
Single Form 2021

Reference number

2022/00682/IR/01/01

Decision number

ECHO/TUR/BUD/2022/91000

Start date

01/10/2022

Partner

CARE-AT

Submitted

29/06/2023

Agreement number

ECHO/TUR/BUD/2022/91003

Duration (months)

12

Partner type

NGO

Action title

Urgent Protection and Resilience Programme – Phase VII

1. GENERAL INFORMATION

1.1 Humanitarian organisation

CARE-AT

1.2 Title of the action

Urgent Protection and Resilience Programme – Phase VII

1.3 Time frame of the action

Start date **Duration**

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 continue two initiatives, Sports-for-Development and Young Women's Clubs (YWC), to reach children, youth and young women with age- and gender-specific messages. 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.

2-CARE will continue to support beneficiaries with legal needs and provide counselling, cover legal needs and provide legal assistance.

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. CARE will reach a total of 17.000 beneficiaries.

1.4.1 [INT] Executive summary of the action

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 reduced the duplication amongst service providers in Türkiye. During the reporting period, 39.516 unique beneficiaries (25.495F 14.021M, 559PwDs) were reached in Gaziantep, Adana, and Sanliurfa with prioritized services to people with specific needs, women, youth, children, and PwDs at risk. Furthermore, the intervention continued to build resilience and inclusiveness and to contribute to a sustainable reduction in vulnerability amongst refugees in southeast Türkiye. 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.

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 continues working to improve access to justice in a non-discriminative environment at legal authorities in accordance with (inter)national laws and human rights. CARE initiated emergency response in the immediate aftermath of the earthquake by distributing water, hygiene items and food commodities through municipalities in Hatay and Gaziantep. CARE opened an area office in Hatay to ensure reaching to the most affected. Distributions are still ongoing through close coordination with authorities.

At the time of reporting, the requested NCE(2months) has been approved by ECHO, which was required as a consequence of the earthquake sequence. Hence, CARE will continue implementing all planned activities and complete the outcome, reaching targeted population.

1.5 HIP / Decision (if known)

ECHO/TUR/BUD/2022/91000

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	25.000	-	2.166.418,57	-	
1. Türkiye	2. Coordination	10	-	82.331,73	-	
1. Türkiye	3. WASH	45.500	-	2.891.436,62	-	
Total					5.140.186,92	-

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
Gaziantep	Gaziantep	Islahiye, Nizip	Both
Sanliurfa	Sanliurfa	Birecik, Eyyubiye, Halilye	Both
Adana	Adana	Seyhan, Yuregir	Both
Hatay	Hatay	all	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	70.500	39.516	-
Female	32.430	25.495	-
Male	38.070	14.021	-

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	9.870	4.540	5.330	2.837	1.366	1.471	-	-	-
5 - 17 years	21.150	9.729	11.421	9.862	6.067	3.795	-	-	-
18 - 49 years	36.660	16.864	19.796	24.789	16.709	8.080	-	-	-
50 years and more	2.820	1.297	1.523	2.028	1.353	675	-	-	-

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	16.920	559	-
Female	7.783	254	-
Male	9.137	305	-

2.3.4 Number of unique beneficiaries by profile

Profile	[RQ/MR] (last favourable data)	[IR]	[FR]
Local population	29.750	11.918	-
Internally displaced	0	0	-
Refugees / asylum seekers	40.750	27.598	-
Other persons on the move	0	0	-
Returnees	0	0	-
In camp or camp like	6.500	5.666	-

2.3.5 Number of organisations directly targeted and benefiting from the action

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

2.4 Country (1/1) - Sector (1/3)

Türkiye

2.4.1 Sector

Protection

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

- Gaziantep
- Sanliurfa
- Adana
- Hatay

2.4.3 Total amount (for this sector)

1.100.120,55

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	25.000	17.921	-
Female	-	15.412	-
Male	-	2.509	-

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	674.733,81	4.495	315.726,57	1.410	-	-
In vouchers	0,00	0	98.667,42	561	-	-
In kind	0,00	0	0,00	0	-	-
Non-allocated amount	1.491.684,76		685.726,56		-	

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	-	2.978	-

2.4 Country (1/1) - Sector (2/3)

Türkiye

2.4.1 Sector

Coordination

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

- Gaziantep
- Sanliurfa

2.4.3 Total amount (for this sector)

14.716,82

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	10	0	-
Female	-	0	-
Male	-	0	-

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	0,00	0	0,00	0	-	-
In vouchers	0,00	0	0,00	0	-	-
In kind	0,00	0	0,00	0	-	-
Non-allocated amount	82.331,73		14.716,82		-	

2.4.6 Explain why cash transfers were not used

As the sector is Coordination, no individuals will directly receive goods or services under this sector

2.4.6 [INT] Explain why cash transfers were not used

As the sector is Coordination, no individuals will directly receive goods or services under this sector

2.4 Country (1/1) - Sector (3/3)

Türkiye

2.4.1 Sector

WASH

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

- Gaziantep
- Hatay

2.4.3 Total amount (for this sector)

617.959,75

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	45.500	21.595	-
Female	-	10.083	-
Male	-	11.512	-

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	0,00	0	0,00	0	-	-
In vouchers	0,00	0	0,00	0	-	-
In kind	1.555.611,00	32.500	139.002,76	21.595	-	-
Non-allocated amount	1.335.825,62		478.956,99		-	

2.4.6 Explain why cash transfers were not used

The proposed activities under WASH sector includes in-kind distribution of hygiene kits and drinking water.

2.4.6 [INT] Explain why cash transfers were not used

The activities under WASH sector includes in-kind distribution of hygiene kits and drinking water.

2.5 Eventual comments

- 2.4 Sectoral Information - 2.4.4 Number of unique beneficiaries in all sectors: At the moment, with the amount of people already displaced from their homes and continuing to move out of hardest hit areas, it is challenging to have a clear demographic breakdown. We will update in the next report. The number of beneficiaries with gender segregation will be updated in the next report.

2.5 [INT] Eventual comments

CARE is currently conducting on-site observations to assess the capacity of markets in earthquake-affected areas. While cash transfers were not initially used due to market unavailability, CARE is in contact with the WASH cluster, local authorities and other INGOs to explore the possibility of providing cash support in the future. It is expected that markets will become more and more effective in the coming months.

3. Humanitarian Organisation in the Area

3.1 Presence in the area

CARE International has been responding to the Syrian crisis since 2012, commencing with support to refugees in Jordan. The CARE Turkey Country Office was established and registered in August 2013 in response to the dire humanitarian situation experienced by civilian populations across Northern Syria. Significant influx of refugees to Turkey in 2014 resulted in the expansion of CARE's Turkey operations and significant program and operational growth. This pace of growth has continued into 2022.

CARE currently implements integrated protection, basic needs, and women's economic empowerment programs with the support of BPRM and long-term partner ECHO. These are managed from a network of field offices located in Hatay, Kilis, Sanliurfa and Adana with the head office in Gaziantep. 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, Water, Sanitation and Hygiene (WASH), Food Security and Livelihoods, Gender, and Sexual and Reproductive Health (SRH), as well as a Rapid Response Team that can be activated to support operations at short notice.

Key achievements under Turkey program during the period from 2014 till the end of Dec 2021 can be summarized as below:

- 269,864 (of which 57.9% were women) 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.
- 235,442 (of which 51.4% were women) 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.

- 116,137 (of which 50.8% were women) 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.
- 27,731 (of which 54.7% were women) 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.
- 9,622 (of which 94.2% were women) Refugees Economically 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.

CARE is a leading agency in the protection sector, and is well respected as a strong advocacy organisation, and was the first NGO to assume leadership roles in inter-agency coordination structures (see section 11.1 for further details). CARE has close working relationships with governmental authorities as well as cooperates with all respective municipalities.

3.2 Synergies, links, complementarity with your other actions

The proposed Action is designed in line with CARE Turkey's Protection Program Strategy for 2022 – 2025 (development/finalization of strategy in progress) which emphasises the need to facilitate access for conflict-affected or displaced persons to basic services, to become self-reliant; mitigate protection risks and negative coping mechanisms; and participate in economic and social life in dignity.

In a similar manner to the previous six ECHO-supported Actions, this current proposal is aimed for CARE Turkey's essential protection services to remain available to refugees in Gaziantep, Sanliurfa and with the recent extension, in Adana provinces. This Action is also designed to fill identified gaps in the protection response in Southeast Turkey, along with the funding received from the US Government Bureau for Population, Refugees and Migration (PRM) since 2017 with which protection services, and shelter/WASH and women's economic empowerment activities are provided in the targeted locations. Therefore, this Action is designed in complementarity to PRM-supported activities as 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, which proved useful especially while extending the assistance to Adana where the PRM funding started from September 2021, one month before the previous Action's start-date and facilitated the roll out of ECHO-funded activities in Adana and the utilization of organizational presence and office infrastructure established with PRM-funding. 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 provided a critical entry point for CARE to build stronger relationships with municipalities in Gaziantep and Sanliurfa through the maintenance/rehabilitation works done to sustain the infrastructure and increase access to vulnerable households for the provision of other services, including protection support.

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.

Earthquake response actions added as part of CARE's overall earthquake response plan in Türkiye. CARE will undertake WASH and initial NFI actions supported by ECHO in coordination with actions in other sectors through other donors.

4. Needs Assessment and Risks Analysis

4.1 Assessment dates and methodology

1. Annex 6b Gendered Implications of COVID-19 in Southeast Turkey: The Cases of Gaziantep, Sanliurfa. Gaziantep University and CARE Turkey, 2022, publication pending. This survey studied the HH experiences of the Syrians and the locals in the neighborhoods in the city centers of Gaziantep/Sanliurfa during the pandemic. 66 student interviewers from the University – a mix of male and female, Turkish and Syrian students – surveyed 2,560 HHs. CARE staff performed 12 KIIs with organisations between April/June 2021.

2. Annex 2 KAP Survey, Endline Report (ECHO Action). The survey covered urban refugees in two provinces, Gaziantep/Sanliurfa in Turkey. Data was collected through interviews with men and women refugees by CA with support from CARE MEL and PO Teams. The data was collected in seven days, Sept 14, to 20, 2021. CARE surveyed 423 community members, majority were fixed family members (176 Gaziantep/247 Sanliurfa).

3. Annex 3 Social Cohesion Between Syrian and Host Communities in Southeast Turkey. This study is based on HH surveys conducted with Syrian and host communities in Gaziantep, in the districts of Sehitkamil and Sahinbey, during June/July 2020. The HH survey included 486 questions for Syrians/413 for host communities. The data collection was carried out under the supervision of 15 academic staff, 15 graduate student team leaders – 9 females, 6 males - and 71 student enumerators, 37 of whom were female/34 males. 36 out of 71 enumerators were Arabic speakers and surveyed the Syrian community while 35 surveyed the host community.

4. Annex 4 CM/IPA Data Review Round 2. This review presents quantitative project data from ECHO VI, disaggregating CM and IPA

data by various factors such as age, sex, nationality, registration status, case type, marital/education/work status, shelter condition, etc., and compares some data to pre-COVID numbers.

5. Annex 5 Magnifying Inequalities and Compounding Risks: The Impact of COVID-19 on the Health and Protection of Women and Girls on the Move. CARE Gender in Emergencies, June 2021. CARE undertook new research in Afghanistan, Ecuador and Turkey in April/May 2021 to better understand how COVID-19 is impacting the health and protection of women/girls on the move. This included more than 1,000 surveys with women on the move and from host communities; 31 focus group discussions (FGDs) with women and adolescent girls; and 45 KII with government actors, health and protection service providers, humanitarian organizations and CARE staff.

6. Annex 6 RGA MENA. RGA provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. RGA uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions. Research, undertaken during the months of Jan/Feb 2020, included 396 household surveys, 3 FGDs and secondary research. Annex 6c Cash and Voucher assistance GBV guidelines.

7 Annex 24 Rapid needs assessment in Adana province. 8 researchers, 17 KII and desk research.

CARE developed a Protection Program Strategy for 2022–2025. Peer consultations and context analysis from that exercise has contributed to the overall design of this Action. External studies cited in the following sections include: Intersectoral Vulnerability Study, The Vulnerability Conditions of Refugees Living in Turkey, Round 1. Inter-Agency Protection Sector Needs Assessment Round 4. 8 Annex 25 Protection LGBTI Thematic Dashboard

RGA Policy Brief: Türkiye and NWS earthquake response. - 16 February 2023

A desk review/secondary data analysis of gender data and recommendations for emergency programming (annex 30)

4.2 Problem, needs and risk analysis

Turkey continues to host the world's largest refugee population. As of December 2021, there are 3,736,799 refugees seeking international protection. Almost all are Syrians, and the majority are living in urban settings - only 1% of these are in camps (Annex 22). As the refugee crisis enters its eleventh year, the Government of Turkey (GoT), the UN system, and local and international actors are struggling to address the protracted needs of families trying to build their lives in Turkey's major hosting cities, whilst also responding to the heightened emergency as refugees continue to flow into the country. Services remain overstretched, competition for work is higher than ever, and anti-refugee sentiment continues to rise. Context factors – including COVID-19 and the economic downturn – continue to drive economic and social pressures at national, community and household level further exacerbating vulnerabilities

with Gaziantep, Sanilurfa and Adana being almost the provinces hosting among the most refugees. Last year, in an effort to return people who illegally crossed into Turkey or never had the chance to legally register under the temporary protection law, and in an attempt to reduce the growing number of refugees in Istanbul and other major cities, the government ordered all refugees to return to the city of their first registration. As a result, many have voluntarily or forcibly returned to the southern (less advantaged) border areas, where they live in slum-like conditions and face difficulties in accessing livelihood opportunities and critical social services. Social services are overstretched and anti-migrant sentiments are on the rise, often erupting in clashes. Syrians are struggling to meet basic needs and often turn to negative coping mechanisms..

The vast majority of Syrian refugees reside in urban areas (98%), live in shared or rented housing and, to a lesser extent, in temporary or informal settlements. The high concentration of Syrian refugees in urban centers has created a supply and demand imbalance with many facing difficulties in meeting their basic needs, accessing income-generating and employment opportunities, and stretching already taxed social services. An estimated 1.8 million Syrian refugees (45%) live below the poverty line with extreme poverty more common among female-headed households (10%) compared to male headed households (4%) (Annex 21). As a result of the pandemic, inflation soared in 2021: the lira lost 44% in value, and consumer prices in December were 36.1% higher than in December 2020 (Reuters, 3rd January 2022). 70% of refugee households suffered decreased income and debt among the refugee population jumped 50% in the first year of the pandemic ([Link replaced / shortened automatically]). The proportion of households facing severe needs under the Emergency Social Safety Net (ESSN) is forecasted to rise from 2% to 13% (Annex 23 IFRC, April 2021, pp5-6).

Harmful cultural and 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. Coupled 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. As economic vulnerability escalates, refugees are increasingly adopting negative coping strategies that present specific protection risks to women and children.

Major 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 living in the 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. The language barrier is another important factor limiting access to services, in fact The Gaziantep University and CARE social cohesion study found that positive cultural similarities are undermined by a significant language barrier.

South-East Turkey, social services are overstretched, and anti-migrant sentiments are on the rise, often erupting in clashes. Furthermore, the withdrawal from the Istanbul Convention on preventing and combating violence against women and domestic violence in July 2021 creates a hostile social and legal environment for women, girls, and the LGBTI community. GBV discrimination in practice is getting worse and the implementation of national laws are now weak and insufficient without the Istanbul convention in place. CARE's assessment showed that the protection risks faced by refugees in Turkey are increasing as the contextual challenges worsen. COVID-19 related movement restrictions and the economic downturn has driven financial pressures at the HH level, and reduced access to vital services. These pressures in combination with existing social and cultural norms, encouraging people to adopt

negative coping mechanism and GBV and CP concerns, including CEFM and child labour in Turkey are on rise. Due to the stigma, discrimination face by women and LGBTI community, lack of comprehensive response and available services after disclosing a GBV incident, gender-based violence remains underreported (See Annex 25 Protection LGBTI Thematic Dashboard, Inter-Agency Coordination Turkey, March 2019).

People with specific needs; women, youth and people with disabilities at risk, continue to be a priority for CARE's response in Turkey. As the economic burden and length of displacement increase, many refugees also adopt negative coping mechanisms such as early marriage, child labor, and informal and unsafe employment. Harmful cultural and traditional practices, coupled with the lack of self-reliance opportunities, perpetuate risk particularly for women and girls. Coupled with language barriers and a lack of reliable information on and access to rights and assistance systems, Syrian refugees face ever-present protection, abuse, and exploitation risks.

More than 40.000 deaths have been reported in Türkiye as successive 7.8 and 7.5 magnitude earthquakes, and more than a thousand aftershocks struck southern Türkiye on 6th February 2023. On 8th February, the Government of Türkiye declared a three month-state of emergency for ten provinces in the Southeast (Kahramanmaraş, Adıyaman, Hatay, Gaziantep, Malatya, Sanliurfa, Kilis, Diyarbakır, Osmaniye) and has called for international assistance. The earthquake affected the provinces where around 13.5 million people reside including around 2 million Syrian refugees. More than 25.000 buildings have either collapsed or heavily damaged and at the time of writing AFAD assessment of buildings is still ongoing. This figure is set to increase significantly as new information becomes available. Humanitarian needs continue to grow and overwhelm response efforts in the aftermath of the earthquake.

Hatay and Gaziantep (especially Islahiye district) are among the most impacted provinces while in Hatay public buildings including public hospitals and the airport have collapsed. NGOs on the ground observed there are significant number of homeless, people who do not have tents, sleep under tarpaulins, and burn fires for warmth and insulation from the cold (STL).

With extreme weather conditions including snow and sub-zero temperatures, there are acute and growing emergency needs in Türkiye across a range of sectors. Multiple forms of assistance are needed and include provision of i) emergency shelter and winter related NFIs ii) food assistance, iii) safe WASH items iv) mitigating and responding to protection risks.

4.3 Response analysis

The proposed program intends to address gaps identified in the existing humanitarian response, including UN's Regional Refugee and Resilience Plan (3RP) and the Government of Turkey's response plan.

People with specific needs in particular woman and children at risk, continued to be a priority for CARE, CARE had worked to provide protection assistance, including prevention and response intervention under both results (1, 2) adding result 3 in terms of, designing a new plan intervention approach, based on research and learning.

CARE's protection intervention includes prevention and mitigation activities (result 1) which aim to ensure that the vulnerable, at-risk refugee women, men, girls, and boys have access to tailored information that helps them identify, prevent, and mitigate protection risks (Result -1) via CARE's seven (7) Information and Protection Spaces (IPs) and the Protection Helpline, as well as, through the network of Community activators (CAs). CARE aims to Strengthen community-based protection outreach approaches through Community Activators (CAs) to ensure the accessibility of the information to those who are residing in outskirts/hard-to-reach areas and those who have any protection concerns in their families by implementing the core elements of protection outreach and service provision. During the start-up phase, CARE's Protection Outreach team will develop an awareness-raising plan, detailing the intended audiences, messages, and methods. The awareness-raising messages will be later delivered through individual and group sessions in the targeted areas through a community-based protection approach. Community members with disabilities, LGBTI, and other identified marginalized groups will be referred to the Case Management (CM) for specifically tailored support.

Indicators 1 to 5 of outreach activities increased/appropriate information on relevant rights and/or entitlements, targeting refugees community , by disseminate protection awareness messages related to registration, prevention of gender-based violence (GBV), child protection, and other relevant topics responsive actions, to change risky protection related behaviors and develop new recommendation behaviors by connecting with refugees community, disseminating IEC information, education communication materials and building the capacity of outreach community activators, and increase in their knowledge.

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 IWD to maximize community coverage with protection messages. The detailed planning is informed by PAM for previous PO activities (see Annexes 7a and 7b). A KAP survey will be conducted under activity 1 To ensure information and services offered are tailored to identify specific protection gaps per location.

Under the same result 1 indicator 6 and 7 CARE will also continue its life skills programing, sports-based methodology will be adopted to raise the awareness of male and female youth age and gender groups on key protection and concern, and enhance the social cohesion. As, responsive of CARE's recent Social cohesion research, where discrimination appears to be the main challenge encountered in the city.96.7% are discriminated against based on Ethnic and cultural reasons.

children and adolescents aged 8 – 17 represent a critical cohort that needs specific attention and investment. Youth from this age group are largely missing out on psycho-social support, and skills-building programs as they are increasingly either forced to stay indoors for their safety, and in public spaces. Noting that, the Syrian face discrimination the most in Parks based on the study 56.6% reported this issue.

Using sports based- methodology would serve as an open platform that incubates and channels youth capabilities into a more positive direction and would also serve as a tool for reducing modifiable risk factors and strengthening protective/preventive factors in such a high-risk setting for conflict and exclusion. At the societal level, the role of sports in promoting social networks and active

citizenship is potentially very important. Sports can help reduce social tensions by reaching out to socially excluded groups. It has been used successfully to connect excluded groups to community services and support, enhance their human and social capital, rebuild their self-confidence and self-esteem, shine a spotlight on the structural causes of their exclusion and provide solutions. Sport is being used effectively to reduce youth vulnerability to the gang and drug recruitment by offering an alternative way to achieve a sense of belonging and purpose, providing a reason to remain in their communities, helping them to adopt a more critical perspective toward involvement in the conflict, and enabling them to envision more peaceful ways to play a valued social role. UNHCR sex- and age-disaggregated rounded data for Syrian refugees in Turkey has been used (Last updated 19 May 2022) [\[Link replaced / shortened automatically\]](#) The age groups used by UNHCR are 0-4, 5-11, 12-17, 18-59 and 60+ years. Therefore, the information given in the section 4.2 reflect these age groups as this is the best data available.

In order to address the adopted negative coping mechanisms and prevent high rates of early marriages and underage pregnancies among the refugee and asylum seeker communities in Turkey, Young Mother Club will continue to provide young women with a safe space where they can obtain reliable information about key protection and sexual and reproductive health (SRH) topics. Community Steering Committees (CSCs) consisting of CAs will be created by adopting CARE's "Women Lead in Emergencies" approach which has been tested in other contexts to the context of refugee communities in Turkey. The aim of CSC is to build community capacities to identify and launch community-led initiatives to address key, identified protection concerns in the mid-term.

IPSs are accessible, multi-purpose facilities used for registration for any CARE's services, information provision, awareness-raising sessions, drop-in consultations, and legal consultations. See annex 10a and 10b, IPS satisfaction survey reports.

Due to space restriction kindly see Annex 0a for information on Result 2 and Result 3.

CARE proposes to add to the existing Action additional activities specifically to respond to the earthquake. Protection activities will continue, but will expand into new areas and have modifications in e.g. IEC materials to ensure earthquake response is included. Additionally, CARE will provide WASH interventions targeting 45.500 individuals.

As noted in the detailed description for Result 4, Activity 1, water distributions will be in the form of refillable/recyclable Carboy bottles and water pumps, to minimise environmental impact / plastic waste and avoid exacerbating potential solid waste / hygiene issues. Carboy refillable bottles do not produce waste, as they are collected and refilled.

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 is planning to finalize the formal DPIA latest by 31st December 2022. CARE has not yet conducted a formal DPIA, but in early 2020, the organization initiated a DPCP, with the aim of ensuring full adherence to GOT regulations. 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.

CARE is putting in place a Data Protection Committee to ensure that data is managed based on the following principles: The duty to respect, protect and fulfill people's rights to consent, privacy, security and ownership around the information processes of collection, analysis, storage, presentation and reuse of data, while respecting the values of transparency and openness. Based on the Responsible Data Management Guidelines CARE has categorized data into the following four main areas: Personal Data, Sensitive Personal Data, Sensitive Community Data and Sensitive Organizational Data.

Security measures are in place: CARE is implementing a comprehensive information security program; 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 is not allowed. If this 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; data life cycle is established for the data held in the digital format; centralized log management system is established; all logs are monitored and cannot be modified; Only the IT team has admin permission; they 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/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 and added to Whatsapp complaints; Training announcements through SMS and/or Whatsapp are partly avoided OR a clause regarding such electronic notifications is included to privacy notices and explicit consent is obtained and are made to the beneficiaries before processing personal data; Retention period for assessment forms is determined and forms are destroyed on a regular basis

Data processing agreements in place for referrals.

4.5 [INT] Update on needs assessment

CARE conducted 3 needs assessments between January and March 2023, one was prior to the earthquake (Annex 1) and two others were carried out after the earthquake (Annex 2). The assessment conducted in Hatay province informed the emergency response and the assessments conducted in Gaziantep, Adana and Sanliurfa assessed the changes in needs and the gaps which need to be addressed. The assessment focused on legal, gender-based violence, child protection, information and access to services, basic needs, social cohesion and sexual and reproductive health.

According to the RNA in January 2023, services were overstretched, competition for work is higher than ever, and anti-refugee sentiment continues to rise. 32% of refugees have experienced discrimination recently such as at hospitals, markets, workplace, in their neighborhood and at governmental institutions. A considerable share of participants reported the relationship between refugees and host community was getting worse for several reasons. In this context, Syrian refugees struggled to meet basic needs, and many have to turn to negative coping mechanisms such as child labor, early marriage, reducing the number of meals, withdrawing children from schools and universities, and reducing the expenses of medicines, clothes, and hygiene giving the fact that only 3% of refugee households in the target areas can fully meet the needs of their families, while 18% are not able to meet the needs at all. The same assessment also found that child protection concerns remain prevalent. In particular, school drop-out was identified as both a cause and effect of CP concerns. For girls in particular, it was often connected to deprioritization of the education and CEFM, while many boys dropped-out as they had to work to contribute to the family income. According to data, among refugee communities, child labor affected children, mostly boys from age 10. CP concerns generally remain due to fear of retaliation and deportation; in CARE's survey, only 20% of the respondents said they would report a case of a child experiencing abuse, violence, exploitation, or discrimination. Some parents and other caretakers attempt to mitigate CP risks by preventing their children from leaving the home, with negative impacts on their psychosocial and physical wellbeing and development. 29% of the respondents in the Protection Needs Assessment said they were facing challenges in accessing the basic services such as health care, education, work, and legal support, with language barriers, lack of information about the service providers, discrimination against refugees, and the cost of accessing services reported as key challenges. The same assessment found that many refugees have insufficient awareness about their rights and available legal services and required information and support with regards to updating the Temporary Protection Identification Document (TPID), address registration, divorce, and official marriage procedures.

After the RNA in February, a RNA was conducted between 16 March and 3 April 2023 in Adana, Gaziantep and Sanliurfa through KIIs to assess the changes in needs of food security, SRH, water, sanitation and hygiene, shelter, NFI, protection and markets. According to the data, people had to live in shared shelter, either as multiple families within the buildings are still usable, or in the camp area in tents, so major challenges were being faced in most of the assessed locations such as the lack of privacy and safety and cold weather. Also, children in some locations were not able to continue going to schools as the schools were heavily affected there. In response to the preliminary identified urgent needs, CARE launched the direct emergency responses early March 2023, and continuous coordination and on-site assessment over the reporting period indicated immediate needs of seasonal clothes, hygiene kits, seasonal NFIs, drinking water, rehabilitation of existing WASH facilities.

5. Beneficiaries

5.1 Beneficiaries - identification criteria

CARE proposes to continue to work in the same three locations in Gaziantep, Adana and Sanliurfa provinces. We continue to use our activity monitoring, KAP surveys and needs analyses to identify locations with high unaddressed protection needs and protection service gaps. We reviewed the criteria from ECHO VI and changes are noted below. CARE aims to reach the largest number of refugee households in the prioritised neighbourhoods 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 prioritisation of protection cases, CARE's CM and IPA team follows standard operating procedures (SOP for Case Management and IPA, see annex 8). Protection cases may be identified through CARE's Protection Hotline or Community activators (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).

A Protection Risk Analysis determines the eligibility and urgency of a CM/IPA case. For people with specific vulnerabilities such as LGBTI persons, persons with disabilities, and older persons a specific detailed case assessment is conducted and used by the team throughout the CM process. As part of our increased focus on resilience and sector integration in this 2022 Action, we are coordinating with CARE's Women's Economic Justice team to share these criteria and refer more cases internally between the two programs. Individuals or households that are not eligible for either CM or IPA are notified within five working days and given feedback. 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 as components of CARE's Protection Programme funded from other donor sources such as PRM. CARE CM program has existing service maps for Gaziantep, Adana and Sanliurfa, which are updated regularly. These capture the available services in the area including eligibility criteria, contact info, opening hours, how to access the services or how referrals are made.

Whereas the existing Action targets refugee populations, the pivot towards earthquake response will target 50/50 host community and refugee populations to ensure that the Action does not create social tensions, as both communities were impacted by the earthquake. CARE vulnerability criteria will apply to beneficiary selection, meaning that actual proportions of host community and refugee populations reached may vary due to additional supports (e.g. governmental supports) available.

Under the current protection activities, the beneficiary selection was limited to people holding TPID issued from the areas in which

CARE operates; however given the post-earthquake state of emergency declaration, CARE can provide immediate assistance to people holding TPID from earthquake-impacted areas (e.g. Hatay) who have been displaced into our operational areas (e.g. Adana). Hence, the modified beneficiary selection criteria will be applied for ER intervention.

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

The project design is based on the assessments conducted in relevant locations, recommendations by the research studies jointly conducted by CARE and universities, and endline/baseline data from previous/on-going projects and feedbacks collected through different mechanisms that CARE has established.

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 Community Activators (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. The frontline staff of Case Management and Protection Outreach team is also consulted throughout the project design as they are fully aware of the dynamics in the field and changing needs of the beneficiaries. Throughout the project implementation period, beneficiary and community feedback is also collected through tablets at the IPSs, CARE's Complaint and Response Mechanism (CRM) followed by relevant CARE's department and monitoring activities of the project (such as Post Activity Monitoring) site visits, and satisfaction surveys.

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 - Pregnant and lactating women - Persons with disabilities - Minorities / Marginalised diversity groups

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

CARE engages with refugee women, youth, boys, girls, people with disabilities, older persons, and members of the LGBTIQ+ community to understand and monitor the specific protection risks they face.

Women in both refugee and Turkish communities face multiple risks and barriers, including domestic burden, weaker income opportunities, and violence. Women continue to suffer violence inside and outside the home, and CARE's studies show this has increased since lockdown. In CARE Turkey's COVID 19 Impact Assessment (May 2020), 82% of those surveyed reported increased violence at home, and 61% reported increased intimate partner violence. A year later, 40% of female refugees said their risk of GBV was still higher than before the pandemic (CARE Gender in Emergencies, 2021). Women face significant cultural and legal challenges in finding stable and dignified work. A social cohesion study conducted by Gaziantep University, CARE, and UN/IOM in 2021 found that whilst general Turkish and refugee populations had similar rates of unemployment, refugee women and girls are more likely to perform uninsured, unstable, low-paid, and informal work.

Youth in both Turkish and refugee communities are at risk of child labor, exploitation for begging, CEFM, and separation 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.

Due to language barriers and traditional conservative ideas, many adolescent girls and boys lack reliable information about SRH, resulting in serious physical and mental health issues. Safe spaces for adolescent girls and young women are absent in many communities; context of the pandemic, mobility constraints increased for adolescent girls, limiting their access to relevant services and information.

Evidence suggests that the prevalence of disability among refugees is above 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. 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). CARE uses a 24% target for inclusion of persons with disabilities. 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. Within post-earthquake WASH activities, disability-friendly sanitation items, such as bed pans and adult diapers (UNISEX, in various sizes S/M/L) will be distributed alongside the hygiene kits to identified households with members unable to access latrine facilities or suffer incontinence, covering 7-10% of the population that are known to have a disability. Latrine and bathing facilities new and rehabilitation activities will ensure ground is leveled, adding steps or ramps where needed to make more disability friendly.

In the political and social context in Turkey, and the refugee communities themselves, LGBTI refugees experience multiple forms of discrimination, violence, and denial of rights. The GoT withdrawal from the Istanbul Convention on preventing and combating violence against women and domestic violence in July 2021 exacerbated a hostile social and legal environment for women, girls, and the LGBTI community. For additional information see letter responding to ECHOs questions on the initial proposal.

5.4 [INT] Update on beneficiaries identification criteria and their involvement

During the implementation of this Action, CARE prioritized the involvement and identification of beneficiaries based on a set of selection and vulnerability criteria. These criteria include people who have been displaced due to the earthquake, those living in hard-to-reach communities and individuals living in camps, collective centers, and informal settlements. In addition, households that have lost their shelter or whose homes have been rendered unsafe by the earthquake are also prioritized. Another group that is prioritized includes people who have lost their belongings or livelihoods due to the earthquake. Moreover, households that are hosting people displaced due to the earthquake are also considered in the beneficiary selection process.

CARE's vulnerability criteria includes persons with disabilities, elderly people and pregnant or lactating women. CARE's beneficiary selection process is comprehensive and prioritizes the most in need. The involvement of beneficiaries in this process is crucial to ensure that the assistance provided is appropriate and meets their needs. To understand the needs, CARE conducted focus group discussions (FGDs) in the immediate aftermath of the earthquake. By listening to their perspectives, CARE was able to tailor its interventions to address their specific concerns and priorities. This participatory approach has contributed to empowers beneficiaries and promote their active engagement in the project.

During the implementation of protection sector activities, CARE modified CM eligibility criteria to identify vulnerable individuals and families, adapted to the recent devastating earthquake. The updated criteria will be shared in the final report.

As for the implementation of legal support activities, CARE performed its standard practice of conducting assessment, determining the urgency level of interventions, and prioritized cases accordingly. The assessment helped the team to understand the nature and extent of the risk involved, while also considering potential hazards that could harm the individual and current vulnerability conditions. The team used UNHCR child protection and GBV specific risk assessment and case prioritization tools. During this period, the team prioritized cases involving vulnerable or marginalized groups of refugees, including survivors of GBV, detainees at risk of deportation, and unaccompanied and separated children. The team also gave priority to cases that have a higher likelihood of success in court, including those involving clear human rights violations or where the refugee has a strong protection claim. The team continued to adhere to ethical standards and maintained confidentiality while offering legal options to beneficiaries and encouraged the individuals to make their own decisions and proceeded with legal action in accordance with their requests.

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 further consultation with affected male and female target groups of various ages. The two studies in collaboration with Gaziantep University in 2021 researched the gendered implications of COVID-19 and social cohesion. These unveiled interesting and vital data that has informed our review of all protection results.

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 are available to overcome physical and social barriers. CARE's PO focuses on engaging men and boys as key stakeholders for promoting a positively protective (i.e., not controlling) environment for women and girls. In particular young women and girls are reached directly 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 PDM/PAM and immediately alert teams as needed should potential negative effect be detected.

CARE has zero tolerance towards sexual harassment, exploitation and abuse (SHEA). CARE has a safeguarding policy (Annex 11) and trains staff accordingly.

CARE has recently conducted RGA in Türkiye and NWS where affected by the earthquakes. The assessment highlights existing gender, age and disability data and information to understand pre-existing vulnerabilities and capacities and how humanitarians can best respond to the distinct needs of different groups of people. Please refer to the Annex 30 for details.

6.3 [INT] Update on Gender and Age marker

CARE places a strong emphasis on integrating gender, age, and disability in programming, and strives to advance the principles in line with the CARE Vision 2030 approach that centers gender in all operations. To encourage a broader positive change in restrictive social norms, CARE engages staff and community members in reflective conversations through community activators. The protection program has also developed project-specific gender action plans that identify gaps and action points for advancing gender integration. The project teams ensured gender balance in the composition of field teams and among the community activators. Following the earthquake, service mapping for all implementing areas has been updated to focus on GBV services and to ensure eligible beneficiaries have been referred. In March 2023, the Protection technical advisor provided training on GBV core concept, PFA Disclosure management training, and referral pathways to all protection teams. CARE has taken various measures to ensure that all field visits and RNAs take into account the needs of different age groups and genders. In particular, we have made efforts to address the special needs of women including by ensuring enough female team members in the field. The field implementation teams include one woman and one man, proficient in Turkish and Arabic. CARE also pays particular attention to the risks associated with women's access to toilets and bathrooms in settlement sites. Interviews were conducted with women living in the camp area and individuals

with special needs, and camp management in earthquake affected areas. CARE recognizes that young people, adults, and elderly have different needs in camp areas. To minimize risks and address the needs of each group, necessary coordination has been set up. CARE is committed to ensuring that the humanitarian response is gender and age sensitive, taking into account the specific needs of different groups to provide the most appropriate support.

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 the consequences of protection risks related to age, gender, disability and diversity

7.2 Indicators

7.2 Indicator (1/3)

% of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner

Definition

- 1) This indicator is more a process than an outcome indicator; DG ECHO wants to ensure that sufficient attention is given to protection mainstreaming to ensure corrective measures are identified and implemented when required during the action.
- 2) At reporting stage, mention also in the comment section the total number of beneficiaries interviewed.
- 3) Disaggregate the figures (% and absolute numbers) by sex, age and disability.

Source and method of data collection

[Adjust/specify as necessary and justified]

This indicator has to be monitored throughout project implementation (e.g. periodically or after distribution of assistance) as its aim is to identify corrective actions to be taken promptly to improve the quality of programming.

DG ECHO has designed a survey tool / method of verification for this indicator, which consists of a questionnaire with a set of questions to be asked to beneficiaries, as well as a methodology to aggregate the data collected and ease the analysis and reporting. Guidance for this survey tool is available at: [\[Link replaced / shortened automatically\]](#).

Baseline	Target value	Progress value
<input type="text" value="0.00"/>	<input type="text" value="70.00"/>	<input type="text" value="0.00"/>

[INT] Update on indicator, baseline, progress and target value

This indicator will be reported at the end of the project, following the collection of the inputs from the post activity monitoring.

7.2 Indicator (2/3)

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
<input type="text" value="99.00"/>	<input type="text" value="75.00"/>	<input type="text" value="0.00"/>

Comments on the indicator, baseline and target value

Post-Activity Monitoring will be conducted with a sample of the beneficiaries who attended the awareness-raising sessions provided presented by CARE's PO Team. All data is disaggregated by sex, age, disability, and other diversity factors as appropriate and analysed for different population groups. (Baseline of 99% is final reach for previous action)

[INT] Update on indicator, baseline, progress and target value

This indicator will be reported at the end of the project, following the collection of the inputs from the post activity monitoring.

7.2 Indicator (3/3)

Custom

Definition

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

Source and method of data collection

Information Protection Spaces Satisfaction Survey (sample of service recipients)

Baseline

74.00

Target value

75.00

Progress value

83.00

Comments on the indicator, baseline and target value

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)"

[INT] Update on indicator, baseline, progress and target value

The satisfaction survey was collected in the IPSs (Annex 3), by using a satisfaction survey installed in the tablets available in the center. The first quarter satisfaction percentage was 84% and in the second quarter it was 82% so the average satisfaction between October and March is 83%.

7.3 Results

7.3 Result (1/4)

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

578.204,73

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

[Adjust/specify as necessary and justified]

Attendance/dissemination records (attendance lists, radio schedules, etc.); dissemination material (flyers, recordings, web-site posts, etc.).

Baseline

0,00

Target value

23.000,00

Progress value

17.276,00

Comments on the indicator, baseline and target value

The number of persons reached includes all those receive the IEC materials. All persons receive information from CARE's CAs, or those in the Young Women's Clubs and Sports-for-Development activities are already included under the number of Information, Education, Communication (IEC) materials receivers, where all mentioned targeted groups will receive IEC materials form CARE's PO team. The number of persons will be disaggregated by age and gender.

Dissemination including key protection messages and information on available services targeting earthquake-affected persons, mainly on the availability of social services. This will be done through IEC material distribution and information dissemination activities through any applicable method including outreach, IPS, mobile teams, etc.

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

Post-Activity Monitoring

Baseline

100,00

Target value

90,00

Progress value

0,00

Comments on the indicator, baseline and target value

Knowledge about protection includes being able to identify different types of GBV, including child, forced, and early marriage (CEFM) and to know that women and girls have a right to be protected against GBV under Turkish and international legal frameworks, irrespective of their legal status in Turkey;

Knowledge about services means knowing what type of services are available and how to access them.

The target of this indicators is women and girls at risk of early marriage or GBV, or GVB survivors who participated in CARE's awareness-raising sessions on different protection topics under both PO or CM activities.

Baseline is final reach for previous action.

Result 1 - Indicator 3

Type / Subsector

Custom

Definition

Number of individuals who participated in information provision and awareness raising activities

Source and method of data collection

Session/activity reports
Participants' lists

Baseline

0,00

Target value

23.000,00

Progress value

4.905,00

Comments on the indicator, baseline and target value

The activities refers to group activities carried out to increase participants' awareness of legal rights, social services, psycho-education, etc. Activities are carried out in community centres or other public spaces, houses, or online platforms. This indicator only includes group activities. This includes sessions conducted by CAs on topics such as Gender Equality, GBV Prevention and Stress Management, Early Marriage, and CP, Child Labour and PSS for Children, etc. These activities also include activities targeting specific age/gender groups, e.g. Young Women's Club or sports-for-protection activities. Distribution of brochures and information kits should not be counted under this indicator. Beneficiaries reached through hotlines/helpline are not counted. This indicator allows double-counting. If one individual participated in two or more sessions, s/he is counted multiple times.

Information specific to the earthquakes will be added to the awareness sessions.

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

The CAs, CSC members and CCs are gender balanced teams by definition except for YWCs are all female, While the CAs and CSC members are male and female adults with youth representatives.

Baseline

0,00

Target value

560,00

Progress value

418,00

Comments on the indicator, baseline and target value

In each of the seven location, an average of 385 community members (~55 in each location) will be engaged as CAs/CS/YWC members and CSCs. Among these 215 community members 150 will be CAs, 70 CCS, 70 YWC female members and 70 will be CSC members. CARE uses its gender markers as a tool to ensure gender and age groups are taken into programmatic considerations. 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 online CARE Academy (on Gender, PSHEA, Gender MEAL) and face to face (GBC in CM, serving LGBTI and PWD, Ageism) trainings to ensure sensitive approaches.

Target increased to 560 at an average of 70 per location, in view of members no longer able to participate after the earthquake, and accounting for additional locations to be added to the activities.

Result 1 - Indicator 5**Type / Subsector**

Custom

Definition

% increase in knowledge of community mobilizers on protection issues

Source and method of data collection

Pre- test and post-test result comparison and analysis

Baseline

0,00

Target value

40,00

Progress value

81,00

Comments on the indicator, baseline and target value

Based on pre-test and post-test completed by CAs, CSC, YWC, and CCs in each of the target locations, their increased skills and knowledge will be measured. As the community mobilizers have strong educational and occupational backgrounds, their level of knowledge is not low, therefore very high % increase in this knowledge is expected

Result 1 - Indicator 6**Type / Subsector**

Custom

Definition

% of participants (female) who reported an increase in their knowledge as the result of the information received through young women's empowerment clubs

Source and method of data collection

Post-Activity Monitoring

Baseline

0,00

Target value

75,00

Progress value

0,00

Comments on the indicator, baseline and target value

Post-Activity Monitoring will be conducted with all of the YWC's participants. All data is disaggregated by sex, age, disability, and other diversity factors as appropriate and analysed for different population groups.

The assessed knowledge will include earthquake-related information.

Result 1 - Indicator 7

Type / Subsector

Custom

Definition

Number of children reached through the right to play activities.

Source and method of data collection

Session/activity reports
Participants' lists

Baseline

0,00

Target value

900,00

Progress value

0,00

Comments on the indicator, baseline and target value

Deliver information and messages related to protection directly to children for promoting a positively protective environment for those children within their communities, the targeted children aged is between 8 to 13 years.

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

As activities relating to Sport for Development were to be conducted through schools, the activity will be adjusted to a "right to play" methodology focusing on children's mental well being following the earthquake.

[INT] Update on all the indicators for this result

Ind 1: Under this indicator, CARE disseminated protection information through providing IEC (Information, Education, and Communication) materials. In total, unique individuals of 17.276 community members in three districts directly received IEC materials on 28 different topics, including education, bullying, gender-based violence, psychosocial support, early marriage, child labor, family planning, prenatal care, postpartum care, neonatal care, childbirth, birth registration, breast milk and breastfeeding, parenting skills, DGMM's IEC package, and UNHCR's Frequently Asked Questions, CARE's services, ESSN, CCTE, and CARE's FCRM. 12.915 indirect beneficiaries consisting of household members of IEC recipients aged 12 and above received information through this dissemination approach.

Ind 2: This indicator will be reported at the end of the project.

Ind 3: In close collaboration with community steering committees (CSCs) and based on an assessment of protection gaps and previously worked areas, community activators (CAs) from refugee communities identified and mobilized community members to attend protection sessions aimed at enhancing their understanding of protection, rights, responsibilities, and available services. For facilitating the community-based sessions, recruitment of CAs was carried out in the initial two months, followed by their training on ToT, protection principles, and code of conduct in January. No ARS sessions were conducted in February, with the first sessions commencing in March. Following the training, sessions on Psychological First Aid (PFA), gender equality and GBV were conducted. Over the reporting period (up to May), a total of 4.905 community members actively participated in these awareness-raising sessions. The numbers will increase further in accordance with the planned activities thus the target will be achieved at the end of the project.

Ind 4: In line with the selection and eligibility criteria specified in the project operational guidelines, CARE carefully selected community activators (CAs) with strong educational and occupational backgrounds to lead community mobilization efforts. By involving community members in this way, CARE aims to foster greater participation, and sustainability of protection activities among the refugee population. During the reporting period, a total of 418 community members actively participated as CAs, working closely with CARE staff to mobilize and engage their communities in awareness-raising activities and other protection-related initiatives. Their contributions have been instrumental in promoting a more community-led approach to protection and building stronger linkages between CARE and the refugee communities it serves.

Ind 5: 43 CAs in total participated in pre-post-test for the topics: Child Marriage, GBV, and PSHEA from Birecik (6 female), Islahiye (10 female, 4 male), and Nizip (17 female, 6 male). The results showed an increase in awareness n=35 (81%), no change in awareness n=6 (14%) and decreased in awareness n=2 (5%) for all locations.

Ind 6: This indicator will be reported at the end of the project.

Ind 7: The selection and eligibility criteria for Community Coaches (CCs) were carefully outlined in the project's guidelines. The S4D

program was designed to integrate sports and life skills components to enhance resilience against violence and utilize play and sports-based methodologies to engage with peers from diverse backgrounds and sought to equip children and youth with life skills to tackle issues such as bullying in schools and communities. Due to the earthquake, the field implementation of S4D activities was suspended until May 2023.

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, Adana, and Sanliurfa provinces, where the proposed activities form a continuation of programming under the current ECHO grant (ECHO/TUR/BUD/2021/91000), KAP data from the endline survey for ECHO/TUR/BUD/2021/91000 will be used as baseline data.

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.

Result 1 - Activity 2

Short description (for the logframe)

Protection information provision through Information Protection Spaces (IPSs)

Detailed description (if needed)

IPSs are in each target district. Currently, CARE operates, seven IPSs and another, to ensure accessibility.

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. To ensure that services and events provided from IPSs are accessible to all community members.

IPSs have office workers (gender disaggregated) to all community members to be attended by IPS staff members of the same sex, according to their preference.

IPS staff are able to communicate successfully with people with communication difficulties, with supervision of PO team to make sure that community members are welcomed and treated with respect and dignity.

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.

The organized events also might take place in IPSs, with coordination with municipalities and relevant GoT actors, allowing access to most vulnerable population in the South East.

IEC materials such as flyers, leaflets and booklets are used throughout the implementation period to raise awareness about and disseminated information on different protection concerns. They are distributed by the Protection Outreach (PO) staff and CAs during information campaigns and community events, and are available at IPSs to support individual information provision sessions, and for community members to pick-up.

The CAs distribute IEC materials during different types of interaction with members of their communities such as:

- Awareness raising sessions or other community events;
- Distribution/display at social spaces such as mosques, bakeries and community centres;
- Door to door visits to the community members (if and when possible within the context of the pandemic).

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.

IPS reduced to 6 locations, as one location was destroyed in the earthquake. However, the IPS in Adana has no damage and is in operation. Therefore, CARE will continue the same approaches in Adana and partially in Urfa.

In addition to the 6 IPS locations, 2 mobile teams will be conducting similar activities (distribution of IEC materials, referrals, etc) online, or using community / municipal facilities (bazars, mosques, reception centres, etc) focusing on Islahiye district of Gaziantep province and Hatay province.

Since the earthquake has affected both host and refugee communities, IEC materials will be developed in both Turkish and Arabic.

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)

Using CARE's peer-to-peer education methodology continues to raise awareness among refugees in their neighbourhoods. The Protection Team, with support from Community Activators, will spread awareness on rights as well as physical/mental health, education, protection and legal services. Besides the existing topics of GBV, Early Marriage, Child Protection, Child Labour, CEFM, Bullying, Family Planning, Safe Motherhood, Parenting Skills, PSHEA, Climate change and PSS.

CARE complementing IPSs services with outreach activities. Community outreach activities also enhances the access to information and services for individuals that may have difficulties reaching the IPSs by themselves.

To ensure that information about protection concerns and available services reaches the highest possible number of PoCs in the targeted locations.

For such activities, CARE will continue to implement a combination of activities by PO staff and Community Activators (CAs) in Gaziantep, Sanliurfa and Adana provinces. the Outreach activities includes individual, group, as well as community meetings and community events, such as international occasion that inline protection approach; such as International Children's Day. International Women's Day, 16 Days of Activism against women and girls.

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 8d, Protection Outreach Program Guidelines, for further details on the support and training that CAs receive.

CARE's outreach employs a peer to peer (P2P) education model in engaging with the community for information dissemination. Peer to peer model leverages the power of role modelling and supports community to learn from each other in a more inclusive environment. A "peer" in this context is a fellow community member (Community Activator-CA) who is volunteering to relay messages and support to build positive behaviors.

Protection outreach team through PO community activators dissemination sessions are built on peer-to-peer model and being conducted in various ways, dissemination sessions that conducted by volunteer can be online, face-to-face, individual and group sessions, based on the profile of the attendant volunteers select the most appropriate way to convey key messages to the community through visual and text materials, group work and many activities. PO volunteers are experienced and familiar with the community dynamics and their dissemination sessions are interactive and appropriate language is used. Besides they are encouraging the community to access all available services in Adana including education and literacy courses through public education centers.

In view of the increased protection risks following the earthquake, community activators will be further trained in PSHEA activities, checklists etc, to effectively become PSHEA focal points within the communities.

The protection information arising from the earthquakes will be adapted when CAs and PO teams disseminate information in their neighborhoods, and they will find any location where people congregate and gather for more flexible and efficient dissemination with multiple approaches.

The total beneficiary target for Protection Outreach is 25,000

Result 1 - Activity 4

Short description (for the logframe)

Implementation of sports-for-protection activities

Detailed description (if needed)

CARE will continue its life skills programming, sports-based methodology to raise the awareness of male and female youth age and gender group on key protection and concern, 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.

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. Such as 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.

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.

This activity will be suspended due to the closure of schools following the earthquake.

The community coaches (who were already recruited and trained) will instead work with children and their parents to provide sessions focused on stress management, teamwork, and other related concepts following the earthquake. Sessions for children will be conducted using a "right to play approach", while sessions for parents will be through sensitisation sessions, including awareness of how their children might react of be affected following the earthquake.

Community coaches and community activators will receive trainings on Psychological First Aid skillset to ensure they are equipped with the knowledge and skills to respond to the needs of the targeted communities.

With observing the situation and flexibilities, CARE plans to resume this activity in May.

Result 1 - Activity 5

Short description (for the logframe)

Facilitation of Young Women's Empowerment Clubs

Detailed description (if needed)

CARE will continue to use the sports-based methodology to strengthen life skills and raise-awareness among youth on some of the main protection issues (such as GBV, violence, child abuse, etc). share Young groups of CAs will facilitate sports activities while instilling life skills, including topics such as teamwork, respect for diversity, respect for women and girls, and anger management. CARE will exchange the impact and experience with CARE MENA region, of such similar modality in other CARE offices.

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).

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, Young Women's Empowerment Clubs are facilitated by CARE's PO team directly.

See Annex 7d for PAM.

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 and update CARE team on community 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.

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.

For the implementation of this activity, CARE will borrow from methodologies successfully tested in other contexts such as the "Women Lead in Emergencies" approach, and adapt them to the context of refugee communities in Turkey.

Result (1/4) - [INT] Overall update on activities of the result

Act2: CARE continued the provision of Information Protection Spaces (IPSs) across all locations. During the reporting period, a total of 6.906 Syrian community members visited the IPSs in Gaziantep, Sanliurfa and Adana. Due to the earthquake in February, Islahiye IPS was severely damaged and is no longer functional since the earthquake. To ensure the safety of its facilities and beneficiaries including IPSs, CARE contracted two independent structural engineering firms to conduct safety assessments following the earthquake. Additionally, as part of the earthquake response, the protection outreach team developed new IEC materials and group awareness-raising sessions.

Act3: The Protection Outreach (PO) team held several community events to raise awareness on different protection topics among the community members in Gaziantep, Sanliurfa, and Adana. Kick-off meetings were held with the participation of 141 community members in Gaziantep and in Adana where CARE's IPSs and protection services, protection outreach, case management, and eligibility criteria were introduced. As for the selection of Community Activators (CA), CARE received 236 forms in Gaziantep, 736 forms in Sanliurfa, and 700 forms in Adana. As a result of the interviewing processes, 40 CAs in Gaziantep, 69 CAs in Adana, and 81 CAs in Sanliurfa, were selected.

During the 16 Days of Activism campaign to end violence against women between 25 December to 10 January, CARE PO team in Gaziantep conducted two activities with the participation of 68 female community members in CARE IPSs. Presentations were given on the causes and consequences of gender-based violence (GBV), specifically domestic violence, and videos were shown to support the prevention of domestic violence and the referral pathways for GBV survivors. Moreover, Legal Aid Team conducted seven legal sessions for Community Activators on prevention of violence against women and girls at seven IPSs with full participation and highly interactive Q&A parts at the end of each session. In Adana, two events were organized with governmental institutions (PMM, ŞÖNİM, Police Department, Refugee Camp) while two other similar events were organized by the PO and Legal Aid teams. Additionally, a hygiene promotion event was conducted in January based on a request by Sarıçam Camp manager for children in the camp. The total number of participants for these events was 309.

Act4: CARE PO team continued programming about the integration of sports for development (S4D) for children, and during the reporting period, kick-off meetings were held in Gaziantep, Sanliurfa, and Adana, after which the process to recruit community coaches (CCs) began. 20 CCs were selected in Gaziantep, 26 in Adana, and 32 in Sanliurfa. The selected community coaches were trained to improve their capacity in supporting their community and conducting sports for development activities. S4D activity was suspended in February - April as the prioritization given to emergency activities after the earthquake occurred. The activity will be launched again in May 2023.

Act5: As early marriages have been prevalent within the refugee and host communities in Türkiye, there is a significant need for the dissemination of sexual and reproductive health (SRH) information, along with life-skills development. For this reason, CARE PO team set up Young Women's Empowerment Clubs (YWCs) with refugee women between the ages of 18 to 24 in the first quarter of the project. After reviewing applicants against the YWCs criteria, interviews were conducted with selected candidates, resulting in 30 females selected in Adana, 30 in Şanlıurfa, and 18 in Gaziantep.

Act6: During the reporting period, the protection outreach team established Community Steering Committees (CSCs) groups comprised of 77 community members (27 in Adana, 20 in Gaziantep, and 30 in Sanliurfa). 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 project activities. CSCs continued to actively engage within their communities, representing the needs and challenges of the community members during regular meetings with CARE's PO team, as well as in FGDs. The information collected by community activators and CSCs was shared with CARE's Liaison department, which conveyed it to governmental authorities to improve services for the refugee community. Additionally, FGDs were conducted to discuss the community's concerns, situation, and potential activities that can be conducted in their respective locations after the earthquake. CSC members were also encouraged to share their ideas

about activity methodology and the community's needs following the earthquake, as well as the main protection concerns they observed in their communities.

7.3 Result (2/4)

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

1.588.213,84

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

CARE's CM/IPA Database

Baseline

0,00

Target value

3.880,00

Progress value

1.108,00

Comments on the indicator, baseline and target value

SOPs for CM and IPA are in place; see annexes 8.

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

Baseline	Target value	Progress value
0,00	200,00	56,00

Comments on the indicator, baseline and target value

An expected 20 % of CM cases will be related to GBV.

The existing service maps and referral pathways for GBV, protection and CP will be revised to ensure that service providers are able to accept referrals and what type of services are available to affected persons in each district and province. Where possible, this will be done in coordination with the SE Türkiye protection working group.

Result 2 - Indicator 3**Type / Subsector**

Custom

Definition

Number of identified and assessed individuals

Source and method of data collection

CARE's CM/IPA Database

Baseline	Target value	Progress value
0,00	12.000,00	4.158,00

Comments on the indicator, baseline and target value

This indicator will cover newly identified refers to the identification of a new person through the use of any one of the following modalities: community engagement activities, household visits, self-referral, and external referral.

Assessed refers to the process of assessing the person's needs in terms of the provision of protection or other social services. After identification, the individual should be assessed.

It is expected that 33% of the cases assessed are eligible.

Result 2 - Indicator 4**Type / Subsector**

Custom

Definition

Number of referrals made to external services

Source and method of data collection

CARE's CM/IPA Database

Baseline	Target value	Progress value
0,00	1.300,00	570,00

Comments on the indicator, baseline and target value

1.300 are 35% from 3.552

A referral refers to the facilitation of an individual to obtain specialized services from another organization (outside of the Action). Internal referrals are not counted under this indicator.

If a refugee is referred to a different project implemented by CARE, that referral is also considered as an 'external' referral.

A referral involves supporting (such as accompaniment, translation support, calling the other service provider with the details of the case etc.) and monitoring the process. Simple provision of the name/address/phone number of another service provider to the person of concern is not counted as a referral.

Where an individual is referred to multiple services this is recorded as multiple 'referrals'.

External service refers to a services provided by an organization or project outside of the proposed Action.

Examples of external service providers include governmental organizations, I/NGO, etc.

Result 2 - Indicator 5

Type / Subsector

Custom

Definition

Number of individuals referred to relevant external (specialised) services

Source and method of data collection

CARE's CM/IPA Database

Baseline

0,00

Target value

435,00

Progress value

290,00

Comments on the indicator, baseline and target value

Total number of unique individuals referred to relevant external service(s) to receive specialized support based on their needs.

Referred refers to the process of facilitating a refugee to obtain specialized services from another project/organization (outside of the proposed Action).

External service(s) refers to services provided by organizations outside of the proposed Action.

Unique individual means that an individual who received at least one referral during the implementation process of the proposed Action are reported only once regardless of the number of referrals made for the same individual.

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

CARE's CM/IPA Database

Baseline

0,00

Target value

600,00

Progress value

302,00

Comments on the indicator, baseline and target value

Appropriate response to Child Protection (CP): When a CP case is identified, case worker utilizes internal resources and also works with Protection Services Officer to ensure appropriate referrals to relevant service providers are made and followed

including services provided by child monitoring center as well as education and CCTE.

Result 2 - Indicator 7

Type / Subsector

Custom

Definition

Percentage of beneficiaries who reported that the counseling they received through tele-counseling hotline has met their needs.

Source and method of data collection

Post-Activity Monitoring

Baseline

0,00

Target value

70,00

Progress value

0,00

Comments on the indicator, baseline and target value

Post-Activity Monitoring will be conducted with a sample of Helpline's beneficiaries. All data is disaggregated by sex, age, disability, and other diversity factors as appropriate and analysed for different population groups

Result 2 - Indicator 8

Type / Subsector

Custom

Definition

Number of individuals supported with tailored legal advice, assistance and referral

Source and method of data collection

CARE's Legal Database

Baseline

0,00

Target value

700,00

Progress value

218,00

Comments on the indicator, baseline and target value

Legal protection services are provided to ensure individuals have access to justice, legal rights and services in accordance with international conventions and national laws. CARE currently employs four Turkish qualified lawyers who are licensed to practice law in Turkey (two based in Gaziantep, 1 based in Sanliurfa, 1 based in Adana).

Legal counselling, legal assistance, referral for legal aid and legal fee assistance provided by Legal Team will be reported under this indicator.

In addition to existing legal protection services; provision of information on the rights arising from the earthquake in the relevant laws, provision of legal assistance (including legal fee assistance) to exercise these rights, legal aid applications to bar associations to exercise the rights arising from the earthquake.

Result 2 - Indicator 9

Type / Subsector

Custom

Definition

% of individuals who are satisfied with the legal services

Source and method of data collection

CARE's Legal Database
PAM

Baseline

0,00

Target value

75,00

Progress value

0,00

Comments on the indicator, baseline and target value

20% of the individuals who received Legal support from CARE's Legal team will subject to Legal Post-Activity Monitoring. All types of Legal support will be represented in the sample.

Result (2/4) - Comments on all indicators for this result

[INT] Update on all the indicators for this result

Ind1: CARE conducted protection analysis 2.305 total eligible individual cases. Out of them, the team successfully achieved the set protection outcomes for 1.108 individuals (311 girls, 359 boys, 290 women, 144 men, 4 non-binary), while 1.197 cases are still ongoing.

Ind2: Since the project has started, 56 survivors received support (19 Gaziantep, 25 Sanliurfa, 12 Adana) being successfully closed. The remaining cases are still open due to their complex nature and will be closed once multiple protection outcomes are achieved. Working closely with the protection services officer and liaison team, CARE facilitated specialized services for survivors by connecting them with CARE's legal counsellors and external statutory services, as well as relevant NGOs. Additionally, mitigation and prevention measures were implemented to address and mitigate future risks. As most cases are still open, CARE reported only the closed cases under this indicator, and CARE will achieve the target of closed cases by the end of the project.

Ind3: CM team received and assessed 4.158 cases based on referrals received from internal focal points and external state and NGO organizations. Cases were prioritized and assigned risk levels according to the information provided. Assessments covered 13% of cases in Adana, 30% in Nizip and Islahiye, and 57% in Sanliurfa. The underachievement of this indicator was attributed by the change in context since the planning phase of the project, for instance, address verification, closed neighbourhoods, lack of awareness of governmental regulations, and earthquake related changes have 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, instead of assessing new cases.

Ind4: During the reporting period, 570 referrals were made, this includes referrals to governmental bodies, UN agencies and other I/NGOs to access education, health, social assistance, and protection services. Protection services officers and CM focal points actively worked with CM external governmental bodies and I/NGOs focal points to establish a two-way referral mechanism.

Ind5: The CM team collaborated with individual cases to create inclusive action plans that addressed their specific protection concerns. Prior to making referrals, informed consent was obtained. 290 individuals (64 girls, 80 boys, 101 women and 41 men and 4 non-confirmed) received support through handholding services, which included accompaniment, translation, and transportation. These services were provided to eliminate access barriers and ensure individuals could fully benefit from the support available.

Ind6: 302 child protection cases (153 girls, 149 boys) were identified and assisted (181 in Gaziantep, 54 in Sanliurfa and 67 in Adana). CARE CM teams worked closely with CARE Liaison, and Legal teams, to ensure that the survivors have access to most appropriate and safe services in coordination with relevant state authorities mainly PoNE, PDoFSS, PDMMs, police, courts, and hospitals.

Ind8: CARE supported 139 individuals (50 in Gaziantep, 34 in Sanliurfa and 55 in Adana) with legal services including legal counselling, assistance, legal fee assistance and referral to Bar Associations and Legal Clinics. The files were closed upon information provided to and consent taken from individuals. Out of 139 cases, the team referred 11 cases to Adana Bar Association, 2 cases to Gaziantep Legal Clinic, 1 case to Sanliurfa Bar Association, 15 individuals in Adana were supported with legal fee assistance to cover notary costs, court fees and trial expenses. The legal services were adapted based on the scope of the state of emergency after the earthquake, which suspended most judicial activities.

Result 2 - Activity 1

Short description (for the logframe)

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

Detailed description (if needed)

The activity is aimed at identifying the children who are exposed to key protection risks including neglect, physical, sexual and emotional abuse and exploitation using CM six steps system guided by the best interest of children and other protection principles to enable CARE to take preventative, responsive and remedial actions through multi-disciplinary and multi-sectoral approach.

By putting the children and their families in the center of the CM intervention, action plans are developed based on individual protection analysis, vulnerabilities of the children and their families are identified such as socio-economic concerns, children out of school, unaccompanied and separated children, children in conflict with law, high dependency ratio, disability, lack of information on entitlements and rights, as well as language barriers.

By taking into consideration the identified threats who are duty bearers and perpetrators as well as the capacities and strengths, protection outcomes are established to decrease the vulnerabilities, increasing capacities and removing /mitigating threats.

CM project utilizing CARE internal resources link the children and their families with other CARE projects; for example, protection sessions delivered by protection outreach, equipping them with accurate information about their rights through helpline and legal counsellors and engaging them with activities and services provided by basic needs and women economic empowerment projects. Furthermore, services provided for children by state and non-state actors are actively updated and incorporated in digitalized CM system to enable case workers to provide a holistic approach for the survivors.

Throughout the project case workers will work with relevant state actors including Ministry of Family and Social Services (MoFSS), social services centers, women shelter, municipalities, provincial directorates of education, public education system, etc, Bar Association, UNHCR, UNICEF and other I/NGOs to link the CP identified cases, facilitate and advocate for meaningful access to services and to remove barriers, mitigate and prevent discrimination.

CARE will also identify opportunities to develop joint projects with MoFSS and to work with relevant state actors to respond and prevent to hazardous work of children involved in beginning in the street.

This approach is contributing to building a safe environment where children's rights are protected, promoted and fulfilled

Through CARE leading role in UN led working group and regular state meetings chaired by Provincial Directorate of Migration Management PDMM and MoFSS in the southeast and national level, advocacy is prioritized and initiated and by communicating the documented vulnerabilities faced by the children and their families and challenges in the service system and structures which lead to adopt negative coping strategies such as child, early and forced marriage (CEFM), reducing meals causing malnutrition, depending on assistance and enforcing families to resort to hazardous and forced labour, dropping out of school, failing to provide adequate basic care and supervision, denial of resources and entitlements based on discrimination, bullying at schools, TPID registration and MERNIS (Central Population Management System) related challenges, etc.

CARE is also working with universities to produce academic analysis studies to generate evidence based information regarding child protection and inform CARE response to child protection and exchange information with other relevant state and non-state stakeholders.

Over the course of CM project, CARE will work with other non-protection sectors to enhance protection and gender mainstreaming to increase the knowledge of the frontline workers to identify and refer child protection cases and address cross-cutting protection concerns such as child marriage and child labour in CARE operation areas.

Result 2 - Activity 2

Short description (for the logframe)

Protection service provision through the Protection Helpline

Detailed description (if needed)

CARE upgraded the helpline system with new technology to respond to the increasing number of calls received related to COVID 19. The helpline phone number is promoted among the asylum-seeking population in Turkey and this allows them to reach CARE through this number and receive live translation services over the phone. This system also provides protection and legal counselling, information about nearby services as well as legislation and Covid 19 issues. It collects data on sources of information, myths, and misconceptions on COVID-19 and addresses refugees' questions, needs, and concerns. Also, through this helpline system, referrals are received to CARE's services. While the Helpline system is a two-way communication functionality and provides counselling over the phone, the CARE Case Management system provides access to services and works to meet specific needs of vulnerable individuals in a holistic way.

Beneficiary relations are one of our highest priorities and extended efforts are required to identify and meet caller's needs. Focus is placed on providing optimal services.

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 use 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.

A new package of information concerning the helpline includes emergency information from the 10 provinces affected namely Kahramanmaraş, Adiyaman, Kilis, Osmaniye, Gaziantep, Malatya, Şanlıurfa, Diyarbakır, Adana and HATAY.

Adaptation of Helpline Information Package:

The helpline information package has been updated with the available emergency responses to the earthquake, including municipality services and shelter points, food and NFI distribution points, UASC delivery points, official evacuation community points, and announcements regarding IP and TP regulations.

For adopted case identification and management after the earthquakes, CARE has worked for adopting Acceptable Risk Safeguards(ARS), revising SoP and revising rapid assessment related to the earthquake.

Result 2 - Activity 3

Short description (for the logframe)

Provide client-focused Case Management (CM)

Detailed description (if needed)

CM is a collaborative, client-focused approach and process of delivering services which can be applied in emergency and development settings to address key protection concerns including access to service, CP, GBV, etc.. The main aim is to empower clients and their resilience by strengthening their sense of self efficacy by engaging them in a collaborative process to identify the most suitable strategy to address protection concerns. During this process, their individual needs, vulnerabilities, strengths and resources they have are taken into account. CM is a medium to long term six dynamic step: 1) Identification and registration of the individual/case 2) Assessment of the specific needs 3) Development of an individual case plan, with time bound and measurable objectives 4) Implementation of the case plan 5) Follow up and review 6) Case closure. CARE provides a tailored response to reduce risk for a diverse range of individuals by mitigating the threats and addressing the factors exposing them to serious concerns. To meet the specific protection outcomes and to improve the protective environment and wellbeing of the individuals, CARE utilizes internal services and referral to other external resources (particularly state services). CARE's CM targets the most vulnerable cases/individuals which includes refugees, asylum seekers and those whom Temporary Protection and Internal Protection legal frameworks in Turkey apply. Eligible cases present one/several of the following characteristics: a key protection concern such as CP, GBV, requiring legal assistance; 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: referrals from CARE internal departments including PO and Basic needs (BN) team via standard digitalized CM application; External referrals by external service providers (INGOs) via standard Inter-Agency Referral form; External referrals by local authorities via e-mails or phone calls through Protection Service officer PSO or Liaison Officer; Self-referrals via a CRM hotline number and/or IPS walk-in services; Self-referrals through CARE's Helpline. Individuals are supported based on the protection concerns/vulnerabilities either through direct assistance available through CARE'S CM IPA resources or through critical referrals 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 responses include: internal referral to legal department and Basic Needs and WEE team; 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 the cost of urgent medical equipment, 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.

The phasing out of IPA at the end of January, we shifted all IPA cases and allocated budget to CM intervention, expecting/observing that cases after the earthquakes have been more complex and fitting into CM modality rather than IPA. As natural disasters and displacement impact women, men, girls and boys differently and women/girls are at greater risks of GBV and/or other protection issues. Pre-existing inequalities and insecurity can exacerbate women and girls' need for direct, life-saving and urgent responses through tailored and comprehensive intervention of CM.

Result 2 - Activity 4

Short description (for the logframe)

Provision of Individual Protection Assistance

Detailed description (if needed)

Individual Protection Assistance is a programme model that is intended to reduce, remove or prevent an individual's protection risks through a simple, time-bound intervention.

Although an individual may not be facing a specific threat, and therefore no current protection risk, IPA may still be used to ensure realization of fundamental human rights (such as access to education and health services) and remedial action to assist recovery from previous rights violations.

IPA offers a defined package of possible support that includes referral, information counselling, assistive services (such as translation, transportation or accompaniment) and material assistance (in cash or in-kind). This support is combined as needed on a case-by-case basis to achieve the specific change linked to the protection outcome.

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 activity will be phased out of the Action as of January 2023, based upon the IPA/CM Data Review Recommendations from ECHO. Achievements will be reported only until January 2023.

Result 2 - Activity 5

Short description (for the logframe)

Provide one-to-one legal counselling sessions for individuals

Detailed description (if needed)

Provision of one-to-one legal information sessions with individuals who request to be informed on laws and regulations or who seek advice on a possible legal proceeding.

With the presidential decree No.120, dated 11. February, the deadlines in the courts and legal files will be suspended until 6. April 2023. CARE legal team review the existing legal files closely to prevent any loss of rights.

In addition to existing legal protection services, provision of information on the rights arising from the earthquake in the relevant laws, provision of legal assistance (including legal fee assistance) to exercise these rights, legal aid applications to bar associations to exercise the rights arising from the earthquake.

Result 2 - Activity 6

Short description (for the logframe)

Provide legal assistance to individuals - drafting petitions, accompaniment to courts, and case follow-up.

Detailed description (if needed)

Legal assistance is provided for those who would like to take legal action either to initiate a legal proceeding as a plaintiff/complainant or to be involved as a defendant in a legal proceeding that has already been initiated.

In addition to existing legal protection services; provision of information on the rights arising from the earthquake in the relevant laws, provision of legal assistance (including legal fee assistance) to exercise these rights, legal aid applications to bar associations to exercise the rights arising from the earthquake.

Result 2 - Activity 7

Short description (for the logframe)

Provide legal referral services - writing referral petitions to and follow up with the Bar Associations and Legal Clinics for the provision of legal aid services

Detailed description (if needed)

Legal referral service is provided to individuals who need to be officially represented by lawyers at legal authorities, especially at court hearings. This links individuals to Bar Association / Legal Clinic when they are not able to afford attorney fees.

In addition to existing legal protection services; provision of information on the rights arising from the earthquake in the relevant laws, provision of legal assistance (including legal fee assistance) to exercise these rights, legal aid applications to bar associations to exercise the rights arising from the earthquake.

Result 2 - Activity 8

Short description (for the logframe)

Provide financial assistance to support in legal services such as translation and notary fees as well as court expenses.

Detailed description (if needed)

Court expenses and notary fees should not be an obstacle to access to justice. If an individual wants to take a legal action, however is not able to do so because of the expenses, legal fee assistance may remove the barriers.

In addition to existing legal protection services; provision of information on the rights arising from the earthquake in the relevant laws, provision of legal assistance (including legal fee assistance) to exercise these rights, legal aid applications to bar associations to exercise the rights arising from the earthquake.

Result 2 - Activity 9

Short description (for the logframe)

Conduct Post Activity Monitoring for cases where legal services are provided

Detailed description (if needed)

The main objective of PAM for legal cases is to measure the impact of support and to understand to what extent the legal support provided by lawyers contributes to refugees' access to justice.

Result (2/4) - [INT] Overall update on activities of the result

Act1: CARE assisted 302 children who faced or were at heightened risks who resorted to or at risk to develop negative coping strategies. Following the earthquake, a high number of children were displaced and had their education interrupted. While classes are resuming, thousands of children will be likely continue to rely on emergency education solutions to avoid dropping out of the education system. The protection team targeted children living in camps through CM activities to regain a sense of normality and safety by getting access to adequate emergency shelter and essential needs, education, and meaningful socialization opportunities. In accordance with protection principles, CARE has undertaken a preventative and responsive approach to build and foster a safer environment for children. Guided by a rights-based approach, and the best interest of children, CM team in collaboration with protection service officers and liaison team have used advocacy at different levels to address the protection risks and utilized internal and external resources to mitigate threats and decrease the vulnerabilities. During the reporting period, CARE CM coordinator was selected to provide technical support for the child protection task force at national level. CARE has increasingly invested time and efforts of key staff to support programmatic coordination through UN-relevant working groups in Türkiye. This support has included providing thematic leadership to shape and develop new sector policies and guidance documents. This is a highly effective way to influence the overall performance of the response throughout CARE strategy period FY23/25 CM team will continue dedicating resources that can influence and improve technical coordination and response for child protection.

Act2: During the report period, the helpline received 9.105 calls, out of these calls, the helpline team referred 6.708 to CARE Türkiye program. Specifically, 5.785 (86%) calls were inquiries about available services including CARE services and EQ emergency responses; other calls were mainly to request financial support, in addition, 923 (14%) calls were to request for translation to access public services, especially the medical ones (i.e., hospital appointment booking and doctor-patient conversations at hospital). Concerning the EQ emergency response, after securing the safety of its staff, the helpline started operating on 10 February. To ensure an effective response to the EQ-affected population, the helpline adapted its schedule by including weekends and increasing working hours during February. In addition, the helpline information package has been updated to include emergency information from the 10 affected provinces, including emergency shelter points, food and NFI distribution points, UASC delivery points, official evacuation community points, and announcements regarding IP and TP regulations such as the regulations of relocation and border crossing by Syrian refugees. The EQ related calls were 771, of which 169 were referred to CARE CM services including shelter, cash, food and NFI.

Act3: To target the most vulnerable individuals effectively, training on case identification and registration was conducted by CM coordinators to the frontline workers (IPS office workers, legal field supporters, helpline, and CRM focal points) in October 2022. This approach helped to directly address a variety of protection concerns and vulnerabilities, such as children with disabilities, unaccompanied and separated children (UASC), child labour, child marriage, neglect, children out of school, children who are

survivors of violence or exposed to bullying or/and emotional, physical, sexual abuse under CM intervention. The timely response and quality services provided by CARE CM team increased trust and cooperation which successfully resulted in timely and safe services and responses for 651 CM cases among the assessed eligible cases during the reporting period.

Act4: Starting from January 2023 and based on ECHO recommendations, CARE has begun phasing out IPA from its service model and transitioning to CM modality. The team observed that registered cases have become more complex, requiring more tailored interventions under the CM modality. This process is based on the light revision of the IPA/CM SOPs following the definitions endorsed by DG ECHO for the appropriate classification of protection risks, particularly "denial of resources". CARE shifted all IPA cases under its programme and allocated a budget to CM interventions upon the modification request submitted in March 2023. Out of total 460 IPA cases, 457 were closed by May 2023.

Act5: The majority of the legal counselling services were provided for deportation & administrative detention, divorce and criminal files in all provinces. Divorce cases predominated in the provinces of Gaziantep and Sanliurfa, while deportation and administrative detention cases formed the majority of cases in Adana.

Act6: Deportation & administrative detention and divorce cases formed the majority to provide legal assistance to the individuals. Petitions were written at the request of individuals, they were accompanied to the courts and law enforcement authorities and cases were followed together with the individuals.

Act7: All cases referred to bar associations and legal clinics were for deportation and administrative detention cases and Adana province formed most of them, followed by Gaziantep. Legal aid bureaus of bar associations appointed lawyers to the individuals as a result of referrals. The Legal Aid Team ensured that individuals in the removal centers had access to legal aid within the judicial periods set by laws and regulations.

Act8: Legal Aid team supported 15 individuals in Adana to cover translation fees and notary expenses. A large part of the legal fee assistance was also provided in order for individuals in the removal center to access legal aid. On February 8 2023, GoT declared a 3-month state of emergency for 10 provinces as per Article 119 of Turkish Constitution and Article 3(1)a of the Law No. 2935 on the State of Emergency. The 10 provinces affected by the two devastating EQ include Adana, Adiyaman, Diyarbakir, Gaziantep, Hatay, Kahramanmaraş, Kilis, Malatya, Osmaniye and Şanlıurfa. During a emergency, the exercise of fundamental rights and freedoms may be partially or entirely suspended as long as international law is not violated. Although there were a few exceptions, the Presidential Decree on the Measures Taken in Jurisdiction under the State of Emergency suspended most judicial activities from February 6 to April 6. During this period, CARE could not act on most of the files for which legal assistance was going to be provided or no action could be taken by the courts in the files submitted. The Presidential Decree Number 120, published on February 11, suspended various legal proceedings including filing a lawsuit, application, objection, and notification from February 6 to April 6 due to the State of Emergency resulting from EQ. This suspension caused delays and limited the legal services provided by Bar Associations, and Legal Clinics. However, CARE legal aid team continued to refer cases to these organizations to ensure continuity of legal services, also addressed a challenge caused by the prohibition of Syrian nationals from acquiring real estate in Türkiye, which violated the property rights of those under temporary protection and their Turkish citizen inheritors who died in the EQ. As there was no change in the procedures for administrative detention and deportation and criminal cases, the team continued to provide services for those who needed to take legal action.

7.3 Result (3/4)

Protection actors collaborate to engage in research and action-based studies and coordinate for strong evidence-based advocacy.

Sector

Coordination

Subsectors

Country level (sector/intersector) coordination

Estimated total amount

82.331,73

Result 3 - Indicator 1

Type / Subsector

Custom

Definition

Number of research studies enabling evidence-informed action for quality protection outcomes produced.

Source and method of data collection

Learning agenda on key learning protection sector priorities
One study prioritized addressing a gap in the context of SET
TOR for the selected study
Inception report
Study final reports (an extended report and a summary report)

Baseline

1,00

Target value

1,00

Progress value

0,00

Comments on the indicator, baseline and target value

Big scale emergencies create increased risks related to GBV. This includes SHEA which is one of major concerns during the emergency response and features among the most commonly and increasingly identified high risks. We know that people are most vulnerable and at risk during an emergency response, and that desperate people can be easily exploited. Given this sudden change in the context, the proposed research piece will focus on exploring how the earthquake and its consequences further exacerbated GBV risks and what are the impacts on women, girls, men and boys. As initially planned it will also analyse barriers faced behind reporting GBV incidents and provide actionable recommendations to local stakeholders and humanitarian actors.

[INT] Update on all the indicators for this result

CARE had multiple internal discussions among Protection, Legal and Program Quality teams in order to determine the most effective research study subject considering the needs in the refugee community and related points to be advocated at coordination fora. CARE teams agreed that conducting research on the prevention of violence against women would be directly proportional to the needs. In this regard, CARE held a meeting with the SGBV Sub-Working Group coordinators under the UNHCR Inter-Agency Coordination and had a fruitful discussion on the way forward to understand the gaps and needs in SGBV response in the Southeast Türkiye context.

The research study is focusing on monitoring the trends of violence against women among the refugee community by referring to the parameters including age, gender, disability status, displacement status, ethnicity, socio-economic situation, employment status (formal/informal workplaces), types and sizes of households, urban/rural dichotomy and other factors identified during the research design process. By focusing on barriers faced behind reporting such incidents, the research is aiming to shed light on the magnitude of situation in Gaziantep, Sanliurfa, Adana and Hatay and provide recommendations on how this could be addressed.

Result 3 - Activity 1

Short description (for the logframe)

Conduct one research study in collaboration with a specialized local institution

Detailed description (if needed)

CARE will take the lead in the production of one research study that response to key priorities identified in collaboration and coordination with protection WG Through a competitive procurement process CARE will identify an experienced Turkish research entity to conduct the study.

The research design and implementation will be done jointly with a research institution or a local university. The study will ensure a methodologically sound research process, build on CARE and research teams' understanding of the SET context inclusive of other governmental and non-governmental stakeholders' experiences in the field, to generate a high-quality research product.

According to CARE's analysis relevant stakeholders, including public and NGO response actors (particularly GBV Sub-Working Group), there is a lack of understanding of the prevalent phenomenon of GBV in Southeast Turkey. CARE will be working in generating a research study on understanding the root causes of gender-based violence (GBV) and its forms in SET context by underlining the existing gender inequalities and power dynamics particularly among the refugee population. The study will be focusing on monitoring the GBV trends in SET by referring to the parameters including age, gender, disability status, displacement status, ethnicity, socio-economic situation, employment status (formal/informal workplaces), types and sizes of households, urban/rural dichotomy and other factors identified during the research design process. By focusing on barriers faced behind reporting GBV incidents, the research will aim to shed light on the magnitude of GBV situation in SET context for informing the interventions in the field for a comprehensive response. Accordingly, the study is expected to propose multi-sectorial contribution for developing GBV prevention, risk mitigation and response actions for SET context for governmental and non-governmental actors.

Big scale emergencies create increased risks related to GBV. This includes SHEA which is one of major concerns during the emergency response and features among the most commonly and increasingly identified high risks. We know that people are most vulnerable and at risk during an emergency response, and that desperate people can be easily exploited. Given this sudden change in the context, the proposed research piece will focus on exploring how the earthquake and its consequences further exacerbated GBV risks and what are the impacts on women, girls, men and boys. As initially planned it will also analyse barriers faced behind reporting GBV incidents and provide actionable recommendations to local stakeholders and humanitarian actors.

Result 3 - Activity 2

Short description (for the logframe)

Disseminate the recommendations of the research and lead on coordinated advocacy at local, regional, national, international, EU, UNHCR level

Detailed description (if needed)

CARE will lead on the dissemination of the key outputs and messages of the research study as an active participant of coordination platforms especially in Protection Working Group, SGBV Sub-Working Group, Legal Counsellors Group, Case Management Groups and Inter-Sector Working Group.

CARE will also engage with governmental stakeholders at local and regional level to deliver study results and recommendations by means of making effective evidence-based advocacy efforts.

Furthermore, CARE will make effort at EU and UNHCR level to develop an effective strategy to convey these advocacy messages to relevant stakeholders at regional but also national level.

Result (3/4) - [INT] Overall update on activities of the result

Act1: CARE has finalized the Terms of Reference on the research study and after a competitive procurement process, successfully contracted INGEV (Insani Gelisme Vakfı) to conduct research in collaboration on violence against women in 4 provinces (Gaziantep, Adana, Gaziantep and Hatay). Accordingly, kick-off meeting was held with INGEV where desk research, establishment of steering committee (members from grassroots organizations), study with women and men, key informant reviews were discussed, and timeframe was determined. The Steering Committee comprises members from key grassroots organizations to refine the research's precise focus, decide on methodology, review findings, and reach a consensus on recommendations. Interviews were held with refugee women to understand their ideas and attitudes concerning GBV. The purpose of the study with men is to understand the refugee men's perceptions, beliefs, experiences, attitudes, and behaviours regarding gender-based violence. Key Informant interviews were conducted to analyse and understand the root causes and determinants of violence as well as the economic, cultural, physical, and social barriers that inhibit women from seeking assistance and/or reporting incidences of violence. In-depth interviews with women are conducted after the quantitative surveys to elaborate on the reasons behind quantitative findings. Timeframe for fieldwork, data analysis and reporting as well as more detailed information on the ongoing and upcoming work can be found at Annex 4. CARE expects to finalize the research study at the end of September.

Act2: After the research study is finalized, recommendations will be disseminated at local, regional, national, international, EU and UNHCR level.

7.3 Result (4/4)

Provision of access to safe and sufficient water, sanitation and hygiene to earthquake-affected households

Sector

WASH

Subsectors

Other (WASH)

Excreta disposal

Water supply

Estimated total amount

2.891.436,62

Result 4 - Indicator 1

Type / Subsector

Water supply

Indicator

Number of people having access to sufficient and safe water for domestic use

Definition

Access: Maximum distance to water point 500m, queuing time less than 15min, filling time maximum 3 min/20 litres or as locally agreed. Water access should be during the whole period of implementation unless action is mostly related to building the local water delivery capacity.

Sufficient: covering basic needs, i.e. 7.5-15 l/p/d or as locally agreed.

Safe: 1) low risk of faecal contamination, 2) No faecal coliforms detectable in any 100-ml sample, 3) For piped water supplies, or for all water supplies at times of risk or presence of diarrhoea epidemic, water is treated with a disinfectant to achieve free chlorine residual at the tap of 0.5 mg per litre and turbidity is below 5 NTU, 4) If for a short period, water which is contaminated chemically or radiologically is used, no (significant probability of) negative health effect is (likely to be) detected.

Domestic use: drinking, cooking and personal hygiene (incl. laundry).

Source and method of data collection

[Adjust/specify as necessary and justified]

Direct observation; (household) survey at point of consumption with 5% statistically accurate representative sample on a monthly basis.

Baseline

Target value

Progress value

0,00

25.000,00

0,00

Comments on the indicator, baseline and target value

Target of 25,000 based on 5,000HH at average 5 individuals per HH

Result 4 - Indicator 2

Type / Subsector

Excreta disposal

Indicator

Number of people with access to dignified, safe, clean and functional excreta disposal facilities

Definition

Access implies ratio (user/facility) of 1 toilet for a max. 20 people or as locally agreed.

Distance: < 50 metres from dwellings or as locally agreed.

Clean implies regular cleaning and maintenance for public facilities

Dignified: Use of toilets respect cultural preference and is arranged by household(s) and/or segregated by sex.

Unsafe facilities include unstable (unlined) pits with risk of collapse, pits accessible to vectors, pits contaminating water tables and poorly sited facilities which expose women and girls to attacks, especially at night.

Functional facility: fully constructed, in working order and properly maintained, of a type and in a location acceptable to intended users, with hand washing facilities and anal cleansing material.

Source and method of data collection

[Adjust/specify as necessary and justified]

Key informant interviews, direct observation, survey with 5% statistically accurate representative sample on a monthly basis.

Baseline

Target value

Progress value

0,00

6.500,00

0,00

Result 4 - Indicator 3

Type / Subsector

Custom

Definition

Number of households provided with hygiene kits

Source and method of data collection

Signed beneficiary list, Post-distribution monitoring household survey

Baseline

Target value

Progress value

0,00

6.500,00

4.701,00

Result 4 - Indicator 4

Type / Subsector

Custom

Definition

% of households satisfied with the quantity and the quality of the hygiene kits

Source and method of data collection

Post-distribution monitoring household survey

Baseline

Target value

Progress value

0,00

70,00

0,00

[INT] Update on all the indicators for this result

Ind1: This indicator will be reported at the end of the project as the water distribution will start in June 2023.

Ind2: This indicator will be reported at the end of the project as the activity will start in June 2023.

Ind3: The hygiene kits distributions have been initiated in March 2023 and reached 4.701 HHs by the reporting period.

Ind4: The hygiene kits post distribution monitoring is an ongoing process which started in April, and level of satisfaction will be measured at the end of the project.

Result 4 - Activity 1

Short description (for the logframe)

Provision of safe drinking water

Detailed description (if needed)

5,000 earthquake-affected households in Hatay and Gaziantep (Islahiye) (25,000 individuals) will be supported with distribution of safe drinking water for a period of 30 days with 5 litres per person per day (SPHERE Emergency standard for drinking water).

Distributions will be in the form of refillable/recyclable Carboy bottles and water pumps, to minimise environmental impact / plastic waste and avoid exacerbating potential solid waste / hygiene issues.

Result 4 - Activity 2

Short description (for the logframe)

Provision of mobile sanitation and bathing units

Detailed description (if needed)

Sanitation services will be rehabilitated in rural informal temporary settlements, gaining approvals from required municipalities, including Hatsu (General directorate of Hatay water and wastewater administration) and Mukhtars where required.

- 80 mobile latrines and 50 mobile bathing units will be provided in areas most impacted by the earthquake. For latrines, CARE will assure excreta disposal and waste management for 2.5 months
 - Necessary water supply for flushing, bathing units and hand washing will be coordinated with collective centers and other parties.
 - Drainage and any connection to sewerage will be installed.
 - Disposal of excreta and solid waste will be done safely, in allocated sewerage disposal sites and landfill.
 - Toilets and bathing cubicles will be gender segregated and located in a safe, accessible area of the collective centers.
-

Result 4 - Activity 3

Short description (for the logframe)

Rehabilitation of sanitation services

Detailed description (if needed)

Sanitation services will be rehabilitated in rural informal temporary settlements, gaining approvals from required municipalities, including Hatsu (General directorate of Hatay water and wastewater administration) and Mukhtars where required.

130 existing sanitation facilities in camps will be assessed to repair/replace broken parts, ensure adequate drainage and waste management, as well as increasing safety and privacy, such as adding lights/locks, gender segregation, privacy of entrance, leveling ground/adding steps, ramp to make more disability friendly.

Result 4 - Activity 4

Short description (for the logframe)

Provision of Hygiene kits

Detailed description (if needed)

6,500 earthquake-affected households (32,500 individuals) in Hatay and Gaziantep (Islahiye) will be provided with hygiene kits that will be appropriate for 1 month's supply, with additional refills of consumable products appropriate for 3 months.

The household hygiene kits will contain the essential items such as sanitary pads, soap, detergent, toothpaste, toothbrush, shampoo etc., and additional packs of sanitary pads will be given to households with more than 1 menstruating women.

Disability friendly sanitation items, such as bed pans, adult diapers, commode, will be made available for identified households, who have members with difficulties to access provided latrines.

Risk communication messaging for diseases such as cholera, scabies and AWD will be included in all hygiene kits.

These hygiene kits will be delivered to rural informal settlements, prioritising the same locations as the refillable water bottle provision and sanitation service to ensure a comprehensive WASH package is delivered to mitigate risks of diseases such as cholera, scabies and AWD.

To integrate with protection programming under Result 1, hygiene kits will also contain protection information materials.

Result (4/4) - [INT] Overall update on activities of the result

Act1: CARE aims to provide water distribution to 5,000 households in Islahiye and Hatay districts to meet the current drinking water need in the region over the most needed period of the year. Water will be supplied through transportation of bottled water (carboy). CARE plans to distribute water in formal tent and container settlement sites where drinking water is unavailable. During coordination meetings, it was noted that drinking water would be a critical need in summer, and it was decided to coordinate with local authorities to provide this need in the region starting in June 2023. The WASH team conducted a needs analysis and visited the sites to coordinate water distribution with the supplier. The procurement process is ongoing.

Act2 and Act3: Shortly after the earthquake, CARE initiated activities to respond to most present needs through direct distributions. In the meantime, CARE has conducted assessments and coordination in the camps to identify risks and areas that do not meet minimum WASH standards. After identifying the gaps, CARE closely collaborated with the authorities to ensure that target locations will remain official sites as the increase of container cities has resulted in movement of displaced and affected people. This will continue to impact over the coming months, with increase of camp closing. The assessment and communication with authorities corroborated the planned activities to improve the sanitary situation, especially concerning health and protection risks. The team identified the needed intervention specifically, increasing the number of WASH facilities where they are not meeting standards, rehabilitating broken ones and setting up lighting and screens to reduce protection risks for women and children. These interventions are crucial to prevent the spread of diseases and ensure that the basic needs of the affected population are met. The mobile sanitation and bathing units will provide a safe and private space for people, reducing the risk of harassment and improving the overall hygiene situation in the camps.

Act4: The hygiene kits distribution has been initiated in March in formal and informal camps as well as in neighbourhoods heavily affected by the earthquake in Hatay with focus on Hassa and Iskenderun districts. During the reporting period, distributions have continued and expended to planned target districts in Hatay province as well as in Islahiye, in total 4.701 households were reached. The hygiene items are supplied in complementarity with other identified needs, with the support of other sources of funding (e.g. NFI kits, food commodities, kitchen sets).

Due to the high demand for hygiene kits, drinking water and sanitation facilities in the initially targeted locations, in addition to the three supported districts in Hatay, CARE evaluated and planned extension towards additional districts of Hatay such Antakya and Defne. CARE remains committed to working with local authorities and camp management to ensure that the needs of vulnerable communities are met and that WASH activities are implemented timely.

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 MoFSS 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;
 - CARE continues to hold leadership positions in key coordination fora (see section 11.1), enabling access to stakeholders and influence on the research and advocacy agenda;
 - 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, economic, 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 14, 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 (Annex 11) that addresses risks related to sexual harassment, exploitation and abuse (SHEA) as well as child protection.

According to the latest report prepared by UNHCR, the total number of residents in Sarıçam/Adana camp is 16.575, there are many Protection Outreach volunteers that lives nearby and in Sarıçam camp that provides on recent situations, changes and risk in the camp, CARE works very closely with AFAD, Camp Management, PMM to address any protection risk and referral mechanisms are built through governmental institutions and PO volunteers, thus camp residents has direct and indirect access to CARE services in Adana and encouraged to reach CARE through Protection helpline and IPS'. One of the main problems of camp residents reducing their purchase power and the support provided within the camp is insufficient and they are in need of more support. Some of residents in need of medical equipment and health services and due to location of the camp they are facing challenges in transportation. Finally camp residents are looking for job opportunities and stated that it's very hard for them to find suitable job with reasonable wage and the opportunities near the camp is limited.

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 14, Risk Analysis and Contingency Measures.

7.7 [INT] Update on preconditions, assumptions and risks

Persistent changes in governmental policies, coupled with an increasingly politicized crisis and post-earthquake context, have led to a reducing scope for refugee rights and an expanding gap in the services available to them. CARE Türkiye and the refugee community have observed a surge in various challenging and discriminatory practices, including address validations by law enforcement authorities, stopping foreigner registrations at 25% of a neighbourhood's population, expediting deportation procedures, revoking International Protection status based on safety in the country of origin, monthly signature obligations for foreigners, the so-called "peace practice" allowing deportation via the Kilis border, and ultimately, the suspension of registrations in all 81 provinces following the Presidency of Migration Management (PMM) letter dated June 3. To support evidence-based advocacy efforts, Legal Aid team collaborates closely with the Liaison team to stay current with trustworthy information from government authorities and disseminates this information at relevant coordination platforms, including UNHCR. Moreover, the refugee community and CARE beneficiaries are consistently informed in advance about each new practice and regulation to prevent complications with authorities, abide by the law, and prevent minor issues from escalating into more significant problems later. One of the significant impediments to protection activities is the growing gap in services, particularly in earthquake-affected regions. This gap may result in potential discrimination and worsen the already precarious situation of the refugees. Additionally, it may create tension and unrest between the host community and the refugees' communities, hindering the ability of humanitarian aid workers to provide essential assistance.

The practice of "address verification" introduced by the PMM in late December 2021 continues to impose significant impact on protection services, especially for those whose houses were destroyed or damaged due to the earthquakes in February, who are registered in closed neighbourhoods thus had to change their addresses - neighbourhoods open to address registrations are limited and/or many refugees cannot afford to bear a high rent.

The risks of changes in the political climate regarding INGO work and cancellation of registration are still considered high. To mitigate these risks, CARE maintains transparency with authorities, monitor media coverage, and build strong partnerships with local organizations and communities. Community tensions directed harassment of staff, detention/arrest of staff, traffic accidents, burglary/theft, physical assault, and incidents of terrorism are all at medium risk levels. The risk of conflict between different groups/communities in the field and violence may impact the delivery of assistance and the safety of CARE's staff and beneficiaries. To mitigate this risk, CARE continues to employ an acceptance-based project implementation strategy, train staff on conflict resolution, security awareness, maintain low visibility of staff and vehicles, and provides close movement monitoring procedures for the distribution teams. The remote and hard-to-reach locations of the affected areas may pose logistical challenges for CARE's response activities, including the transportation of personnel and supplies. To mitigate this risk CARE continues to look for alternative options by preparing vendors' list and increase the logistic team network. The upcoming summer may bring extreme weather condition, which could exacerbate the risks and needs in the affected areas, particularly regarding access to clean water and adequate shelter. To mitigate, risk management focal point will keep sharing the updated emergency contacts, provide regular briefing for staff and visitors. And CARE conducts staff training on humanitarian principles, background checks and liaise with authorities.

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 and may possibly increase due to the continued decline of the Turkish lira, decreasing host community members' purchasing power as well as ability to sustain against possible protection risks and therefore, increasing scrutiny over humanitarian support provided majorly to the refugees.

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 8c) and Guidelines for Protection Outreach Program (see annex X). 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 11) 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.

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 proposed intervention approach 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 (result 1), ensuring affected individuals and families receive the support (information, services, material assistance) they need to address and recover from a specific protection concern (result 2), contributing to a protective environment where all relevant stakeholders collaborate to find and implement solution to key protection concerns that are victim/survivor centered (result 3). Collectively, these measures are expected to strengthen the individual and collective resilience and sense of efficacy among refugees in South-East Turkey. In addition, 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.

Initial mark

2

8.2 [INT] Update on Resilience marker

CARE's objective is to empower refugees by providing them with the information they need to understand their rights and advocate for themselves, with the dedicated support of the CM team and legal experts from CARE. As part of the Case Management (CM) intervention, all beneficiaries were actively encouraged to strengthen their coping capacities and enhance their ability to support and manage their families. The CM team developed individual case plans that considered the existing capacities of families or individuals, aiming to improve their overall situation and bolster their coping mechanisms, particularly for those affected by the earthquake.

The project includes measures to strengthen local preparedness capacities to respond or adapt to identified risks through actively participating and contributing to regional coordination platforms, and updating them about the needs in the region.

CARE recognizes that health risks, including serious chronic diseases, are likely to increase due to the need for hygiene and water in the earthquake affected region and CARE is taking measures to minimize this risk through cooperation with the authorities. The hygiene activities and sanitation improvements proposed in the project take into account the risks and vulnerabilities faced by the affected communities, including those related to health, safety and the environment. CARE's WASH and Shelter team conducted field visits to identify the risks and improvements that need to be made, especially in terms of hygiene and sanitation facilities.

CARE carries out its activities in an equal and fair framework and shows an equal approach to all communities in need, especially considering the conflict between different communities in the targeted areas.

9. Monitoring and Evaluation

9.1 Complaint mechanism

CARE has developed a strong (online and manual) feedback and complaint mechanism for target community and all stakeholders to strengthen accountability to affected communities. This mechanism, fed by CARE's own complaint/feedback channels (hotline), includes confidential reporting mechanisms, a database for recording and tracking complaints, and investigation and response procedures. The options include face to face interviews with CARE staff, complaint boxes, Hotline, and Emails. Those channels increase access for illiterate people, people with limited mobility, persons with sensory impairment and children. In addition to having a gender sensitive and balanced team into the information protection centers (IPSs), Complaint mechanism in general and their working hours takes into account daily schedules, to facilitate access for women and girls. 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.

Prior to the implementation of the activities, CARE shares the relevant and proper information with the targeted communities through its offices, centers, and field staff, including mission and vision; the project related information such as title, aim and duration, targeted locations and eligibility and vulnerability criteria CARE's complaints and feedback channels. During the implementation, the information will be presented in banners, posters and brochures. Moreover, it will indicate the confidentiality of the data as well as the importance of reporting any allegation of fraud, corruption, misuse of fund, PSEA cases. On the other hand, these materials will be presented in high visible locations in the targeted locations. The language and design used will be simple and understandable for the different groups of the targeted population.

All feedback and complaints received will be diligently recorded, and depending on the feedback or complaint received, standard follow-up actions will be triggered ranging from communication back to the individual providing feedback to follow-up through program teams and escalation to the assigned focal point for red flag complaints. For sensitive complaints (PSEA, fraud, and corruption), CARE has developed an investigation mechanism together with the Compliance Manager and protection and gender specialist that is responsive to the security environment, cultural concerns, the need for confidentiality and the potential constraints of response.

CARE will use operational Feedback and Accountability Mechanisms to ensure accountability to affected people.

9.2 Monitoring of the action

CARE's M&E approach is based on continuous monitoring, evaluation, and evidence-based assessment of activities to meet objectives and inform stakeholders of any needed adjustments. The team oversees the gathering of baseline data, regular monitoring, data collection, analysis. Monitoring is based on a MEAL framework developed during the start-up phase of the program to track progress against targets and produce M&E workplan to schedule monitoring visits.

The M&E plan will be guided by relevant sections of the IASC Guidelines for Gender, Inclusion of Persons with Disabilities, and 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. Baseline and endline KAP survey will be conducted through random sampling to calculate the coping strategies index and measure any change in prevalence of resorting to negative coping strategies. For PO program, the KAP survey will also be utilized to determine the baseline of the community knowledge about right/entitlements, legal status and key services. CARE will use a combination of qualitative and quantitative methods in order to measure the increase in the knowledge of the community members with a representative sample. 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. M&E Team installed the IPS Satisfaction Survey on a tablets in a private space in the Information Protection Spaces (IPSs) to ensure the privacy and to collect the satisfaction level of the IPS visitors regarding the provided services.

Monitoring data and analysis are shared with CARE Management and the Program team regularly 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.

A consultant will be hired for the final evaluation of the Action. It will include quantitative methods to measure project indicators and qualitative methods to supplement the learning and accountability of the program. Qualitative methods - KIIs and FGDs will be conducted with key program staff, stakeholders, and a sample of project participants. Third-party monitoring (TPM) will be used to assess the extent to which the project was able to achieve its targets, to which positive changes can be attributed to the project's activities, how contextual factors affected implementation and the connection between actions and outcomes, the barriers and facilitators to success, and lessons learned and recommendations. The evaluation will provide evidence and learning that can be applied in future projects, and to the accountability of the project to its affected population and stakeholders. Further details are available in Annex 15.

MEL team uses earthquake-sensitive data collection methods; adapting the tools, reducing the number of FGDs as it needs logistic preparation and gathering of people which may not be the ideal case in the current situation, using of the phone calls more. More attention to data protection will be made, promoting the electronic tools as much as possible.

9.3 Is this action remotely managed? No

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

Internal evaluation of the action's results No

External evaluation of the action's results Yes

External audit (only if it is a legal obligation) No

9.4.1 Further details on each evaluation / justification for external audit

A final evaluation will be included in this action to see and learn from the effect this action had on its beneficiaries. A special focus will be on Adana region as this will be the second year CARE is offering its protection services to beneficiaries in this region.

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

Yes

9.5.1 Explain in few words the content of these studies

CARE will take the lead in the production of one research study that response to key priorities identified in the learning agenda. The research design and implementation will be done in collaboration with a selected specialized local institution present in the Southeast Turkey. This approach is expected to (a) ensure a methodologically sound research process and (b) build on the research team's in-depth understanding of the local context.

9.6 [INT] Update on monitoring and evaluations (including complaint mechanism)

CARE continuously monitors the progress of the activities, and a monthly update for the indicator tracking table is being shared with the program team to inform the planning of the upcoming month. The level of satisfaction regarding the protection services provided was measured using an online satisfaction survey installed on tablets distributed in all IPSs, and a quarterly reporting is being held to track the satisfaction of beneficiaries (Annex 3). Also, pre- and post-tests were conducted to measure the percentage of improvement in knowledge.

Due to the massive earthquake on 6. February, several IPS centers were inaccessible and showed significant damage. As a result, various FCRM channels, including complaint and feedback boxes, online tablets, became non-functional. However, alternative channels such as hotlines (calls, SMS, and WhatsApp), email, KOBO link, and face-to-face interviews with field staff remained available for project participants to lodge complaints and provide feedback.

CARE adapted the accountability materials for the earthquake response. These materials were made accessible in both Turkish and Arabic languages to cater to the entire community. Additionally, with support from the safeguarding team, PSEA materials were designed in Turkish and Arabic to raise awareness and prevent any harm or abuse during crises. These materials were disseminated during earthquake response activities.

Throughout the reporting period, CARE received a total of 1.100 complaints and feedback through the various FCRM channels. 76% of the individuals using FCRM channels were females, while 24% were males. In terms of age groups, the majority (99%) fell between the ages of 18 and 59, with the remaining 1% being aged 60 and above. When disaggregated by province, 60% of the complaints were from Sanliurfa, which can be attributed to the fact that the region faced two crises (earthquake followed by flood) during the reporting period, resulting in increased needs among the affected population. Additionally, 31% of the complaints originated from Gaziantep, while the remaining 9% were from Adana.

In terms of complaint categories, the highest share (91.5%) was requests for assistance, followed by requests for information (7.8%). The remaining 0.7% were categorized under other categories, such as suggestions for improvement, and minor dissatisfaction. The majority of requests for assistance were mainly from people affected by the earthquake and floods seeking shelter, cash assistance, rehabilitation, clothing, and food.

10. Implementation

10.1 Human resources and management capacities

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.

The core implementation team in three locations; (all working full-time in the proposed Action) consists of three CM Coordinators, three PO Coordinators, 1 Helpline coordinator and 1 protection services officer. In addition, 20 CM Officers/Assistants, 11 PO Officers/Assistance, and 15 IPS staff are involved in direct service provision. The outreach work is supported by 15 CAs. Other positions involved in direct service provisions are co-funded through other funding sources, e.g. PRM, thus leveraging complementary resources.

Legal Team is managed by the Legal Aid Manager and consists of one Protection Legal Counsellor and one Field Supporter in each location (Gaziantep, Sanliurfa, Adana). Legal Aid Manager and Protection Legal Counsellors are licensed to practice law in Turkey and registered at Union of Turkish Bar Associations. Legal Counsellors support refugees in the field and at the legal authorities, Field Supporters ensure that communication between beneficiaries and legal counsellors is carried out in Arabic-Turkish and case files are prepared in an organized way. Legal Aid Manager focuses on advocacy efforts and program development, chairs SET PWG Legal Counsellors Group and represents CARE Turkey Program Team at appropriate coordination platforms, UN meetings and governmental meetings.

The technical support from CARE International emergency team has been reinforced, worked with CARE Türkiye team.

10.1.1 [INT] Update on human resources and management capacities

The Action was implemented according to the management structure presented during the proposal. Hatay project team for the earthquake emergency response consists of various positions including an Emergency Response Coordinator, a Team Leader, a Deputy Team Leader, a WASH Engineer, a Shelter Engineer, 4 Project Officers, 2 Logistics/WH Officers, an Admin/HR/Finance Officer, a Security Focal Point, a Communications Officer, and a protection team. Additionally, WASH and Shelter advisors provide technical assistance to the team in the field.

The protection case management team filled the vacant positions by hiring one CM assistant based in Sanliurfa to support project implementation in Gaziantep, Adana, and Sanliurfa, each sub-team consists of an officer and one or two assistants, and one or two field supporters. For Protection Outreach there is one team consisting of a coordinator, an officer, and an assistant per district in each province. Two IPS office workers' vacant positions were filled in Sanliurfa. As CARE is currently implementing a BPRM project with similar protection activities to this Action, both CM/IPA and Protection Outreach in Gaziantep are shared across both grants with funds allocated based on the Level of Effort (LoE) approach.

The Legal Aid team provided legal support with 3 Protection Legal Counsellors and 3 Legal Field Supporters in Gaziantep, Sanliurfa and Adana under the management of Legal Aid Manager. Protection Coordinators, Protection Legal Counsellors and MEAL coordinators worked in close collaboration in the field and provided protection services to beneficiaries. Due to the February earthquake response, 1 Legal Field Supporter joined the earthquake response team, during which the Protection Team Field Supporters assisted the Legal Aid team.

10.2 Do you intend to 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

10.3.3 [INT] Update on supply chain

- Having FWAs/LTAs signed and in place for school kits, rental vehicle services, IPS office cleaning service, market & clothing cards, will shorten the response time inside Türkiye.
 - Service Level Agreement is in place for Research on Violence Against Refugee Women in Southeast Türkiye. The procurement was managed through a competitive process, we received multiple offers and facilitated procurement evaluation committee as per CI procurement policy to select the responsive, best value proposal.
 - According to procured in kind donation items, all inspection process is completed in line with the quality control procedures and standards.
-

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

10.4.3 [INT] Update on supply chain challenges and mitigation measures

CARE procurement strategy emphasizes establishing framework agreement(FWA) contracts from which we can rapidly and readily purchase through issuance of purchase orders against the existing contracts. No in-kind items haven yet purchased during the reporting period, but CARE will continue the procurement procedure including kits, market voucher and clothing voucher under the FWA, which we could consistently implement despite the natural disaster.

CARE also conducted an exhaustive market assessment for EQ response commodities to respond the earthquake relief efforts, this market assessment also benefits ECHO's programming, as we have extended our vendor base and market presence which further bolsters our ability to promote competition for ECHO procurements.

The main challenge is to maintain the FWA/LTA for the critical items/services, CARE tried to sign a secondary contract with the back-up supplier where the market is competitive for instance for rental vehicle service.

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	5.133.702,12	-
		Total	5.133.702,12

10.6.1 Implementing partner (1/1)

Name

CARE Turkey

Address

Emek Mahallesi, İbrahimli Yolu Caddesi No:13/B Sehitkamil Gaziantep

Status

International NGO

Estimated amount of EC budget allocated

5.133.702,12

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.

CARE Türkiye has obtained government permission, has established a new office in Iskenderun, and is in the process of seconding an initial team to commence program delivery in Hatay province. Fair share contributions to the new staffing and office costs have already been included in the MR budget. The proposed organogram for the new Iskenderun office for the initial 3-months is attached as Annex 32.

Implementing Partner (IP) level

IP level 1

[INT] Update on this participant in the action

No updates for Gaziantep, Adana, Sanliurfa management structure during the reporting period. The management structure, roles and responsibilities remained the same as in the proposal. CARE's emergency response in Hatay, Islahiye is closely coordinated with CARE HQ in Gaziantep. The staff actively participate in Gaziantep and Hatay assessments and sectoral updates to ensure effective coordination and information sharing. In addition, CARE ensures strict supervision and control mechanisms to ensure that project activities are carried out according to the agreed standards and guidelines. The project officers, technical advisors, and engineers work closely to monitor progress, identify challenges, and make necessary adjustments.

11. Field Coordination

11.1 Operational coordination with other humanitarian actors

CARE is strongly committed to building and maintaining strong, positive working relationships with its peers, for harmonizing approaches and services, avoiding duplication, and promoting learning across agencies. As such, CARE has invested heavily in participation and leadership in humanitarian coordination mechanisms. CARE was the first NGO to assume leadership roles in inter-agency coordination structures at national and south-east Turkey level and is now recognized as a respected and trusted voice amongst aid agencies, Turkish protection actors, and Turkish authorities. CARE is currently the Technical Advisor, Chair or Co-Chair of 11 coordination mechanisms:

- NGO Technical Advisor for the Cash-based Interventions Technical Working Group (CBITWG) and the WASH Working Group
- Technical Advisor for the Basic Needs Working Group (Southeast Turkey and national)
- Technical Advisor for the Protection Working Group (Southeast)
- Co-chair for the Child Protection and SGBV Sub-Working Groups
- Chair of the Accountability to Affected Population task force
- Chair role (and founder) for Legal Counsellor Group at southeast level
- Chair role for Case Management Group in Sanliurfa
- Chair role for Liaison Working Group (NGO Platform) at national level
- Chair of the Accountability to Affected Population Task Force
- Chair of the Case Management Group in Kilis
- Chair of the Legal Working Group for South-East Turkey, which was initiated by CARE

CARE established the Case Management Task Force and also sits on the Southeast Inter-Sector Working Group and the Syria Task Force, the Working Groups of Livelihoods, Basic Needs, Food Security and Agriculture, 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, Sanliurfa Inter-Agency Coordination and Adana Inter-Agency Coordination.

For this action, CARE intends to strengthen our role in legal protection and advocacy forae. This will enable stronger evidenced based advocacy to GoT – informed by research activity – on the priority protection concerns facing refugees.

CARE has attended meetings with AFAD, and is also actively engaging in emerging UN-facilitated coordination structures post-earthquake. In a fast-changing situation, therefore, CARE will work and flexibly respond. CARE Türkiye's previous experience in different locations, as demonstrated during the recent COVID-19 response, will be a strength for its current and future responses to support people affected by the earthquakes.

11.2 Action listed in

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

11.3 Coordination with national and local authorities

In light of the sensitivity of the response in Turkey, CARE is committed to building and maintaining strong, positive working relations with Turkish authorities. The nature of our collaboration with authorities remains critical to ensuring continued access and our approaches remain similar to ECHO VI. Engagement with authorities provides opportunity for soft advocacy, and 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 continues to coordinate with the Ministry of Interior, Presidency of Migration Management, Ministry of Education, Ministry of Family and Social Security (MoFSS) and other relevant line ministries to ensure continued permission to operate and accommodating policies, and to keep institutions informed of refugees' needs. CARE coordinates with local government, provincial offices and municipalities leveraging existing positive operational relationships to negotiate for additional community resources, including the rehabilitation of sanitary services, and to contribute to creating an enabling environment for refugees. Following from ECHO VI, CARE will continue to strengthen 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 engages with local research institutes to provide evidence-based recommendations to government agencies.

In the earthquake response, CARE continues to coordinate extensively with AFAD and with all relevant authorities, particularly in relation to new or expanding geographical areas of intervention.

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, as the crisis enters its eleventh year, we also see opportunities for more resilience-oriented programming.

In line with CARE's dual mandate, CARE Turkey aims to support 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.

CARE continues to coordinate extensively with all sectoral coordination structures, including inter alia the protection, child protection, SGBV, WASH, and Cash-Based Intervention structures outlined in the original proposal, and is also actively engaging in emerging UN-facilitated coordination structures post-earthquake. CARE also continues to coordinate extensively with relevant authorities, particularly in relation to new or expanding geographical areas of intervention.

11.5 [INT] Update on field coordination

CARE has been an active member in all relevant inter-agency coordination groups including Regional Protection (PWG), CPWG, CMWG, Sexual GBVWG, and Legal Counsellors WG. 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. CARE also continued collaboration and coordination with government bodies. 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. In terms of referrals, mainly S/GBV cases were referred to CARE by PDFSS and its different branches. PDFSS created a new department as the civil society coordination branch. PDFSS and UNHCR cooperation meetings were held in Istanbul on 9-10-11 November 2022. Through the MoU signed with Sanliurfa PDoFSS, 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. Following the earthquake and massive flood in Sanliurfa and the interruption of immediate services, the MoU was extended for 6 months until the end of September 2023. CARE CM and PDoFSS staff continue to have the joint assessment for the cases identified by Social Service Centers located in Haliliye and Eyyubiye and accordingly, the planned actions to mitigate and remove the protection risks for identified cases are being taken through joint actions. During the earthquake response, CARE allocated 3 cars to Sanliurfa Metropolitan Municipality, so that the planned in-kind could be delivered on time. Besides, through an established coordination pathway, the cases that have been affected by the earthquake were referred to Sanliurfa Municipality to utilize municipality's services. CARE is also in coordination with TRC and SAMS so that beneficiaries affected by the earthquake are provided online SAMS MHPSS sessions and TRC PSS field activities. Legal Aid team actively engaged in advocacy activities to promote policies and practices that safeguard the rights and well-being of refugees and vulnerable individuals. In response to allegations that detainees at the Gaziantep Oğuzeli Removal Center were being coerced into signing voluntary repatriation forms and transferred to Hatay Apaydın TAC, the team participated in a joint meeting with legal counsellors in Gaziantep, members of the Gaziantep Bar Association, Immigration and Asylum Commission, and Bar Association Board's member. The allegations were brought to the attention of UNHCR by CARE, resulting in the release of those transferred to Hatay Apaydın TAC. Later, it was determined that individuals without valid TPIDs or those with unresolved identity issues were being transferred to the Kilis Elbeyli TAC. The team immediately contacted UNHCR and the Kilis Legal Clinic. Advocacy activities were immediately initiated to address the matter.

For the earthquake response, CARE participated in UNDAC Multiple Cluster Initial Rapid Assessment (MIRA) covering 11 provinces affected by the earthquake to identify strategic humanitarian needs and priorities. Lastly, as the Technical Legal Advisor to the Southeast Türkiye Protection Working Group under the UNHCR Inter-Agency Coordination, CARE continued providing technical legal information on the rights abuses arising from the earthquake.

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	Yes
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	No

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 EU (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.

Visibility Materials: High-quality visibility materials including roll ups, banners, leaflets and information flyers will be produced in compliance with ECHO's visibility manual. These materials increase Action visibility to its beneficiaries and the general public.

Postings, partially boosted by advertisement, will provide continuous information about the project's progress, measures, and goals. CARE Austria has established social media channels on Facebook (organic reach: 15,000 - 20,000), Instagram (organic reach: 1,500) and Twitter (impressions: 30,100). The organic reach is to be increased selectively and target groups specifically through the targeted use of ads. In addition, the CARE Austria website (monthly page views: approx. 33,000) will be used for Action communication. Sponsored press releases to a broad network of Austrian journalists will increase the media attention for the Action and the overall situation in Turkey. CARE will use supplementary paid content placements targeted at two high-reach Austrian online media outlets (standard.at, kurier.at, diepresse.com, kleine-zeitung.at, oe24.at, puls4.at), providing an additional 50,000 online contacts.

CARE Turkey will publish social media posts regarding this action. Posts will be supported with high quality pictures produced by one photographers visit which will also be used for the quarterly published Human Interest stories.

Despite the constraints and limited situation by earthquakes emergency, CARE Turkey and CARE Austria will continue visibility activities in relation to this ECHO Action in the given resources and situation.

Additionally, communications actions will be repurposed to the visibility needs of earthquake responses, adopted to the pace of response domains. The ECHO funded action in the earthquake affected provinces will be covered by various modalities including field

visibility, content production and social media to ensure public awareness among EU and Türkiye audiences of EU(ECHO) and CARE's emergency responses implemented at scale.

12.2 Do you foresee communication actions that go beyond standard obligations? Yes

12.3 [INT] Update on the progress and on the challenges encountered

In the immediate aftermath of the earthquake, collecting communication contents were significantly disrupted but resumed as soon as possible as response activities have been stabilized. However, Community pushback and tensions in the aftermath of the earthquake in Hatay was a significant challenge that hampered communication efforts. The production company that CARE has hired could not enter the operation sites to collect content during distributions. Community members did not consent to be photographed or taped during distributions and this preference was articulated clearly by the participants. For this reason, CARE guided communications efforts of the hired production company to cover ongoing programming, and the material collected will start to be shared during the remaining project implementation period.

In view of the challenges in gathering content via contractors, a focal point has been nominated, instructed, and trained to facilitate content collecting during ECHO-funded EQ-response activities in Hatay. The contact person succeeded in gathering visual content from the field operations and in conducting two interviews with participants who consent.

In the face of these challenges, CARE has succeeded in collecting content (visuals and two stories) from the field and shared them as part of the communications package that marked the 3rd month anniversary of the EQs. The package was made use of by CARE Offices in the EU, and the content collected in Hatay was published on CARE Austria and CARE France websites, as well as on different social media accounts.

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	3.130.841,12	5.140.186,92	1.732.797,11	-	-
% of indirect costs (max 7%)	7,0	7,0	7,0	-	-
Amount of indirect costs (cut after 2nd decimal)	219.158,88	359.813,08	121.295,80	-	-
Total costs	3.350.000,00	5.500.000,00	1.854.092,91	0,00	0,00

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	8,47	9,63	-

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	-	-
Contribution by applicant	150.000,00	300.000,00	-	-
Contribution by other donors	0,00	0,00	-	-
Contribution by beneficiaries	-	-	-	-
Contribution requested from ECHO	3.200.000,00	5.200.000,00	-	-
% of total funding	95,5223	94,5454	-	-
Total funding	3.350.000,00	5.500.000,00	0,00	0,00

13.6 Contribution in kind

No contribution in kind

13.7 Financial contributions by other donors

No financial contribution by other donors

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

No

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

EUR 4.658 are budgeted and will be charged to the action for HQ costs. This involved a monitoring visit by CARE Austria to the project areas and will cover the Hours of the Desk officer within CARE Austria for the preparation of the final report.

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	4317150715-49	leah-haneul.yoo-portenlaenger@care.at
Reinhard Trink	Lange Gasse 30/4, 1080 Vienna	0043 1 7115 0 715	Reinhard.Trink@care.at

16. Conclusions and Lessons Learned

16.1 Comments at proposal stage

Kindly see Annex 18 for the Learning Review Report on ECHO V.

16.2 [INT] Conclusions and lessons learned

Following the previous project, CARE started to adapt both Case Management (adding incoming and outgoing referrals) and Protection Outreach Digital Data collection and storage system, to allow for program staff to track services that beneficiaries are referred to, and to access to information. Protection data digitalization was one of the lessons learned from the previous project. As the CM data archiving was the main challenge, CM team highlighted the need to switch data collection to an online modality, utilizing online tools as much as possible, such as mobile, and laptop application. This individual level data ensures that program staff match services to specific vulnerable persons while allowing for performance monitoring by CM/PO coordinators and Protection Manager. The same approach was applied in the beginning of the project for PO activities.

The Legal Aid team made efforts to ensure that beneficiaries had access to their legal rights including access to a lawyer and a fair trial. The importance of the need for supporting both direct legal and financial assistance has been standing out in legal processes as well as in the process of empowering women and refugees to make them and their community resilient. Sanliurfa legal team focused on providing legal assistance more, rather than pure legal counselling provision to encourage individuals to take action. Adana legal team dealt with the challenges in Adana Removal Center whose access was restricted to the Bar Association and lawyers. The team continued cooperating with bar associations and legal clinics in all provinces for the continuity of practices that consider human rights and seek permanent and sustainable rights-based justice. CARE visited Human Rights and Equality Institution of Türkiye (HREIT) in Ankara to meet the Chairman of the institution and present CARE's projects and activities with a special focus on legal services and general rights-based approach.

Under the emergency earthquake response, CARE has developed specific SOPs for the ongoing response and particularly with regards to in-kind distributions. These SOPs include learning and related recommendations. At the time of reporting, the documents are being finalized.
