awareness, including child-specific measures, sensitization campaigns, and risk awareness. This is related to the under achievement of the indicator3 under the Result2, and this contributed to the lower reached number of unique beneficiaries as the project whole.

CARE protection programming aimed at beneficiaries with disabilities involves a range of interventions, including case management. The case management approach is used to identify, assess, plan, implement, coordinate, monitor, and evaluate services and support for individuals with disabilities. This approach is person-centered and aims to ensure that individuals receive the support they need to achieve their goals and improve their overall well-being.

The disaggregated target during the proposal submission was the best estimates. 444 children under 5(0-59 months) reached were supported through either documentation; transferring or verification of TPIDs, accommodation, translation, and transposition fees for medical checks or appointments in terms of lack of access to services.

The reported host community members were shared by PDMs, SSCs, SASFs bodies along with refugee clients, who were identified as having similar protection needs, as such the host community members were identified as having limited access to protection services. Including a small percentage of only 0.08 per cent of the host community in the project can help to reduce tensions between refugees and host communities and it is consistent with the humanitarian principles to provide them with the same services. Moreover, by including members of the host community in the project, there may be an opportunity to build peaceful coexistence and strengthened partnerships with governmental bodies that can support ongoing protection efforts.

The Action supported 8 local organizations including Gaziantep PDMM and its Fight against Human Trafficking Coordination Committee, PDoFSS, SONİM, SASFs, SSCs, Bar Associations in Gaziantep, Sanliurfa, Adana, and Legal Clinics in Gaziantep and Sanliurfa.

3. Humanitarian Organisation in the Area

3.1 Presence in the area

CARE International has been responding to the Syrian Crisis since 2012. CARE's regional Syria response builds on the organization's work in the Middle East Region since CARE initiated its response to the Palestinian refugee crisis in Jordan in 1948. In Syria, CARE has been providing humanitarian assistance and protection services since 2013, first through cross-border operations from Turkey and today through a mix of direct implementation and remotely managed activities.

In Turkey, CARE has had permanent approval since 2013 to establish and maintain a representative office located in Gaziantep. CARE is currently registered to implement activities to provide support to the refugee population in Gaziantep, Hatay, Kilis and Sanliurfa provinces. As of early 2021, CARE received its official approval to expand its work in Adana, based on identified response gaps.

CARE has been implementing a multi-sectoral response focusing on protection, basic needs, and economic empowerment in Turkey since 2014, and has developed working relationships with governmental authorities for permissions to operate as well as cooperation at the local level from municipalities. CARE has empowered 600,000 + Syrian refugees in Turkey through its refugee program, of which 308,247 are women and girls. Key achievements:

- 239,557 Refugees Protected: Through greater access to critical information on protection, rights and services through outreach and community support structures. CARE's protection outreach work is grounded in its network of Information Protection Spaces (IPSS). These are accessible, multi-purpose spaces used for registration for CARE's services, provision of information, awareness-raising sessions by CARE, drop-in consultations with caseworkers, and consultations with lawyers. As a result of innovations from the COVID-19 social distancing restrictions, CARE added e-learning to disseminate protection messages directly to the refugee community.
- 211,508 Refugees Enhanced Resilience: Through meeting their basic needs through monthly, one-off and, or time-bound assistance. CARE contributed to meet urgent basic needs, restoring human dignity and strengthening the protection of vulnerable refugees in Turkey
- 120,785 Refugees Sheltered: Through reduced risk of protection threats and improved safety and dignity for Syrian refugees and host communities. CARE has been using a tenant-centered approach and cash-for-shelter modality for the household level activities under this objective.
- 19,210 Refugees Self-reliant: Through improved access to essential basic services and reduced reliance on negative coping mechanisms through the provision of individualized protection support. Through CARE collaborative and client-focused approach, aimed at empowering (by focusing on survivors' needs, issues and goals together with their strengths and resources) and working with survivors to address their needs and achieve their goals effectively.
- 6,522 Refugees Economical Empowered: Through improved employability and increased self-reliance. CARE provides multiple services which foster growing micro-enterprises, including loans, developing personal agency, and life skills.

To enhance effectiveness, outreach, and impact of its programming, CARE is taking a proactive approach to humanitarian coordination and was the first NGO to assume leadership roles in inter-agency coordination structures (see section 11.1 for further details).

CARE's Regional Syria Response is advised and supported by a regional team for the Middle East and North Africa based in Amman as well as emergency and technical capacities from across CARE International, e.g. the Shelter, WASH, Food Security and Livelihoods, Gender, and SRH as well as a Rapid Response Team that can be activated to support operations at short notice.

3.2 Synergies, links, complementarity with your other actions

The proposed Action contributes directly to the implementation of CARE's 2020-2021 Programme Strategy for Turkey (annex 4), which is designed to ensure families affected by conflict and/or displacement can access basic and social services, meet their basic needs and ultimately become self-reliant; mitigate protection risks and negative coping mechanisms; and participate in economic and social life in dignity.

As the sixth in a series of ECHO-supported proposals, the current Action ensures that essential protection information and services funded under ECHO/TUR/BUD/2020/91009 and complementary donor contracts, remain available to refugees in Gaziantep and Sanliurfa provinces. At the same time, it addresses identified gaps in the protection response in South East Turkey. First, CARE plans to expand operations in Adana, where currently services and support are insufficient to address protection-related needs, given the high number of refugees in the province and their scatteredness across urban and rural locations. Second, the Action will build evidence on and strengthen the response around child protection concerns, with a focus on children's exploitation for begging.

The proposed Action will complement protection services, and shelter/WASH and women's economic empowerment support that CARE has been providing since 2017 with funding from the US Government Bureau for Population, Refugees, and Migration (PRM). The pooling of ECHO and PRM funding for protection information and service provision ensures greater coverage of the population in need of such support, while ensuring cost-efficiency, e.g. by sharing office and centre infrastructure. Double-funding is avoided by the stringent use of individual case identification numbers. 10% of PRM resources are allocated for services to host community members, thus ensuring ECHO-funded support can be focused on refugees, while host community needs are also addressed under CARE's wider protection programme. The shelter/WASH component implemented with PRM funding has provided a critical entry point for CARE to build stronger relationships with municipalities in Gaziantep and Sanliurfa, and increased access to vulnerable households for the provision of other services, including protection support.

Capacity building for local NGOs, in particular women's organizations, around protection programming as well as human resource management, project cycle management, financial management, fundraising, and security, will contribute to strengthening local response capacities.

CARE also plans to expand its PRM-funded activities in Adana, starting from September 2021, one month before the start-date of ECHO-funded activities. This facilitates the roll out of ECHO-funded activities in Adana, since the proposed Action will be able to utilize organizational presence and office infrastructure established with PRM-funding.

CARE will also closely coordinate/collaborate with other relevant actors and programs in the delivery of services (e.g. cross-referrals, see result 2) as well as learning and advocacy (see result 3), leveraging complementary technical expertise, resources, outreach to target communities and stakeholder relationships/networks. For direct service provision, the aim is always to facilitate refugees' registration (where necessary) and access to government services and/or the Emergency Social Safety Net (ESSN) and Conditional Cash Transfer for Education (CCTE) programs. Where material assistance is provided, it complements the ESSN and CCTE programs.

Finally, the current Action is fully aligned with and contributes to the realization of the strategic objectives of the Regional Refugee and Resilience Plan (3RP) for the 2021-2022 period, in particular with regards to contributing to the protection of Syrians under temporary protection and promoting self-reliance, social cohesion and solutions.

3.3 [FIN] Report on synergies

The Action was implemented in accordance with CARE's 2020-2021 Programme Strategy for Turkey. Under this strategy, CARE ensured the synergy with its sectoral programs including BPRM funded protection, livelihoods and shelter intervention, in providing services to vulnerable refugees and improving their resilience. Furthermore, case management, in particular the referral services to ESN collaborated with other programs and projects. CARE strategy created aligned interventions (such as internal referrals, holistic support) to provide long-term support in targeted locations, avoiding duplication. The Action complemented the services provided through its BPRM project, such as Shelter/WASH and Women's Economic Empowerment. The pooling of ECHO and PRM funding for protection information and service provision ensured greater and sustainable coverage of the population in need of such support, while ensuring cost-efficiency. The Shelter/WASH component implemented with PRM funding, which included upgrading the communal spaces, municipal buildings and schools. This intervention created opportunities and channels to local authorities including municipalities, so CARE Protection team could build and strengthen the relationship, and increase access to vulnerable households for the provision of protection support such as well-established referral pathways.

In terms of legal services, the synergy with BPRM funding was ensured through the application of court judgments which were also used for the cases being followed under this project. Court decisions made under this project were also shared with Bar Associations, Legal Clinics and Legal Counsellors Group in order to extend the grounds for collaboration and common action.

4. Needs Assessment and Risks Analysis

4.1 Assessment dates and methodology

In preparation of the development of the current Action proposal and with view to reopening operations in Adana, where CARE already responded in 2016 with ECHO funding, CARE conducted a rapid, multi-sectoral needs assessment in Adana province in February 2021, with primary data collection taking place between February 10 and 19. See annex 2 for the Adana Needs Assessment report.

The analysis was based on review of secondary information as well as primary data collection collected from representatives of government entities, (other) service providers, and community leaders. Data from key informant interviews were complemented with information gathered through desk review of relevant secondary data and reports, including I/NGO reports and UN reports, Turkish government websites, and presentations done by organizations in the working group meetings

The main objectives of the assessment were

- To identify the needs and vulnerabilities among refugee communities in Adana regarding access to social services, protection and legal concerns, basic needs and livelihoods, and social integration as well as COVID-19;
- To identify the services provided by public institutions and NGOs as well as gaps in service provision;
- To develop recommendations for CARE's response with view to providing inclusive and dignified assistance that respond to the needs of women, girls, men and boys from Syrian refugee and host communities in Adana.

A total of 17 KIIs were conducted with five governmental authorities including municipalities, four UN agencies, two INGOs and six NGOs, providing services to women (e.g. Woman Solidarity Center of Seyhan Municipality) and marginalized groups among the refugees such as those with nomadic backgrounds, persons living with HIV/AIDS and LGBTI persons. In addition, KIIs were conducted with community leaders aged 23 to 63 years. They were selected based on their through, first-hand knowledge about the refugee community in Adana.

For Gaziantep and Sanliurfa, data from the following CARE reports were used in the planning of the proposed Action:

- Coping Strategy Index (CSI) Report, Gaziantep – February 2021 (see annex 5a): Data was collected from 962 CM clients from Syria (936, 97%), Iraq (2), Afghanistan (1), and Turkey (23 – host community) between February 2020 and January 2021. They were asked the following question: "In the light of recent economic development in the country, did your household have to employ any of the following strategies to cope with financial difficulties, in the last 3 months?" (list provided).
 - CSI Report, Sanliurfa – February 2021 (see annex 5b): Data was collected from 1,103 CM clients from Syria (1088, 99%), Iraq (14) and Turkey (one host community member).
 - ECHO IV, Knowledge, Attitudes, and Practices (KAP) Endline Survey – Gaziantep and Sanliurfa, March 2021 (see annex 11): The KAP survey covered urban refugees in two provinces, Gaziantep and Sanliurfa in Turkey. Data was collected through interviews with men and women refugees by CAs with support from M&E and PO Teams in Refugee Response of CARE in Turkey. Data collection was conducted between January 13 and 22, 2021. Based on a 95% confidence level and 5% margin of error, a sample of 391 participants was calculated (total population of 43,000). CARE used purposive sampling technique, selecting fixed family members and other community members who benefited from the PO sessions and activities. Fixed family members are community members identified by CAs in the beginning of the project who participate in entire PO awareness raising sessions disseminated by CAs and other community events organized by PO Team, during the course of the project life. The majority of survey participants were fixed family members (148 in Gaziantep and 243 in Sanliurfa).
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4.2 Problem, needs and risk analysis

With a total refugee population of 4 million, Turkey hosts the highest number of refugees in the world. More than 3.6 million are registered Syrian refugees and close to 320,000 are refugees or asylum seekers from other countries (UNHCR Turkey Operational Up-date, January 2021). Gaziantep (450,507 registered Syrian refugees), Sanliurfa (422,106 Syrians) and Adana (252,968 Syrians) are among the five Turkish provinces that host the highest numbers of Syrian refugees (Directorate General of Migration Management). Adana is unique when it comes to different type of refugees it hosts: urban refugees, camp residents, and Syrian refugees living in tented settlements close to the agricultural sites where they work – all presenting specific vulnerabilities.

The refugee crisis is increasingly politicized which creates significant protection risks for refugees. In 2019, the GoT ordered all refugees to return to the city of their first registration. The aim was to (a) identify those who illegally crossed into Turkey or never had the chance to legally register, and (b) reduce the growing number of refugees in Istanbul and other major cities. As a result, many have voluntarily or forcibly returned to South-Eastern (less advantaged) border areas, where they live in slum-like conditions and face difficulty in accessing livelihood opportunities and critical social services. In South-East Turkey, social services are overstretched, and anti-migrant sentiments are on the rise, often erupting in clashes. Inherent to the refugee status are protection concerns related to documentation and legal registration. Women, youth, children, people with disabilities, and LGBTI people face additional protection concerns, in particular those related to violence that exploits their specific vulnerabilities, including GBV. As the length of displacement increases and economic burden rise – exacerbated by the pandemic - many refugees also adopt negative coping mechanisms. According to CSI data, refugees in Gaziantep depending mainly on “Debt with relatives/friends” (55%), “Debt with shopkeepers/pharmacy (48%) and “Reducing expenses on basic needs items” (CARE, Gaziantep CSI Report, 2021, annex 5a). Refugees in Sanliurfa said they mainly depend on “Reducing expenses on food” (68%), “Reducing expenses on basic needs items” (60%), and “Debt with relatives/friends” (CARE, Sanliurfa CSI Report, 2021, annex 5b).

Some families are also forced to adopt strategies with particularly negative protection outcomes including child, early and forced marriage (CEFM), child labour, begging, and informal and unsafe employment. CARE’s Adana assessment (annex 2) identified key concerns around child labour, e.g. solid waste collection, agricultural work, as well as (exploitation for) begging. Other child protection concerns identified include CEFM (in particular of girls age 15 and below), unaccompanied or separated minors (mostly aged 15-17), and lack of access to education, especially for children in agricultural settlements and children with disabilities. Socio-economic deprivation and reliance on negative coping strategies, e.g. children begging, also increase vulnerabilities vis-à-vis exploitation and trafficking (US State Department 2020 Trafficking in Persons Report). Harmful cultural traditional practices, including depriving women and girls of their freedom to move, in combination with the lack of livelihood and self-reliance opportunities, perpetuate risk particularly for women and girls and limit their access to services and assistance. With language barriers and a lack of reliable information on and access to rights and assistance systems, refugee women and girls face ever-present protection, abuse, and exploitation risks. CARE’s needs assessment for Adana identified important concerns related to GBV, including CEFM and domestic violence, with girls and women living on their own, e.g. as single mothers, most affected. Different forms of GBV are reported to be more prevalent among seasonal agricultural migrant workers living in informal tented settlements, where they lack suitable space for sleeping and privacy. In a KAP survey conducted in Gaziantep and Sanliurfa, 89% of the respondents said that the father had the main responsibility for deciding when and how a girl gets married. The majority of respondents considered the effects of early marriage on a girl’s education, physical health, happiness and safety as mostly negative. However, around one third of them considered the effect on the parents as mixed or mostly positive, indicating that a considerable share of the refugee population considers early marriage a legitimate option to reduce a family’s care responsibilities (CARE, KAP survey, 2021, annex 1). COVID-19 pandemic has exacerbated socio-economic deprivation, reinforced stressors and other factors that contribute to GBV and domestic violence, reduced individual and community capacities to mitigate and respond to protection concerns, and reduced access to information, services and assistance for at-risks individuals and survivors. The suspension of school-based education and economic hardship has further increased the vulnerability of children for having take-up or being forced into these types of work. Agency representatives interviewed in Adana also highlighted a surge in domestic violence rates during lockdown periods. Barriers for refugees to access services include lack of information about available services and distance to service providers (in particular, for refugees living outside of the urban areas). For refugees in urban areas, CARE’s assessments have identified numerous gaps in access to essential services such as education, health care and legal support, in particular for those residing in the outskirts of the cities. They also found that refugees often have insufficient access to information on available services, risk mitigation approaches, and other pieces of information that can help them mitigate and address protection concerns in the specific context. Language barrier is another important factor limiting access to services, as many services are available in Turkish and/or Arabic only, preventing refugees that speak other languages, e.g. Farsi, from accessing services. CARE’s assessment and programming experience also identified important gaps in terms of availability of services. In Adana, due to the high number of refugees living in the province and their dispersion across rural and urban areas, available services are insufficient to meet refugees’ multi-sectoral needs. For instance, Women Solidarity Centre, Seyhan Municipality, is the only actor in the province that provides specific services for women and girls, and there is only one entity, SONIM (Centre for Prevention and Monitoring Violence) that provides specific services for GBV survivors (in collaboration with the Adana Bar Association). SONIM runs five women’s shelters, but the capacities are insufficient to cater for protection needs of a population of 2,2 million inhabitants. SONIM and the Bar Association collaborate to provide legal services, but those are not available in refugees’ native languages. Similar gaps have been identified for Gaziantep and Urfa; for instance, some municipalities lack women’s shelters. Legal assistance for GBV survivors is also hampered by the fact that the Bar Association’s legal aid budget covers only attorney fees, but not court expenses and trial fees. Finally, it is a concern that refugee support services often focus on Syrians while the needs of other refugees, e.g. those from Iran, Afghanistan or Iraq are overlooked, compounding existing vulnerabilities.

Update on the Needs assessment for the Modification Request - please see Annex A.

4.3 Response analysis

To respond to key protection concerns identified above, CARE will continue to (1) apply a community-based protection outreach approach; and (2) provide services to persons at-risks/affected by specific concerns. While the core activities proposed form a continuation of previous ECHO-funded interventions, several new features and changes in the methodology are proposed in response to developments in the context (e.g. the COVID-19 pandemic and the evolving policy and legal framework) as well as key identified gaps (e.g. related to child protection):

- Increased focus on pressing child protection concerns: CARE will adapt its case management methodology to cater specifically for child protection cases in the local context in South-East Turkey and promote this methodology among relevant actors.
- Expansion of youth and child-focused programming pilots: CARE will expand the Sports-for-Development initiative for both female and male children and youth, and the Young Women’s Empowerment Club for young women launched under the current ECHO-funded Action (ECHO/BUD/2020/91000). Both activities aim at enhancing the awareness of young refugees around key protection concerns, and their access to reliable, up-dated information on protection-related topics that are of key concern to

their specific age/gender groups. Sports-for-Development activities are facilitated by young community volunteers (Young CAs) and are designed to provide low-threshold access to information and awareness raising messages to children and youth. Young Women's Empowerment Clubs provide safe spaces where young women can obtain reliable information about more sensitive topics such as SRH and life skills, including self-reliance and negotiating within the family and community. Annex X for details and Impact.

- Expansion of programming to Adana: given a high number of refugees in Adana and their scatteredness across urban and rural locations in the province, service gaps exist, in particular with regards to protection. CARE thus proposes to re-open service provision in Adana, where CARE already responded in 2016 with ECHO funding.
- Strong investment into coordination: CARE will further strengthen its efforts to facilitate coordination among protection response actors at all levels, to facilitate the implementation of a joint learning agenda to address key information gaps that hamper the effectiveness and relevance of the response. The evidence thus generated will then support response actors to (a) refine response services and methodologies, and (b) advocate for an enabling, rather than restrictive policy and legal environment.
- Adaptations in light of the COVID-19 pandemic situation: enhanced protection outreach with additional E-learning technology; tele-counselling on protection issues (especially on registration, temporary and international IDs and access to services); provision of current and reliable information on COVID-19, mitigation measures, vaccinations etc. Both methodologies and focus of information and service provision will be adapted as the pandemic situation evolves, with view to facilitating refugees' access to protective measures, including vaccines, and to support post-pandemic recovery through linking refugees with resilience-building support.

In addition, CARE will continue implementing the core elements of protection outreach and service provision:

Protection Outreach (PO): During the start-up phase, CARE's Protection Outreach (PO) team will develop an awareness-raising plan, detailing the intended audiences, messages, and methods. CARE will be recruiting CAs and train them on community awareness raising on rights, protection, and legal services. Topics include: psychosocial support, parenting skills, GBV, CEFM, child labor, and other child protection concerns. They will then deliver awareness raising messages through individual and group sessions in targeted areas through a community-based protection approach. Community members with disabilities are identified and referred to the Case Management-Basic Needs and Women's Economic Empowerment teams based on their needs for specific tailored support. CARE will also organize community events and campaigns around key protection concerns, e.g. during 16 Days of Activism against GBV, World Refugee Day, and International Women's Day to maximize community coverage with protection messages. The detailed planning is informed by Post-Activity Monitoring (PAM) for previous PO activities (see annex 9 a for Gaziantep, and annex 9 b for Sanliurfa).

Protection service provision: CARE provides comprehensive, tailored protection services to persons at-risk of/affected by specific protection concerns through (a) Case Management (CM), (b) Individual Protection Assistance (IPA), (c) a Protection Helpline and (d) legal assistance, advice, and referral. CARE has highly developed standard operating procedures (SOPs) (see annex 5) for addressing protection cases.

Cases are received through referrals from different CARE program sector teams, other response actors, or community members, including CAs through the Protection Helpline (see annex 6 for Protection Helpline satisfaction data); some persons at-risk/affected by protection concerns may also self-refer through the helpline or as IPS walk-ins.

CARE uses an internationally recognized comprehensive, six-step case management model: (1) identification and registration of individual/case, (2) assessment of specific needs, (3) development of individual case plan with time bound and measurable objectives, (4) implementation of case plan, (5) follow up and review, and (6) case closure. CM is a collaborative and client-focused approach, aimed at empowering (by focusing on survivors' needs, issues and goals together with their strengths and resources) and working with survivors to effectively address their needs and achieve their goals. CARE's case managers follow-up with each beneficiary until the case has found a sustainable solution, and refer cases to other I/NGOs, UN agencies and statutory services with different needs such as mental health and psychosocial support services, and coordinate with local authorities like Ministry of Family, Labor, and Social Services (MoFLSS) for GBV and CP cases, with UN agencies for voluntary repatriation, and with the Directorate General of Migration Management (DGMM) for Temporary Protection Identification (TPID) obtainment and verification. The detailed planning is informed by PAM for CM provided under ECHO IV (see annex 8a for Gaziantep, and 8b for Sanliurfa).

IPA is a process applied for cases that require a one-time intervention or to meet one main protection outcome (responsive or preventative) that requires limited follow-up. For example, this may include access to a specific service (including documentation/registration under Temporary/International Protection) that would ultimately improve their protective environment and wellbeing for the client.

CARE offers legal counselling and assistance, e.g. on refugee status, divorce, child custody, and similar family law issues. These are provided by CARE's lawyers, who are licensed in Turkey. Where necessary, cases are referred to legal assistance by lawyers allocated through the Bar Associations.

IPs are accessible, multi-purpose facilities used for registration for CARE's services, information provision, awareness-raising session, drop-in consultations, and legal consultations. See annex 7, IPS satisfaction survey reports.

Update on the Response analysis for the Modification Request - please see Annex A for details on how savings will be spent and the action response adjusted.

4.4 Have you assessed this project as entailing data protection risks?

No

4.4.1 Details of risk mitigation measures, including details of any planned Data Protection Impact Assessment (DPIA)

CARE Turkey has not yet conducted a formal DPIA, but in early 2020, the organization initiated a Data Protection Compliance Project, with the aim of ensuring full adherence to Government of Turkey regulations. According to current measures in place, CARE may process and use Personal Data only to perform its obligations under a specific funding agreement and is bound by confidentiality obligations. CARE may not disclose, transfer, sell, rent or lease Personal Data to anyone or across any national border. CARE reserves the right, at its sole option, to enter into additional confidentiality agreements directly with subcontractors in order to ensure adequate protection of Personal Data and comply with any applicable laws.

Security measures are in place:

- CARE is implementing a comprehensive information security program.
- A comprehensive data management & data security protocol has been drafted and put in force.
- All Personal Data is kept in strict confidence, using such degree of care as is appropriate to avoid unauthorized access, use, disclosure, destruction, processing, loss, theft, or alteration of Personal Data
- CARE Turkey is implementing all technical, physical, administrative, environmental, safety and organizational measures which are appropriate to protect Personal Data from unauthorized access, use, disclosure, destruction, loss, theft, or alteration.
- CCTV camera notifications put in appropriate/visible locations

Data Storage

- External disks/storage areas are not allowed. If the use of such areas is necessary, then the uploading is allowed only from certain computers, and such transfers are made to authorized and encrypted disks only.
- In CARE Turkey the personal data stored in the cloud is thoroughly known, backed up, synchronized, and checked with two-step authentication for remote access when necessary.
- CARE is encrypting all Personal Data at all times, including when such data is at rest, transmitted over any public networks, transmitted wirelessly, or transmitted beyond Supplier's physical or logical controls, or when stored, including on any laptop or other portable or removable media or device.

Authorization to Access Personal Data

- The data center is located in a place with strong physical security and access is limited.
- An authorization matrix is established and access to all data is provided in that document.
- A data life cycle is established for the data held in the digital format.
- A centralized log management system is established; all logs are monitored and kept in such a way that they cannot be modified.
- All users are standard users. Only the IT team has admin permission. The operations of the IT team, who are able to access unmasked personal data, are logged in a separate table, and followed-up accordingly and to prevent modifications on the database records by keeping the activity records in a different database for monitoring.
- Clean desk clean screen policy put into action.
- Data processing agreement signed with all external bodies

Beneficiary Data

- Data privacy notification has been added to beneficiaries regarding red-flag issues.
- Data privacy notification added to Whatsapp complaints.
- Training announcements through SMS and/or Whatsapp are partly avoided OR in such cases, a clause regarding such electronic notifications is included to privacy notices and explicit consent of attendees are obtained. Privacy notices are made to the beneficiaries before processing their personal data.
- Retention period of non-eligible beneficiary data is minimized
- Retention period for assessment forms is determined and assessment forms are destroyed on a regular basis
- Data processing agreement are in place for inter-agency referrals

4.6 [FIN] Report on needs assessment

CARE conducted a KAP Survey Endline Report in Adana in September 2022 (Annex1). The main findings of the assessment are presented under Activity 1.1.

5. Beneficiaries

5.1 Beneficiaries - identification criteria

In each of the three proposed provinces, locations with high unaddressed protection needs and protection service gaps have been identified as project locations, based on CARE's current programming, KAP surveys, and gap analysis.

CARE aims to reach the largest number of refugee households in the prioritized neighborhoods with protection information given that protection risks and vulnerabilities may affect all residents. CM and IPA will primarily be available for persons at-risk/survivors of GBV, children affected by protection concern, persons threatened with eviction, exploitation and/or without temporary protection identification (TPI) documents, and persons at risks of/affected by other rights violations. Specific focus will be given to ensure barriers to information and service provision are reduced for women and girls, LGBTI persons, persons with disabilities, and seasonal refugee workers that may be unaware of their rights and available services in the areas where they temporarily reside.

For the identification and prioritization of protection cases, CARE's CM and IPA team follows standard operating procedures (SOP for Case Management and IPA, see annex 5). Protection cases may be identified through CARE's Protection Hotline or CAs, they may be referred from other CARE Programmes or external service providers, identified or they present themselves as "walk-ins" at CARE's Information & Protection Spaces (IPS). The CM and IPA team uses a Protection Risk Analysis approach to determine the eligibility and urgency of a case. For persons with specific vulnerabilities such as LGBTI persons, persons with disabilities, and older persons a specific detailed case assessment is conducted and used by team throughout the CM process. Individuals/households that are not eligible for either CM or IPA are provided with feedback within five working days.

The following measures are taken to ensure that persons with specific vulnerabilities have equitable access to CARE services:

Under the proposed Action, only Syrians under Temporary Protection (SuTP) and other International Protection (IP) holders and applicants in Turkey will be eligible. Turkish citizens and other host community members identified will be referred to components of CARE's Protection Programme funded from other donor sources such as PRM.

CARE CM program has existing service maps for Gaziantep, Kilis and Sanliurfa, which will be updated regularly. The existing services maps for each target location a service mapping document is developed to capture the available services in the area including names of service providers/organizations, eligibility criteria, contact info, opening hours, how to access the services or how referrals are made. A service mapping for Adana was produced as part of the preparations for this Action proposal (see annex 2– Adana assessment report).

5.2 Involvement of the beneficiaries in the design of / and in the action

The project design is based on an assessment conducted for relevant locations in Adana province, and endline/baseline data from previous/on-going projects. In all cases, data collection uses participatory elements, in particular FGDs conducted with different sex-age-groups, that ensure that the different protection concerns as well as barriers to access information and services are addressed through the project design. In addition, during the start-up phase, a knowledge, attitudes, and practices (KAP) survey will be conducted to ensure that the information and services provided responds to the real protection concerns of the target population in the specific project locations.

Design and adjustment of specific activities and services also take into consideration the experience obtained through on-going programming, and, in particular, feedback received from CAs and Community Steering Committee (CSC) members, who are refugees themselves, and thus form an important "interface" between CARE and the target population. CAs, who have gone through the full training curriculum, and who have been engaged with CARE activities for at least six months and have been very active, are selected to be CSC members. CSC members will also continue to advise CARE in the adaptation of information and service provision to ensure relevance and maximum community outreach.

Throughout the project implementation period, beneficiary and community feedback is collected through monitoring of project activities (such as projection information provision, CM and IPA services, etc.) site visits, post-activity monitoring (PAM, see annexes 8 and 9), satisfaction surveys (see annexes 6 and 7) and CARE's feedback and complaints mechanism (see section 9.1 for details). Complaints/feedback comments are documented and followed up by relevant CARE departments.

5.3 Does the proposed action provide a specific targeted response for groups or individuals with specific vulnerabilities? Yes

5.3.1 If yes, please select up to 4 relevant groups/vulnerabilities

Adolescent girls and boys - Persons with disabilities - Minorities / Marginalised diversity groups - Other

5.3.2 Provide details on the targeted groups and on the specific responses tailored to their particular need.

Women suffer the worst consequences of protection concerns, in particular different forms of GBV inside and outside the home. Most female respondents (69%) in CARE's 2020 Rapid Gender Analysis (RGA) (see annex 7) reported that violence/abuse outside the home including sexual, physical, economic and emotional violence is the biggest security concern, followed by harmful traditional practices (39%).

In the context of the COVID-19 pandemic, protection risks for women seem to have increased. In CARE Turkey's COVID 19 Impact Assessment (May 2020, see annex 8), 82% of those surveyed reported an increased violence in the home, and 61% reported increased intimate partner violence. Women with disabilities can be up to four times more likely to experience IPC (GBV Area of Responsibility, Disability considerations in GBV programming during COVID-19). Women's access to public spaces, information, and services has decreased due to stay-at-home measures, increased childcare responsibilities, reduced social interaction and closer oversight by male family members.

Risks around SHEA have also increased, given the high demand for services and the presence of new responders who may be unaware of humanitarian do no harm principles.

Adolescent girls and boys are at risk of child labour, exploitation for begging, CEFM, and being separated from parents or other caregivers. During the pandemic, a reduction in services for at-risk children and potential separation from caregivers has increased the risk of SHEA. Access to education significantly decreased as many refugee families lack the technological equipment for online learning. Exacerbated by the economic crisis, this has prompted some refugees to adopt negative coping mechanisms, including child labour and CEFM. Extended periods of pandemic-related restrictions on education and social interaction have also had negative effects on children's psychosocial well-being. Bullying at school has significant negative effects on children's capacity to develop a sense of belonging, reduces their self-confidence and may eventually lead to drop-out.

Due to language barriers and traditional conservative ideas, many adolescent girls and boys lack reliable information about SRH. This may result in serious physical and mental health issues particularly for adolescent girls.

Safe spaces for adolescent girls and young women are absent in many communities; context of the pandemic, mobility constraints have increased for adolescent girls, further limiting their access to relevant services and information (CARE, Regional RGA, June 2020, annex 7).

Persons with disabilities: Evidence suggests that the prevalence of disability among refugees is above the 15% WHO's global estimate, given long-term consequences of injuries and the mental health impact of war and displacement. Refugees with disabilities are among those struggling most and face increased protection risks. CARE uses a 24% target for inclusion of persons with disabilities.

Physical, communication, and attitudinal barriers prevent many to access services and creates dependency on family members and other support persons (IDS, 2018). Persons with disabilities or their family members also face social stigma, impacting their service access and participation. Refugees with disabilities are eligible for the ESSN (plus a disability top-up for severe cases), but eligible

individuals may lack awareness or information to apply.

LGBTI persons: In the political and social context in Turkey, and the refugee communities themselves, refugees that are LGBTI persons experience multiple forms of discrimination, violence, and denial of rights. These are exacerbated by the fact that due to the sensitivities around sexual orientation in the public, services cannot be publicly announced as addressing the protection concerns of LGBTI persons specifically.

5.3.3 [FIN] If yes, please select up to 4 relevant groups/vulnerabilities

Adolescent girls and boys - Persons with disabilities - Minorities / Marginalised diversity groups - Other

5.3.4 [FIN] Update on the selected groups and/or vulnerabilities

The selection criteria were based on priority needs and level of risk and vulnerability identified using a Protection Risk Analysis approach to determine threats and identify factors that can increase risk. For persons with specific vulnerabilities including adolescent girls and boys, persons with disabilities, minorities/marginalized groups such as LGBTI persons, a specific case assessment was conducted and used throughout the CM process. These groups faced additional challenges in accessing services due to lack of knowledge of their unique needs and discrimination based on traditional values, which the case management process prioritized to address:

Language barriers considered as cause and consequences of the spatially isolated life and lack of social interactions with host communities, in particular for members of vulnerable groups. Tensions between refugee and host communities were observed, although no major incidents were reported. In the past, neighborhoods in Seyhan and Yuregir districts have seen incidents of inter-community violence.

For children and youth, as per CM SoP, CARE continued to prioritize children and youth of refugee community who have continued to face obstacles their education participation are lack of access to schools and school equipment, which lead to social vulnerabilities for those categories.

The current economic challenges created additional pressure on refugees' socio-economic situation.

CARE Legal Team received cases through (i) CARE legal hotline, (ii) CARE helpline, (iii) CARE's other project teams (Protection, Livelihoods and Basic Needs), (iv) Field office (IPS) registrations, (v) Referral from police stations, courts, bureau of domestic violence at provincial police departments for those who needed a lawyer, (vi) Bar associations for those who needed legal fee assistance, (vii) Provincial Directorates of Family and Social Services, and (viii) Provincial Directorates of Migration Management. The team prioritized cases based on urgency and risk level and conducted assessment a) to ensure that the individual exercises his/her right to access to a lawyer/legal aid, b) to ensure that the individual receives accurate information about legal rights to be provided by a lawyer who is licensed to practice law in the country, and c) to determine the options and legal actions to be taken in accordance with the individual's decision. All individuals who needed legal information, had full paperwork, wanted to file a lawsuit but could not afford the court expenses, and/or was kept in the removal center, were deemed as eligible to receive legal support. For each legal action to be taken, individuals were informed, and the final decision was always left to them unless legal counsellors had concerns and suspected serious risks.

5.5 [FIN] Report on beneficiaries identification criteria and their involvement

The involvement of beneficiaries in the implementation continued to be a fundamental aspect of CARE Turkey's community-based outreach model. This included frequent communication with targeted communities through community meetings, KAP surveys, information dissemination, and training of CAs to involve the beneficiaries. Also, IPSs and the walk-in possibility provided safe spaces to the most vulnerable groups, especially women and girls, and an opportunity to directly discuss their concerns and requests. The interventions were relevant/appropriate to participants' needs by identifying changing needs, satisfaction level, appropriateness of activities and taking appropriate action when needed. Interventions were implemented respecting communities and protecting their well-being and safety/security by identifying and acting upon harm-causing behaviors. Gender equality/women's voice were supported by identifying what works or not works for women, men, boys and girls and providing opportunities for marginalized community members to voice their opinions to feed into decision-making.

The project followed CM SOPs and the Protection Risk Analysis approach while determining the eligibility and urgency of the cases along with the rapid and detailed assessment forms. The assessment forms were designed to understand and address each individual's unique protection needs. Individuals and HHs that were not eligible for either CM or IPA were provided with feedback after the assessment and the hotline information was shared with them in case of any emerging protection concern. The case identification and registration are the first step where CARE identifies and registers cases through different channels a)Community Activators and Protection Outreach Activities b)Referrals from state authorities c)International and local governmental organizations d)Internal programs, e)Self-referrals through CARE's Helpline and CRM/hotline numbers and/or IPS walk-in services. The CM team introduced selection criteria for the affected population in community meetings and delivered training for the focal points on case identification and registration. The CM officers reviewed the received cases and assigned a case worker with a priority level for each case which was considered eligible.

It is important to ensure that both male and female beneficiaries are included and receive equal access to services provided under this Action. Measures taken by CARE to ensure this depends on key findings of RGA which identifies the specific protection needs of both men and women. CARE consults with male community members through Community Activators and CSC members to better understand their protection needs and ensure that programming is designed to address these needs including harmful gender norms that may prevent men from seeking protection services or engaging with the programs. This may include addressing stereotypes about masculinity and encouraging men to play an active role in promoting gender equality- as this is one of our ARS that we are providing for Community Activators.

6. Gender and Age Marker

6.1 Gender and Age

Q1: Does the proposal contain an adequate and brief gender and age analysis?	Yes
Q2: Is the assistance adapted to the specific needs and capacities of different gender and age groups?	Yes
Q3: Does the action prevent/mitigate negative effects?	Yes
Q4: Do relevant gender and age groups adequately participate in the design, implementation and evaluation of the action?	Yes
Initial mark	2

6.2 Additional comments and challenges

CARE conducted a RGA for Turkey (April 2020, annex 6) to identify and analyse the distinct needs and vulnerabilities of women, men, girls and boys, and a regional RGA for the MENA region to understand the impact of COVID-19 on vulnerable groups (June 2020, annex 7). The findings and recommendations from these RGAs as well as KAP surveys conducted for previous ECHO-funded projects and joint inter-agency protection assessments informed the Action's design and delivery systems.

The assistance and services proposed target different gender and age groups experiencing intersectional vulnerabilities. Considerations related to protection, gender and diversity, and inclusion of persons with disability are mainstreamed in all program interventions, based on the analysis of context and individual needs, access, and safety. Mobile outreach services will be available to overcome physical and social barriers in accessing assistance.

CARE's Protection Outreach is focused on engaging men and boys as key stakeholders for promoting a positively protective (i.e. not controlling) environment for women and girls. Therefore, women and girls +12 in the same household are considered direct recipient of awareness raising messages and information. In addition, women, in particular young women, and girls are reached directly with through specific outreach activities, including Young Women's Clubs and sports-for-protection activities.

To mitigate the risk that the proposed actions do harm to any population group or individual, CARE monitoring staff engage in activity and post-activity/distribution monitoring and immediately alert programme teams as needed should potential negative effect be detected.

CARE practices zero tolerance to sexual harassment, exploitation and abuse (SHEA). CARE has a Safeguarding policy (see annex 10), and staff and volunteers are trained accordingly.

6.4 [FIN] Gender and age

Q1: Does the final report contain sex and age disaggregated data for beneficiaries, in addition to an initial gender and age analysis?	Yes
Q2: Is the assistance adapted to the specific needs and capacities of different gender and age groups?	Yes
Q3: Does the action prevent/mitigate negative effects?	Yes
Q4: Do relevant gender and age groups adequately participate in the design, implementation and evaluation of the action?	Yes
Final mark	2

6.5 [FIN] Report on Gender and Age marker

In all its programmes, CARE upholds the integration of gender, age, and disability, and CARE Turkey maintains its efforts in line with the CARE Vision 2030 approach through prioritizing gender equality at the heart of all operations.

In the beginning of the project, the protection team prepared project-specific gender action plans to advance gender integration by identifying the gaps and action points. A quarterly gender mainstreaming was reported with regular follow-up of the progress against action points at certain intervals and gauge the action plan and change when needed. In project services, sex, age, and disability disaggregated data was collected within the CM and PO databases.

All frontline staff (IPs staff, helpline, and caseworkers) were trained on identification of and safe referral of S/GBV cases. GBV survivors had multiple channels to reach out to project services including helpline, IPs, community activators, and FCRM. The Remote GBV Service and Hotline Mapping were shared with all Protection team in each month in order that all field staff are aware of the available services and could link the cases to the relevant and updated services. In Adana (as Adana is a new location) specific sessions for introducing the existing services to other program teams have been organized in two languages (Arabic and Turkish). The project team maintained gender balance in the composition of field teams and among the community enablers. The accessibility of the IPs was improved especially for people with disabilities to make sure that the majority of IPs have ramps and the toilets were equipped for PwDs.

7. Logic of the Intervention

7.1 Principal objective

To strengthen the protection of vulnerable refugees and to promote their integration into government systems

7.1.2 Specific objective description

To strengthen the capacities of marginalized refugee women, men, girls, and boys in Gaziantep, Sanliurfa and Adana to identify, prevent, mitigate, and recover from age, gender, disability and diversity-specific protection risks and

7.2 Indicators

7.2 Indicator (1/3)

Custom

Definition

Percentage of men, women, boys and girls reached with information reporting an increase in knowledge about rights/entitlements, legal status and key services.

Source and method of data collection

Post-activity survey (sample of project participants)

Baseline	Target value	Progress value	Achieved value
95.00	75.00	0.00	99.00

Comments on the indicator, baseline and target value

Baseline value take from the endline for ECHO IV.

All data is disaggregated by sex, age, disability, and other diversity factors as appropriate and analysed for different population groups.

[FIN] Report on indicator, baseline, progress, target and achieved value

To measure the impact of this indicator, 441 community members (1 F 12-17, 224 F 18-59, 3 F 60+, 4 M 12-17, 199 M 18-59, 10 M 60+) (none with disability) who attended awareness-rising sessions were interviewed through PAM surveys and they were asked to evaluate their satisfaction of these sessions, and if participating in these sessions increased their knowledge about the rights and entitlements, legal status and key services in Turkey. A great majority (99%) reported that their knowledge increased as a result of these sessions. Similarly, 98% of the respondents were satisfied with the sessions they attended.

For further details, please refer to the PAM survey reports in Annex 22 for Adana, Annex 23 for Gaziantep, and Annex 24 for Sanliurfa.

7.2 Indicator (2/3)

Custom

Definition

Percentage of refugees reporting being satisfied with the protection services they received.

Source and method of data collection

Satisfaction survey (sample of service recipients)

Baseline	Target value	Progress value	Achieved value
84.00	75.00	84.00	85.00

Comments on the indicator, baseline and target value

Outcome indicator for Protection included in the revised Results (monitoring) Framework (rRF) for the Facility for Refugees in Turkey (Facility) (P-Oc.4).

In the context of CARE operations, the indicator is further specified as: "Percentage of beneficiaries reporting "satisfied or fully satisfied" on the services provided through the Information Protection Space (IPS)"

All data is disaggregated by sex, age, disability, and other diversity factors as appropriate and analysed for different population groups.

In addition, in line with the requirements of the rRF, data is disaggregated by province, refugee category, and service delivery channel.

[FIN] Report on indicator, baseline, progress, target and achieved value

During the project period, 3,239 (2 F 12-17, 2766 F 18-59, 21 F 60+, 1 M 12-17, 398 M 18-59, 51 M 60+) participants from CARE's IPSs located in Adana, Gaziantep and Sanliurfa provinces responded voluntarily to the IPS Satisfaction Surveys conducted during quarters 1,2 and 3. The survey was available in each IPS and installed on tablets. The tablets were placed in an area of the IPS which ensures privacy for participants. Beneficiaries completed the online survey on tablets, with support of CARE staff, if needed. The survey consisted of 6 close-ended questions with multiple options in addition to the presence of a comment box. Accordingly, 85% (2,765 of whom 2,378 F 387 M) out of 3,239 participants were satisfied with the services provided through the Information Protection Space (IPS).

For further details, please refer to the IPS Satisfaction report (Annex 2-7).

7.2 Indicator (3/3)

Custom

Definition

Percentage of beneficiaries (disaggregated by sex, age, and disability) reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner.

Source and method of data collection

Post-activity survey using ECHO tool (sample of project participants; with 95% confidence level and 5% confidence interval/margin of error)

Baseline	Target value	Progress value	Achieved value
0.00	75.00	0.00	95.00

Comments on the indicator, baseline and target value

ECHO Standard Outcome Indicator for Protection Mainstreaming

The baseline value is set at 0% as this indicator has not been used in previous ECHO project phases (or other CARE interventions) and there is thus now baseline data available.

All data is disaggregated by sex, age, disability, and other diversity factors as appropriate and analysed for different population groups.

[FIN] Report on indicator, baseline, progress, target and achieved value

The MEL team conducted a PAM survey with CM and IPA beneficiaries based on 95/5 representative random sample (351). The indicator was reported based on the figures of standard DG ECHO Protection Mainstreaming Outcome Indicator Toolkit included in the PAM survey. The disaggregation is like below.

Female

Age 5-17 years: 73 / 18-49 years: 103 / 50 years and +: 20 / Pwd 0

Male

Age 5-17 years: 87 / 18-49 years: 44 / 50 years and +: 24 / Pwd 0

Total 351

7.3 Results

7.3 Result (1/3)

Vulnerable, at-risk refugee women, men, girls, and boys have access to tailored information that helps them identify, prevent, and mitigate protection risks.

Sector

Protection

Subsectors

Protection information dissemination

Estimated total amount 1.009.490,00

[FIN] Final total amount 995.979,04

Result 1 - Indicator 1

Type / Subsector

Protection information dissemination

Indicator

Number of persons with increased/appropriate information on relevant rights and/or entitlements

Definition

- 1) Protection information dissemination refers to provision of information as opposed to actual training or capacity building on protection; as such this will normally target larger numbers than capacity building, and will not involve testing of increased knowledge.
 - 2) Relevant rights and entitlements must be defined and should be closely linked to actual risks faced by the targeted group as a result of the crisis.
 - 3) Entitlements refers (but is not limited to) availability and accessibility of services (both provided by humanitarian agencies and other actors).
 - 4) In comments field the target group of dissemination (population/authorities/AFs/AGs, etc.) should be clarified.
 - 5) In comments field define focus of information (Rights and access to services awareness, including child-specific measures, Sensitisation campaigns/Risk awareness; IHL/IHRL dissemination).
 - 6) Number of persons must be disaggregated by age and sex at reporting stage.
-

Source and method of data collection

Attendance/dissemination records (attendance lists, presentations, and IEC materials including leaflets, booklets etc.)

[FIN] Source and method of data collection

A data application was developed to collect the information of IEC recipients and the data was analyzed to report the number of unique and direct community members who received IEC materials directly from CARE's community activators or in IPSs. 17,916 people were reached (953 F 12-17, 12,772 F 18-59, 610 F 60+, 231 M 12-17, 2,984 M 18-59, 366 M 60+).

Baseline

Target value

Progress value

Achieved value

0,00

13.392,00

11.566,00

17.916,00

Comments on the indicator, baseline and target value

It is assumed that at least 70% of the 16.500 individuals reached will report an improvement in their knowledge.

The # of persons reached includes both those receiving information directly, e.g. from CARE's CAs, as well as all women and girls (aged 12 and above) in their HHs. The rationale behind this is CARE's PO is focused on engaging men and boys as key stakeholders for promoting a positively protective (i.e. not controlling) environment for women and girls. Women and girls +12 in the same household are considered direct recipient of awareness raising messages and information. In addition, women, in particular young women, and girls are reached directly with protection messages and information through specific outreach activities, including Young Women's Clubs and sports-for-protection activities.

To respond to needs on protection risks/lack of information the target of this indicator will be increased based on the monthly estimated targets by 15%.

Result 1 - Indicator 2

Type / Subsector

Custom

Definition

Percentage of women and girls at risk early marriage and of GBV reached with information reporting an increase in knowledge about protection, rights and services

Source and method of data collection

PAM (Post Activity Monitoring) conducted by M&E teamPost

[FIN] Source and method of data collection

A PAM tool was designed and implemented with people at risk of early marriage and of GBV provided with information by Case workers. 67 women and girls interviewed during PAM and asked to evaluate if participating in these sessions increased their knowledge about the rights and entitlements, legal status and key services. A great majority (97%) reported that their knowledge increased as a result of these sessions.

Baseline

Target value

Progress value

Achieved value

0,00	70,00	0,00	97,00
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Comments on the indicator, baseline and target value

The baseline value is set at 0% as data will be collected from the women and girls participating in the activities proposed under this project (i.e. a specific cohort of participants).

Result 1 - Indicator 3

Type / Subsector

Custom

Definition

Number of individuals who participated in (ECHO-supported) information provision and awareness raising activities

Source and method of data collection

Session/activity reports
Participants' lists

[FIN] Source and method of data collection

A specific database was developed to collect the information of participants of the awareness raising activities and the sessions they attended, the data collected from participants' lists. Then this data was analyzed to extract the number of total reaches which is 38,549 participants (21,501 F and 17,048 M) in Gaziantep, Urfa and Adana. This indicator allows double-counting. If one individual participated in two or more information or awareness events, s/he is counted multiple times. As this indicator allows for double-counting, the total reached value is not the number of unique beneficiaries.

Baseline	Target value	Progress value	Achieved value
0,00	22.170,00	21.755,00	38.549,00

Comments on the indicator, baseline and target value

Output indicator for Protection included in the revised Results (monitoring) Framework (rRF) for the Facility for Refugees in Turkey (Facility) (P-Ot.01).

This indicator will be increased due to increased number of beneficiaries who reached out to CARE IPSs, due to the need of provision of information for the marginalized communities, who seek clear information on the new practices as such address verification, closure of neighbourhoods and new registration procedures, which directly increase the vulnerability of people and decrease their capacity.

This increment will be approx. 30% of the original target based on the monthly target

Result 1 - Indicator 4

Type / Subsector

Custom

Definition

Number of community members actively participating as community mobilizers

Source and method of data collection

List of participants in CA trainings;
Minutes of CPC meetings;
Outreach activity protocols and reports.

[FIN] Source and method of data collection

A specific database was developed to collect the information of community members who participated as community mobilizers, the data collected from list of participants in CA trainings. Then this data was analyzed to extract the total number of CAs. 426 participants (310 F and 116 M) in Gaziantep, Urfa and Adana.

Baseline	Target value	Progress value	Achieved value
0,00	385,00	426,00	426,00

Comments on the indicator, baseline and target value

The baseline is set at 0 because new CAs/CSCs will be recruited for the proposed Action.

In each of the seven location, an average of 55 community members will be engaged as CAs/CS/YWC members and CSCs.

Among these 55 communitimembers 25 will be CAs, 10 CCS, 10 YWC members and 10 will be CSC members. CARE uses its gender gender markers as a tool to ensure gender and age groups are taken into programmatic considerations. The CAs, CSC members and CCs are gender balanced teams by definition. While the CAs and CSC members are male and female adults with youth representatives, both the YWC members and CCs are young people. Having more than 50% female volunteers provides opportunity to reach more vulnerable female community members with sensitive protection topics such as GBV and early marriages. -all programm staff receive onlice CARE Academy (on Gender, PSHEA, Gender MEAL) and face to face (GBC in CM, serving LGBTY and PWD, Agism) trainings to ensure sensitiveapproaches

Result 1 - Indicator 5

Type / Subsector

Custom

Definition

% increase in resilience / well-being of children engaged in proposed Sports-for-Development initiative for both female and male children

Source and method of data collection

Child Observation Forms
Children Focus Group Discussion Forms

[FIN] Source and method of data collection

At the beginning of each session, the MEL team conducted a pre-test for children engaged in Sports-for-Development activity, which was followed by post-test at the end of the session. The results were compared and analyzed to get the percentage. 165 children (85 F, 80 M) participated in pre- and post-test. 97% (60 out of 116) reported they feel there is an increase in their wellbeing after S4D activities. The MEL team used various methods to evaluate the impact of the S4D activities, including pre-and post-tests and focus group discussions with children. These methods may have provided a more reliable and valid estimate of the increase in well-being among the children.

Baseline

0,00

Target value

40,00

Progress value

0,00

Achieved value

97,00

Comments on the indicator, baseline and target value

Protection information dissemination refers to provision of information on protection utilizing sports and games; The target group of dissemination is both girls and boys engaged in proposed S4D initiative; Number of persons must be disaggregated by age and sex at reporting stage

CARE measures progress by 1- the ability of Community Coaches (CCs) to target children from among the community and disseminate sessions. This will be measured through the pre-and post-training assessments prepared by POmeasuring the increase in knowledge/skills of CCs on utilizing sports as a tool for training chiddren on protection issues. CCs who report an increase in knowledge by post-training assessment. 2- increase in resilience/well-being. This is measured by MEL team though FGDs with children.

Additionally, PO will be doing observations during CC sessions with children using the Child Observation Forms.

Result (1/3) - Comments on all indicators for this result

All data is disaggregated by sex, age, disability, and other diversity factors as required and analysed for different population groups. Among the 125 Community Activators (under the HIP 2020 action) around 40 of them are expected to continue with CARE as CSC members in the next term. As we already continue with some previous CAs in the CSCs and their average size per location is 10 community members we only give priority to the most active and motivated CAs as CSC members in the next term.

[FIN] Report on all the indicators for this result

Ind 1: Through this indicator, the project directly reached 17,916 (953 F 12-17, 231 M 12-17, 12772 F 18-59, 2984 M 18-59, 610 F 60+, 366 M 60+) community members directly who received IEC materials on 28 different topics (Education, Bullying, GBV, PSS, Early Marriage, Child Labor, Family planning, Prenatal care, Postpartum care, Neonatal care, Childbirth, Birth Registration, Breast milk and Breast feeding, Parenting skills, DGMM's IEC package, COVID-19, CARE's Services, ESSN, CCTE, and CRM. The location breakdown of direct beneficiaries: Adana (2121), Gaziantep (5194) and Sanliurfa (10601). Indirectly, the indicator reached 58,590 (23,467 F, 35,123 M) beneficiaries through IEC materials (6,076 in Adana, 21,114 in Gaziantep and 31,400 in Sanliurfa).

Specific milestones and events that have occurred since the interim report caused a spike in progress value and the reported overachievement such as i) The impact of the economic deterioration on refugee and host communities; ii) Address verification practice introduced in June 2022; iii) Closure of neighborhoods for foreigner registration (Total number of closed neighborhoods increased to 1169 as of 1st July); iv)New registration processes introduced on 6th June; v)Increase in the cases of refugee population adopting negative coping mechanisms.

Ind 2: The CM team assessed the individual cases who were exposed to GBV related risks and conducted individual protection

analysis for each case and based on that, the CM team identified the protection risks and contributing/underlying causes including vulnerabilities, threats existing protective factors/capacities. Following that, CM team prepared multi-sectorial and tailored intervention plan to address the identified protection risks by developing protection outcomes to decrease the vulnerabilities, increase the capacities and/or remove/mitigate the threats (perpetrators). This includes referrals to I/NGOs and state services including specialized interventions, internal referrals as well as direct actions. Providing counselling on protection rights and services was an essential, thus they were provided for women and girls who face or at risk of GBV risks by case workers. This was conducted during assessment and throughout implementation and follow-up at IPSs or on phone.

Ind 3: Through the community-based outreach model applied in the neighborhoods selected in consultation with the community steering committees (CSCs) considering protection gaps and access, community activators (CAs) from refugee communities brought vulnerable community members to protection sessions on different protection topics.

In total, 38,549 (not unique, double-counting allowed) (21,501 F and 17,048 M) (community members participated in awareness raising sessions in Adana (13,786), Gaziantep (8,147) and in Sanliurfa (16,616).

Ind 4: Throughout the project, 426 (310 F, 116 M) CAs, CSC, and Young Women Clubs members (Nizip 55; Islahiye 66; Haliliye 73; Eyyubiye 70; Birecik 46; Seyhan 55; and Yüreğir 61) were recruited and trained by the PO team, who have then supported the project's implementation as community mobilizers.

Ind 5: The activity created a common ground for children to engage with their peers from different backgrounds in their communities in an objective to address bullying issues in schools and communities. 97% of children who have attended this activity reported an increase in their resilience and well-being.

The target of 40% was underestimated as it was the first time to implement S4D, the effectiveness of the activity for children was not able to precisely projected. Furthermore, the activity was well-tailored to respond to the specific needs and interests of the children, and the stakeholders' request for scale-up intervention besides the plan resulted in a high number of engagement and participation.*

Result 1 - Activity 1

Short description (for the logframe)

Conduct KAP baseline (where necessary) and endline surveys

Detailed description (if needed)

To ensure information and services offered are tailored to the specific protection gaps per location, CARE will ensure that data on prevalent knowledge, attitudes and practices (KAP) is available at the beginning of the proposed Action. In locations in Gaziantep and Sanliurfa provinces, where the proposed activities form a continuation of programming under the current ECHO grant (ECHO/BUD/2020/91000), KAP data from the endline survey for ECHO/BUD/2020/91000 will be used as baseline data. For project locations in Adana, a KAP survey will be conducted at the beginning of the proposed Action.

During the final phase of the contract period, a KAP endline survey will be conducted in all areas of implementation to (a) obtain data that allows pre-/post-intervention comparison and (b) assess the need for a continuation and possible adaptations of protection programming in the targeted locations.

The KAP survey tools to be administered gather data on (1) knowledge about protection, gender, psychosocial support and legal rights domains, (2) community attitudes, beliefs, perceptions and behaviours related to different, and (3) awareness about available services and access challenges for the refugee community. Depending on the state of the pandemic situation at the time of project start-up, questions related to knowledge, awareness and practice related to prevention of contagion and vaccinations may be included in the survey. Data will be disaggregated by age, gender, disability, and other diversity factors (nationality, protection status, place of residence or registration etc.) as necessary and analysis will be done along these diversity dimensions to ensure that information provision and services are tailored to the needs, concerns, and access constraints of different population groups.

Depending on the development of the COVID-19 epidemiologic situation and corresponding containment measures, KAP baseline/endline data collection may be done through a phone survey.

[FIN] Report on the activity

CARE conducted a KAP endline assessment in Adana in September 2022 (Annex1). The main findings of the assessment are**:

- 84% (75% baseline) of the respondents without a significant variance in gender or district, stated fathers in the household was the most responsible for deciding when and how a girl gets married, followed by girl herself(71%), mother(70%), brother(13%), grandfather(8%), and grandmother(5%)
- As opposed to the above, it is either the boy himself 80%(71% baseline) or father 79%(64% baseline) without a significant variance in gender or district in the household who was the most responsible for deciding when and how a boy gets married, followed by mother 65%(46% baseline)
- KAP survey respondents were asked about the understanding of "violence against women and girls". Among all respondents, 91%(54% baseline) of the participants noted physical violence, followed by rape/sexual assault 91%(43% baseline), and forced marriage 72%(33% baseline)
- Compared to the situation before relocating to Turkey, 41%(47% baseline) of all respondents said that gender-based violence have become less frequent, which was consistent across genders and locations. 28% of the respondents reported that the

- frequency has increased while 24% reported it as the same. Another 6% of the respondents reported they did not know/no answer
- 57% of participants described their relationship with their Turkish neighbors as “good”, 40% described “neutral”, 2% did not wish to answer the question, while 1% of the respondents described as “bad” due to the following reasons: disturbance of Syrian neighbors, refusing to engage with Syrian neighbors, racism and discrimination
- 78%(57% baseline) knew where they can access family planning and reproductive health services while 22% were not informed/aware
- 36% reported schooling their children hasn't been affected by relocation, followed by 35% (negative affected)

Result 1 - Activity 2

Short description (for the logframe)

Protection information provision through Information Protection Spaces (IPSs)

Detailed description (if needed)

To ensure accessibility and low-threshold access, IPSs are in each target district. Currently, CARE operates, five IPSs and another IPSs will be set-up in Adana ahead of the start-up the proposed Action.

IPSs provide spaces for the following activities:

- Provision of initial information on refugee services, rights, protection for walk-ins;
- Reception and assessment of walk-ins and clients that are referred by CARE's programs as well as other actors;
- Provision of case management and IPA services for identified clients, including:
 - one-one counselling services for specific information needs, and
 - one-one consultation on legal issues and legal counselling;
- Community Meetings and Community Events led by the PO team;
- Trainings of CAs, including young CC groups for the Sports & Life skills and the Young Women's Empowerment Club;
- CAs sessions and Community Steering Committee (CSC) meetings;
- Community information provision sessions and other community events organized by the CAs.

Events taking place at the IPSs will also be coordinated or jointly organized with municipalities and relevant GoT actors, allowing access to most vulnerable population in the South East.

To ensure that services and events provided from IPSs are accessible to all community members, the IPSs are set up at central locations that are easily reachable in each district. Physical accessibility of the buildings and their surroundings is ensured. IPSs have male and female office workers to all community members to be attended by IPS staff members of the same sex, according to their preference. IPS staff are welcoming and treating everyone with dignity and respect. They are able to communicate successfully with people with communication difficulties. Moreover, the case management team have specific sound-proof CM rooms, where one-one consultation can be provided by the case workers and lawyers, maintaining confidentiality and privacy.

IEC materials such as flyers, leaflets and booklets are used throughout the implementation period to raise awareness and disseminate information on different protection concerns. They are available at IPSs to support individual information provision and for community members to pick-up.

Office workers at the IPSs use IEC materials as follows:

- Provide information during individual information provision;
- Inform officials, referral partners, donors, and other stakeholders that visit the IPSs about available services and information provided to PoCs.

Whenever IEC materials are used, the key messages contained are also conveyed verbally. This is to reinforce key pieces of information, raise the recipients' interest, and facilitate understanding for people with difficulties understanding written language.

In response to the pandemic, an appointment system has been set up and used to prevent unwanted crowding which would hamper social distancing and might cause harm to community members. In addition, all IPS workers and visitors/clients have to wear face masks inside the building, and disinfectants are made available. COVID-19 prevention messages are displayed at the IPSs.

[FIN] Report on the activity

Throughout the project period, IPSs in all locations were fully operational and CA/YWC/CC activities, sessions and meetings took place according to the plan. The IPSs provided walk-in beneficiaries with assistance and information counselling.

In total, 22,512 (17,316 F, 5,196 M) community members visited 7 IPSs (2 in Adana: 3250 beneficiaries, 2 in Gaziantep: 7088 beneficiaries and 3 in Sanliurfa: 12174 beneficiaries). The beneficiaries were provided with IEC materials, information and referred to relevant services when needed.

CARE opened the IPSs in Adana (in Seyhan and Yuregir) on 7 March 2022 and shared the information with community members through CM and PO helpline. A gradual increase of visitors in Adana's IPS was observed on a weekly basis by the community mobilizers. In Sanliurfa, a new IPS was opened in Haliliye district in July 2022, and it was equipped and prepared to be accessible for all people including PwDs. In all IPSs, safe and closed room for CM provided beneficiaries the confidentiality and safety during discussions.

Result 1 - Activity 3

Short description (for the logframe)

Protection information provision through Protection Outreach (PO) teams and Community Activators (CAs)

Detailed description (if needed)

To ensure that information about protection concerns and available services reaches the highest possible number of PoCs in the targeted locations, CARE complements IPS-based services with outreach activities. Community outreach activities also enhance the access to information and services for individuals that may have difficulties reaching the IPSs by themselves.

For community outreach, CARE will continue to implement a combination of activities by PO staff and Community Activators (CAs) in Gaziantep and Sanliurfa provinces, and will extend PO and CA outreach activities to selected locations in Adana province. Outreach activities include individual, group and case study sessions as well as community meetings and community events, e.g. on the occasion of International Women's Day, 16 Days of Activism or International Children's Day.

CAs are peer-to-peer educators engaged to raise awareness and disseminate key pieces of protection information among refugee communities. Their continued physical presence in their neighborhood, integration into social networks, and in-depth understanding of community protection concerns and community mechanisms to address them allows CAs to transfer awareness raising messages deeper into their community and to identify trends as well as individual protection cases as they evolve.

CARE trains interested, available, and motivated community members as CAs; once recruited, CAs are trained on a regular basis to ensure their knowledge and community engagement techniques remain up-to-date. The training curriculum is updated frequently, and new topics are added depending on the community demands and needs. See annex 16, Protection Outreach Program Guidelines, for further details on the support and training that CAs receive.

In the context of the pandemic, the outreach methodology has been adapted to eliminate the risk of contagion through the use of online trainings. In preparation of these sessions, the PO team have provided CAs with orientations on the use of Zoom and Google Classroom. Then the CAs provide Zoom orientation to community members and gathering groups of community members on specific dates on Zoom to receive awareness raising sessions from the PO team. It is expected that some form of hybrid model will be maintained even into the post-pandemic situation to ensure efficient and effective service provision. However, as and when the situation allows, additional activities, such as group sessions will be taken-up again to ensure no one left behind, and, in particular, most vulnerable, including housebound PoC, who are likely to have higher vulnerabilities to protection risks have access to critical information and can be identified as clients, if needed.

Themes covered through outreach activities cover rights related to physical/mental health, education, and protection as well as information on protection and legal services. Specific protection topics covered include GBV, child protection, CEFM, child labor, bullying, PSHEA, and psychosocial support as well as family planning, safe motherhood, and parenting skills. CAs are also informed about available services and how to access them, and how to refer potential protection cases to IPSs. Depending on the evolution of the pandemic situation ahead of and during the implementation period, relevant and up-dated information on prevention of contagion, vaccinations, and post-pandemic recovery may be included in awareness raising sessions and community events.

CAs distribute IEC materials during different types of interaction with members of their communities such as group sessions and other events and distribute IEC materials to social spaces such as mosques, convenience stores and community centers.

See Annex X regarding details on how Climate changes information is included in this activity.

[FIN] Report on the activity

Following the selection of community activators (CAs) according to the eligibility criteria, CAs from different refugee communities brought vulnerable community members to protection sessions aiming to increase their knowledge on protection topics, rights, and entitlements.

During this Action, 355 CAs (97 in Adana (61 F, 36 M), 100 in Gaziantep (67 F, 33 M), and 158 in Sanliurfain (111 F, 47 M)) were selected. The CAs received sessions on gender equality, GBV, PSHEA, early marriage and child protection, parenting skills, bullying, hygiene promotion, family planning, safe motherhood, psychosocial support, environment and climate change. The CAs also received information on project services, registration of cases, vulnerability and eligibility criteria, hotline numbers and institutions to report and seek assistance.

The PO team held online and face-to-face events and community meetings to raise awareness on different protection topics among the community members in Adana, Gaziantep and Urfa. In total, 4,024 community members (1231 in Adana, 1167 in Gaziantep, and 1626 in Sanliurfa) attended these events. For instance, CARE and Seyhan Municipality organized an informative session on the occasion of the World Refugee Day with the participation of 61 female beneficiaries. In September 2022, the PO team organized Back to School Campaign for community members and encouraged the parents to enroll their children into school.

The legal team collaborated with PO Team and supported CAs through raising their awareness on refugee rights, women rights, violence against women under national laws to disseminate in their wider community.

Result 1 - Activity 4

Short description (for the logframe)

Design and implementation of Sports-for-Development activities

Detailed description (if needed)

During the current ECHO contract, ECHO/BUD/2020/91000, CARE Turkey is integrating structured sports and life skills components to its programming, with the objective of enhancing social cohesion by increasing resilience to violence. The activity adopts Right to Play and Sports for Development methodologies. This aim is to advance cohesion in communities through engagement in structured sports, to engage with peers from different backgrounds in their communities, and to support the development life skills in children and youth to address bullying issues in schools and communities.

Additionally, the new approach proposed under this Action will focus on developing skills and attitudes in children that directly link with the causes of violence, such as teamwork, compassion, self-expression, leadership and overcoming difficulties/problem-solving. These skills will help youth and children overcome challenges that they face in their community on a social, emotional, and physical level. Relevant life skills will be identified based on children's age category and social needs. The intervention will transversally address gender issues by raising awareness around gender equality and ensuring the equal participation of boys and girls.

Finally, structured community activities engaging community members, parents, and children to raise awareness on specific social issues will be organized.

The new approach will be based on CARE's existing peer-to-peer education methodology that is designed to raise awareness among refugees in their neighborhoods. With support from young CCs, the CARE Protection Team will spread awareness on rights as well as physical/mental health, education, protection, and legal services. The activity's outcome will be that boys and girls are safer, more protected, and able to prevent and cope with anti-social behavior in their schools and communities.

[FIN] Report on the activity

Throughout the Action, Community Coaches (CCs) conducted 71 sessions (29 in Gaziantep, 24 in Urfa, 18 in Adana), covering the following topics: teamwork, dealing with emotions, positive thinking, and empathy. The PO team trained in total 54 (19 in Adana, 18 in Gaziantep and 17 in Sanliurfa) community coach members and improved their capacity in supporting their communities through sports for development activities. The CCs reached in total 381 children (45% female and 55% male) between 5 and 17 years old. In Adana, Sports for Development activities were organized Seyhan Sport Center and in Damar Arikoglu Primary School reaching 106 children. In Gaziantep, 144 children were reached in Islahiye and Nizip while in Sanliurfa, 131 children were reached.

The activities were well designed and tailored to the specific needs and interests of the children, resulting in a high level of engagement and participation. It was to promote healthy youth development (physical, social, cognitive, and emotional) and life skills development and to prevent violence. Moreover, being a school subject that is given to a majority of children, physical education can be an ideal setting for the integration of life skills education (which can also help improve mental health and enhance positive behaviors), so as to reach a larger number of youth and children.

Result 1 - Activity 5

Short description (for the logframe)

Facilitation of Young Women's Empowerment Clubs

Detailed description (if needed)

During the current ECHO contract, ECHO/BUD/2020/91000, CARE is adapting the Adolescent Mothers Against All Odds (AMAL) clubs, implemented in Syria, to the context in Turkey to create Young Women's Empowerment Clubs. This activity responds to high rates of early marriages and underage pregnancies among the refugee and asylum seeker communities in Turkey. The aim is to provide young women with a safe space where they can obtain reliable information about key protection topics and related subjects, in particular sexual and reproductive health (SRH), along with life-skills that will help them navigate the specific challenges of their age/gender group, e.g. building personal agency and how to negotiate young women's spaces and rights with their partner, and within their family and community.

Young Women's Empowerment Clubs consist of 8-10 young women aged 18 to 24. Given the sensitivity of some of the subjects discussed and to ensure young women's privacy and integrity is protected at all times, club meetings and events are facilitated by CARE's Protection team directly. During the pandemic, these meetings are facilitated through Zoom. The content and the methodology of the activity may be adapted ahead of and during the implementation period as the pandemic situation evolves.

CARE included AMAL's learning report to reflect success and challenges of the initiative implemented in Syria. Moreover, to address

the recommendations given by the report in Turkey (including the multi-component approach that engages not only members but their familial and societal communities), CARE Turkey team will be deploying the following strategies 1) True participatory approaches recognize that not only the unique needs of young women, but also their capacity to influence change for themselves. 2) Ensuring young women to bring their families and societal communities to CARE's community events 3) liaising with relevant stakeholders to share recommendations and feedback, and (3) identifying hard-to-reach and marginalized young women in their communities to refer them to ongoing programming, health facilities, and other support systems.

Generating positive change in behaviours and norms is best facilitated by a multi-component approach that engages not just young women but their familial and societal communities in programming. Through this first pilot, we have seen encouraging results across all components of the YWC Initiative. Over this and subsequent implementations, we hope to continue to identify lessons on what is and isn't effective towards meeting the unique needs of vulnerable sub-groups of young women in crisis settings. Such an ongoing investment in learning is necessary for organizations like CARE and others as well as humanitarian practitioners to ensure our work is relevant, fruitful, and empowering.

[FIN] Report on the activity

Through this Action, 7 Young Women Clubs (YWCs) were established with a total number of 71 members. The selection process of participants followed specific criteria adapted from the AMAL initiative that CARE has been implementing with partners in NWS targeting young mothers. The participants reported joining the YWC to strengthen their life skills and increase their awareness on protection and SRH information such as family planning. The criteria is set to target young and/or first-time mothers as well as girls in reproductive age to give them a space and privacy to discuss such issues without interruption, and to foster the feeling of safety, recognizing the unique needs of participants and their ability to influence change at the personal level and the family level. CARE PO team delivered Code of Conduct, protection principles, services for refugees, gender equality, GBV and PSHEA sessions to 71 young women (19 in Adana, 21 in Gaziantep, and 31 in Sanliurfa) between the ages of 18-24 in all districts. In average one to two sessions per month were conducted for YWCs.

The feedback indicated the participating female beneficiaries also received sexual and reproductive health trainings including family planning, safe motherhood, communication skills, communication and emotions, healthy relations and negotiation skills, and personal development. And 98% of participants reported increased self-confidence in their negotiation and communication skills after having joined the club. The participants reported having gained new skills that helped them notice positive change in their personalities. The participants also shared that YWCs enabled them to correct misinformation they previously had on SRH at the personal level. 83% of them believe that knowledge of community members was increased as a result of their participation and ability to share the information they received in the session at the YWCs.

Result 1 - Activity 6

Short description (for the logframe)

Establish and engage Community Steering Committees

Detailed description (if needed)

Well-trained, experienced, and highly motivated CAs will be invited to join Community Steering Committees (CSCs). The CSC composition will reflect the diversity of the target population in terms of age, and gender, and the team will strive to create an environment where all CSC members can participate meaningfully in discussions and decision-making. Similar to the CA groups, the CSC will be gender balanced. As per the CSC Guidelines, there will be at least one youth representative age 18 to 24.

The CSCs will inform CARE team in the development of the protection situation, including surge of new protection concerns, and be involved in the design of adaptations to the content or methodology of existing services and/or design of new activities. For this purpose, CSCs will be trained in techniques to facilitate participatory processes to identify community concerns as well as activity design and implementation. In addition to the short-term aim of enhancing the relevance of programming under the proposed Action, this activity will contribute to building community capacities to identify and launch community-led initiatives to address key, identified protection concerns in the mid-term. CAs will be provided with advanced monthly trainings including the following topics: guiding principles of Case Management; event planning; communication and negotiation skills; leadership and teamwork; first aid; engagement with public life; stress management and psychological first aid (PFA); gender equality; legal sources of protection; employment readiness; and starting-up a business. Empowered with these trainings and the responsibilities of the position, CSC members are also expected to experience an increase in their sense of self and community efficacy, that will contribute to the resilience and capacity of the community members in rebuilding their lives after the experience of conflict, displacement, and – most recently – the pandemic.

CSCs may also bring forward community concerns or complaints related to project implementation and staff conduct, in particular in case of serious concerns that individual community members may not want to address directly.

[FIN] Report on the activity

The CSCs (including 58 members (32 F, 26 M) 28 in Gaziantep, 30 in Urfa) continued to operate in line with their roles and represented community members in regular meetings with CARE's PO team. The CSC supported the project through FGDs and any other surveys reflecting the community's needs and challenges. The information obtained from CAs was directed to CARE's Liaison department in order to convey to the governmental authorities to advocate for better services for the refugee community. Furthermore, CSCs continued providing their suggestions regarding community event topics and activities that could benefit the whole community. So the committees have been acting as a channel to reflect community's feedback about CARE's services and thus always supported CARE to be accountable to the community members. Additionally, they disseminated information related to services available to refugees and the community using their connections and networks as community leaders.

Result (1/3) - [FIN] Conclusions on the result

Throughout the implementation of the Action, CARE IPS offices acted as safe entry points for beneficiaries and as an interface between CARE's protection activities and the affected communities. In the spaces, CARE PO team provided information on services for refugees, rights and entitlements through one-to-one counseling, CM/IPA, and legal services. The main activities conducted in IPSs were training sessions for CAs, community events, one-to-one counseling by case workers and lawyers. In the beginning of the project, sessions were held virtually or through a hybrid approach due to the COVID-19 restrictions. Key messages included COVID-19 prevention methods and vaccinations. By March 2022, sessions started to be conducted face to face. The locations were selected in consultation with the CSCs considering protection gaps and access. CAs from refugee communities brought vulnerable community members to protection sessions. From this point, the result has filled in critical protection gaps in underserved areas and provided beneficiaries with safe spaces where they could access services and find solutions to their different protection issues.

Under this Result, PO team held events to raise awareness on different protection issues among the community members in Adana(1231), Gaziantep(1167) and Sanliurfa(1626), reaching in total 4024 community members (71%F, 29%M). During the 16 Days of Activism against GBV campaign to end violence against women, CARE's legal counsellors conducted legal sessions to CSCs members to increase their awareness on the legal framework for prevention of and protection from violence in all IPSs. Furthermore, as part of IWD activities, legal sessions were conducted by legal counsellors in Gaziantep, Sanliurfa and Adana to Protection Outreach Team's CAs to increase their awareness on the basics of Turkish Civil Code. The activities have provided grounds for social cohesion between community members but also acted as spaces for mutual learning and networking.

The protection outreach team established and engaged with 58 community members to be part of the CSC group (28 in Gaziantep and 30 in Sanliurfa). These groups mainly worked on informing CARE PO team staff of any updates coming from the community and the development of the protection situation in their neighborhoods. The CSCs members were trained in techniques to facilitate participatory processes to identify the community protection concerns as well as the design and implementation of our activities. In Adana, the project established the PO team during this project thus no CSC was created. Overall, through the community approach the result has enhanced the participatory implementation and included vulnerable community members in different parts of the project while empowering them through different training sessions provided.

Community activators are members of the affected communities who are selected based on specific criteria and following a recruitment process as outlined in the Protection Outreach guidelines. The CAs provide peer-to-peer education to community members on protection and child protection, GBV-related topics as part of the prevention efforts that CARE runs at the community level and a main part of the community-based protection approach. The CAs are recruited for the duration of the project period, and once the project ends, the CAs are invited to be part of the Community Steering Committee. The CSC was designed to strengthen the link between CARE's prevention and response to protection risks efforts at the community level. The CSC members are more senior and knowledgeable on communication with communities and can explain the eligibility or selection criteria to the communities. They hold the responsibility of acting as focal points at the community level for referrals, bringing forward community concerns and participate in the design of CARE's activities, share community concerns and questions directly with CARE's protection staff. The CAs are recruited with no previous protection knowledge or community engagement skills, and they are trained by CARE to support outreach efforts in targeted areas, while CSCs are more experienced as they have previously been part of CARE's projects, they are more experienced in leading participatory activities on information collection from community members in their geographical areas. The CSCs and CAs meet occasionally, however, both can provide information on CARE's services and can directly link community members with services through project staff. The CSCs are established to increase the sustainability through transferring skills to community members who were previously involved in community activation activities.

*To add detailed explanation of the over achievement under the indicator 5, the target value of 40% was underestimated, as this Sport for development activity was introduced CARE's protection team in this ECHO-funded initiative, based on an estimated target for children and youth. Given the new activity, the target value was somehow conservatively estimated. However, during the program implementation, CARE received specific requests from government such as the governorship, MOFSS, for events or activities besides the plan to reach more children. Since they were involved in this activity design, implementation, and attended coordination meetings with collaboration, they engaged actively and it was meaningful and impactful. Thus, CARE scaled up the approach, which led over achievement than the original plan.

**KAP survey was not implemented in Gaziantep and Sanliurfa, as those locations were already targeted in the previous grants and the protection concerns are already identified there. KAP was only conducted in Adana, as it is a newly added location and we need to ensure that the information and services provided responds to the real protection concerns of the target population in the specific project locations.

7.3 Result (2/3)

Vulnerable refugee women, men, girls, and boys have access to tailored services and assistance that help them mitigate and recover from protection concerns that directly affect them.

Sector

Protection

Subsectors

Prevention of and response to violence

Gender based violence (Prevention, response, other)

Estimated total amount 1.870.811,00

[FIN] Final total amount 1.842.602,86

Result 2 - Indicator 1

Type / Subsector

Prevention of and response to violence

Indicator

Number of persons who receive an appropriate response

Definition

- 1) This indicator covers response to people (adults and children) having been victims of all kinds of violence. If the response provided is solely for survivors of GBV, please select the GBV sub-sector.
- 2) Appropriate response is defined as the provision of comprehensive services/assistance based on a thorough analysis of the risks faced by persons. The protection outcome of the response must be well defined. Relevant SOPs (including functional Referral Mechanism) should be followed.
- 3) Use the comments field to describe what services (medical, MHPSS, legal, security, etc.) are foreseen, as well as the SOPs in place.
- 4) Number of persons must be disaggregated by age and sex at reporting stage.
- 5) If action also includes prevention activities, please add a custom indicator to reflect this.

Source and method of data collection

CM/IPA Database – Data collected by the CM/IPA team
Case files – Data collected by the CM/IPA team
Post-activity monitoring reports - data collected by the MEAL team
Weekly Legal Team Reports - data collected by the lawyer including case by case data

[FIN] Source and method of data collection

Data of CM/IPA beneficiaries collected by the CM/IPA team using an online application, the data was analyzed to extract the number of closed CM/IPA cases. 4576 individuals were supported including PwD 245.

Baseline	Target value	Progress value	Achieved value
0,00	4.560,00	651,00	4.576,00

Comments on the indicator, baseline and target value

An expected 25% of CM cases will be related to GBV. SOPs for CM and IPA are in place; see annex 15.

As explained in section 4.2 and 4.3 response analysis CARE aim to improve the immediate living circumstances of beneficiaries. in line with scope of case management intervention, where protection outcomes focus on these four factors (decreasing vulnerability, increasing capacity, mitigating or removing threats) cases load was increased due to the social economic incapability on refugees' community and protection risks of individuals were increased significantly, and the capacity of people to endure the socio-economic vulnerabilities has remarkably decreased.

The calculation method of increment is based on first the cases loads, current open cases, as well as, capacity for each case worker.as each case worker can handle/assess approx. 15-20 cases per month.

Result 2 - Indicator 2

Type / Subsector

Gender based violence (Prevention, response, other)

Indicator

Number of survivors who receive an appropriate response to GBV

Definition

- 1) This indicator covers response to survivors of GBV (women, men, girls and boys).
- 2) Appropriate response is defined as the provision of comprehensive services/assistance based on a thorough analysis of the risks faced by persons. The protection outcome of the response must be well defined. Relevant SOPs (including functional Referral Mechanism) should be followed.
- 3) Use the comments field to describe what services (medical, MHPSS, legal, security, etc.), as well as SOPs in place.
- 4) Number of persons must be disaggregated by age and sex at reporting stage.
- 5) If action also includes prevention activities, please add a custom indicator to reflect this.

Source and method of data collection

CM/IPA Database – Data collected by the CM/IPA team
 Case files – Data collected by the CM/IPA team
 Post-activity monitoring reports - data collected by the MEAL team
 Weekly Legal Team Reports - data collected by the lawyer including case by case data

[FIN] Source and method of data collection

Data of CM/IPA beneficiaries collected by the CM/IPA team using an online application, the data was analyzed to extract the number of GBV cases. 301 individuals (56 F 12-17, 214 F 18-59, 10 M 12-17, 20 M 18-59, 1 M 60+) GBV cases supported. 13 of them (6 F, 7 M) with disability.

Baseline	Target value	Progress value	Achieved value
0,00	175,00	57,00	301,00

Comments on the indicator, baseline and target value

An expected 25% of CM cases will be related to GBV.
 SOPs for CM and IPA are in place; see annex 15.

Result 2 - Indicator 3

Type / Subsector

Custom

Definition

Number of identified and assessed individuals with ECHO support

Source and method of data collection

CM/IPA Database – Data collected by the CM/IPA team
 Case files – Data collected by the CM/IPA team
 Post-activity monitoring reports - data collected by the MEAL team
 Weekly Legal Team Reports - data collected by the lawyer including case by case data

[FIN] Source and method of data collection

Data of CM/IPA of assessed people collected by the CM/IPA team using an online application, the data was analyzed to extract the number of identified and assessed individuals. 7715 individuals(F4180 M3535) assessed including PwD 245.

Baseline	Target value	Progress value	Achieved value
0,00	12.825,00	5.464,00	7.715,00

Comments on the indicator, baseline and target value

Around 33% of the cases assessed are eligible.

Output indicator for Protection included in the rRF for the Facility for Refugees in Turkey (Facility) (P-Ot.03).

As required, data is disaggregated by province, gender, nationality, age, modality of identification, and type of need/vulnerability (including disability).

Result 2 - Indicator 4

Type / Subsector

Custom

Definition

Number of referrals made to external services with ECHO support

Source and method of data collection

CM/IPA Database – Data collected by the CM/IPA team
Case files – Data collected by the CM/IPA team
Post-activity monitoring reports - data collected by the MEAL team
Weekly Legal Team Reports - data collected by the lawyer including case by case data

[FIN] Source and method of data collection

Data of CM/IPA beneficiaries collected by the CM/IPA team using an online application, the data analyzed to extract the number of referrals made to external services.

Baseline	Target value	Progress value	Achieved value
0,00	1.710,00	831,00	1.771,00

Comments on the indicator, baseline and target value

Output indicator for Protection included in the rRF for the Facility for Refugees in Turkey (Facility) (P-Ot.04).

As required, data is disaggregated by province, gender, nationality, age, service provider, and sector of referral.

Result 2 - Indicator 5

Type / Subsector

Custom

Definition

Number of individuals referred to relevant external (specialised) services with ECHO support

Source and method of data collection

CM/IPA Database – Data collected by the CM/IPA team
Case files – Data collected by the CM/IPA team
Post-activity monitoring reports - data collected by the MEAL team
Weekly Legal Team Reports - data collected by the lawyer including case by case data

[FIN] Source and method of data collection

Data of CM/IPA beneficiaries collected by the CM/IPA team using an online application, the data was analyzed to extract the number of individuals referred to relevant external services. 1389(F754 M635) individuals referred including PwD 97.

Baseline	Target value	Progress value	Achieved value
659,00	1.069,00	641,00	1.389,00

Comments on the indicator, baseline and target value

Output indicator for Protection included in the rRF for the Facility for Refugees in Turkey (Facility) (P-Ot.05).

As required, data is disaggregated by province, gender, nationality, and age.

Result 2 - Indicator 6

Type / Subsector

Custom

Definition

Number of children under the age of 18, supported with appropriate response to Child Protection (CP)

Source and method of data collection

Case management database
Case management reports (including safe referral pathway documentation)

[FIN] Source and method of data collection

Data of CM/IPA beneficiaries collected by the CM/IPA team using an online application, the data was analyzed to extract the number of children under the age of 18, supported with appropriate response to Child Protection. 329 children (F118 M211) were supported including PwD 20.

Baseline	Target value	Progress value	Achieved value
0,00	200,00	269,00	329,00

Comments on the indicator, baseline and target value

Number of children under the age of 18, supported with appropriate response to Child Protection (CP) during the implementation of the activities of this action.

Result (2/3) - Comments on all indicators for this result

All data is disaggregated by sex, age, disability, and other diversity factors as required and analysed for different population groups.

[FIN] Report on all the indicators for this result

Ind1: In total, 2557 children and 2019 adults (56%F 44%M) received comprehensive and multi-sectorial case management services to address their identified protection risks. This included direct actions through different modalities such as counselling on protection issues, available services, entitlements and rights, handholding services (accompaniment, translation, transportation) to improve access to external services. In addition, CM team conducted internal referrals for legal counseling and awareness-raising sessions by the protection team and provided in-kind, cash transfer and e-vouchers assistance in accordance with the intervention plan developed to achieve the outcomes.

Ind2: CARE identified and responded to 301 GBV cases (101 Gaziantep, 114 Sanliurfa, 86 Adana). 72% were women, while 7% were male survivors. The number of girls(54) who disclosed a form of GBV was six times that of boys subjected to GBV (9). CM teams, for high-risk GBV cases, worked closely with CARE liaison, legal teams and Protection Services Officer to ensure that the survivors access the most appropriate services in a safer way in coordination with responsible relevant state authorities. During assessment, implementation and follow-up, CARE CM teams prioritized the safety planning for each survivor to ensure that the beneficiaries were safe from potential or current protection risks. The overachievement was due to the project receiving an increased volume of different forms of GBV, particularly on domestic violence.

Ind3: CM team assessed 7715 cases(20% Adana, 29% Gaziantep, 51% Sanliurfa). The cases were received from multiple channels including 85% internally from community activators(CAs), PO and IPS self-referrals as well as helpline and other CARE programs, 6% of referred cases from state actors including PDoFSS, PDMM, Municipalities, social service centers, governorship and public schools. In addition, 9% were received from UN agencies and I/NGOs. CM team provided ongoing guidance for focal points to refer cases with highest vulnerabilities and urgent protection risks which resulted in high number of eligible cases for CM assistance in accordance with CM selection criteria. CM team assessed the cases per urgency levels and prioritized complex GBV and CP cases which were followed closely. Instead of quantitatively assessing a higher number of cases, the CM team focused on quality response for already assessed cases which takes more attention and actions of intervention for eligible cases. For this reason, the indicator was underachieved compared to the overall target (60% accomplished).

Ind4: total 1771 referrals were made to governmental bodies, I/NGOs, and UN agencies for mainly protection and health sectors. Many of the protection cases were referred to PDMM related to legal documentation, TPID, and social cohesion. Cases that needed health support were referred to state hospitals mainly for a medical check, medical report, and medication. And the cases related to other health needs, they were referred to other I/NGOs to cover the assistive devices, and medical equipment support and MHPSS support.

Ind5: CARE referred 1389 individuals to at least one external specialized service in addition to the direct support provided by CARE. Out of 1389 individuals, the majority(55%) were child protection cases(32% boys 25% girls). The children were generally linked with state and non-state actors for education service and linked with PDoFSS for the notification of child protection concerns including child labor.

Ind6: CM team in collaboration with protection service officers and the liaison team has used advocacy at different levels and CM working groups to address protection risks by children.**

Result 2 - Activity 1

Short description (for the logframe)

Refine and promote Case Management methodology for child protection (CP) cases

Detailed description (if needed)

This activity is designed in recognition of the urgency of CP concerns, including but not limited to exploitation and possibly trafficking of children for begging, and building on CARE's experience both in terms of providing protection services to CP cases and as a leading actor in CP coordination in the South-East Turkey response.

During the course of the proposed Action, the CARE CM team will refine its CM methodology (which is already guided by the "best interest of the child", in case children are involved) and document a case management methodology that is adapted to the specific requirements of CP cases, i.e. promoting the "best interest of the child", adapted to the age, gender, and possible disability of child victims/survivors, committed to increased ethical and safeguarding standards, and adopting a systemic approach that considers the situation of the whole household. In addition to CARE's experience, the design of the methodology will consider the findings of the CP analysis study planned under result 3, activity 1. CARE will also build on its experience addressing child protection cases from both Gaziantep and Sanliurfa provinces, and integrate key observations, e.g. related to the interruption of education due to conflict and displacement and its impact on protection as well as language barriers, bullying at school, and lack of information among parents related to school enrolment that exacerbate negative education and protection outcomes.

Identification processes and selection criteria will be defined to ensure that the most vulnerable among the targeted population, e.g. children with disability, unregistered, unaccompanied children, child labourers, child beggars, girls affected by CEFM, young mothers, and child survivors of violence are given priority. As well as the new role of technical advisor in CP- SWG will enable CARE to establish regular technical exchange with NGOs and INGOs mechanisms, and contribute to the production of working group documents (policies, strategies, work plans)

Once the CP CM approach is documented, CARE will use its position as a leading actor in CP coordination to promote the methodology among other specialized and non-specialized actors. For this purpose, CARE will organize public presentations, roundtable discussion, and bi-lateral meetings with relevant stakeholders. The aim is to contribute to building a holistic, multi-stakeholder response key CP concerns, in particular the situation of children exploited and possibly trafficked for begging.

[FIN] Report on the activity

The tension between the host community and refugees resulted in an increase in discrimination and bullying against children which led to children dropping out of school. Exacerbated by the social-economic difficulties faced by many families, many turned to negative coping strategies including child labor and child marriages. CARE CM team used a mixed approach of micro and macro intervention utilizing multi-sectorial support and two-way referral mechanism CARE established with relevant state, UN and I/NGOs stakeholders, to foster a protective environment for children. This included individual protection analysis conducted for each individual case taking into consideration the personal and family vulnerabilities and creating comprehensive action plans to address identified risks. Furthermore, CARE CM used different levels of advocacy to address protection violations and risks such child labor, unaccompanied separated children (UASC), and children exposed to bullying and violence in schools, through communicating with relevant actors including schools, PDFSS, UNHCR and UNICEF. Moreover, CM team provided hand-holding service including translation, transportation and accompaniment for children cases to address the faced risks prioritizing the best interest of children and survivor-focused approach. CARE CM extended its expertise to CPsWG both at national and southeast levels by contributing technically to developing protection tools and packages such as CPsWG CP Risk Assessment and Case Prioritization Tool - Mapping of Referral Pathways and provided inputs from the field about child protection related issues.

Result 2 - Activity 2

Short description (for the logframe)

Protection service provision through the Protection Helpline

Detailed description (if needed)

CARE started a tele-counselling hotline right after the pandemic hit Turkey back in July 2020. the aim of the helpline is to provide affected communities with a wide range of services, including live translation, counselling and legal advice, information on the nearest available services, relevant legislation, as well as to collect data on sources of information, myths, and misconceptions on COVID-19, which will then be use to develop appropriate counter-messages to be disseminated through CAs.

Furthermore, among the services the helpline provides are: dissemination of public awareness messages, written translation, information on a range of standard topics of concern for refugees in Turkey (Frequently Asked Question responses), and referral to services. The helpline will also be used for COVID-19 awareness-raising, referrals, access, and information activities. To ensure maximum confidentiality, minimize response time, and risk of dropping cases, the Protection Helpline is separated from CARE's Feedback and Information Hotline.

CARE will work on enhancing the helpline system to ensure clients' easy access and better understanding of the provided services. In addition, the information provided on related to CARE Turkey's services is continuously up-dated to ensure refugees have best possible access to the full range of support offered.

The Protection Helpline service and corresponding contact details are disseminated through IEC materials and during outreach activities and distributions throughout targeted communities. The Helpline is accessible for survivors as well as family members or witnesses who want to directly (self-) report a potential protection case. In addition, CAs may us the Protection Helpline to report/refer cases to the IPS team.

The Protection Helpline is staffed by operators, who are part of the CM team.

[FIN] Report on the activity

Throughout the Action, the Protection Helpline effectively served the purpose that was established for through linking beneficiaries with services, counselling, live translation, ensuring access of vulnerable refugees to rights and services. The helpline received more than 16,100 calls during the project period. Both internally and externally, the CARE protection team coordinated with different stakeholders so that everybody knows about the helpline service. The helpline reached the most vulnerable such as the elderly and people with disabilities. The Protection Helpline was operational from 9:00 to 17:00 from Monday to Friday and consisted of a coordinator and 2 operators, who provided immediate responses to telephone inquiries of refugees and addressed their questions, needs, and concerns. To measure the effectiveness of the helpline service, the MEL Team conducted a satisfaction survey with a total sample of 212 beneficiaries (152F, 60M) who received a service from Helpline. 93% of the survey participants stated the service has met their needs.

For more details, please see Helpline Satisfaction Survey Report (Annex 21).

Result 2 - Activity 3

Short description (for the logframe)

Provision of gender- and age-responsive Case Management (CM) services

Detailed description (if needed)

CARE's CM is a client-focused approach for comprehensive service delivery. It is designed to empower clients and strengthen their sense of self-efficacy by engaging them in a collaborative process to identify the most suitable strategy to address their specific protection concerns and reach their goals, taking into account their individual needs, vulnerabilities, strengths, and resources. CARE's CM methodology has proven effective in supporting highly vulnerable refugee women, girls, boys and men to access information, services, and assistance to meet their gender- and age-specific needs in a holistic way.

At the core of CARE's CM methodology is a six-step process: (1) identification and registration of individual/case, (2) assessment of specific needs, (3) development of individual case plan with time-bound and measurable objectives, (4) implementation of case plan, (5) follow-up and review, and (6) case closure.

CM aims towards one or more specific, intentional and articulated protection outcomes. It includes both direct client services (available through CARE CM resources/support pathways) and referral to a range of external support services.

CARE's CM targets the most vulnerable refugees and aims at enhancing the individual's protective environment and wellbeing. Eligible cases may present one or several of the following characteristics:

- presenting a key protection concern such as child protection or gender-based violence (GBV), requiring legal assistance and/or;
- presenting one or more protection concerns, of which at least one requires extensive follow-up and/or;
- requiring complicated or multiple extensive interventions to address a specific protection concern.

Cases are received through different referral channels:

- Internal referrals by PO and BN teams via standard registration forms
- External referrals by external service providers (I/NGOs) via standard Inter-Agency Referral form
- External referrals by local authorities via e-mails or phone calls
- Self-referrals via a CRM hotline number and/or IPS walk-in services.
- Self-referrals through CARE's Helpline

Clients will be supported either through direct assistance available through CARE's CM/IPA resources (see activity 4) or through critical referrals and/or accompaniments (including transportation and translation services) in order to facilitate client's access to basic, social, and protective services provided by state and non-state actors identified by CARE's services mapping in the project locations.

Possible case responses include: internal referral for basic psychological first aid; referral of new arrivals to the Turkish Red Crescent (TRC) for core NFIs; external referral and transportation to, and facilitation/translation for, specialist health, psychosocial and protection response services; facilitation of documentation support e.g. TPIDs; urgent rental support (new arrivals from outside Turkey or where a clear protection outcome is identified only); referral to the ESSN; and coverage of the cost of urgent medical equipment, including assistive devices, where this is life-saving/life-changing and a documented last resort as there is written evidence that no other actor is able to cover the costs. Follow-up is undertaken until case closure.

To ensure CM services respond appropriately, promptly, and effectively to GBV and CP cases, CARE is continuously training/coaching CM Workers and CAs on relevant subjects; female staff are always available to attend to cases of GBV and CP, following the preference of the client(s). IPSs have 'safe entry points' for women and children and IPS staff are well-trained in identification of GBV/CP cases and guiding principles for responding to GBV and CP cases. In urgent cases, survivors of violence are referred to shelters directly.

Please refer to annex 15, CM and IPA SOP.

[FIN] Report on the activity

Throughout the project, this activity was implemented as a process of identifying and responding to the protection needs of vulnerable women, girls, men and boys who were at risk of different protection threats. The activity provided individualized support to address beneficiaries' protection concerns, vulnerabilities and needs through empowering and strengthening their resilience against the protection concerns. The methodology was tailored to reach most vulnerable women, girls, men and boys to access information, services and assistance to meet their gender and age-responsive specific needs in an integrated way.

During the implementation, CARE applied its 6-step methodology: (1) identification and registration of individual/case, (2) assessment of specific needs, (3) development of individual case plan with time-bound and measurable objectives, (4) implementation of case plan, (5) follow-up and review, and (6) case closure.

With the recent developments related to the registration and address verification practice, the GBV and CP cases have become more complex in targeted locations. The CM team successfully closed 4576 CM cases, according to the services available in the region and throughout Turkey, and there is no remaining open case.

*** explanation of the IPA/CM expenditures and their alignment with the IPA/CM review and ECHO protection outcome policy, please see below [General conclusion].

Result 2 - Activity 4

Short description (for the logframe)

Provision of gender- and age-responsive Individual Protection Assistance (IPA)

Detailed description (if needed)

IPA is an intervention that is intended to reduce, remove or prevent an individual's protection risks through a simple, time-bound intervention. It provides a "light" complement to the traditional six-step CM (see activity 3 under this result area).

IPA is a process applied for cases that require a one-time intervention or to meet one main protection outcome (responsive or preventative) that requires limited follow-up. For example, this may include access to a specific service (including documentation/registration under Temporary/International Protection in order to enable service access) that would ultimately improve their protective environment and wellbeing for the client. In line with the 'one-refugee' approach applied for the response in Turkey, both persons under Temporary Protection and those under International Protection are eligible for IPA.

IPA is applied for cases that present the following characteristics:

- requiring facilitative support to access a service (health, Temporary or International Protection, ESN) - such as needing transportation, "hand-holding" and/or translation;
- not necessarily meeting the CM Vulnerability and Threat Criteria but requiring facilitation to access a key service; or
- having one main protection outcome that does not require extensive follow-up.

IPA cases will be handled by CM Workers (Officers and Assistants), who will be responsible for intervention planning and case follow-up leading to closure. CARE's CM team ensures a holistic approach, where the same team members provide support for both CM and IPA clients. All CM team members has been trained thoroughly on both the CM and IPA; if at any stage of an IPA case becomes or is recognized to be, complicated - i.e. requiring two or more actions leading to one or more protection outcomes - the case remains with the same CM Worker, but is reclassified as a CM case. Field supporters assist the CM team - e.g. as translators and to accompany some beneficiaries to key services. However, steps are taken to ensure that they do not have access to sensitive data and only provide support for a specific service only. In general, the sensitivity of IPA cases tends to be lower than that of CM cases.

Please refer to – Annex 15 CM and IPA SOP for more information.

[FIN] Report on the activity

Throughout the project period, CARE closed 3,758 IPA cases (55%F, 45%M) in order to reduce, remove or prevent an individual's protection risks through a simple, time-bound intervention. The activities included not only direct support by CARE and internal referrals, but also linking the beneficiaries with available state and non-state services through handholding (accompaniment & interpretation) and enabling to have a meaningful access to services by removing the barriers. In order to achieve the planned outcomes based on the case plans, the CM team closed 4576 cases with different outputs for these cases under different sectors.

Further information regarding the CM-IPA expenditures are provided in Annex 28 Post Activity Monitoring.

Result 2 - Activity 5

Short description (for the logframe)

Provision of legal assistance, advice, and referral for 650 cases

Detailed description (if needed)

Legal protection services are provided to ensure individuals have access to justice, legal rights and services in accordance with international conventions and national laws. The aim of CARE's legal team is to ensure that refugees living in Turkey are knowledgeable of their legal rights and obligations and are empowered to access legal services under legal protection regulations and national laws.

CARE currently employs two Turkish lawyers (one based in Gaziantep and the other on in Urfa) and will recruit two more lawyers to be based in Gaziantep and Adana, respectively. These lawyers provide a wide range of legal services i.e. legal counselling/advice, legal assistance, legal fee assistance, legal referral services to Bar Associations, and legal awareness raising sessions.

Specifically, these services include:

- Legal Counselling: One-to-one legal information sessions with individuals, privately.
- Legal Assistance: Supporting clients by drafting petitions, accompaniment to courts, case follow-up.
- Legal Referral: Writing a referral petition to and following up with the Bar Associations.
- Legal Awareness Raising Sessions: Group sessions on legal rights for affected communities in Turkey.
- Legal Fee Assistance: Providing financial assistance to support in legal services such as; translation and notary fees as well as court expenses.

Lawyers registered with the Legal Aid Bureau of the Bar Associations are rotationally appointed to represent individuals who are unable to pay attorney fees and other trial expenses in whole or partially. The legal aid budget for each province is allocated by the Ministry of Justice every year. Legal aid includes only civil cases such as divorce, custody, alimony, compensation, and disputes arising out of Code of Obligations. Representation for criminal cases requires a different system of which applications are made directly to courts. However, appointments are made from another specific list of Bar Associations and attorney fees are paid again by the Ministry of Justice.

[FIN] Report on the activity

The project provided legal protection services to 670 (404F 266M) individuals (170 Gaziantep, 309 Sanliurfa, 191 Adana). All individuals (or applicants, only in cases where the individual is in the removal centre or prison) benefited from a one-to-one legal counselling session. 260/670 individuals also received legal assistance and they were accompanied to courts and law enforcement authorities. 78/670 were linked with Bar Associations and Legal Clinics. 59/670 were supported with legal fee assistance to cover notary/court fees and trial expenses. 201 out of 670 were also provided with protection services by the Case Management Team (69 Gaziantep, 55 Sanliurfa, 77 Adana). The type of cases were: divorce(145), criminal case(114), legal status(100), paternity, custody, guardianship for children(58), administrative case(45), administrative detention and deportation(43), GBV(27), citizenship(19), enforcement proceedings(17), judicial ID transactions(14), family reunification(14), administrative fine(10), alimony(10), child protection(including child marriage and child labour)(9), labor law(8), marriage procedures(7) and others (resettlement, legal entry/exit to/from the country, acquisition of property, rental law, inheritance and malpractice).

Legal Team maintained strong relations and cooperation with Bar Associations and Legal Clinics and advocated for gender responsive justice and rule-of-law. The legal team referred 15 deportation files to the Bar Association in Adana. Visits to the Adana Removal Center were carried out especially under the leadership of CARE in coordination with the Adana Bar Association, UNHCR and PDMM. Legal Team closely followed the coordination meetings with governmental, non-governmental organizations and the UN Agencies. The team conducted 20 group sessions. It was closely observed the policy changes, amendment to laws and specific court judgements to keep the teams informed and reduce possible programmatic risks. (see annex 27)

Result (2/3) - [FIN] Conclusions on the result

Building on the achievements from previous project phases, the CM team continued to deliver high-quality and timely responses to increase the well-being and resilience of beneficiaries. The project ensured complementarity with state and I/NGOs services as well as CARE's other projects which has resulted in comprehensive coverage of assistance responding to the different needs of refugees. In order to ensure inclusiveness and accountability to beneficiaries, the CM team communicated the selection criteria, helpline and FCRM channels in all events and spaces, and provided orientation session for community activators. The close collaboration with community activators, protection outreach, and legal counseling team increased the effectiveness and efficiency of the intervention. The service mapping was regularly updated through the digitalized information system. Outgoing and incoming referrals were managed on the online system which resulted in timely information and feedback sharing.

The project assisted children who faced or were at heightened risk of and who resorted to negative coping strategies including child labor, child marriage, hazardous work, neglect, and children out of school, unaccompanied and separated children (UASC), children in conflict with law, children who are survivors of domestic violence or exposed to bullying or/and emotional, physical, sexual abuse, children with disabilities, unregistered children. In accordance with protection principles, CM team undertook preventative and responsive approach to build and foster a safer protection environment for children in CARE's operation areas guided by rights-based approach and the best interest of children.

Furthermore, the project provided legal services to those who were seeking legal protection, evidence-based advocacy activities and coordinated legal efforts among Bar Associations, Legal Clinics, and the Legal Counsellors Group in the Southeast Turkey.

*Additionally, the main reasons for the underachievement of the indicator3 is the change in context during the implementation such as address verification, closed neighborhoods, lack of awareness of governmental regulations. They made it more difficult to assess or identify new cases, while CM team kept receiving critical and complex cases that needed more attention and long term intervention for each case worker and thus the CM team prioritised quality responses for the already assessed and eligible cases, which led to reduce the quantitative number of cases identified and assessed compared to the plan.

**Case workers use individual protection analysis to identify the vulnerabilities, threats (perpetrators), capacities, and risks. Based on the findings of individual protection analysis, they create protection outcomes to decrease vulnerabilities, increase capacities, and remove/mitigate the threats in order to respond to/prevent the identified ongoing or possible potential risks. The correlated and multiple vulnerabilities such as lack of income generation activities, lack of work skills, unmet basic needs, disabilities, and single female-headed households with many dependents lead to negative coping strategies such as child labor or child marriage, neglect etc. For those cases in which the risks are already experienced and ongoing, case workers take responsive actions. During the project, in many cases, the caregivers or parents were considering resorting to negative coping strategies because of the existing vulnerabilities and lack of resources. Caseworkers identified the risks (potential) accordingly that might occur if no action was taken, based on the information collected from the beneficiaries in assessment and case workers create preventative action plans utilizing internal and external resources to stop the risks before occurring. Hence, the indicator 6 was overachieved based on these circumstances, which is mainly caused by the economic deterioration and related increase of negative coping mechanism including CP related issues.

***CARE CM teams adhere to CARE CM's SOP while implementing CM activities for the identified cases and the Protection Risk Analysis approach is used while determining the eligibility and urgency of the cases through assessment forms. The assessment is designed to understand and address each individual's unique protection needs in the household and capture the vulnerabilities and understand how this affects the individual. The assessment creates a holistic and multi-sectoral intervention plan to meet individual's gender- and age-specific needs.

All cases are discussed with and reviewed by the CM coordinator and action plan is either approved, revised, or rejected. In order for an action plan (modality, amount, type of service) to be approved, the case should have at least one protection risk to be considered eligible for assistance. This information is obtained from the individual protection analysis, and it includes:

- Vulnerabilities (lack of income generation, disability, health issues, traumatic events, high number of dependents, etc.)
- Capacities (including income, personal skills, resources such as ESSN, CTE or other support from other I/NGOs etc.)
- Threats (perpetrators causing the risks)
- Risks: harm faced by the individual cases

CARE CM under this Action targets individuals who are at risk of or are exposed to protection risks such as GBV or CP to enhance their psychological and physical wellbeing, and safety. Guided by CARE and international protection principles, CM trained team works with vulnerable identified individual cases and their families to ensure sustained protection outcomes are achieved which contribute to their resilience.

CARE identifies and registers cases through different channels a) Community Activators and Protection Outreach Activities b) Referrals from state authorities c) International and local governmental organizations d) internal programs, e) self-referrals through CARE's Helpline and CRM/hotline numbers and/or IPS walk-in services. Protection team introduce CM selection criteria for the affected population in community meetings when initiating the project, and deliver trainings for the focal points on case identification and registration. CM officers review the received cases and assign a case worker and priority level (high, medium, low) for each case. The Protection team then follows the following steps:

- Identification and registration of prioritized cases for assessment based on the initial information about the risks as stated by beneficiaries, observation of the internal focal points or shared by referring institutions/ organization (in interagency referral form for I/NGOs)
- Comprehensive assessment using individual protection analysis to better understand the vulnerabilities.
- Developing tailored action plan by the case worker, CM coordinator reviews and discusses the case summaries and action plans on case-by-case basis to approve/revise the intervention plan per protection risks and as informed by results of the individual protection analysis.
- After a protection analysis is made, an action plan is developed for each individual eligible case which is relevant to the individual and family vulnerabilities and tailored to address the needs based on case-by-case approach.

Further information regarding the CM-IPA procedures and expenditures were provided in Annex 28 Post Activity Monitoring.

7.3 Result (3/3)

Protection actors coordinate and collaborate effectively to deliver harmonized, comprehensive response and joint, evidence-based advocacy.

Sector

Protection

Subsectors

Other (Protection)

Estimated total amount

203.811,00

[FIN] Final total amount

200.291,21

Result 3 - Indicator 1

Type / Subsector

Custom

Definition

Number of formal engagements with i) protection coordination platforms, ii) non-governmental protection actors to contribute to joint positions and iii) relevant governmental service providers to make evidence-based advocacy efforts.

Source and method of data collection

Coordination Matrix and Database
 Protection Database – Protection Services Officer Database
 Liaison and External Relations Database

[FIN] Source and method of data collection

Coordination Matrix and Database, Protection Database, Protection Services Officer Database, Liaison and External Relations Database Legal Database

Baseline

0,00

Target value

275,00

Progress value

0,00

Achieved value

288,00

Comments on the indicator, baseline and target value

CARE Turkey will measure two components:

1. Coordination with protection actors
2. Advocacy at governmental authorities

This indicator will be measured by tracking the engagement and interactions made through:

- Protection coordination platforms (Protection Working Group, Child Protection Sub-Working Group, Gender-based Violation Sub-Working Group, Key Refugee Groups, Legal Counsellors Group and Case Management Groups)
- Bilateral meetings with governmental authorities where CARE made advocacy efforts (municipalities, governorships, PDMMs, PDFSSs, social services centers)
- Engagement with governmental service providers (hospitals, schools, counselling and research center for children with special needs, social assistance and solidarity foundation)

[FIN] Report on all the indicators for this result

CARE coordinated and cooperated with governmental, non-governmental organizations and UN Agencies to influence decision makers with evidence-based advocacy efforts. In this regard, Protection Team, Legal Team, Liaison and External Relations Team attended protection coordination platforms under the UNHCR Inter-Agency Coordination to engage with non-governmental organizations to share information about the challenges faced by refugees and asylum seekers, to follow protection trends, to report concrete cases and to take a joint position to influence decision makers in favour of right holders.

In light of the conclusions reached and the data collected at these coordination platforms, two types of advocacy works were carried out targeting governmental authorities and service providers. First, CARE held bilateral meetings with governmental authorities (PDMMs, PDFSSs, municipalities, governorships, social services centres) to make advocacy efforts at provincial level on behalf of specific groups such as refugee, asylum seeker, women, men, girls and boys. Second, CARE conducted its advocacy activities to influence public service providers in individual cases (hospitals, schools, counselling and research centre for children with special needs, social assistance and solidarity foundation).

All advocacy efforts were conducted in accordance with CARE Turkey Advocacy Strategy 2022. Almost all (inter)national days (8 March International Women Days, 20 June World Refugee Day, 25 November – 10 December 16 Days of Activism, 23 April Children's Day) were seen as an opportunity to advocate on behalf of rights holders while conducting joint events with governmental authorities. During the project term, Protection and Legal Teams attended 76 UN-led coordination meetings in Gaziantep, Sanliurfa and Adana including Protection Working Group, Provincial Migration Board, Case Management Group, Child Protection Sub-Working Group, GBV Sub-Working Group, Key Refugee Groups, ESSN Task Force, Legal Counsellors Group, Thematic Round Table and MHPSS Working Group. In addition, Liaison and External Relations Team (with support from Protection and Legal Teams) held 212 bilateral meetings with municipalities, governorships, PDMMs, PDFSSs, social services centres to ensure coordination with governmental authorities and to advocate for the rights of refugees and asylum seekers. In addition, the Protection Services Officer and Case Management Team continued to defend rights and ensured that beneficiaries had access to governmental service providers, especially hospitals, schools and Social Assistance and Solidarity Foundation.

Result 3 - Activity 1

Short description (for the logframe)

Development of a learning agenda through a participatory multi-stakeholder process.

Detailed description (if needed)

The learning agenda, which will help to identify the needs of the refugee community for further advocacy efforts, should take into account the context of the pandemic and identify topics around supporting refugees recover from the impact of the pandemic and gain resilience during the post-pandemic phase. CARE will use existing coordination fora, in particular relevant Protection WGs, as a basis for this process, but will also aim to motivate other relevant actors not part of these fora, e.g. local NGOs, to ensure that the key protection concerns and real community needs are identified.

Based on this gap analysis, CARE will facilitate a process of designing a learning agenda, with clear outputs, outcomes, timelines, and responsibilities. The aim is to ensure broad stakeholder buy-in for enhanced relevance of the outcomes and possibly shared responsibilities in the production of outputs.

[FIN] Report on the activity

CARE Program Quality Team and Protection Team held regular meetings and collaborated in developing a learning agenda and drafting a text considering needs of beneficiaries in the field. The process of creation of the document is first an internal consultation between protection and program quality teams. The inputs provided during the meetings were the results of the assessments of the cases/beneficiaries by the CARE teams, the topics frequently discussed in the coordination groups and the bilateral meetings of the Liaison and External Relations Team with the governmental authorities. These multi-stakeholder views were taken into account by the CARE teams while preparing the agenda content. In addition, the draft agenda text was discussed with the Child Protection Sub-Working Group coordinators, where child protection was the focus, and the content of the text was finalized in line with the discussions. Program Learning Agenda has been attached as Annex C.

The KAP study in Adana was prioritized to better understand the baseline/endline level of protection related knowledge, attitude, and practices of the targeted communities in Adana (Annex 1). Advocacy efforts on child protection were centered through partnering with the local authorities. CARE strengthened its proactive approach by signing an MoU with Sanliurfa Governorship and PDoFSS in April 2022 to respond to key child protection concerns. CARE held separate meetings with Governorship, PDMM, Child Police Unit and PDoFSS to establish a functional referral mechanism for inter and cross referrals. Through the commissions established in Social Services Centers in Haliliye and Eyyubiye, CARE received case referrals to have joint assessments with PDoFSS to have a more inclusive and integrative response to child protection. On the other hand, findings of gender analysis and KAP study were used as evidence for advocacy activities during bilateral meetings held with the governmental authorities.

Result 3 - Activity 2

Short description (for the logframe)

Facilitate coordination among protection actors at local, regional, and national level.

Detailed description (if needed)

Building on CARE's experience as a convener of response actors and very active participant in various coordination fora, in particular the Protection Working Group and Child Protection and SGBV Sub-Working Groups, the Legal Working Group for South-East Turkey, and the Case Management Task Force, CARE will continue to take on leadership roles and/or responsibilities in Protection-related coordination at the level of municipality, district, province, at regional level in Southern-Turkey and at national level in Ankara to fill critical gaps in the coordination structure.

[FIN] Report on the activity

CARE chaired both Legal Counsellors Group and Sanliurfa Case Management Group under the Southeast Turkey Protection Working Group led by the UNHCR Inter-Agency Coordination. CARE also volunteered to contribute to Task Team of Individual Protection Interventions and the Task Team of Community Engagement. CARE also sat on the Syria Task Force, Inter-Sector Working Group, Protection Working Group, SGBV Sub-Working Group, Child Protection Sub-Working Group, Education Working Group, Health Working Group, MHPSS Working Group, Key Refugee Group Thematic Coordination, Case Management Groups in Gaziantep, Sanliurfa Adana. CARE Legal Counsellors provided strategic legal advice during Provincial Board Meetings. CARE attended these coordination platforms for harmonizing its approaches and services, avoiding duplication and promoting learning across agencies. It was important for CARE to take leadership roles, to follow current developments and trends and to make evidence-based advocacy efforts. Furthermore, it was always crucial to contribute to joint advocacy positions, messages and initiatives. Legal Counsellors Group constantly provided technical legal support to coordination platforms, kept the sectors updated on fast changing regulatory environment, newly enacted laws and regulations affecting refugee rights in practice. Moreover, group members continued to report all their individual legal cases without providing personal data to better understand the legal needs and dynamics of refugees and contribute to evidence-based advocacy efforts. Furthermore, the group successfully organized the online Legal Webinar Series 2022. 992 participants(388 unique) from 79 organizations in 25 different provinces attended. CARE moderated all sessions, and during CM group meetings, led conversation about registration procedures. In addition, developing guidance for CP risk assessment and Case Prioritization tool (mapping of referral pathways) was supported.

Result 3 - Activity 3

Short description (for the logframe)

Conduct coordinated/joint advocacy based on evidence from CARE's coordination with protection actors targeting relevant provincial government authorities

Detailed description (if needed)

After engaging with relevant protection actors through existing coordination mechanisms to develop strong advocacy messages., CARE will convey these advocacy messages to governmental authorities and service providers in Adana, Gaziantep, Sanliurfa, namely municipalities, governorships, PDMMs, PDFSSs, social services centers, hospitals, schools, counselling and research center for children with special needs, social assistance and solidarity foundation

[FIN] Report on the activity

CARE continued its advocacy activities to influence decision-making at governmental authorities. On the one hand, advocacy activities were carried out on behalf of right holders in individual cases responded by the Protection and Legal teams. On the other hand, efforts were made as collective advocacy activities on behalf of refugee groups. At the individual level, team members constantly met with the authorities and carried out case-based work so that individuals can access the services provided by the governmental authorities. It was important to make sure that there was non-discriminative environment at the authorities and services were provided in accordance with laws and regulations. PDMM for granting legal status and verifying addresses, PDFSS for providing social services and protection especially for GBV survivors and neglected children, hospitals for health services, schools for enrollment, solidarity foundations and social services centers for social assistance were regular authorities to advocate for refugee rights. In addition to individual advocacy, CARE also carried out provincial advocacy activities for wider issues affecting all refugees. Liaison and External Relations Department, particularly, held coordination meetings with municipalities and governorships as well as PDMMs in Gaziantep, Sanliurfa and Adana provinces simultaneously, to convey challenges in the field, to present solutions, to share case outputs to create evidence with the goal of achieving faster and more equitable services. In this regard, CARE continued to conclude MoUs to make mutual case assessments, to create effective referral mechanisms and to conduct mutual events and workshops for refugees, especially to mark (inter)national days such as 20 June World Refugee Day. As a result, every advocacy activity was carried out complemented each other, supported the efforts of other non-governmental organizations, and formed efforts in harmony with the UN Agencies.

Result (3/3) - [FIN] Conclusions on the result

Under Result 3, the Action contributed to the overall project objective through i) coordination with non-governmental organizations and the UN Agencies, and ii) advocacy efforts at governmental organizations.

The goal was to influence decision makers so that refugees can access rights and services rapidly without challenges and in line with laws and regulations. It was difficult for this impact to be made by a single organization, therefore CARE had coordinated and taken a joint position with both other protection actors/non-governmental organizations and the UN Agencies. It was crucial for CARE to participate in coordination platforms and take an active role. Case Management Groups, Legal Counsellors Group, Child Protection and Gender-Based Violence Sub-Working Groups were important platforms for coordination on protection matters. In these platforms, CARE shared the results of its learning agenda focused on i) child protection, ii) rapid gender analysis and iii) Knowledge Attitude and Practice (KAP) study in Adana. The child protection topic was identified during a needs assessment in Adana in consultation with multiple stakeholders from municipalities, public institutions as well as other I/NGOs (Annex 26). The rapid gender analysis was identified to ensure the understanding of gendered roles and responsibilities was widespread among the targeted communities and it was completed in March 2022 (Annex 25). The study results were shared as evidence to be used for further advocacy efforts made collectively. In addition, these findings were used in meetings with governmental organizations to better defend the rights of refugees and asylum seekers. CARE showed harmony in the joint positions taken on the coordination platforms and even played an active role in taking these positions. These positions determined what challenges there were in the field and how to advocate for right holders.

CARE conducted its advocacy efforts with governmental organizations – decision makers generally in two ways: on behalf of right holders in individual cases responded by the Protection and Legal teams and collective advocacy activities on behalf of refugee groups. While individual advocacy activities were shaped by the needs of individuals and which governmental organization would meet these needs, collective advocacy activities had been carried out by targeting higher-level policy makers in order to meet the common needs and challenges of the refugee community. Finally, CARE contributed to the national-wide advocacy activities throughout the country by putting forward the same findings from the learning agenda and coordination platforms during the meetings held at the national level in Ankara.

During the reporting period, significant advocacy efforts were made before Gaziantep PDMM to foster cooperation and solidarity on human trafficking and for the implementation of human trafficking legislation. CARE worked in close collaboration with the Head of Gaziantep PDMM Working Group on the protection of victims of human trafficking, CARE i) referred many individuals to PDMM on suspicion of being a victim of human trafficking, ii) provided support for research conducted by PMM aiming at developing anti-trafficking policies and participated voluntarily in interviews for the research, iii) conducted meetings with PDMM and to share challenges and consequences of being trafficked. As a result of the efforts, CARE started to observe increase on the number of persons who were considered to be victims of GBV but were actually victims of human trafficking since the legislation and interviews were progressed. CARE and Gaziantep PDMM will be conducting joint human trafficking trainings and concluding a protocol in the upcoming period. Identifying people as victims of human trafficking helped them benefit from the rights recognized in the legislation, regularizing their stay in the country and accessing services.

CARE observed that access to legal aid in Adana Removal Center was either challenging or not possible and advocacy effort was necessary in addition to support for individual cases. It was determined that there was no communication between Adana Bar Association and the PDMM, persons staying in the removal center could not be identified and there was also no coordination between the removal center and the bar association. In this regard, CARE held many meetings with all those three institutions to ensure coordination among them and included UNHCR in this coordination. CARE informed both PDMM and the bar association about administrative detention and deportation procedures and supported them on how to provide legal aid in line with the legislation. Additionally, CARE paid many visits to the removal center to identify persons who needed a lawyer. At the end, the system and coordination were established to follow legal and administrative procedures, legal cases were filed, and detention/deportation decisions were annulled.

CARE also involved in advocacy work on child labor targeting Sanliurfa Governorship and PDFSS by means of concluding an MoU to raise concerns on child begging, awareness of the line ministry in the province and to enforce child protection laws and procedures to prevent child begging and labor. After the internal process of creation of the agenda and document, the representatives of Child Protection WG were informed and reconsulted about the suggestion to launch research focused on Child Begging (Annex B) and support the initial desk review process.

Child begging cases detected by CARE were quickly referred to PDFSS while the specific needs of the cases were responded. Information was constantly provided on child protection procedures and support was provided to establish a system among PDFSS officials, child police unit and governorship that would facilitate rapid action in child protection cases. With this response mechanism supported by CARE, it was also observed that children's access to the right to education increased.

During this project period, another subject that CARE had been advocating for was the temporary protection registration procedures amended by the PMM via the circular dated 3 June 2022. With this circular, temporary protection registrations in all provinces were stopped except for few exceptions. However, it was observed that exceptional cases did not cover highly sensitive cases, which were inevitable to reach the service providers through registrations. Accordingly, CARE regularly raised this sensitive concern at the Case Management Group meetings held in SET provinces where PDMM officials attended. In addition, CARE regularly provided case examples and evidence-based information to UNHCR in order to escalate the matter to both provincial and national level. As a result, although the implementation was not annulled, it was observed that the scope of exceptional registration procedure was expanded with an additional circular.

7.4 Results Context and Conditions

7.4 Preconditions

The following conditions have to be met for CARE to be able to start-up and implement the proposed activities:

- Central, Provincial and District Government continue to provide CARE with the necessary approvals, including permission from MoFLSS to implement protection programming and permission to deliver services in Adana;
- Access and assessments are not impeded by Central, Provincial or District Government entities;
- CARE continues to be granted work permits for international staff to enable sufficient technical and management oversight of programming;
- Other government, UN, and non-government actors are available for and interested in cross-referrals, in particular actors that provide specialist GBV and CP services to refugees; Refugees continue to see CARE as a relevant, trust-worthy protection service provider.

7.5 Assumptions and risks (including risk of fraudulent activities and environmental risk)

CARE has identified risks related to security and safety, programming, administration and management with specific emphasis on risks for project participants/recipients of humanitarian aid, transparency and integrity of the humanitarian response, and the environment. Potential risks and corresponding mitigation measures are detailed in annex 17, Risk Analysis and Contingency Measures. CARE takes risks related to beneficiary abuse or exploitation with the utmost seriousness and has mechanisms to address those, including a Safeguarding Policy that addresses risks related to sexual harassment, exploitation and abuse (SHEA) as well as child protection (see annex 18).

7.6 Contingency measures taken to mitigate the risks described in the section 7.5

Potential risks and corresponding mitigation measures are detailed in annex 17, Risk Analysis and Contingency Measures.

7.8 [FIN] Report on preconditions, assumptions and risks

By August 2022, the issue of Syrian refugees' presence in Turkey has become a hotly debated topic in Turkish politics, particularly due to some political parties' openly anti-refugee rhetoric. The risk of community sentiments against refugees is assessed to be higher than previous election periods since both parties – governing and opposition – promised their constituency to take some steps to reduce the number of refugees in the country. The risk did not reach to a point to require program suspension. Nonetheless, RMT drew staff's attention to the risk and shared several advisories to avoid political discussions, keep a low profile, and clearly communicate that CARE does not in any case promote illegal arrival of foreign nationals into Turkey.

Following the explosive attack in Istanbul in November 2022, the southeast of the country faced with another military escalation which affected particularly border areas like Karkamış and Kilis. Possibility of a military operation into northern Syria is also discussed, which has the potential to affect the security environment of the region and to escalate public sentiments against refugees even further. However, until the time of reporting, no massive ground troop movement was reported. Based on continuous monitoring of the situation, RMT advised staff to avoid crowded areas which may be targeted by criminals, and limit travels to and program activities in Kilis to essential only.

By June 2022, the government of Turkey lifted all COVID19 restrictions, which gave some relief to field work. However, CARE continues to monitor the case numbers and keeps the mechanism for staff to report if they are suspected of showing symptoms. Staff are also advised to use masks and hand sanitizers where they feel uncomfortable about the programming environment and pay extra attention not to raise any misunderstanding by beneficiaries.

8. Resilience Marker

8.1 Resilience

Q1: Do the proposed project activities adequately reflect an analysis of risks and vulnerabilities (including conflict, environment and climate risks)? Yes

Provide details

The proposed Action is based on thorough analysis of risks and vulnerabilities of refugees (from different countries of origin), the wider social, cultural, economic, political, and legal environment, and the relations between refugees and host community members. Data sources include CARE's own needs assessments and studies, PAM, satisfaction surveys, feedback channels, programming experience, and secondary information obtained through sector coordination and review of available documents (agency reports, policies, laws etc.).

The design takes into account the sensitivities that exist around the presence of refugees in Turkey in general, and service provision for different groups, e.g. LGBTI persons. It also takes into account risks of jealousy, tension or even conflict between refugee and host communities, that may affect the physical and psychosocial integrity of both project participants and CARE staff.

CARE is also very aware of the risks that emanate from protection service provision itself, especially for survivors of violence, e.g. related to privacy, confidentiality and safety of clients during case management and referrals, and exploitation by aid workers and volunteers.

Environmental risks are considered in particular regarding the situation of refugees living in tented settlements in Adana, close to the agricultural sites where they work.

Q2: Does the project adopt a "do no harm and conflict sensitivity" approach, include specific measures to ensure that the identified risks and any environmental impacts of the project are addressed to the extent possible, and are not aggravated by the action? Yes

Provide details

CARE assesses and monitors very carefully any potential unintended effect on relations between refugee and host communities, e.g. jealousy over access to services and assistance, and sets appropriate mitigation measures. For instance, CARE keeps a low profile, while at the same time communicating transparently about services provided and selection criteria. In addition, a share of resources (funding from other donors, e.g. PRM) is allocated to support host community members.

To mitigate any harm emanating from service provision, CARE has designed clear guidance for key services, e.g. SOP for CM/IPA, including safe, confidential referrals (see annex 15) and Guidelines for Protection Outreach Program (see annex 16). Staff and CAs are thoroughly trained on the service provision processes. In addition, CAs and other community members supporting the operation are not provided with access to sensitive information. CARE has a Safeguarding Policy in place (see annex 18) that covers both SHEA and child protection concerns; sessions on safeguarding are organized on a regular basis for all staff and CAs, where they are informed about the mechanisms to prevent SHEA and child protection within CARE and reminded of their

Due to the fact that the proposed Action focuses on protection service provision, no significant impact on the environment is expected.

However, where complementary services and assistance are provided, e.g. in terms of access to water and sanitation for agricultural workers or economic empowerment activities, measures to prevent harm to the environment are taken, based on environmental impact assessment.

Q3: Does the project include measures to strengthen local preparedness capacities (of individuals and national or local institutions or organisations) to respond or adapt to identified risks? Yes

Provide details

The proposed Action continues to build community capacities to identify protection concerns, to provide verified, current information about protection risks, how to mitigate them, and where and how to seek support, and to refer potential protection cases. This has been done through the engagement of community members as peer-to-peer CAs. Under the proposed Action, CARE will strengthen the role of Community Steering Committees (CSC) and build the capacities of CSC members to identify community protection concerns, to raise them with CARE and other protection actors, and to choose and implement appropriate community-led actions. This will strengthen community resilience vis-à-vis protection risks beyond the project life-time and enhance community capacities to “build back better” during the post-pandemic period.

Q4: Does the project contribute to long-term strategies to reduce humanitarian needs, underlying vulnerability and risks or identifies modalities to link up with ongoing development interventions (national or international stakeholders)? Yes

Provide details

The action is designed to strengthen the individual and collective capacities of the target population to identify, prevent, mitigate, and recover from different protection concerns, with a focus on GBV and CP. It builds on three key elements: providing individuals and families with the tools (information, safe spaces etc.) to identify and reduce vulnerabilities to protection risks (R1); ensuring affected individuals and families receive the support (information, services, material assistance) they need to address and recover from a specific protection concern (R2); contributing to a protective environment where all relevant stakeholders collaborate to find and implement solution to key protection concerns that are victim/survivor centered (R3). These measures are expected to strengthen the individual and collective resilience and sense of efficacy among refugees in South-East Turkey. Bi-directional referrals between CARE’s humanitarian protection services and economic empowerment support also ensures that refugees can reduce socio-economic vulnerabilities that exacerbate protection risks (e.g. extreme poverty that prompts adoption of negative coping strategies, economic dependencies on a perpetrator of GBV), thereby strengthening resilience of those affected in a sustainable way.

CARE seeks sustainability through a combination of donor funding, encouragement of refugee livelihoods, using referral pathways and increasingly, collaboration with local governments. Transition for this project is anchored in providing tools and conditions to manage lives in dignity and protection. CARE will provide knowledge, awareness, and CM support to help survivors of protection violations recover and rebuild lives. With their cases resolved, they will be able themselves to rebuild their lives and address trauma in order to apply positive coping strategies.

Initial mark 2

8.3 [FIN] Resilience

Q1: Do the proposed project activities adequately reflect an analysis of risks and vulnerabilities (including conflict, environment and climate risks)? Yes

Q2: Does the project adopt a "do no harm and conflict sensitivity" approach, include specific measures to ensure that the identified risks and any environmental impacts of the project are addressed to the extent possible, and are not aggravated by the action? Yes

Q3: Does the project include measures to strengthen local preparedness capacities (of individuals and national or local institutions or organisations) to respond or adapt to identified risks? Yes

Q4: Does the project contribute to long-term strategies to reduce humanitarian needs, underlying vulnerability and risks or identifies modalities to link up with ongoing development interventions (national or international stakeholders)? Yes

Final mark 2

8.4 [FIN] Report on Resilience marker

The project prioritized universal protection principles including no harm. Different measures were taken to ensure the safety of beneficiaries and not to expose them to further harm, so orientation, training and guidance for CM case workers who directly contact beneficiaries were provided. Trainings were also extended for IPS workers, CRM, Helpline, Legal team’s field supporter and other non-protection focal points. Individual protection services were utilized to ensure realization of fundamental human rights such as access to remedial services, education, health services and to assist recovery from previous rights violations. GBV risk mitigation modalities were identified for each case during the case discussions, case committee meetings, and the safest actions for beneficiaries were approved. Throughout the process, CM approach focused on beneficiaries’ needs, aspirations, strengths, weaknesses and worked together to address the problems for a lasting solution. Furthermore, up-to-date service mapping was regularly reviewed by protection service officers ensuring the safe and of high quality. The Helpline number was translated into Arabic and Turkish in order to provide direct and safe communication channels for refugees. At IPS office and community events, information materials were used to minimize the possible social tensions through awareness raising. In terms of minimizing the environmental risks associated with this project, the teams utilized awareness raising through including climate change related topics in different sessions. Furthermore, IPSs offices are set-up eco-friendly, and the usage of papers is minimized while separated garbage boxes for recycling are distributed in easily accessible places. The awareness raising sessions on legal rights, child labor, CP, early/forced marriage, safe motherhood and family planning were conducted, so that the beneficiaries can disseminate in their communities to

9. Monitoring and Evaluation

9.1 Complaint mechanism

CARE has established a feedback and complaint mechanism accessible to both beneficiaries and all other stakeholders. The main channel is a Feedback and Information Hotline which is available 24/7. Beneficiaries can provide feedback or make complaints confidentially and anonymously, if they wish so. In addition, community members can bring forward feedback and complaints through the CAs. CARE has tablets installed on the walls close to the IPs entrance for beneficiary feedback and complaints in these IPSs. The complaints and feedback questions are designed in a user-friendly way with face emojis to select for easy reading and understanding. For people with different degrees of vision loss, there is a voice recording option. For people who do not feel comfortable in using a tablet, there are complaint boxes installed on the walls as well. Moreover, CARE's feedback and complaint mechanism has a phone line that is open during working hours and an online complaints/feedback log sheet through which individuals who are not physically able to access to CARE's centers can be reached out to CARE.

Direct accountability towards CM/IPA clients is promoted through Post Activity Monitoring (PAM). PAM aims to understand the effectiveness of CM/IPA, to provide a dedicated space for beneficiaries to voice concerns, and to ensure that their needs are met. PAM results are used to enhance service provision by ensuring that the quality, content, and responsiveness of services are adequate to produce best-possible protection outcomes for clients. PAMs are conducted at least every other month for each location.

Any complaints lodged are investigated by CARE staff under the direct oversight of the Country Director, who will follow-up in case of serious allegations against any staff with appropriate follow-up. CARE has zero tolerance towards abuse of beneficiaries and any allegation related to SHEA or child protection will be addressed with the utmost priority. Following the investigation, CARE may take measures regarding a particular employee or contractor and/or strengthen management systems.

CARE's Monitoring, Evaluation, Accountability, and Learning (MEAL) team is responsible for bringing together feedback from different sources, including the feedback and complaints channels mentioned above, and to collect complementary information, e.g. through post-distribution/activity monitoring, satisfaction surveys or focus group discussions, and facilitating staff reflection events throughout the project and an after-action review at the end of each project. The aim is to identify best practices and lessons. These are then fed back to the CARE Management and Program team for further discussions and to inform adaptations of on-going activities/design of new ones.

CARE is also committed to promoting accountability among the response community in South-East Turkey overall, and for this reason chairs the Accountability to Affected Population task force.

9.2 Monitoring of the action

During the start-up phase, CARE's MEAL team will design a detailed Monitoring & Evaluation (M&E) plan for the Action, where indicators are operationalized, data disaggregation requirements are specified (data is disaggregated, at least, by sex and age) and responsibilities and frequencies of monitoring activities are detailed.

The M&E plan will be guided by relevant sections of the IASC Guidelines for Gender, Inclusion of Persons with Disabilities, and Inter-Agency Guidelines for CM and CP. For indicators included in the current Action proposal that are also part of the revised Results Framework (rRF) for the Facility, the corresponding data collection, disaggregation, and reporting requirements are applied. To ensure outreach to and participation of persons with different types of disabilities is captured appropriately, the Washington Group Short Set (WGSS) of Questions on Disability is utilized.

The MEAL team will also develop data collection tools or up-date existing tools, which will be annexed to the M&E plan. The MEAL team will subsequently ensure that all field-based staff are trained on the use of relevant monitoring tools and aware of their responsibilities with regards to data collection. Data collected by both program and MEAL teams will be fed into CARE's project database.

For the proposed Action, CARE will undertake baseline and endline KAP surveys (see also result 1, activity 1); where end-line data from the previous project phases exists, no additional data will be collected. Random sampling will be applied to select survey participants from among all community members that received protection messages. In addition to measuring community knowledge, attitudes, and practices related to key protection concerns, the KAP survey will also be used to capture data related to prevalence of negative coping strategies.

For data collection during implementation, CARE will use a combination of qualitative and quantitative methods. The CARE M&E Team will conduct Post Activity Monitoring (PAM) for a sample of participants for the PO activities as well as CM and IPA clients.

In response to the pandemic situation, CARE has adapted its M&E practices with the aim of minimizing harmful outcome for project participants. See annex 19 for further details on the adaptations CARE Turkey has introduced as of May 2020; further changes to the M&E practices may be initiated as the pandemic situation evolves.

Since PO sessions are currently conducted online, PAM surveys are also web-based, with Zooms links shared with participants after PO sessions. Participants are informed of the objective of the survey and informed consent is obtained from the beneficiaries who are willing to participate. Confidentiality and respect for sensitive information provided is ensured. The participation is voluntary, and beneficiaries can stop the survey or withdraw the information already submitted at any time.

Monitoring data and analysis are shared with the CARE Management as well as the Program team on a regular basis as a basis for decision making on continuation of and adaptations to different program components. The MEAL and program teams meet regularly to evaluate the data collected from the field, evaluate progress against program objectives and indicators, discuss challenges, and determine next steps to ensure activities are implemented in a timely fashion and with the required quality.

9.3 Is this action remotely managed?

No

9.4 Which of the following evaluations will be undertaken and charged to the action?

<i>Internal evaluation of the action's results</i>	No
<i>External evaluation of the action's results</i>	No
<i>External audit (only if it is a legal obligation)</i>	No

9.5 Studies carried out in relation to the action (if relevant)

No

9.7 [FIN] Report on monitoring and evaluations (including complaint mechanism)

The activities were monitored through different MEL tools (PAM surveys, satisfaction survey, Pre-and Post-Tests and Community Event Feedback Survey) in order to collect regular feedback on services provided and to ensure downward accountability. PAM for CM/IPA: PAM survey was conducted with a sample of beneficiaries(N=351) who benefited from the services. The data was collected through KoBo and MEL interviewed participants through phone calls during the period 9-17 November 2022. The interview was semi-structured which helped to understand the respondents' feelings and feedback about CM services, performance of staff and to measure the effectiveness and impact of the services on the population (individuals or household). See Annex 28 for details.

PAM for GBV survivors: The assessment was conducted November 2022 through in-depth interviews and data collection in qualitative and quantitative methods. All interviews were conducted via phone by two MEL female staff for 77 sample cases. MEL team interviewed Syrian refugees in Sanliurfa and Gaziantep provinces who received GBV support under Case Management under the project. It was measured the effectiveness and impact of the CM on GBV services on the population (individuals or households). (Annex 20)

PAM for PO Awareness sessions: the PO online sessions participants answered the PAM. Participants were informed the objective of the survey and consent was obtained. Confidentiality and respect for sensitive information provided ensured. (Annex 22,23,24)

Helpline: To measure the effectiveness of the helpline service, a satisfaction survey was conducted with 212 sample beneficiaries (152F 60 M). 93% of the participants stated the service has met their needs. (Annex 21)

Pre- and Post-Tests: To measure increased knowledge/skills through the dissemination of critical protection messages to communities, pre and post-tests for CAs were conducted in sessions on various protection topics. The tests aimed to understand the level of understanding the project has delivered to CAs. The test of each separate protection topic was designed as an online quiz and had been shared with CAs through Zoom/WhatsApp to be filled before and after the training. 73% of all CAs showed improvement in the knowledge in the post-tests compared to the pre-tests. (Annex 16,17,18)

IPS Satisfaction: 3239(2789 F 450 M) participants from 7 IPSs in Gaziantep, Sanliurfa and Adana responded voluntarily to the Satisfaction Surveys conducted during quarters 1,2 and 3 related to all CARE services. 85% of the respondents were satisfied with the services they received. (Annex 2,3,4,5,7)

Community Event Feedback Survey: This was implemented to understand satisfaction and feedback regarding the events provided by PO team. MEL team attended and observed 3 events of World's Refugee Day for the survey. Monitoring results were shared with staff regularly as feedback to the program improvement to make sure the activities were implemented according to the agreed-upon objectives, methods and indicators. (Annex 8,9,10)

Complaint & Response Mechanism: The FCRM functioned through 6 channels: hotline calls, WhatsApp messages, IPS satisfaction survey, complaint and feedback box, email, and Kobo link. Through the channels, the accountability team received all feedback/complaints and assigned them to the relevant department as needed. During the course of this project, 4319 complaints and feedback were received (78% by females, 22% by males), where the majority were used the hotline (calls and WhatsApp messages). Mainly the complaints and feedback were categorized under request for information about IPS numbers, lawyer numbers, locations, case management and activities - registration, available service and dates. All the complaints and feedback were resolved in close coordination between accountability and program teams.

10. Implementation

10.1 Human resources and management capacities

The actual implementation of activities in the field will be carried by CARE field staff in Turkey, working with individual beneficiaries on a daily basis.

The core implementation team (all working full-time in the proposed Action) consists of three CM Coordinators, three PO Coordinators and three Legal Advisors. In addition, 18 CM Officers/Assistants, 9 PO Officers/Assistance, and 14 IPS staff are involved in direct service provision. The outreach work is supported by 10 CAs. Other positions involved in direct service provisions are co-funded through other funding sources, e.g. PRM, thus leveraging complementary resources.

CARE's Program team will be supported by a full team of administrative, logistics, finance and MEAL staff. Relevant support staff are trained in ECHO grants management, and CARE has the management systems for procurement and financial management to deliver the proposed Action in full compliance with ECHO rules and regulations.

CARE's Country Director in Turkey will offer strategic and programmatic guidance, represent the project to external stakeholders, and assist in liaising with governmental authorities.

CARE has permission from national and provincial authorities to operate in Gaziantep, Hatay, Kilis, and Sanilurfa provinces, and will seek permission to implement in Adana provinces ahead of the start-up of activities under the proposed Action.

CARE Austria will backstop the Action, provide ECHO compliance support and capacity building as necessary, conduct internal

monitoring, support reporting to ECHO, and take responsibility for contract management and communication with ECHO Brussels.

10.1.2 [FIN] Report on human resources and management capacities

The Action was implemented according to the management structure presented during the proposal. With the newly added location - Adana, the protection team recruited 1 coordinator, 1 officer, 1 assistant and 2 field supporters for case management, while for protection outreach, 1 coordinator, and 2 PO assistants were hired. The legal team was re-structured with 7 members (1 legal aid manager, 3 protection legal counsellors, and 3 legal field supporters) who have provided legal protection services for those seeking legal advice, assistance, aid, and to carry out advocacy efforts.

The vacant position in the beginning of the project was filled through the recruitment of 1 helpline coordinator based in Gaziantep who led helpline activities for all project implementation areas. Within this Action, all coordinator positions were under the supervision of Protection Project Manager based in Gaziantep, and other staff under 2 coordinators in each location (Gaziantep and Urfa). Each sub-team consisted of an officer and one assistant, and one or two field supporters.

10.2 Do you intend to deploy EU Aid Volunteers in the framework of this action? No

10.2.1 [FIN] Did you deploy EU Aid Volunteers in the framework of this action?

No

10.3 Logistics

10.3.1 Are you overseeing your entire supply chain? Please answer "No" if you are relying on other entities to do this either fully or partially (e.g. Humanitarian Procurement Centre, Global Logistics Cluster, through joint procurement initiatives etc.)? Yes

10.3.2 Please describe shortly the approaches you are using. If used, please also provide details on the Humanitarian Procurement Centre

Wherever possible CARE procures items for distributions in the local market in the country of operation; where goods are not available in sufficient quantity and/or quality or where local procurement may have a negative impact on the availability and affordability of the required items in the local market, CARE imports goods from neighboring countries, always with view to keeping delivery ways short and benefiting the local / regional economies.

For the proposed Action, CARE will procure laptops and phones for use by new staff who will be dedicated 100% to the project. Other staff working under the proposed Action will continue to use the existing equipment; sub-offices will also reuse the equipment from previous ECHO-funded actions. Some new pieces of equipment will also be purchased for the Adana sub-office and IPS, as necessary to complement equipment purchased with PRM-funding. All equipment will be used for communications, producing project documents, project monitoring and evaluation, analyzing data, financial management and donor reporting. Supplies and materials required for project activities will be procured locally .

10.3.4 [FIN] Report on on supply chain

During the implementation of the Action, CARE's Procurement Department completed all procurement requests according to the established procurement plan in compliance with CARE CI Policy. The procured items included Core Relief items (hygiene kits, sleeping sets and carpets, kitchen sets and diapers), visibility items, cloth and market cards to be distributed to beneficiaries in Gaziantep, Urfa and Adana. All the procurement processes were filed properly and uploaded to CARE database system for documentation. In terms of logistics, the site visit and quality check processes were properly completed. The storage conditions and relevant warehouse documentation data were realized in line with the logistics SOPs. All required logistics documentation was recorded on CARE database.

There are 14 equipment items purchased under this project that have the costs EUR 1000 to 2500, and the total costs of them is EUR 18,625. Since the continuing ECHO funded project is currently ongoing [ECHO/TUR/BUD/2022/91000], the items were all transferred to the follow project. And all low value items will be used for humanitarian actions under CARE Turkey's management. There is no equipment or good transferred from the previous ECHO funded or other projects to report. For details, please see the Annex sheet of Asset list in the Financial Statement (Annex 30)

10.4.1 Do you anticipate any implementation challenges in the supply chain? No

10.4.4 [FIN] Report on on supply chain challenges and measures to mitigate them

The exchange rate fluctuation and devaluation of the Turkish Lira was the most critical and pressing issue for Procurement team as this caused amending the contracts several times to increase unit prices. Moreover, some bidders withdrew during the contracting phase, stating that because of the fluctuations their offers were not valid. As an action point, the Procurement team started asking quotes in USD for all types of procurements to avoid the issues and delay that caused by these challenges.

In order to improve the internal team coordination, the Procurement team improved the Procurement Tracker System where Program Unit could reach all timely information such as total cost, delivery time, GRN date, and finance submission date.

To mitigate the risk factors in terms of logistics side, the relevant staff were involved in all site visit, receiving and dispatching processes of the items for the implementation of program projects. During the implementation of projects, the required responsibilities

are distributed between the program and operation staff equally and transparently to provide reconciled data on both sides.

10.6 Are there any other participants in the action?

Yes

10.6.1 Implementing partners / co-partners

Name	Type	Estimated amount of EC budget allocated to organisation at RQ/MR stage	Final amount of EC budget allocated to organisation at FIN stage
1. CARE Turkey	Implementing partner	3.079.205,00	3.034.695,81
Total		3.079.205,00	3.034.695,81

10.6.1 Implementing partner (1/1)

Name

CARE Turkey

Address

Pancarlı Mahallesi, Zeki Savcı Caddesi No:23, Sehitkamil/Gaziantep

Status

International NGO

Estimated amount of EC budget allocated

3.079.205,00

Justify amount exceeding 60.000,00 euros (please, see the guidelines for the justification)

CARE Austria does rely on other members of the confederation/family network - in this case CARE international in Turkey - as this set-up ensures geographical coverage while minimising costs and avoiding duplications.

[FIN] Final amount of EC budget allocated

3.034.695,81

Justify amount exceeding 60.000,00 euros (please, see the guidelines for the justification)

CARE Austria does rely on other members of the confederation/family network - in this case CARE international in Turkey - as this set-up ensures geographical coverage while minimising costs and avoiding duplications.

Coordination, supervision and controls

The MoU to be signed between CARE Austria and CARE Turkey for the implementation of the proposed Action will detail coordination, supervision and controls, including internal and donor reporting requirements. CARE Turkey will be required to transmit to CARE Austria all relevant information related to this Action through periodic reporting as well as ad-hoc communication in case of planned deviations from the project plan, significant delays in implementation and/or unforeseen circumstances that may impact the delivery of project outputs and/or outcomes. In particular, CARE Turkey will inform CARE Austria immediately should one of the risks identified in section 7 of this Action proposal materialize.

At country level, CARE Turkey's Senior Management Team will provide oversight on this project. CARE Turkey's Assistant Country Director - Programs (ACD-P) will assume overall leadership of the proposed Action. A dedicated Project Management (PM) team will be established, which will be responsible for the day-to-day management of project implementation. The PM team will collaborate closely with the MEAL team to monitor and continuously enhance quality and relevance of activities, ensure accountability to affected populations, promote gender and protection mainstreaming, and facilitate consistent monitoring and evaluation. The implementation of activities will be done by CARE field staff (in collaboration with the local municipalities staff and other actors in the area of operation). CARE Turkey has strong management systems and teams for procurement and financial management in place to ensure full compliance with ECHO rules and regulations at all stages of the project cycle.

Added value, role and main tasks

CARE Turkey offers a single operational presence on behalf of all 14 members of CARE International, including CARE Austria. CARE Turkey provides both local project personnel and office infrastructure to facilitate project implementation. Since 2013, CARE Turkey has had permanent approval to establish and maintain a representative office in Turkey. CARE currently holds permission to operate in Gaziantep (where its representative office is located), Hatay, Kilis, and Sanilurfa provinces. A presence in Adana province is being established and corresponding approval to operate in the province will be requested from the Turkish authorities ahead of the start-up of the proposed Action. CARE has already agreed with UNHCR to be included in the Adana-level coordination meetings.

CARE Turkey has been implementing ECHO-funded Actions, with a focus on protection programming, since 2014. Over the course of these Actions, CARE has developed positive working relationships with governmental authorities at national and local levels, so that CARE has been able to expand its area of intervention gradually. CARE has been able to secure funding from a number of donors for its refugee program in addition to ECHO, e.g. the US Government (PRM). CARE's refugee program currently contains protection, shelter/WASH and women's economic empowerment components. CARE Turkey is known for its proactive approach to coordination

and was the first NGO to hold leadership roles in the Turkey refugee response. CARE Turkey protection program was launched in January 2015; at the core of CARE's protection intervention is a six-step case management process, which has been proven a successful methodology to effectively support refugees to address protection concerns that affect them. Gender and protection considerations are also mainstreamed into other sector programming. The expertise gained through current programming and coordination will be brought to bear in this project as well. Additionally, CARE Turkey will be supported by CARE's regional structure regarding monitoring, communications and technical expertise.

For the collaboration under the proposed Action, CARE Austria and CARE Turkey will sign a partnership agreement (Memorandum of Understanding), which will detail the specific roles and responsibilities (including in reporting and M&E) of each party for this grant contract. CARE Turkey will be responsible for the implementation of the proposed action in Turkey, including beneficiary selection, service delivery, and MEAL activities. CARE Austria will be ultimately responsible for contract management, and the implementation, management, and administration of the proposed Action according to ECHO rules and regulations. For this purpose, CARE Austria will support CARE Turkey with regards to ECHO compliance and build corresponding capacities, where necessary. The CARE Austria Program Officer will monitor program quality and ECHO compliance remotely and through monitoring visits if and when the pandemic situation allows.

Implementing Partner (IP) level

IP level 1

[FIN] Report on this participant in the action

No updates during the implementation of this Action. The management structure, roles and responsibilities remained the same as in the proposal.

10.9 [FIN] Report on the other participants in the action (1/1)

No update

11. Field Coordination

11.1 Operational coordination with other humanitarian actors

CARE takes a proactive approach to humanitarian coordination and was the first NGO to assume leadership roles in inter-agency coordination structures as the NGO Technical Advisor for the Cash-based Interventions Technical Working Group (CBITWG) and the WASH Working Group. CARE was also selected as the Technical Advisor for the Protection Working Group and Co-chair for the Child Protection and SGBV Sub-Working Groups. In addition, CARE chairs the Accountability to Affected Population task force, which reports to the Syria Task Force directly, as well as the Legal Working Group for South-East Turkey, which was initiated by CARE. CARE sits on the South East Inter-Sector Working Group and the Syria Task Force and, in April 2016, established the Case Management Task Force in response to a coordination gap identified in this area of work. Finally, CARE participates actively at South East Turkey and Ankara levels in other coordination groups.

11.2 Action listed in

<i>Humanitarian Response Plan (HRP)</i>	No
<i>UN Flash Appeal</i>	No
<i>Red Cross / Red Crescent appeal</i>	No
<i>Other</i>	Yes

If other, please specify

Regional Refugee and Resilience Plan (3RP)

11.3 Coordination with national and local authorities

In light of the sensitivity of the response in Turkey, CARE is strongly committed to building and maintaining strong, positive working relations with Turkish authorities. At national level, CARE coordinates with the Ministry of Interior, Directorate General of Migration Management (DGMM), Ministry of National Education, Ministry of Family, Labour, and Social Security (MoFLSS) and other relevant line ministries to ensure continued permission to operate and accommodative policies, and to keep institutions informed of refugees' needs. At local level, CARE coordinates with the governorships, provincial offices and municipalities leveraging its existing positive operational relationships to negotiate for additional community resources, e.g. venues for activities, and to contribute to creating an enabling environment for refugees.

CARE is developing the capacities of local institutions for migration management on diversity, human rights, women's rights, and GBV related topics (with PRM funding). Under the proposed Action, CARE will strengthen its engagement with local authorities and other stakeholders with view to reviewing and strengthening referral pathways or cross-referrals between governmental and non-governmental actors. CARE also engages with local research institutes to provide evidence-based recommendations to government agencies and other protection stakeholders. In all interactions with public institutions, CARE emphasizes the positive benefits of its programming in building the resiliency of refugees, fostering social cohesion, and creating opportunities for refugees to positively contribute to community life.

CARE coordinates on a day to day basis with neighborhood leaders. The team coordinates with the Provincial Department for Migration Management (PDMM), public hospitals, the Social Assistance and Solidarity Foundation, and municipalities, including for cross-referrals, utilizing actor/service mapping.

11.4 Coordination with development actors and programmes

Given the scope and characteristics of the continued refugee crisis in Turkey, the main programming focus remains on meeting the immediate needs of vulnerable individuals and households and ensuring their protection from immediate risks through short-term interventions. However, the operational context in Turkey also provides opportunities for more resilience-oriented programming. In line with CARE's dual mandate, CARE Turkey thus aims at supporting the self-reliance, and individual and collective protection capacities of refugees as well as their social inclusion within local communities across all interventions, based on a Triple Nexus approach. To work towards more sustainable solutions, CARE applies a combination of tools, including integration of short-term and longer-term programming elements, advocacy, and building the capacities of relevant actors, in particular local service providers, government stakeholders, and community-based organizations to develop and implement resilience-building, gender transformative activities.

CARE's development-oriented programming is focused on facilitating women's economic empowerment, with support from other donors such as PRM. At operational level, CARE aims at promoting interlinkages between humanitarian and economic empowerment programming, e.g. CM clients in need of support to launch an income-generating activity may be referred to the economic empowerment program, and participants in the economic empowerment program who present urgent protection needs will be referred to the Protection team. Referrals are facilitated through registration forms as well as a referral tracking system.

Moreover, CARE utilize the IPSs and different outreach communication channels to inform refugee communities about all of CARE's support offers, including those provided under the women empowerment and basic needs (WASH/shelter) programming components.

11.6 [FIN] Report on field coordination

In the implementation of this project, CARE has been an active and contributive member in all relevant inter-agency coordination groups including Regional Protection (PWG), Child Protection (CPWG), Case Management (Gaziantep, Sanliurfa, Adana), Sexual Gender Based Violence (SGBVWG), and Legal Counsellors working groups. This sectoral participation enabled CARE to contribute to the discussions on context and challenges, to report its interventions, to share lessons learned, and to support a consistent approach across different stakeholders. Furthermore, CARE followed up the developments in policies, strategies and regulations in the operational areas and increased the level of coordination among other (I)NGO and governmental stakeholders. In these coordination mechanisms, CARE shared its SOPs prepared in different sectors and contributed to various learning events.

CARE also continued its collaboration and coordination with government bodies. Throughout this project, CARE regularly provided bi-monthly reports to the state authorities on their referred cases which has contributed to the level of trust for CARE services. Meanwhile, the Legal Team maintained strong relations and cooperation with Bar Associations (Gaziantep, Sanliurfa, Adana) and Legal Clinics (Gaziantep, Sanliurfa). While CARE and Bar Associations worked jointly on the legal files of 70 individuals at the courts, Legal Clinics provided support to the files of 8 individuals. Additionally, CARE Legal Counsellor was selected as the focal point on behalf of CARE to contribute to the work of PDMM towards identification of victims and possible legal actions. Specific attention was also given to the coordination with Public Education Centers and Turkish Employment Agency to ensure beneficiaries had access to vocational courses, job placement, accelerated learning programmes, and open education.

In Sanliurfa, CARE CM Officer was selected as chair of the CMG and ensured active contribution from different stakeholders including PDMM. Through the MoU signed with Sanliurfa PDFSS, CARE led the coordination between different governmental actors and established a solid referral pathway among PDoFSS, and Children Police Department. One focal point from relevant organizations was assigned to respond to child protection cases timely. Furthermore, CARE in coordination with PDoFSS conducted joint assessments with the aim of creating a sustainable protection environment where children and women with protection risks can be linked with PDoFSS social services.

12. Visibility, Communication and Information Activities

12.1 Standard visibility

A. Compulsory display of EU Humanitarian Aid visual identity on (all points required):

A1: Building signage (e.g. partner office buildings, health centers, distribution points)	Yes
A2: Equipment (for e.g. vehicles, water tanks, containers)	Yes
A3: Shipments and goods for distribution as part of the humanitarian response (e.g. blankets, sacks, tents, buckets, hygiene kits, debit cards)	Yes
A4: Branding of the operational materials/outreach materials addressing beneficiaries (e.g. training materials, flyers, notebooks, posters etc.)	Yes
A5: Clothing items worn by project staff (e.g. T-shirts, field vests, caps)	Yes

B. External communication of EU funding and partnership through (select at least 5 points):

B1: Press releases, press conference, other media outreach	Yes
B2: Videos	No
B3: Photos	Yes
B4: Human interest stories with visuals	Yes
B5: Social media posts	Yes
B6: Events	No
B7: Print materials (e.g. brochures, factsheets etc.)	Yes
B8: Others	Yes

Specify for each communication action: frequency, scope, timeline, channels to be used and number of people to be reached. If less than 5 options are selected, please justify:

CARE intends to utilize information gathered through the project's implementation when feasible to better inform the public, via social media postings and human interest stories, of the ongoing refugee crisis in Turkey, while establishing greater awareness and visibility of ECHO's contribution and support to the South-East Turkey response. CARE Austria pursues the goal of providing insights into the project work on-site and comprehensive information about the measures and goals of the project. Interested target groups are enabled to develop an understanding for the concrete problems of the affected people and project beneficiaries, as well as to get to know the solutions that ECHO and CARE offer.

To effectively reach out to European audiences, CARE Turkey and CARE Austria Communications staff will collaborate with their peers in European CARE member offices (Germany, France, UK, Denmark, Netherlands, Norway).

To communicate about the project, CARE intends to utilize its own Social Media Channels as the central communication channel of the project. Postings will provide continuous information about the project's progress as well as project measures and goals. CARE Austria has established social media channels on Facebook (facebook.com/CAREOesterreich; organic reach: 70,000), Instagram (www.instagram.com/care.at; organic reach: 5,000) and Twitter (www.twitter.com/careAustria; impressions: 30,100). During the project period, 10 to 12 social media postings are planned, the reach of which will be increased through the use of ad budget for paid promotion. In addition, the CARE Austria website (monthly page views: approx. 27,000) will be used for project communication and provide in-depth project insights and Human Interest Stories. Supplementary to the use of social media channels and the website, CARE Austria plans to use press releases at the beginning and end of the project, the reach of which will be increased through paid content placements. This will enable around 25,000 contacts to be achieved in each case

12.2 Do you foresee communication actions that go beyond standard obligations? No

12.4 [FIN] Report on the achievements and on the challenges encountered

Throughout the Action, CARE has sought to inform the public via social media postings and high-quality, captivating human interest stories that provided snapshots and insights into the project activities. The target groups were provided with information to help them develop a wider perspective on the plight of the communities affected by the crisis and the nature of the ECHO-funded program activities.

CARE leveraged its own social accounts as well as its extensive network of social media accounts managed by European CARE member offices (Germany, France, UK, Denmark, Netherlands, Norway) and provided continuous information on the project accomplishments. CARE Austria's established Facebook account with an organic reach of 70,000, CARE Austria Instagram account (www.instagram.com/care.at; with an organic reach of 5,000) and Twitter (www.twitter.com/careAustria; with impressions amounting up to 30,100) pivoted the social outreach for the communications commitments of the project. CARE Twitter accounts published 27 tweets, two of which were promoted, garnering around 4000 impressions and 123 likes in total supplementing the organic interaction via the platform. 2 press releases were issued, and 5 articles were published by Austrian press outlets as paid content placements (25.000 contacts each)⁹ at CARE Austria official website. 5 Facebook posts were published, two of which were promoted via content placement, in addition to Instagram posts and reels whose boosted promotion garnered 3630 impressions. See Annex 29 for details.

A particular challenge CARE has encountered involved the promotion of social media posts. Facebook parent company Meta's restrictive rules for content placements have hampered CARE efforts to promote content around sensitive topics such as GBV and early marriages. In some instances, the promotions were repeatedly rejected despite posts being re-worded. This could give way to greater risks as Meta could block CARE accounts entirely. In future proposals, CARE intends to allocate a smaller budget for social media promotions.

Another challenge came in the form of changing political attitude against the refugee populations in Turkey, that was compounded by the economic turmoil. The change in attitude resulted in openly pronounced hostility and gave a way to a climate where any visibility effort concerning affected populations can be perceived as media advocacy or even partiality to a particular political position. CARE Turkey therefore applied measures and sign-off policies when publishing posts and disseminating information about programs to mitigate risk of being targeted while providing keen insights into the program that benefitted multiple communities inside Turkey. Activities undertaken in collaboration with public and local institutions are emphasized, resiliency and social cohesion-focused efforts are lent coverage, as well as the inclusive, sustainable, and nuanced nature of program activities, in the scope of the sensitivity of the Turkish context.

13. Financial Overview of the Action

13.1 Estimated costs

	<i>Initial budget</i>	<i>Revised budget</i>	<i>Interim report incurred costs</i>	<i>Final report incurred costs</i>	<i>[RCI] Final update</i>
Total direct eligible costs	3.084.112,15	3.084.112,15	1.687.330,72	3.038.873,11	3.038.873,11
% of indirect costs (max 7%)	7,0	7,0	7,0	7,0	7,0
Amount of indirect costs (cut after 2nd decimal)	215.887,85	215.887,85	118.113,15	212.721,12	212.721,12
Total costs	3.300.000,00	3.300.000,00	1.805.443,87	3.251.594,23	3.251.594,23

13.2 Percentage of direct eligible costs allocated to the support costs

	<i>Initial budget</i>	<i>Revised budget</i>	<i>Interim report incurred costs</i>	<i>Final report incurred costs</i>
% of support costs	11,00	11,00	11,00	11,69

13.3 Funding of action

	<i>Initial budget</i>	<i>Revised budget</i>	<i>Final budget</i>	<i>[RCI] Final update</i>
Direct revenue of the action	0,00	0,00	0,00	0,00
Contribution by applicant	100.000,00	100.000,00	98.533,16	98.533,16
Contribution by other donors	0,00	0,00	0,00	0,00
Contribution by beneficiaries	-	-	0,00	0,00
Contribution requested from ECHO	3.200.000,00	3.200.000,00	3.153.061,07	3.153.061,07
% of total funding	96,9696	96,9696	96,9696	96,9696
Total funding	3.300.000,00	3.300.000,00	3.251.594,23	3.251.594,23

13.8 VAT exemption granted (including to the implementing partners)?

No

13.9 [FIN] VAT charged to project (including via the implementing partners)?

Yes

13.9.1 [FIN] Reasons and amount of TVA charged to project

As CARE Turkey is not exempt from VAT, it charged to project. The estimate amount is EUR 55.000.

Please see annex F3. - Memorandum that an Attorney confirms the impossibility of VAT-exempt status for CARE Turkey.

13.10 Do you intend to involve and charge HQ staff costs to project?

Yes

13.10.1 Details on HQ staff costs to be charged to project

Costs for the monitoring visit to the project region (EUR 2.907) and desk officer hours (EUR 2.000) for the preparation of the final report will be charged from the HQ to the action.

13.11 [FIN] Did you charge HQ staff costs to project?

Yes

13.11.1 [FIN] Details on HQ staff costs charged to project

Under the Support Staff costs (international program staff), the cost of the Desk Officer in CARE Austria was budgeted and charged. This cost was charged by calculating exclusively the staff's working hours for the final report after the end of the project implementation.

13.12 [FIN] Were there any remaining goods?

No

13.13 [FIN] Was there any equipment charged to the project at full price (instead of depreciation)?

Yes

13.13.1 [FIN] Details on the equipment charged to the project at full price

There are 14 equipment items purchased under this project that have the costs EUR 1000 to 2500, and the total costs of them is EUR 18,625. Since the continuing ECHO funded project [ECHO/TUR/BUD/2022/91000] is currently ongoing, the items have been all transferred to the following project. And all low value items will be used for humanitarian actions under CARE Turkey's management. There is no equipment transferred from the previous ECHO funded or other projects to report.

For details, please see the annex sheet of Asset list in the Financial Statement (Annex 30).

13.16 [FIN] The organisation confirms that the co-financing has not led to a double funding of the activity Yes

14. Requests for Alternative Arrangements

15. Administrative Information

15.1 Name and title of legal representative signing the Agreement

Ms Andrea Barschdorf-Hager - National Director

15.1 Name and title of legal representative signing the Agreement

Name	Office location	Phone	E-mail
Leah-Haneul Yoo-Portenlänger	Lange Gasse 30/4, 1080 Vienna	0043 1 715 0 715	Leah-Haneul.Yoo-Portenlaenger@care.at
Reinhard Trink	Lange Gasse 30/4, 1080 Vienna	0043 1 715 0 715	Reinhard.Trink@care.at

16. Conclusions and Lessons Learned

16.3 [FIN] Conclusions and lessons learned

Learnings and good practices are identified through the Real Time Review (RTR) activity across CARE teams between mid-October and November. For legal assistance, regular follow-up of the court files and the support from clients for filing cases are identified as areas of success. The legal team maintained a transparent and effective coordination with public institutions and in coordination with the liaison team all cases are closely followed. Fast changing and restrictive regulations on the rights of refugees and asylum seekers remained an external challenge as well as differences in institutional governance across provinces. To respond to the needs on the ground, the legal team worked together with the case management team, as part of the IPA and legal counselling. Monitoring reports reveal that such assistance is found highly relevant by the beneficiaries. CARE staff identified a need of employing a Persian-speaking translator in the field to be able to respond to refugees with different nationalities – such as Afghani refugees. CARE team will investigate this further to see the actual need and feasibility.

For Protection, establishment of the new IPs in Adana and the community acceptance is noted as a key success area. MEL reports stated some dissatisfaction across beneficiaries (PAM) regarding the registration in the IPSs, which will be monitored further for feedback. The delays in procuring the e-vouchers and the lack of owning a warehouse in Sanliurfa have created a challenge for the teams. To avoid delays, the teams recommended working with the local vendors from Sanliurfa.

For Case Management, MHPSS referrals are found mostly unsuccessful, which will be reassessed and tracked with the referred organizations. CARE teams will reach the organizations under the service map and will make updates to the map – if required.

For awareness sessions, topics about SRH, PSS and racism were requested and added as recommendation. TPID (Temporary Protection Identification) challenges were still visible across activities, and advocacy efforts are requested by field teams.

Sports for Development activity was highlighted across monitoring reports as a major success. The environment of the places was safe, and free from dangers in general, but it was found the materials (e.g., glass and sharp objects) may cause harm to the participants, but there were no first-aid kits available as observed in Urfa MEL team visit.

As per the RTR survey with CARE staff, a need for capacity improvement on gender was found. CARE team will put a plan with the vacant gender and emergencies specialist position to put a gender equity capacity building structure for continuing ECHO funded project.
