
Project Evaluation Report

JAPAN Platform (JPF)

Improving Protective Environment of Syrian Refugees
through Social Cohesion in South-East Turkey

25 – 30 November 2020

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1. Acronyms:

JPF	: Japan Platform
AAR	: Association for Aid and Relief, Japan
FGD	: Focus Group Discussion
KII	: Key Informant Interview
HH	: Household
FHH	: Female Headed Households
CFS	: Child Friendly Space
DRC	: Danish Refugee Council
IP	: Implementing Partner
UNHCR	: United Nations High Commissioner for Refugees
PwD	: Person with Disabilities
GBV	: Gender Based Violence
PDMM	: Provincial Directorate of Migration Management
TP	: Temporary Protection
TPR	: Temporary Protection Regulation
TAC	: Temporary Accommodation Centers
ID	: Identification
DGMM	: Directorate General of Migration Management
CHS	: Core Humanitarian Standards
NGO	: Non-Government Organization

2. Project Monitoring Information:

Program	Iraq and Syria Humanitarian Assistance				
Project Name	Improving Protective Environment of Syrian Refugees through Social Cohesion in South-East Turkey				
Start date	31 March 2020	End date	28 February 2021	Days	335 days
Member NGO	Association for Aid and Relief, Japan	Contact Person	Yasutaka Akimoto Yasutaka.akimoto@aaajapan.gr.jp		
Implementing Partner	AAR Own Implementation	Contact Person			
Project Implementation Status	Ongoing				

3. Evaluation Purpose:

As part of its mandate and responsibility, Japan Platform (JPF) needs to ensure the quality of monitoring and evaluation (M&E) of the projects that it funds. JPF monitoring and evaluation aims to assess progress towards project objective and results, to identify and document lessons learned, including human interest stories and to contribute to the development and improvement of the projects of NGO partners. Thus JPF monitoring and evaluation aims to serve both accountability and learning functions.

4. Context

As of February 2020, Turkey hosts the world's largest refugee population, with almost 3,6 million registered Syrians under temporary protection, including more than 1,6 million children and close to 330,000 refugees and asylum seekers of other nationalities.¹ Only 59,077 Syrians (1,6%) live in Temporary Accommodation Centers (TAC) run by the Directorate General of Migration Management (DGMM), with the rest living in private housing throughout Turkey.

As the Syrian crisis became protracted, Syrian refugees in the TACs and towns near the border started to move to urban centers to seek employment. Currently, over 98% of Syrian refugees live along with the host communities in mostly urban and peri-urban centers. İstanbul (516,510) is home to the highest number of Syrian refugees, followed by Gaziantep (451,982), Hatay (435,584) and Şanlıurfa (420,743).²

The Temporary Protection Regulation (TPR), effective since October 2014, provides Syrians access to a number of services, including education, healthcare, the right to apply for work permits, and social services, after registration with authorities.³ However, the specific needs of Syrian refugees under temporary protection and the vulnerabilities caused by forced displacement exceed the resources, infrastructure and expertise of public institutions, straining the capacity and quality of public services.⁴

Furthermore, the contraction in the Turkish economy in 2018 and the rising inflation meant that the vulnerable refugee households increasingly felt forced to use negative coping strategies such as withdrawing children from school, sending children to work, accumulating debt and reducing health expenditure, in order to meet their basic needs.⁵ A number of assessments indicated that in 2019, 64% of urban Syrian households lived below the poverty line, including 18% living under the extreme poverty line.⁶

Covid-19, on the other hand, has added unprecedented and acute challenges to the already difficult circumstances of Syrian refugees. Turkey reported its first positive case of Covid-19 in 11 March 2020 and the first loss of life on 17 March. As of 10 December 2020, the total number of cases stood at 1,748,567, with 15,751 reported losses of lives.⁷ As a result of Covid-19, many public services that were already overwhelmed due to high demand have now adopted reduced and remote working modalities. Even before Covid-19, refugees faced difficulties in accessing public services due to language, economic or social barriers. Due to the strain that Covid-19 has put on the public services and the restrictions to slow down the pandemic, the Syrian refugees have greater challenges in accessing services at the moment.

Furthermore, many Syrians refugees were working informally before Covid-19. With the economic slowdown and the shutting down of businesses due to Covid-19, many refugees have lost their jobs. In the protection sector, the provision of protection through remote modalities such as phone counselling, individual legal support, follow-up on active cases and referral to active services has emerged as a priority. Furthermore, because of the ongoing closure of schools due to Covid-19, the learning of 19 million children in Turkey, including 680,000 Syrian refugee children has been disrupted. Accessing education remotely has been a challenge for the most disadvantaged children.⁸

¹ DGMM Temporary Protection Statistics, 2020. <https://www.goc.gov.tr/gecici-koruma5638>

² DGMM, Temporary Protection Statistics, 2020. <https://www.goc.gov.tr/gecici-koruma5638>

³ 3RP Outcome Monitoring Report for Turkey, 2018-2019.

https://www.tr.undp.org/content/turkey/en/home/library/syria_programme/3rp-outcome-monitoring-report.html

⁴ 3RP Outcome Monitoring Report for Turkey, 2018-2019.

https://www.tr.undp.org/content/turkey/en/home/library/syria_programme/3rp-outcome-monitoring-report.html

⁵ WFP ESSN Post Distribution Monitoring Report, Cross Section Round 2, PDM 5, April 2019; WFP ESSN Fact Sheet, 2019.

<https://reliefweb.int/report/turkey/essn-post-distribution-monitoring-report-cross-section-round-2-pdm-5>

⁶ 3RP Outcome Monitoring Report for Turkey, 2018-2019.

⁷ Turkish Ministry of Health Covid-19 Information Website, 2020 <https://covid19.saglik.gov.tr/TR-66935/genel-koronavirus-tablosu.html>

⁸ 3RP Turkey's Response to Covid 19, May 2020. www.3rpsyriacrisis.org

5. Evaluation Methodology

5.1. Methodology and approach

This JPF Monitoring and Evaluation has assessed AAR Japan's PSS Family Support Program in Şanlıurfa, Turkey. It is intended to serve both accountability and learning functions. It took place after three terms of program activities (each term takes one month) were completed.

The monitoring and evaluation of AAR Japan's Psycho-social Support (PSS) Family Support Program in Şanlıurfa, Turkey was originally planned as an M&E field visit by JPF M&E team. JPF M&E team and AAR Japan had agreed on 25th – 27th November as the field visit dates. However, AAR Japan office had to shut down its Şanlıurfa office due to Covid19 for two weeks including the duration of the agreed-upon field visit dates. AAR Japan informed the JPF M&E team that they conducted all the project activities through distant methods and that house visits or in-person interviews with the beneficiaries by the M&E team would therefore not be feasible. Furthermore, the same week the government of Turkey introduced a number of strict restrictions including curfews and the closures of a number of non-essential businesses due to the record number of Covid19 cases in Turkey.

In light of these unfortunate developments, in place of a field visit to Şanlıurfa, JPF M&E team suggested a number of distant M&E tools to AAR Japan. With the approval of AAR Japan and JPF, the M&E team conducted the M&E of AAR Japan's PSS Family Support program through distant methods, e.g. document review, Zoom meetings, WhatsApp calls, phone calls, and a household survey with beneficiaries conducted on the phone.

5.2. Methods & Tools

The starting point for the JPF M&E was the Evaluation Matrix which provided the key Evaluation Questions. The evaluation followed OECD-DAC criteria and added Beneficiary Complaint and Response Mechanism and Beneficiary Satisfaction components. The evidence was gathered from a combination of document review, Key Informant Interviews (KIIs), Focus Group Discussion (FGD) and a household survey with the randomly selected beneficiaries.

A mixed method approach included:

- KIIs with PSS Family Support Program staff members (4 KIIs).
- KIIs with relevant stakeholders who were selected because they worked in relevant sectors and with similar target groups (5 KIIs, including one UNICEF representative, two national NGO representatives (Support to Life and KAMER/Women's Center Foundation), one Turkish Red Crescent representative, one INGO representative (DRC)).
- FGD with PSS Family Support Program staff members (1 FGD).
- Household survey conducted via telephone which asked both close-and open-ended questions, with 9 randomly selected female program participants.

All of the 9 randomly selected program beneficiaries who participated in the household survey were females from Syria. Their ages ranged from 18 to 40. Only one of the survey participants reported to know good Turkish whereas 7 of them knew little Turkish and one of them knew medium Turkish. The surveys were conducted on the phone by a female Arabic speaking translator. The AAR team called the randomly selected beneficiaries before the calls for the surveys and received their initial informed consent. The JPF M&E team translator asked for and received the informed consent of the beneficiaries again. The number of

children in the survey participants' families ranged from 3 to 6. No children were reported to work and only 3 children were reported to not go to school.

5.3. Limitations

In-person M&E field visit would have enabled observations and a more interactive exchange of ideas and perceptions. However, due to Covid-19 restrictions, this was not possible.

6. Key Findings

6.1. Relevance

Key Finding - 1: Project relevance to the needs of the beneficiaries

AAR Japan's PSS Family Support Project is responsive and relevant to the changing Psychosocial Support (PSS) needs of Syrian refugees due to Covid-19. The project aims to support the psychosocial wellbeing of refugee families by improving the interaction among all family members, including between parents and 6-12 year-old children in the family and children amongst themselves. All of the NGO representatives who took part in Key Informant Interviews noted that stress management, supporting parents with positive parenting skills and decreasing the conflict and bullying among siblings in the household were key PSS priorities in times of Covid-19. AAR Japan staff members explained that they were convinced of the relevance of the project based on the positive feedback from the beneficiaries who told them about the positive effects of the activities they learned thanks to the project. AAR Japan staff members also explained that after the first term of the PSS Family Support project, the participants of the first terms recommended the project to other refugees of their own accord, which pointed to their satisfaction with the project.

In addition to the PSS needs discussed above, all of the KIIs with NGO representatives pointed to the increasing need amongst Syrian refugees in the following areas: gender-based violence, financial and material need, mental health support needs and the needs of disabled refugees. The KIIs and FGD with AAR Japan staff revealed that due to their ongoing interaction with the beneficiaries throughout the one month length of the program, the staff has the opportunity to identify the priority protection needs mentioned above and refers these cases to the case management team in AAR Japan. AAR Case Management team then decides whether these protection cases can be best dealt with internally or via external referrals to other service providers. Thus, the gender-based violence, financial and material needs, mental health support needs and the needs of disabled refugees are addressed by AAR Japan's PSS Family Support Program through referrals.

Key Finding - 2: Project relevance to 3RP Protection priorities in response to Covid-19

The project is in complete alignment with 3RP protection priorities. *3RP Response to Covid-19 in Turkey* report in May 2020 had identified the following amongst the priority areas in protection: "Strengthen the capacity of caregivers in positive parenting and psycho-social support to children at home".⁹ Since the AAR Family Support Program supports both the children and caregivers with PSS activities designed to improve their wellbeing by increasing their interaction with each other, it is in complete alignment with the 3RP protection priority identified in May, 2020. In October, 2020, *3RP Protection Sector Inter-Agency Needs Assessment* in Turkey identified increased stress in the refugee communities and conflict amongst household members as concerns that needed to be addressed with the partners'

⁹ 3RP Turkey's Response to Covid 19, May 2020, p. 6. www.3rpsyriacrisis.org

project activities.¹⁰ Thus, AAR Japan project continues to be relevant to the PSS needs of Syrian refugees in Şanlıurfa, Turkey in times of Covid-19.

Furthermore, the evaluation of UNICEF Turkey's Community-based Child Protection (CBCT) program in the summer of 2019 had pointed out the importance of conducting PSS activities not only with children but at the same time having parallel sessions with parents. Thus, by conducting 4 concurrent sessions with children and 4 sessions with parents, AAR Japan's project has designed a highly relevant program that had been suggested to UNICEF by its independent external evaluators. Furthermore, the same UNICEF CBCT program evaluation had noted that Syrian children needed support in "stress management, emotional regulation, critical thinking skills and communication skills".¹¹ AAR Japan's program has components that aim to help with stress management, emotional regulation and communication skills, fulfilling the majority of the significant gaps in need identified by UNICEF's own program evaluation in 2019.

6.2. Effectiveness

Key Finding – 3: Project goal, achievements and adjustments

The project goal is to improve the psychosocial wellbeing of Syrian children and caregivers who are confined to their homes due to Covid-19 restrictions by improving their communication and interaction with each other. The project aims to help caretakers support their children in creating a routine in their day, manage the stress of their children and themselves through reviewing their current practice and improve interaction amongst all family members. The KIIs and FGD with the project staff and document review revealed that the project is based on activities that are carried out over the phone during the course of a month. 4 sessions are conducted with children and 4 separate sessions are conducted with caregivers during this month. The children are supported with activities that help them become aware of and express their feelings, structure their days and use their time at home productively with creative sports and art activities they can undertake with their parents and other siblings. At the same time, caretakers are supported with activities that help them structure their children's time, monitor their children's Internet usage, carry out creative activities with their children, become aware of their own feelings as well as their children's feelings and express these feelings to each other in non-conflictual ways.

The project has so far completed 3 terms and reached 232 beneficiaries from 80 families. 150 of the beneficiaries were children between the ages of 6 and 12 and 82 beneficiaries were caretakers, the overwhelming majority mothers and a limited number of fathers. Out of 150 children that the project supported with its activities, 77 were girls and 73 were boys. Out of the 82 caregivers that the project supported with its activities, 67 were women and 15 were men. The ages of the caregivers ranged between 19 and 65, with the majority being in their 20s, 30s and early 40s.

The household surveys with 9 program beneficiaries revealed that the program has achieved its goal: the caretakers participating in the survey reported that the program supported the wellbeing of themselves and their children; their children learned activities that helped them spend their time at home in healthy and productive ways; the children also learned how to structure their time and the caretakers learned how to help children with structuring their days, monitor children's Internet usage and carry out creative activities with the children at home.

¹⁰ 3RP Protection Sector Inter-Agency Needs Assessment, October, 2020, p. 4. <https://reliefweb.int/report/turkey/turkey-inter-agency-protection-sector-needs-assessment-analysis-round-2-september-2020>

¹¹ UNICEF Community-based Child Protection Evaluation Report, 2019, p. 47. https://www.unicef.org/evaldatabase/files/CB_CP_Evaluation_Final_Report_Ext.pdf

Moreover, *AAR PSS Family Program Review: Second Cycle and Cumulative 1st and 2nd Cycle* report showed that the involvement levels of children and adults who participated in the program was mostly mid – high level involvement. *The Program Review*, based on qualitative feedback from 17 children, also noted that children stated that thanks to the program their boredom was reduced, they felt a positive change, their days had a schedule and they did activities with their siblings and the adults in the family.

Out of the 80 families supported with the Family Support Program (29 families in the first term, 24 families in the second term, 27 families in the third term), all of the families in the first and second terms were Syrian. In the third term, 6 Turkish families from the Turkish host community were supported with the program. Since the host community members were similarly affected by the Covid-19, they were also included in the program, albeit in a smaller proportion. The host community members were included in the program in the third term due to capacity reasons. AAR project team informed the JPF evaluation team that the content of the program has remained largely the same. After the first term, a small number of activities were left out or declared not obligatory, with the majority of the activities remaining the same.

The household survey results showed that the duration of the sessions varies from 15 minutes to 1 hour. AAR Japan explained that for children, the PSS team tries to complete each session in around 45 minutes (maximum 1 hour). When there are more children in a family, the sessions tend to take longer. For adults, when the PSS assistant is a female, mothers often share more issues so that the sessions take longer. On the other hand, when the sessions with mothers are conducted with a male PSS assistant, the sessions tend to take less time, possibly due to cultural reasons.

Key Finding - 4: Factors that promote and hinder program effectiveness

4.1 Factors that promote program effectiveness

- Eager and dedicated staff who are well-aware of the needs and challenges of the community.
- The existing staff members who had different roles in the Community Center were retrained for this program and thus rapid response to needs was made possible.
- The program was adapted to the needs of the refugees in an innovative and rapid manner.
- The program collects basic beneficiary data aggregated by gender and age.
- The use of phone calls to reach the beneficiaries increased the accessibility of the program since many beneficiaries (mainly women and children) do not have the (sole) use of smart phones or Internet packages of sufficient capacity.
- A holistic approach to meeting the needs of the beneficiaries, which is put into practice through the internal referrals made by the PSS Family Program team to the Case Management team.

4.2 Factors that hinder program effectiveness

- 12-18 year-old children are not targeted by the program. The project team reported that among adolescent girls, the risk of early marriage increased since they cannot go to school due to school closures and the lack of smart phones and computers to follow distant education. As for adolescent boys, the KIIs and FGD with the project team showed that child labor risk increased among boys due to school closures. The same risks for children were also reported by NGO representatives who also pointed to the deteriorating Turkish skills among children, the difficulty to identify child abuse and neglect among children due to the inability to do house visits and because of school

closures whereas before the teachers played an important role in identifying and reporting child abuse and neglect. Thus, a program that ideally targets children of all ages would potentially be more effective. This need is very usefully identified in the *AAR PSS Family Program Review: Second Cycle and Cumulative of 1st and 2nd Cycle*.

- Most of the project team reported that their monitoring and evaluation data depended on observations and qualitative reporting of beneficiary feedback. The existing M&E questions ask the beneficiaries to identify “what they (each participant) want to improve by the time the program ends”. Thus, the beneficiaries are asked to compare their sense of well-being at the beginning and end of the program. It would be recommended that more standard ways to measure the change in children are developed; also, more structured M&E methods are developed to measure the change in caretakers that occur thanks to the program.
- In *the PSS Family Program Report Template*, after each session, the PSS team members are very usefully asked to measure the degree of involvement by adults and children on a scale from 1 to 5 (1: Poor, 5: Very much). Also, in the report template the PSS team members are asked to reflect on and note what worked well, what needs to be improved, difficulty in the session, ideas for the next session and other comments. However, PSS team members did not mention these really useful monitoring and learning questions. Their active use and importance might need to be emphasized by AAR senior staff.
- Acute financial and material needs in most Syrian households increase the stress and deteriorate the wellbeing of refugees.
- Increasingly strict Covid-19 restrictions confine people further to their homes and the record numbers in Covid-19 cases and the loss of lives increase the stress.

6.3. Efficiency

Key Finding – 5: Trainings the staff received and would like to receive

5.1 Trainings the staff received

In the KIIs and FGDs, the staff members reported the following as the trainings they received in order to work in this program: child protection, Code of Conduct, communication skills, identification of MHPSS needs, psychological first aid. However, not all staff members mentioned the same set of trainings. It might be the case that staff used different names for the same trainings. It might be useful to identify a set of compulsory core trainings, communicate the names of these trainings to the staff, and make sure that the staff receive these trainings and are aware that they received these trainings. For example, it is highly important that all staff members know about the importance of receiving a Code of Conduct and Child Protection training and remember whether they received these trainings or not.

5.2. The trainings and support the staff would like to receive

The staff reported that they received regular and supportive supervision from their superiors. However, a number of PSS Family Support Program staff members mentioned that they would like to receive more advanced psychological first aid training in order to use the correct language and attitude with beneficiaries who tell them about highly distressing experiences or intentions such as the intention to self-harm. A number of staff members asked for more specialized and context-specific trainings that would enable them to discuss the cases they encountered at length and help them to communicate with beneficiaries with challenging experiences better. One staff member asked for psychological support for the staff members whereby they could talk with a professional about their stress in general.

Key Finding - 6: Communication and cooperation with stakeholders

AAR Japan has effectively built relationships and maintains communication with relevant Ministries, governmental service providers, municipalities, relevant UN agencies and national and international NGOs and other relevant stakeholders. The KIIs with AAR Japan project staff and NGO and UN representatives showed that AAR mostly referred cases to Concern Worldwide, IOM, Support to Life, Turkish Red Crescent, Danish Refugee Council and Care whereas it received cases from KAMER, International Blue Crescent, Care, IOM and Concern Worldwide.

All of the national and INGO representatives, Turkish Red Crescent representative and UNICEF representative interviewed by the JPF M&E team were highly knowledgeable about AAR Japan's project and gave many examples of AAR's active participation in coordination mechanisms and meetings in Şanlıurfa and Southeastern Turkey such as MHPSS coordination group membership in Şanlıurfa, regular attendance in Provincial Migration Council of the government, the coordination meetings of the relevant Ministries such as the Ministry of Family, Labour and Social Services, participation in South East Turkey Child Protection piloting activities and participation in joint publicity activities against child labour.

However, all of the KII participants noted that coordination meetings have been hampered by the need to rapidly adjust to Covid-19 and Covid-19 restrictions.

6.4. Impact

Key Finding - 7: Overall impact

While commenting on the overall impact of the AAR Japan's PSS Family Support program, it should be kept in mind that PSS is a process and can take a long time to achieve a positive impact. Furthermore, the current program operates in a context where financial difficulties and restrictions due to Covid-19 pose unprecedented challenges for the majority of the Syrian refugees.

The household surveys with 9 Syrian female beneficiaries through interviews via phone calls showed that the immediate good effects of the program were in line with the program goal: all of the beneficiaries reported that their communication with their children improved, their children had more structured days and knew how to protect themselves against Covid-19, their children appreciated the activities they learned in the program and both their children's and their own wellbeing improved.

The following excerpt from the surveys with the program participants is testimony to the immediate good effects of the program: "An employee from the AAR organization called me and explained everything about the activities and sessions. Then I accepted to participate with my children by WhatsApp which were 4 sessions in one month. 4 sessions for my children and 4 sessions for me. The duration of each session was from 15 to 20 minutes. The AAR employee provided us with educational information for children to organize their times at home during the Covid-19 pandemic and how to protect ourselves from this virus. Also, she explained about the disadvantage of misusing the Internet and how we can use the Internet in a useful way. In addition, the employee was in contact with my children always and provided them with ideas and information about how to put a schedule for their activities at home (wake up time, bed time...) My children were very happy with drawing and coloring sessions."

Furthermore, in the household survey, all 9 beneficiaries reported that they were satisfied with the support they received from AAR with the PSS Family Support Program. All 9

beneficiaries also reported that they were satisfied with the behavior of the AAR employees and the duration of the sessions.

Key Finding - 8: Unintended effects

8.1 Unintended positive effects

- The girls who were sometimes not allowed to go out to attend activities were reached via the phone calls of the program.
- The fathers who worked before and thus did not attend activities at the Community Centre were at home either because they lost their jobs and/or due to Covid-19 restrictions. Thus, although the number of male program beneficiaries is limited, the program reached men more regularly with phone calls than before.

8.2 Unintended negative effects

- The household surveys revealed no negative effects of the program reported by the participants.
- One potential negative effect might be due to the lack of specialized and advanced training for PSS Family Support staff who might encounter sensitive child protection and protection cases such as sexual abuse, self-harm, child marriage, child neglect and child labour.
- A second potential negative effect might be due to the fact that some beneficiaries might expect the program to continue although they were informed that the program would last one month. 3 of the 9 beneficiaries who participated in the household survey expressed their wish for the program to continue since they themselves and their children needed PSS support. The current evidence suggests that the program has achieved its goal of improving the interaction between caretakers and children and teaching them activities that can support their wellbeing at home. However, some beneficiaries seem to need continued PSS support due to the inability to carry on their daily life as before due to Covid-19, the necessity and legal obligation to be confined to their homes, the inability to attend any other PSS activities, and the stress of their circumstances. AAR Japan might consider referring these beneficiaries to other NGOs who provide different PSS programs as well as addressing the existing PSS needs in the planning of future programs. *AAR PSS Family Program Review* proposes that the way forward for the program might be to address more specific PSS needs, arrange online group sessions and engage community members as volunteers. These are highly worthwhile suggestions and can be supplemented with referrals to other organizations' PSS activities.

6.5. Sustainability

Key Finding - 9: Opportunities for sustainability

- Despite the challenge to provide sufficient practical and professional training and supervision to a relatively inexperienced workforce in a rapid manner, the project managed to provide the necessary core trainings and created a young and enthusiastic workforce that can contribute to the PSS field in the future.

Key Finding - 10: Challenges for sustainability

- The project team noted that when the schools in Turkey briefly opened in October, the relevance of their activities became less certain and they started to consider designing other PSS activities to be offered online. However, the re-closure of schools in Turkey in November and the evening and weekend curfews that started on 4th December 2020 made the program activities highly relevant again. However, AAR Japan should continue the planning for new PSS activities for the future when Covid-19 restrictions ease and ensure the participation of all relevant stakeholders in the program design.

6.6. Feedback, complaint and response

Key Finding - 11: Beneficiary feedback, complaint and response

- The hotline number for the beneficiaries is the main feedback and complaint channel for the program, in addition to the beneficiaries sharing their feedback and complaints directly with staff members. However, the KIIs with the project team suggested that the hotline number for the beneficiaries was overwhelmingly used for self-referrals whereby the beneficiaries called the hotline number in order to be referred to services. Furthermore, the project team noted that the hotline number did not get back to them about any complaint or feedback about their program or staff members. 8 out of 9 beneficiaries of the program who participated in the household survey reported that they did not know who to contact if they had a comment or complaint.
- The senior staff members explained that for PSEA and child protection, there were focal points in each AAR office. However, other staff members did not mention these focal points. The responsibilities of the focal points and their role as part of a complaint mechanism was not clear to the M&E team.

Key Finding - 12: Staff feedback, complaint and response

- All staff members noted that the staff shared their feedback and complaints with their managers in meetings or privately on a regular basis and sought resolution in an amicable and participatory way. Senior staff members explained that for PSEA and child protection, there were focal points in each AAR office. However, it was not clear how staff members could report sensitive complaints confidentially and if necessary, anonymously, to these focal points.

7. Conclusions

JPF M&E concludes that AAR Japan's PSS Family Support Project is responsive and relevant to the changing Psychosocial Support (PSS) needs of Syrian refugees due to Covid-19. The project is in complete alignment with 3RP Response to Covid-19 in Turkey protection priorities.

The project goal is to improve the psychosocial wellbeing of Syrian children and caregivers who are confined to their homes due to Covid-19 restrictions by improving their communication and interaction with each other. The project has so far completed 3 terms and reached 232 beneficiaries from 80 families. 150 of the beneficiaries were children between the ages of 6 and 12 and 82 beneficiaries were caretakers, the overwhelming majority mothers and a limited number of fathers. Out of 150 children that the project supported with its activities, 77 were girls and 73 were boys. Out of the 82 caregivers that the project supported with its activities, 67 were women and 15 were men.

The KIIs and FGD with AAR staff and household surveys with 9 program beneficiaries revealed that the program has achieved its goal. AAR staff gave concrete examples of the improved communication and interaction between caretakers and children and explained how they referred child labour, mental health support, gender-based violence (GBV) cases to the Case Management within AAR Japan. Thus, the gender-based violence, child labour, financial and material needs, mental health support needs and the needs of disabled refugees are addressed by AAR Japan's Family Support Program through referrals.

The 9 caretakers who took part in the household survey reported that the program supported the wellbeing of themselves and their children; their children learned activities that helped them spend their time at home in healthy and productive ways; the children also learned how to structure their time and the caretakers learned how to help their children with structuring their days, monitor children's Internet usage and carry out creative activities with their children at home.

The existing staff members who had different roles in the Community Center were retrained for this program and thus rapid response to needs was made possible. The program was adapted to the needs of the refugees in an innovative and rapid manner. The use of phone calls to reach the beneficiaries increased the accessibility of the program since many beneficiaries (mainly women and children) do not have the (sole) use of smart phones or Internet packages of sufficient capacity.

In the KIIs and FGDs, the staff members reported the following as the trainings they received in order to work in this program: child protection, Code of Conduct, communication skills, identification of MHPSS needs, psychological first aid.

AAR Japan has effectively built relationships and maintains communication with relevant Ministries, governmental service providers, municipalities, relevant UN agencies and national and international NGOs and other relevant stakeholders.

The household surveys with the program participants provided valuable evidence pointing to the immediate positive effects of the program. Also, the household surveys revealed no negative effects of the program reported by the participants.

The hotline number for the beneficiaries is the main feedback and complaint channel for the program, in addition to the beneficiaries sharing their feedback and complaints directly with staff members. However, the KIIs with the project team suggested that the hotline numbers for the beneficiaries were overwhelmingly used for self-referrals whereby the beneficiaries called the hotline number in order to be referred to services.

All staff members noted that the staff shared their feedback and complaints with their managers in meetings or privately on a regular basis and sought resolution in an amicable and participatory way. Senior staff members explained that for PSEA and child protection, there were focal points in each AAR office. However, it was not clear how staff members could report sensitive complaints confidentially and if necessary, anonymously, to these focal points.

8. Recommendations

- In order to provide recommendations for future program design and the adaptation of the existing program, the findings from the household survey regarding the primary needs will be shared below. In order to find out their primary needs, the household survey asked the 9 program beneficiaries the following: "I will now read you different types of support one by one. Please say for each type of support if there is the biggest

need, moderate need or no need for this support in your household.” Although the sample of 9 is limited, since the beneficiaries responded on behalf of their households, and the total number of households reached by the program so far is 80, the following table presents the basic needs of around 10% of the program beneficiaries in a descending order. These needs can be used as initial feedback in the planning of future programs and the adaption of the existing program and its activities.

As it can be seen in the table below, all of the 9 randomly selected beneficiaries who participated in the household survey reported “Covid-19 and Hygiene package” as their biggest need. This was followed by “Support on children’s education”, which was reported to be the biggest need by 8 beneficiaries. “Activities at home to feel better” were reported by 7 out of 9 beneficiaries as the biggest need and by 2 beneficiaries as a moderate need. This finding shows that the PSS support needs of Family Support program participants continue and further PSS activities or referral to the PSS activities of other service providers should be considered. It is interesting that the number of survey participants who reported “cash assistance” as their biggest need is also 7 – the same as the number of participants who asked for PSS support. This finding shows the relevance of the ongoing AAR PSS Family Support program and points to the need for future, more diversified PSS activities.

Primary needs	Biggest need (# of beneficiary)	Moderate need (# of beneficiary)	No need (# of beneficiary)
Covid-19 and Hygiene package	9	-	-
Support on children’s education	8		1
Activities at home to feel better	7	2	-
Cash assistance	7	1	1
Food package	6	2	1
Legal support	6	1	2
Activities to improve communication with host community	5	2	2
Turkish course	5	2	2
Information support on rights	4	2	3
Vocational courses	4	1	4
Support on access to health services	2	1	6

- 12-18 year-old children are not targeted by the current AAR Japan program. A program that targets all children would potentially be more effective. Also, the increased risk of child marriage for girls and child labour for boys could be identified with a program that targets adolescents. These needs were identified by AAR itself in its *AAR PSS Family Program Review*, which points to a functioning learning and planning process in the organization.

- 3 of the 9 beneficiaries who participated in the household survey expressed their wish for the program to continue since they themselves and their children needed PSS support. AAR Japan might consider referring such beneficiaries to other NGOs who provide different PSS programs as well as addressing the existing PSS needs in the planning of future programs.
- The needs assessment process and program design activities used to design the current PSS Family Support program should be better communicated to the PSS team.
- AAR Japan should carry out a training needs assessment for the PSS team to find out the specialized trainings and refresher sessions the PSS staff members need.
- AAR Japan should assess the needs of the PSS team for psychological support as part of staff well-being.
- The existence of a functioning beneficiary complaint mechanism for the beneficiaries to report complaints, both programmatic and sensitive complaints such as sexual abuse and fraud, is vital. Thus, the existing feedback and complaint channels should be adapted to receive complaints from the beneficiaries about the program and program staff. The staff should be trained on the distinction between sensitive (sexual exploitation and abuse and fraud) and non-sensitive complaints. There needs to be a mechanism to carry out the investigation of sensitive complaints. The beneficiaries should be informed about this complaint mechanism.
- It is highly useful that *AAR PSS Worker Guide for the 1st session with Adults* asks the PSS staff to “introduce AAR hotline number for caretakers to make contact in case they want to talk to others, not the PSS worker (this is for AAR’s accountability on online safeguarding) (p.5)”. However, ideally, the Guide should explicitly tell the staff that the hotline number is for the beneficiary to give any positive and negative feedback and complaints about the program or staff members. The guide should also define feedback, complaint and types of complaint (sensitive and non-sensitive).
- The existing staff feedback and complaint mechanism should be adapted to allow the reporting of sensitive complaints in a confidential and if necessary anonymous manner. The staff should be informed about this complaint mechanism.
- The existing M&E tools should be reconfigured to include diverse tools to measure improvement in wellbeing and interaction between family members at home.
- There should be more structured and quantitative M&E tools to produce evidence for feedback, progress and results. AAR Japan identified M&E reporting quality as an area in need of capacity building in its *Program Review*. The revision of M&E tools can also be undertaken as part of the ongoing M&E improvement efforts.
- The planning of PSS activities for the future (when Covid-19 restrictions ease off) should continue by collecting feedback and evidence from all the relevant stakeholders (e.g. via FGDs with beneficiaries, KIIs with the beneficiaries, FGDs with the PSS team).