



Strategic Mid-term Evaluation
of the **Facility for
Refugees in Turkey**
2016-2019/2020

Prepared by



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Annex 1: The Facility's response to the COVID-19 crisis

This annex summarises the findings of an additional study on the impact of COVID-19, which was conducted during October and November 2020 and based on a literature review, review of Facility documents and key informant interviews. It describes the national response COVID-19 in Turkey, the impact on refugees, how the Facility sought to respond/adapt and the impact on Facility achievements. Due to its timing, this study largely focuses on the response to the onset of the pandemic and 'first wave' of the virus in 2020. It also presents a discussion on 'considerations' (or soft recommendations), which alongside the conclusions presented in the main report, have informed the development of more concrete and actionable recommendations.

1.1. National response to COVID-19 in Turkey

A critical overview of the number of reported COVID-19 cases in Turkey is crucial to understand community risks in the country. The first COVID-19 case in Turkey was reported on 11th March 2020, and community transmission of the disease rapidly accelerated shortly afterwards. COVID-19 cases and deaths hit an initial 'first wave' peak in April 2020 as detailed in Figure 1 and Figure 2, when the daily numbers of reported cases and deaths reached 5,138 on 12th April and 127 on 20th April respectively¹.

It is important to note that the Health Minister explained on 1st October 2020, that some reporting on COVID-19 case figures in Turkey (e.g. between July and October 2020) excluded people who tested positive but showed no symptoms². The practice of not reporting asymptomatic cases is not compatible with the WHO definition of 'a confirmed COVID-19 case', which is 'a person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms'³. For this reason, and also due to limited testing capacity at the start of the pandemic, rather than solely focusing on numbers reported by the government in a given time, it is more accurate to take notice of the changes in these numbers over time. For instance, as shown in Figure 1 and Figure 2, Turkey experienced a lower level of reported cases and deaths between mid-May and September.

However, the number of reported deaths in September and October 2020 rose close to the number of reported deaths at the beginning of April and in May 2020, and then exceeded this during November and December 2020. This indicates that Turkey was experiencing what has been characterised as a 'second wave' of the virus, at the time of this analysis (in October and November 2020). By the time of the publication of this evaluation (in July 2021), cases and deaths had fallen significantly to mid-March, but then peaked once again in late-April and early-May 2021, in an apparent 'third wave' of the virus.

In any country, the health system's ability to respond to COVID-19 is of paramount importance, and, according to a United Nations (UN) report on the pandemic in Turkey, the Turkish health system 'mounted

Figure 1 Number of reported COVID-19 cases in Turkey per week as of 01/07/2021

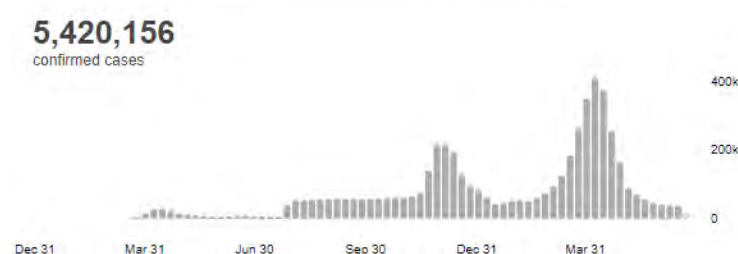
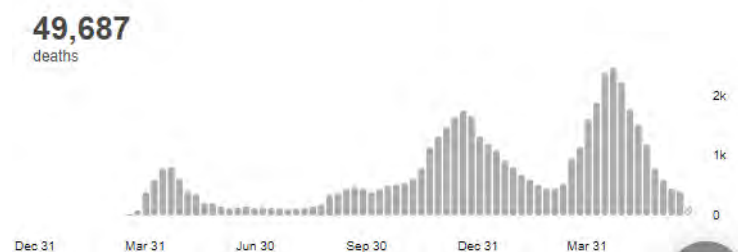


Figure 2 Daily number of reported COVID-19 deaths in Turkey as of 24/03/2021



Source: WHO (<https://covid19.who.int/region/euro/country/tr>)

¹ European Centre for Disease Prevention and Control (2020)

² Daventry, M. (October 2020). However, later on, the total number of the cases in Turkey was updated by the Ministry of Health by adding the asymptomatic cases recorded between 29 July 2020 and 10 December 2020.

³ WHO (2020a)

a robust health response to the pandemic, benefiting from its strong healthcare and health insurance systems⁴. Relying on these systems, the costs of diagnosis and treatment for COVID-19 are covered by the Social Security Institution (SSI), 'without any limitation', according to the Official Gazette and the Minister of Health⁵. Furthermore, even though the current data does not allow for a comparison of intensive care unit (ICU) beds across countries, in 2012, Turkey reported having a higher number of ICU beds per 100,000 population (14) than the average in Europe (11.5) and higher than several countries including the UK (6.6), France (11.6) and Italy (12.5) - but less than Germany (29.2) among others⁶. Turkey almost quadrupled this number to 46 ICU beds per 100,000 population in 2018, which indicates a strong improvement in one of the critical capacity factors to tackle the pandemic⁷. As reported by WHO, 'pre-pandemic high ICU bed/population ratios allowed dilution of the strain on critical care systems even at the peak of the first wave of the pandemic, and the highest occupancy of ICU beds did not exceed 60%' in Turkey⁸. However, it must also be noted that Turkey had comparatively low numbers of doctors (1.9) and nurses (2.3) per 1000 inhabitants (the second lowest among OECD countries) in 2018⁹. So whilst the pressure on ICU capacity at the peak of the pandemic may have been lower than in other countries, the pressure on human resources has been very high, maybe unprecedented¹⁰.

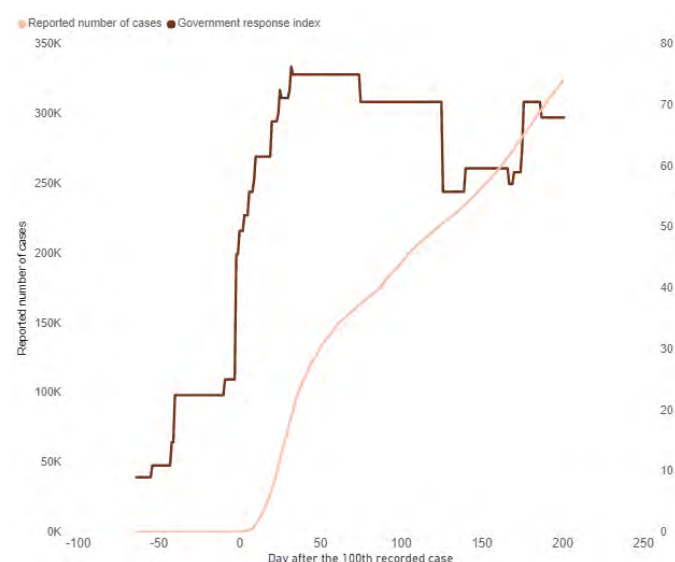
There are several factors in addition to the health system capacity that put people at risk of being affected by COVID-19, these are principally economic. The World Bank stated in *Turkey Economic Monitor: Adjusting the Sails* that Turkey contained the worst health effects whilst the virus 'derailed a fragile economic recovery'¹¹. The

unemployment rate reached 14.3% in June 2020, the highest recorded rate since 1991¹², and employment levels declined by 2.3 million people from Q4 2019 to Q2 2020¹³. The most significant reduction in the number of employed people was in the service sector, and the smallest reduction was in agriculture¹⁴. The manufacturing sector was also severely affected by containment measures and sharp declines in both external trade and investment¹⁵. Almost all service sectors including food and accommodation, admin and support, transport and wholesale and retail sector were heavily disrupted¹⁶. As a result, the Turkish economy (GDP) was 9.9% smaller in Q2 2020 compared to Q2 2019¹⁷.

The Turkish government quickly pursued policies to contain the devastating effects of the pandemic. The Oxford COVID-19 Government Response Tracker provides a measure to understand how the Turkish government responses have evolved over the full period of COVID-19's spread. This index reflects 17 indicators including containment and closure policies, economic policies and health system policies. Figure 3 compares the date Turkey experienced its 100th recorded case to changes in government response index and the number of reported cases in the country.

All primary, middle and high schools and universities in Turkey were closed on 16th March 2020. Online and TV broadcasting education named EBA (*Education Information Network*) started for primary, middle

Figure 3 Government COVID response index and the number of reported cases in Turkey as of October 5, 2020



Source: Evaluation team calculations based on the data from Oxford COVID-19 Government Response Tracker (2020)

⁴ United Nations (July 2020). *COVID-19 Socio-Economic Impact Assessment Report*. This report integrates refugees and migrants throughout, and also has a separate chapter on refugees and migrants.

⁵ OECD (2020a); Official Gazette (9 May 2020), Health Minister - Koca, F. (2020).

⁶ Rhodes, A., Ferdinande, P., Flaatten, H., Guidet, B., Metnitz, P. G., & Moreno, R. P. (2012); Ministry of Health (2012)

⁷ Ministry of Health (2018)]

⁸ WHO (2020c).

⁹ OECD (2020b)

¹⁰ COVID-19 Klls, Oct and Nov 2020

¹¹ World Bank (2020a)

¹² Ibid.

¹³ OECD (2020c).

¹⁴ TURKSTAT (2020)

¹⁵ World Bank (2020b)

¹⁶ Ibid.

¹⁷ IMF (2020)

and high schools after a one-week half-term break¹⁸. On 22nd March, a curfew was imposed for the elderly over 65 years old and then extended to the youth under 20 years old. A curfew for the whole population was firstly imposed on the weekend of 11th April. In terms of inter-city travelling, an entrance ban to 30 metropolitan municipalities was announced on 3rd April. A mobile application called *Hayat Eve Sığar* (Life Fits in Home) was developed by the MoH to inform the public about areas with high exposure risks and became compulsory to be used to receive a code before travelling between provinces. WHO reported in *Turkey's Response to COVID-19: First Impressions* that Turkey imposed selective curfew earlier for the elderly, adopted selective and successful containment and mitigation measures and pursued strategic stockpiles and local production to avoid critical shortages of medical equipment or drugs¹⁹. On 1st June, Turkey lifted these measures on inter-city travel and allowed restaurants, parks and cafes to be re-opened²⁰. However, at the same time, Turkey has been criticised for not being transparent with basic COVID-19 data, and for reluctance to adopt WHO's internationally recognised definition of a confirmed COVID-19 case²¹.

Along with the mitigation and containment measures, the government also implemented several social protection measures to alleviate the COVID-19 shock on Turkish society. These measures can be categorised under three different types of social protection response: i) social assistance, ii) social insurance, and iii) labour market responses²². In terms of social assistance measures introduced by Turkey, i) the monthly budget allocated to Social Assistance and Solidarity Foundation (SASFs) has been increased from 135 million TL (around EUR 14.3 million) to 180 million TL (around EUR 19 million) in total; (ii) payments to healthcare workers were increased for 3 months and new health care staff have been hired; (iii) social assistance for the elderly and disabled were provided for 3 months without looking for income criteria and severe disability; (iv) cash transfers for women including postnatal and pregnancy payments and monthly transfers to women who lost their husbands were increased; and lastly (v) a one-off cash transfer of 1,000 TL was provided to families in need.

Furthermore, social insurance responses in Turkey targeted pensioners while labour market responses aimed to compensate for the lost income of workers. Social insurance responses include (i) increasing the minimum pension to 1500 TL, (ii) paying the 'holiday bonus' to pensioners earlier and (iii) depositing the bonus directly to retirees' bank accounts instead of them going and getting it from the bank.

Labour market responses included (i) prohibiting layoffs and payment of 1,170 TL to the employee if he/she is forced to take unpaid leave, (ii) short-term work allowance covering the wages of workers for firms that reduced working hours, (iii) an increase in the compensatory working period from 2 to 4 months and (iv) wage payments for contracted teachers. However, these social protection schemes implemented by the government mainly target Turkish citizens to protect them from the COVID-19 shock, and none of them address the specific needs of refugees.

1.2. Impact of COVID-19 on refugees

For refugees, COVID-19 is a multi-faceted crisis of different sectoral risks that are explored in more detail in the sections below. Given refugees' already existing social and economic barriers in Turkey, COVID-19 has even made it more challenging for them to access education, the labour market and social safety nets. Nevertheless, refugees have not been specifically addressed by the aforementioned mitigation measures implemented by the government. Refugees have been disproportionately excluded from these measures as they are mostly working informally, have barriers to access to online education, and irregular refugees and refugees under international protection are not covered by general health insurance.

Despite not specifically targeting refugee groups, a considerable step of the government to undertake humanitarian relief measures for those in need (especially the elderly and those with chronic illnesses) is the establishment of *Vefa Social Support Groups* comprised of local police or gendarmerie, Disaster and Emergency Management Presidency (AFAD), Turkish Red Crescent Society (TRCS) and local civil society organisations (CSOs)²³. These groups exist in all 81 provinces and deliver hygiene kits, food and cash assistance for those who are in need. Local CSOs who work for refugees also collaborate with these groups and district governorships to meet the needs of their target refugee groups²⁴. However, this support

¹⁸ WHO (2020c)

¹⁹ Ibid.

²⁰ ILO (2020)

²¹ Bayram, H., Köktürk, N., Elbek, O., Kılınc, O., Sayiner, A., Dağlı, E., & Turkish Thoracic Society (2020)

²² Please see Gentilini et al.2020 for the full list and explanation of social protection responses to COVID-19 that have been implemented in Turkey.

²³ Hasna (2020)

²⁴ Ibid.

is not systematic and reliable for refugees, does not specifically target the refugee population and does not focus on their specific needs.

COVID-19 has deepened pre-existing vulnerabilities of refugees in Turkey across all sectors including education, health, socio-economic support and protection. However, Kemal Kirişçi and Murat Erdoğan (2020) argue that the biggest challenge of COVID-19 for refugees in Turkey is economic²⁵. Given the aforementioned economic challenges that have been exacerbated by COVID-19, refugees have faced labour market conditions characterised by high informality, irregularity and unemployment which have led to a loss of jobs or pressure to work in desperate conditions²⁶. According to a survey carried out by International Federation of the Red Cross (IFRC) and TRCS with 468 *Emergency Social Safety Net* (ESSN) beneficiary households, 78% reported facing an increase in expenses to cover additional costs like food and hygiene items²⁷. Accordingly, as stated by the UN, 'COVID-19 has increased the reliance of Syrian refugees on international assistance'²⁸. Refugees' job losses and increased expenses have led to a corresponding increase coping mechanisms such as borrowing money in Turkey²⁹.

Employment conditions are not the sole challenge for refugees. The temporary closure of schools also resulted in inequalities for refugee children in terms of access to remote education. There are also additional challenges for refugee children in terms of their 'lack of information on how to access these online services, and the language barrier'³⁰. As for the health sector, even though the UN indicates Turkey as an example of good practice in terms of including refugees in the national health system, access to health for refugees and also for the host population was interrupted. More importantly, irregular migrants and refugees under international protection over 18 who have been registered as such for more than one year are not able to benefit from general health insurance. Lastly, related to the protection sector, the COVID-19 crisis is very likely to also have posed severe protection risks for vulnerable refugee groups such as those waiting for resettlement, women, Afghans or LGBTQI individuals, that the section below seeks to unpack.

1.2.1. Needs assessment and analysis

The evaluation team did not find Government agency analysis of the impact of COVID-19 on refugees in Turkey. Interviews with European Commission (EC) staff indicated that the Turkish authorities did provide a document entitled 'needs assessment', however this was considered a collection of budget lines from the overall national response rather than an actual analysis of refugee needs³¹.

Refugee needs have been well-integrated into analysis led by international organisations and non-governmental organisations (NGOs), for example the UN's country COVID-19 analysis (July 2020)³² which provides a good overall guide to the impacts of COVID-19 on refugees and brings together research from several sources. In addition, the Turkey Protection Working Group (PWG) which was established in 2014 by OCHA, and is chaired by UNHCR, has developed a standard methodology for COVID-19 impact assessment that brings together the work of 13 participating UN agencies and NGOs, and has published a report in June 2020 which provides a protection-sensitive perspective³³.

In response to COVID-19, there has been considerable new survey work and much of it conducted by organisations which are also Facility Implementing Partners (IPs), with stand-alone COVID-19 studies/rapid assessments completed by the PWG (coordinated by the UN Refugee Agency - UNHCR), United Nations Development Programme (UNDP), UNICEF, UNWOMEN, Union of Chambers and Commodity Exchanges of Turkey (TOBB), International Organisation for Migration (IOM), World Food Programme (WFP) (camps), TRCS/ESSN, TRCS/community Centres, Association for Solidarity with Asylum Seekers and Migrants (ASAM), WATAN, CARE, Danish Refugee Council (DRC), Relief International (RI), Concern Worldwide and Heinrich Böll Foundation. The evaluation team has reviewed these reports for this analysis. To the extent that organisations have agreed to coordinate their COVID-19 needs assessments, it is possible that COVID-19 has prompted a new era of cooperation in data collection and analysis.

²⁵ Kirişçi and Erdoğan (2020)

²⁶ Ibid.

²⁷ IFRC and TRCS (2020)

²⁸ United Nations (July 2020)

²⁹ IFRC and TRCS (2020)

³⁰ United Nations (July 2020)

³¹ KIIIs on COVID19, Oct and Nov 2020

³² United Nations (July 2020) – this does not include any figures on infection rates among refugees.

³³ *Interagency protection sector needs assessment analysis* (June 2020). Protection Working Group

1.2.2. Education

COVID-19 and its microeconomic impacts on families have disturbed the schooling of 18 million learners in Turkey, including more than 768,000 Syrian and non-Syrian refugees currently enrolled (as of December 2020). Schools across Turkey closed on 16th March 2020 and remained closed until the end of the 2019/20 academic year. They partially reopened on 21st September for children in pre-school classes and grade 1. Grades 2, 3, 4, 8 and 12, rural schools and high school preparatory classes started face-to-face education on 12th October. These arrangements allowed for smaller class sizes and less exposure to the virus³⁴. For those grades, students are divided into two groups, the first going to school on Mondays and Tuesdays and the second on Thursdays and Fridays. On Wednesdays, all schools are closed for cleaning and all children continue their learning remotely³⁵. Pre-school classes were allowed to continue on weekdays (five days per week). Parents were allowed not to send their children (in all grades) to school with written consent, which provided flexibility in terms of attendance. Non-formal education activities were able to resume in August with UNICEF and partners newly registering 917 children in face-to-face Accelerated Learning Programme (ALP) and Turkish Language Course (TLC) classes³⁶.

In their very quick response to the outbreak, in mid-March, the Ministry of National Education (MoNE) adapted its existing online Education Information Network (Eğitim Bilişim Ağı – EBA) to make sure millions of children would be able to continue their education via broadcasts on television and the EBA website of videos pre-recorded by public school teachers. A hotline was set up to support parents and students to connect to distance learning. All Internet operators have provided free access to the EBA website. By 30th March, Turkish Adaptation Classes for Syrian students under temporary protection were added to the programmes and broadcast on EBA TV³⁷. MoNE has reported that, as of 16th October 2020, 10,703,812 students and 842,438 teachers had actively benefited from the online EBA platform³⁸.

In a recent paper, Kollender and Nimer argue that, although Turkey was quick to adopt online learning for children amid the COVID-19 crisis, its education policies 'did not take into account the particular needs of refugee children but rather offered a one-size-fits-all solution to all children'³⁹. This critique is perhaps not fully justified, particularly in light of MoNE's efforts to provide specific lessons for Syrian students in adaptation classes. Nevertheless, the temporary closure of schools has led to increasing inequality of access to online education among refugee children.

In a May 2020 ASAM survey of 126 parents whose children were enrolled in school in several provinces in Turkey, 70% stated that their children were still enrolled in school, but 48% indicated that they were not able to access remote education services, in effect pausing their education. The main reason given for not being able to access remote education (by 55%), was a lack of sufficient access to television, computers and telephone equipment at home⁴⁰. Even when refugee children can access remote education via the EBA system, watching and listening to pre-recorded videos without any interaction can be reasonably assumed to reduce the quality of educational provision available to them.

Findings from the July 2020 Protection Working Group (PWG) survey are somewhat more optimistic. 79% of previously enrolled students were found to have access to the required IT equipment to learn from home, albeit with some loss in quality, compared to Turkish students due to the challenge of learning in a distance, in a second language, in potentially distracting household conditions. The differences between the earlier surveys (e.g. by ASAM, described above) and this PWG survey suggest that an initial sharp drop in educational participation at the onset of the pandemic was somewhat mitigated after a few months, as students settled into remote learning and acquired the tools they needed. The 21% of PWG survey respondents who could not access education reported internet access, insufficient IT equipment for multiple children, language barriers, lack of a TV and lack of information on how to access online education as their main barriers⁴¹.

³⁴ UNICEF Turkey. 2020 (October). *COVID-19 Response: Monthly Situation Report: October*. Ankara: UNICEF; SUMAF communication, December 2020.

³⁵ DG ECHO staff member, personal communication, 6 November 2020.

³⁶ UNICEF Turkey. 2020 (September). *COVID-19 Response: Monthly Situation Report: September*. Ankara: UNICEF.

³⁷ Kollender, E. and Nimer, M. 2020. *Long-Term Exclusionary Effects of COVID-19 for Refugee Children in the German and Turkish Education Systems: A Comparative Perspective*. IPC-Mercator Policy Brief. Istanbul: Istanbul Policy Center, Sabancı University; SUMAF communication, December 2020.

³⁸ UNICEF Turkey. 2020 (October). *COVID-19 Response*.

³⁹ Kollender and Nimer. 2020. *Long-Term Exclusionary Effects of COVID-19*, p. 4.

⁴⁰ ASAM (May 2020)

⁴¹ PWG survey, 2020

i. Protection impact of reduced access to education

Protection issues and risks arise for students without the tools for remote learning, the 21% who have dropped out of studies, according to PWG survey. The risk for these children, assuming it is 21% of the total who were in school, i.e. 140,000 children, is that those who were in older grades will be too old to be allowed to resume normal schooling, and that others will lose the incentive to resume their studies, or be required to work in order to make up for the household income loss, and thereby join the 'lost generation'⁴².

1.2.3. Health

Even though refugees' healthcare access has been maintained during the pandemic, they have faced several challenges with regard to routine hospital visits and access to sexual and reproductive health (SRH) and mental health and psychosocial support (MHPSS) services. According to the survey carried out by Relief International with the sample size of 879 respondent refugees in five provinces (Istanbul, Izmir, Manisa, Gaziantep, Kilis and Hatay-Reyhanlı), 87% reported that they had access to health services prior to COVID-19 but only 25% of respondents could have access to those services after COVID-19. When being asked about the reason behind their inability to access services, most reported fear of contracting the virus (27%), following government advice to stay at home (26%), or not having money to travel to the health facility (25%)⁴³. The most common reasons given for lack of access in the PWG survey were (a) services being less available because the Turkish medical institutions are favouring COVID-19 diagnosis and treatment (25%), (b) deactivated health insurance (which applied only to non-Syrians) (20%), (c) refugees incorrectly assuming that health facilities were closed, (d) refugees afraid to travel in public to a health centre, or (e) lack of available public transport.

Furthermore, as stated by the United Nations (2020a), reproductive health services, MHPSS services that are currently being provided by 31 MHCs have not been fully accessed and utilised. Having access to MHPSS is particularly important given that COVID-19 (and its possible or probable knock-on effects of unemployment, exposure to domestic violence, etc.) may create stress, fear, anxiety, loneliness, isolation, and increase the need for such services. Despite the importance of this support, especially during the COVID-19 period, 'the hotlines established by MoH to offer psychosocial support during COVID-19 do not have language options for refugees and migrants' according to the UN's analysis (July 2020)⁴⁴. Therefore, it is important to note that a language barrier to access to those services has been raised for refugees, during the early months of the pandemic, at least.

Refugees have also faced challenges of language related to COVID-19 diagnosis and treatment processes. The Association of Public Health Specialists (2020) emphasises that health professionals who speak Arabic, Persian or English are needed especially in the diagnosis and filiation processes⁴⁵. A language barrier is an important challenge both for health professionals and refugees given that interviews for contact tracing cannot be effectively carried out, and health personnel are unable to conduct qualified interviews in a foreign language due to the fact that being COVID-positive also causes fear of deportation for some refugees⁴⁶.

Currently, refugees can access healthcare services provided by Migrant Health Centres (MHCs) and hospitals, and they can also access tests and treatment free of charge. All MHCs are operating, providing health services for refugees and can carry out body screening on people suspected of having COVID-19 and refer them to hospitals⁴⁷. Also, as stated by Karadag et al. (2020), 'at the beginning of April 2020, the Turkish Government published a circular announcing that 'COVID-19 related health services' will be provided under the emergency service category for free regardless of registration status. (...) Every individual (...) shall be granted free of charge access to personal protective equipment, diagnostic testing and medical treatment'. The Association of Public Health Specialists also explains that unregistered/undocumented refugees can be registered on the national health system database as 'stateless' and can undergo diagnosis and treatment processes.

i. Protection impact of reduced access to health services

As explained above, while the evaluation team has no evidence that COVID-19-related health services were (or are) not available to refugees, refugee access to and use of healthcare services has certainly reduced for a variety of reasons. There were also (false) rumours reported by refugees that if they were

⁴² <https://www.nolostgeneration.org/>

⁴³ Relief International (2020)

⁴⁴ United Nations (2020a)

⁴⁵ Association of Public Health Specialists (2020)

⁴⁶ Ibid.

⁴⁷ Karadag et al. (2020)

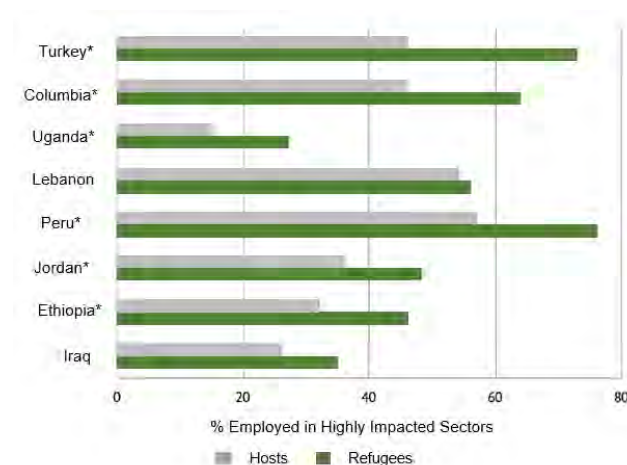
found to have COVID-19 they would be deported⁴⁸, and another rumour that if women caught COVID-19 they would become sterile (as a result of which some refugee women were reportedly concealing their COVID-19 symptoms from family members)⁴⁹.

From a protection perspective, reduced access to health services might not be as concerning as it may seem, because not all refugees seek access to health services in normal times. The PWG study states that only 49% of respondents had attempted to access health services between March and July 2020, of whom 75% had been able to reach a service (therefore only 12% of refugees tried to access a health service and did not receive it). The PWG study also found that access to sexual and reproductive health services was ‘satisfactory’ during COVID-19, and the UN report noted that all MHCs remained open during COVID-19 even though attendance was reduced. In the end, the protection risks of reduced access to health services might be relatively minor, and derive mainly from refugees not accessing preventive health services such as vaccinations.

1.2.4. Socio-economic support

As noted above, the most significant challenges resulting from COVID-19 for refugees in Turkey are economic. Refugees mostly work informally and in sectors most vulnerable to the crisis. Pinedo-Caro (2020) in his IZA - Institute of Labour Economics - article argues that ‘65% of the workers (the informality rate in Turkey is 35.0%) coming from ex-post migrant families [i.e. those that arrived between 2011 and 2017] are not registered with the social security institute’ based on an indirect identification strategy for Syrian refugees using the 2017 Household Labour Force Survey. This finding implies that the majority of working Syrians are not under the coverage of the mitigation regulations on layoffs, reduced work time and wage subsidies, and they work in a more vulnerable position in the labour market with the pandemic. Based on this study and other comparable studies from several countries, Dempster et al. (2020) indicate that refugees are more likely than host populations to work informally and work in highly COVID-19 impacted sectors as indicated in Figure 4 and Figure 5. Namely, in Turkey, 74% of refugees work in highly impacted sectors whereas 46% of the host population work in those highly impacted sectors⁵⁰. Also, almost 85% of refugees are employed informally in Turkey, compared to approximately 35% of the host population⁵¹. Considering the fact that overcrowded and indecent working conditions combined with COVID-19 risks can increase the vulnerability of workers in the informal economy, refugees are expected to be disproportionately affected by COVID-19 in the labour market.

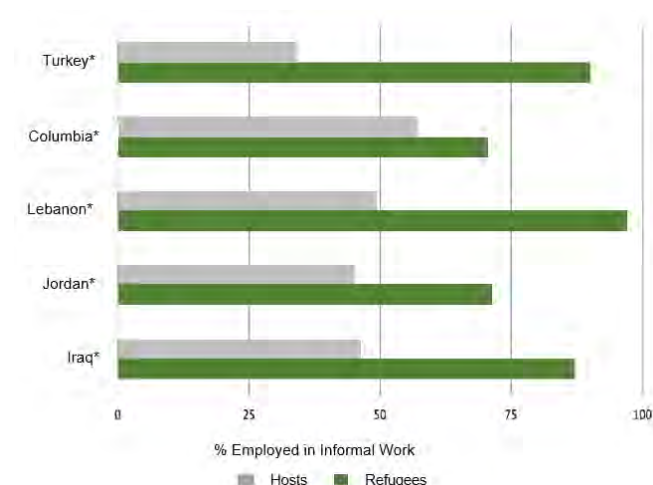
Figure 4 Percentage of employment in highly impacted sectors among refugees and host populations by country



Source: Dempster et al. (2020)

Note: As explained by Dempster et al. (2020) ‘the percentage of employed workers ages 15 and older in each country working in the most highly impacted sectors as defined by the ILO: accommodation and food services, manufacturing, real estate, business and administrative activities, wholesale and retail trade, and repair of motor vehicles. Each sample is weighted according to the individual survey design. Countries are ordered by the size of

Figure 5 Percentage of informal employment among refugees and host populations by country



Source: Dempster et al. (2020)

Note: As explained by Dempster et al. (2020), ‘the percentage of employed workers ages 15 and older in each country working in the informal economy where data is available. Each sample is weighted according to the individual survey design. Asterisks indicate the differences between refugees and hosts are statistically significant at the 5 percent level.’

⁴⁸ Association of Public Health Specialists (2020). *Pandemi Sürecinde Göçmenler ve Mültecilerle İlgili Durum* [in Turkish].]

⁴⁹ COVID-19 Needs Assessment Report (June 2020), TRCS

⁵⁰ Dempster et al. (2020)

⁵¹ Ibid.

Refugees lost their jobs in Turkey due to COVID-19, and this sudden loss of income prevents them from covering their basic needs. According to the survey carried out by ASAM with 184 respondents, 18% of them were not working before March 2020, but this rate increased to 88% after March 2020⁵². This finding is in line with the Rapid Migrant Vulnerability Assessment conducted by IOM in cooperation with the Turkish Directorate General of Migration Management (DGMM), indicating that 82% of refugees had recently lost work due to COVID-19⁵³. 41% of respondents to the ASAM survey who had become unemployed after March 2020 reported that they became unemployed due to work closure, and 18% of them stated that they were fired due to COVID-19⁵⁴. 36% of respondents who are still working reported that their salaries had been cut by employers. This unexpected shock to incomes implies that the already dire situation of households has worsened, and their situation is compounded by the fact that most of the refugee households were already resorting to the use of negative coping strategies in early 2019⁵⁵. For instance, the ratio of total debt to monthly household expenditure already increased from 50.8% in April 2018 to 65.3% on average by early 2019 for ESSN beneficiaries⁵⁶. Furthermore, there was also an increase in other types of negative coping mechanisms such as the sale of assets, spending savings, changing the type of accommodation or returning to Syria in early 2019 given the decrease in purchasing power and employment opportunities in the Turkish economy⁵⁷. The crisis has therefore highlighted the unstable and informal working conditions of refugees and their vulnerability to sudden changes in the Turkish economy.

COVID-19 has also hit Syrian-owned enterprises and led to a drop in their business activity and increased difficulty in making payments⁵⁸. While the current data is not available, according to the report on Syrian entrepreneurs released by European Bank for Reconstruction and Development (EBRD) and the Economic Policy Research Foundation of Turkey (TEPAV) in 2018, there are approximately 10,000 companies that have been established by Syrians since 2011 in all of Turkey⁵⁹. The impact of COVID-19 on those Syrian-owned enterprises is of particular importance since they have already faced a lack of access to available support and incentive schemes⁶⁰. However, as reported by the Business for Goals Platform established by TURKONFED, the Turkish Industry and Business Association (TUSIAD) and UNDP in 2019 based on their 'Survey on Impact of COVID-19 on Enterprises in Turkey', 81% of Syrian-owned enterprises were not aware of short-time working allowance⁶¹ provided by the government⁶². Furthermore, 41% of Syrian-owned enterprises reported that they have 'insufficient working capital or would survive at most for another month if the crisis continued'⁶³. For this reason, a World Bank-UNICEF study on social protection and employment policy during COVID-19 suggested that it is important to communicate the incentives with those enterprises that they are eligible to apply for and, therefore, increase their resilience by providing them wage subsidies and short-term working allowance, which are two major labour market incentives provided by the Turkish government⁶⁴.

⁵² ASAM (2020)

⁵³ IOM (2020) Rapid Migrant Vulnerability Assessment as cited in United Nations (2020a).

⁵⁴ ASAM (2020).

⁵⁵ Maunder, Seyfert, Aran and Aktakke (2020)

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ The Business for Goals Platform (2020). Survey on Impact of COVID-19 on Enterprises in Turkey: Report on Results of Third Survey (1-18 September 2020). Retrieved from: <https://www.business4goals.org/wp-content/uploads/2020/11/B4G-Report-on-Results-of-Third-Survey.pdf> [Access date: November 2020].

⁵⁹ TEPAV and EBRD (2018). *Syrian entrepreneurship and refugee start-ups in Turkey: leveraging the Turkish experience*. Retrieved from: https://www.tepav.org.tr/upload/files/1566830992-6.TEPAV_and_EBRD_Syrian_Entrepreneurship_and_Refugee_Start_ups_in_Turkey_Lever...pdf [Access date: November, 2020].

⁶⁰ UNDP (2019). Mapping of Syrian Owned Enterprises. Retrieved from: <https://www.undp.org/content/dam/turkey/UNDP-TR-MAPPING-OF-SYRIAN-ENTERPRISES.pdf> [Access date: November, 2020].

⁶¹ World Bank and UNICEF Living Paper explains the short terms allowance in Turkey as follows: 'For firms that reduced working hours or halted operations during the outbreak, a Short-term Work Allowance covers the wages of workers. The allowance provides 1,752 TL/month (around \$271) for those that receive minimum wage in the last 12 months. The allowance can be provided for a maximum of 3 months and can be extended to 6 months through a Presidential decree. This payment was initially until the end of June, but is currently extended for another month for the current beneficiaries.' (Gentilini et al. 2020)

Gentilini, U., Almenfi, M., Dale, P., Palacios, R., Natarajan, H., Rabadan, G.A.G, Okamura, Y., Blomquist, J., Abels, M., Demarco, G., & Santhos, I. (2020). *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. World Bank and UNICEF.

⁶² Business for Goals (2020). The Impact of COVID-19 on Enterprises in Turkey: Syrian-Owned Enterprises. Retrieved from: https://www.business4goals.org/wp-content/uploads/2020/07/Infographic_Syrian_owned_Enterprises.pdf [Access date: November, 2020]. Note: The analysis carried out by Business for Goals is based on responses from 32 Syrian-owned enterprises.

⁶³ Ibid.

⁶⁴ Gentilini, U., Almenfi, M., Dale, P., Palacios, R., Natarajan, H., Rabadan, G.A.G, Okamura, Y., Blomquist, J., Abels, M., Demarco, G., & Santhos, I. (2020). *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. World Bank and UNICEF.

Social distance measures and lockdowns have also disrupted the social cohesion of refugees in Turkey. Many organisations carried their social cohesion activities to online platforms⁶⁵. However, as mentioned above, 48% of ASAM survey respondents reported that their children are not even able to access remote education services, among whom 54.5% do not have sufficient Telecommunications/PC/Phone equipment at home. Conducting social cohesion activities in a digital platform may, therefore, potentially leave refugees living in the most vulnerable conditions behind. This may also have implications in terms of their restricted access to the social network and information provided by CSOs and local communities through digital channels. Due to social distancing measures, refugees may also feel depressed, alone and disconnected from their neighbour(s) and social ties and networks.

i. Protection impact of lost income

As has been well-documented by the World Food Programme (WFP) Comprehensive Vulnerability Monitoring Exercise (CVME), it is, above all, poverty that drives refugees towards negative coping strategies (behaviours that increase protection risks) such as reducing the quantity and quality of food consumption, increasing debt⁶⁶, accepting dangerous or illegal work, child labour, child marriage, begging and crime. Furthermore, when refugees have no disposable income, if they cannot pay rent then they run the risk of evictions, and if they do not have the small amounts needed to purchase personal protective equipment (PPE) – then this exposes them to COVID-19 health risks.

Even though agriculture production continued during COVID-19, seasonal agricultural workers (SAWs) were affected in two ways: most of all they were affected by restrictions on mobility, since these workers need to move between farms and between crops and provinces throughout the annual farm cycle. Secondly, seasonal agricultural worker families live in exceptionally cramped and unhealthy living conditions, and they travel to their workplaces in crowded farm buses without the benefit of PPE, and are therefore thought to be more susceptible to catching and spreading COVID-19⁶⁷.

1.2.5. Protection

i. Differential protection impacts of COVID-19 on refugees in Turkey

The surveys referred to above show that there is a differential impact of COVID-19 on refugees, depending upon their nationality and location. On the whole, non-Syrians are more heavily impacted than Syrians, and among non-Syrians it is Afghans who are most affected, followed by Iranians. According to the PWG survey, Afghan refugees have the highest pre-COVID-19 levels of informal employment, and during COVID-19 they have suffered the most from loss or reduction in employment. Afghans have also experienced higher levels of stress, and the most difficulty accessing health services (58% of Afghans were unable to access health services because of discontinued health insurance)⁶⁸, and they are more dependent on social assistance (40%). Afghan children were also the group most affected in access to online education with 29% dropping out from online schooling due to lack of connectivity or equipment (compared with a 21% overall dropout rate)⁶⁹.

The PWG survey also showed that there was a differential geographic impact of COVID-19, with refugees in Marmara region less able to cover their expenses (possibly because refugees in Marmara region, which includes Istanbul, were more dependent upon informal work than ESSN, and also might have higher living costs), and with slightly less availability of social assistance (48% in Marmara compared with 68% in the Aegean region and 54% in the South-east region). Furthermore, the protection-specific analysis showed that Marmara region had a slightly higher proportion of reported protection concerns (71%), whereas Aegean region and South-east region had the least protection concerns. This data suggests that non-Syrians and especially Afghans are less well-supported during COVID-19, and also that the Marmara region needs more attention than other regions.

Already being among the most vulnerable refugee groups, LGBTQI individuals and women are particularly at risk of COVID-19. Heinrich-Böll-Stiftung (2020) reports that LGBTQI individuals are more likely to face

⁶⁵ Hasna (2020)

⁶⁶ Refugee household debt has almost doubled between Q2 2018 (TL 1,000) and Q1 2020 (TL 1,907): CVMEs cited in United Nations (2020). *COVID-19 Socio-Economic Impact Assessment Report*.

⁶⁷ Development Workshop. (May 2020). *Virus or poverty: Impact of Coronavirus Outbreak on Seasonal Migrant Agricultural Workers and their Children and on Crop Farming* <http://www.ka.org.tr/dosyalar/file/virus%20or%20poverty.pdf> and United Nations (2020). *COVID-19 Socio-Economic Impact Assessment Report*

⁶⁸ According to the Presidential decree of April 2020, COVID-19 testing and treatment are to be provided free of charge to all persons regardless of their status in Turkey. The evaluation team did not find evidence that refugees (registered or unregistered) could not access COVID-19 health services - the health access problems discussed here related to non-COVID-19 health services.

⁶⁹ Not related specifically to COVID-19, but the COVID-19 assessment by the Protection Working Group found that a shockingly high proportion – 36% of households with school-aged children - had no children in school before COVID-19. This 36% generally confirms the very high proportion of OOSC in the general refugee population.

discrimination in terms of access to diagnosis and treatment in a system that is already riddled with social and institutional barriers. They can also find themselves in a highly fragile and discriminatory labour market where they may push themselves to continue to work despite the associated risks or, otherwise, lose their jobs and their income. This may include feeling unable to comply with self-isolation rules, due to the need to earn income and also the increased risk of domestic violence resulting from staying at home⁷⁰.

ii. Refugee awareness of COVID-19, and information channels

Data captured by the PWG, ASAM and RI confirms three of the findings of the main protection sector report. First of all, refugees think that they are not sufficiently aware of COVID-19, but when questioned they revealed that they are more aware than they thought. There is a gap between what refugees do know, and what they think they know: 'As an example, while 17% stated that they did not feel they had enough information on symptoms, 75% were aware of at least one of the main COVID-19 symptoms. ... the results of the inter-agency assessment indicate high levels of both perceived and actual levels of COVID-19 awareness'⁷¹.

Secondly, the main method that refugees use to obtain information on COVID-19 is through social media, followed by public media (TV and newspaper), and then family and friends. Official government sources are low on the list. The ASAM survey indicates that 82.6% have information and 15% have partial information about COVID-19⁷². They mainly receive information from traditional media or social media (64.5%), close contacts (19.2%), CSOs (6.6%) and the Ministry of Health (5.7%). The surveys conducted by Relief International and the PWG yielded very similar results⁷³. The majority of refugees in Turkey have access to information about COVID-19 but there are still information gaps especially for those not having proper information channels. Verdujin (2020) highlights the fact that 'public information [about COVID-19] is often exclusively shared in Turkish, which is not understood by most Afghans' and that 'illiteracy and lack of education make it difficult for Afghans to fully understand and comprehend the information shared'⁷⁴. As such, information about COVID-19 cannot be treated as a source equally and homogeneously distributed and understood across different refugee groups.

Third, during COVID-19, the vast majority of counselling and information services moved from in-person to online. It seems likely that this movement online will in the end be a system-wide structural shift in service delivery: 'organizational structures and human relations in many of the institutions and organizations will change significantly. It is expected that institutions and organizations will lean towards such working methods as flexible work and home-working'⁷⁵, and that a consequence of this will be to increase the access gap between refugees with access to connectivity or technology – and those without such access.

iii. Protection-specific impacts of COVID-19 on refugees

a. Protection impact of social isolation

Being unemployed, living in cramped conditions and unable to circulate in public due to COVID-19 restrictions has removed opportunities for normal social interaction and increased domestic stress⁷⁶. Overall, 63% of the respondents in the PWG survey reported some protection or community concerns during the pandemic. The most frequently mentioned protection concerns include observations of increased stress within their communities (38%) and conflict amongst household members (13%). Even before COVID-19, the research on domestic violence against women in Turkey conducted by Hacettepe University and Ministry of Family, Labour and Social Services (MoFLSS) revealed in 2015 that 38% of women aged 15-59 years had experienced intimate partner physical and/or sexual violence at least once in their lifetime⁷⁷. Specific groups of women including refugees are at higher risk of GBV and may not know where to go for help and support. Importantly however, the PWG report notes that only 3% of the surveyed population reported an increase in domestic violence, and only 2% reported conflict with local communities. COVID-19-related stress seems to have been somewhat higher in the Marmara (Istanbul) and Central Anatolia regions.

b. Curtailed access to PSS services

At the same time, normal PSS services to support refugees experiencing different types of stress were somewhat reduced. On the one hand, all community centres stopped providing in-person and group

⁷⁰ Heinrich-Böll-Stiftung e.V (2020)

⁷¹ *Interagency protection sector needs assessment analysis* (June 2020). Protection Working Group

⁷² ASAM (2020). *COVID-19 Salgınının Türkiye'de Mülteciler Üzerindeki Sektörel Analizi* [in Turkish]. Retrieved from: <https://data2.unhcr.org/en/documents/download/76640>. [Access date: 26.10.2020] Similar data was found by the Relief International survey.

⁷³ ASAM (2020)

⁷⁴ Verdujin (2020)

⁷⁵ *COVID-19 Needs Assessment Report* (June 2020), TRCS

⁷⁶ United Nations (2020). *COVID-19 Socio-Economic Impact Assessment Report*. P. 93 TRCS also reported an increase from 12-36% in the reported incidence of stress disorders as a result of COVID-19.

⁷⁷ Hacettepe University Institute of Population Studies and Ministry of Family and Social Policy (2015)

counselling (at least between March and July 2020), although they all tried to move their services online (see Facility response below). The UN report notes that reproductive health services and MHPSS services being provided by 31 migrant health centres remained available, but there was less take-up of the available services in this time. Government Ministry of Health (MoH) services for persons experiencing stress as a result of COVID-19 seemed to be less accessible to refugees because they were only made available in Turkish⁷⁸. Refugees who were already socially isolated seem to have been particularly affected, for example there was evidence that LGBTQI refugees were less likely to get services⁷⁹.

c. Evictions

During COVID-19 many households were doubly affected by lost income and increases in rents, leading to a situation reported by CARE where 16% of refugees in the South-east reported that landlords were threatening evictions (although by May 2020 the rate of evictions was still quite low at 3%)⁸⁰.

d. Prohibition on inter-provincial travel

As explained above, restrictions on inter-provincial travel affected SAWs, but they also affected regular workers and newly-unemployed workers seeking to reunite with their families in other provinces, as well as non-Syrians seeking to travel to their designated satellite cities. The evaluation team could not find specific data on this topic, but it is likely that many refugees were 'stranded' out-of-province due to COVID-19 travel restrictions, and therefore unable to access some services in their provinces of registration.

e. Curtailment of direct protection services

Several regular protection service-providers closed for a three-month period (mid-March to June 2020), and some of these then resumed at reduced capacity. Provincial Departments of Family, Labour and Social Services (PDMMs) were closed for slightly longer, resulting in increased backlogs in the processing of registrations, registration updates and refugee status determinations. In some cases, there were reports of irregular migrant removals taking place so quickly that the migrants could not access recourse procedures. Social Service Centres (SSCs) reportedly remained open. Legal assistance was reported to have decreased: 'Most Bar Associations have reportedly operated at reduced capacity or suspended services. With lawyers teleworking, there may have been delays in submitting appeals and following up legal proceedings. This has particularly affected persons in removal centres who may not be able to receive legal assistance in time'⁸¹. Finally, resettlement interviews and movements stopped entirely, which not only exposed some refugees to risks but exposed the most vulnerable refugees to risks (since resettlement from Turkey is designed to target the most vulnerable)⁸².

1.3. Facility response

As the world's largest humanitarian and development donor, the EU as a whole has followed a collaborative approach to COVID-19 and taken a series of actions to support its country partners⁸³. The joint communication note on the Global EU response to COVID-19 emphasises the need for '*international cooperation and multilateral solutions*' to address the social and economic, humanitarian, social and health consequences of the pandemic⁸⁴. Accordingly, the approach of the EU on responding to COVID-19 is called '*Team Europe*', implying that the EU aims to pull together and mobilise contributions from all EU institutions, EU member states and financial institutions, in particular the European Investment Bank (EIB) and the EBRD⁸⁵. *Team Europe* packages particularly aim to address short and medium-to-long-term challenges related to COVID-19 in partner countries⁸⁶. As part of this global approach the EU, as a whole, has secured more than EUR 1.2bn for the Western Balkans and Turkey⁸⁷. The *Team Europe* COVID-19 contribution in Turkey is being channelled through the re-allocation of existing funds and within the framework of existing financial instruments and commitments in Turkey, part of which, is the Facility⁸⁸.

⁷⁸ United Nations (2020). *COVID-19 Socio-Economic Impact Assessment Report*.

⁷⁹ Heinrich-Böll-Stiftung e.V (2020) *How does the COVID-19 pandemic affect LGBTI+ community in Turkey? ?*. Retrieved from: <https://eu.boell.org/en/2020/04/17/how-does-COVID-19-pandemic-affect-lgbti-community-turkey> Confirmed by UNFPA's Modification Request to DG ECHO.

⁸⁰ CARE, (May 2020), *COVID-19 impact assessment South-east Turkey* <http://www.careevaluations.org/wp-content/uploads/Southeast-Turkey-COVID19-assessment-infographic.pdf>

⁸¹ United Nations (2020). *COVID-19 Socio-Economic Impact Assessment Report*. P.96

⁸² UNHCR (2020c)

⁸³ European Commission (2020). *Joint Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: Communication on the Global EU Response to COVID-19*. Brussels: 8.4.2020, JOIN(2020) 11 Final.

⁸⁴ Ibid.

⁸⁵ Ibid.

⁸⁶ Ibid.

⁸⁷ Team Europe (2020). *Turkey: Team Europe COVID-19 response tracker - last update on 15/01/2021*

⁸⁸ Ibid.

As already noted above, the Facility's response to COVID-19 in Turkey was not based on any rigorous, comprehensive needs assessment conducted in collaboration with the Turkish authorities. Instead, the Commission initiated a process of high-level consultation with Turkey to discuss what support might be needed in early April 2020⁸⁹.

For two main reasons, the Facility did not have much, if any, scope to undertake new programming to respond to the pandemic, within the Facility's financial envelope (much of the Team Europe response falls outside of the Facility). Firstly, on the EC side, the second tranche of the Facility (EUR 3 billion) had been fully programmed and largely contracted some three months earlier, so 'new money' was not available; there was no legal basis for it. Secondly, the Turkish authorities were opposed to the re-programming existing Facility actions⁹⁰.

As such, the Facility had two tools at its disposal to respond to COVID-19 in Turkey.

- The mobilisation of savings and contingencies at Facility-level.
- The reallocation of funding and adaptation of activities at the level of existing projects (actions).

All of these reallocations remain within the Facility's budget ceiling of EUR 3 billion in Tranche I and the same amount in Tranche II. However, the implementation deadlines under the Special Measures that provide the legal basis for IPA funding have been extended by two years.

The decision (or requirement) to mobilise savings and contingencies at Facility-level and adapt activities and budgets at action-level is considered to be highly appropriate by the evaluation team, as the most efficient course of action available to the Facility in the short-term. This approach required no major reprogramming, or new legal basis for assistance, and allowed Facility actions to respond quickly and flexibly to needs. The much greater challenge for the second tranche of the Facility will be the medium to long-term relevance of actions, which were programmed before COVID-19 but are to be largely implemented during and in the aftermath of the pandemic⁹¹.

In accordance with this approach of using savings/contingencies and modifying activities at action-level, in the absence of a comprehensive picture of refugee needs, the Facility was right to engage its implementing partners, and ask them to share information on needs and to propose adaptations to their ongoing projects, as required.

In February 2020, DG ECHO held virtual meetings with all IPs and assured them that responding to COVID-19 would be considered an 'eligible cost'. In March 2020, DG ECHO communicated with all IPs and gave them flexibility to respond to COVID-19 by switching delivery modalities, and by moving budget lines. The latter required formal approval and amendments to contracts, and when receiving such requests from partners DG ECHO aimed to respond with informal approval or otherwise within 24-48 hours. The vast majority of requests were approved⁹². On the non-humanitarian side, EUD staff confirmed that IPA funding worth EUR 4.75m was approved within 10 days in the health sector (SIHHAT) with additional amounts mobilised through EUTF⁹³. Some delays in the EUD response to a request to modify PIKTES II were reported by MoNE, however, this request was not considered to be sufficiently evidenced⁹⁴.

Budgetary adaptation to COVID-19 was eased in many cases by the fact that ongoing Facility-funded projects had unspent surpluses. There are three main reasons for this:

1. Pre-COVID-19 slow implementation rates.
2. Interrupted implementation due to COVID-19 and the temporary closure of facilities and services and their corresponding budget lines (e.g. school transportation etc.).
3. The huge exchange rate swing during the Facility Tranche I period, which increased the purchasing power of euro value grants when procuring goods and services in Turkish lira.

As such, most Facility actions did not require additional funding in order to respond to COVID-19, but rather permission to reallocate resources and also, in many cases, to extend project durations, by 1-2 months in the case of humanitarian projects and longer periods for development projects. It is important to note that humanitarian funding provided under Humanitarian Implementation Plan (HIP) 2020 (including for example the cash grants provided by UNHCR to refugees who are not eligible for ESSN) was not funded

⁸⁹ COVID-19 KIIs, Oct and Nov 2020

⁹⁰ COVID-19 KIIs, Oct and Nov 2020

⁹¹ COVID-19 KIIs, Oct and Nov 2020

⁹² COVID-19 KIIs, Oct and Nov 2020

⁹³ COVID-19 KIIs, Oct and Nov 2020

⁹⁴ COVID-19 KIIs, Oct and Nov 2020

from the Facility, but from 'post-Facility' humanitarian allocations. However, this report chooses to mention it to contextualise the response which did sit within the Facility.

For these reasons (numbered 1 and 2) above, it is most appropriate to describe and analyse the response of the Facility to COVID-19 at the level of sectors and individual actions.

The remainder of this section discusses the Facility's responses to COVID-19 at sectoral and action level. Whilst the analysis takes a somewhat micro-level view of changes to projects and actions, and relatively small amounts of newly mobilised disbursed savings and contingencies, it is also important not to lose sight of the pre-existing relevance of the Facility to the needs that are brought about and amplified by the COVID-19 crisis. The Facility is in the process of investing EUR 6 billion in a range of programmes that are already very relevant to the needs of refugees during a pandemic. The ESSN has been a vital lifeline for refugees that has reduced the need to resort to negative coping mechanisms and its importance amid the pandemic is simply reaffirmed. The Facility's investments in health care (seeking to expand availability and access for refugees), in education (promoting enrolment and attendance and targeting out of school children), and in protection (seeking to protect the most vulnerable and ensure that the rights of all refugees are realised) were already based on strategies which are and will continue to be highly relevant in the COVID-19 context. There are, however, some areas of Facility support in which Facility strategy now looks less relevant, given the new context. For example, the goal of integrating refugees into the formal labour market as a transition strategy for the ESSN, was already very ambitious, and now appears to be impossible. Similarly, as is argued under recommendations below, the Facility's strategy for social cohesion is challenged by COVID-19, and may need to be revised in the coming years, if possible.

1.3.1. Education

Fortunately, a considerable number of activities across several education projects were unaffected by COVID-19 and are advancing as planned. For example, there has been no disruption to the Facility-supported intervention *Promoting Integration of Syrian Kids into Turkish Education System* (PIKTES)'s development of teaching and learning materials. SPARK has been able to proceed with procurement of hardware and software for universities, payment of stipends to scholarship students and most summer courses for beneficiary students. The World Bank reports that there has been no major delay to on-site construction of the new schools for which it is responsible.

As noted above, UNICEF and local CSOs have played important roles in supporting the education of children during the pandemic yet COVID-19 still poses challenges for their staff to be in the field. In addition to restarting non-formal education activities, UNICEF and its partners, working in 61 provinces in Turkey, have launched a back-to-school campaign, distributed 'learn-at-home kits' and PSS kits, and supported early childhood education. Many other NGOs have organised online education and leisure time activities, Turkish-speaking clubs, science, technology and mathematics courses and online gatherings for refugee children.

However, COVID-19 has disrupted a great many project activities, requiring IPs to adapt them and undertake mitigation measures. The main forms of adaptation that Facility IPs have been required to undertake are cancellation, postponement or delay and transfer of activities online. An analysis of these adaptations is presented below, with examples from a range of actions⁹⁵.

i. Adaptation

The *Conditional Cash Transfer for Education* (CTE) disbursements to beneficiaries have continued since the closure of schools, while remote learning has replaced physical presence in classrooms. This remains the case with the current partial reopening of schools. The regular transfer value has also increased since July 2020 for all grades, the motivational top-up payment for higher grades (5-12 and ALP) has also been re-conducted for the 2020/2021 academic year and, most recently, UNICEF (in partnership with TRCS, MoNE and MoFLSS) was able to pay a specific COVID-19 'one-off' top up of 85 TL to all CTE eligible beneficiaries regardless of age and grade⁹⁶. The online system does not allow for school attendance to be tracked, which would permit the attendance conditionality to be fulfilled, so the condition has been suspended. These arrangements mirror those of the Turkish national CTE programme.

⁹⁵ The major source of information throughout this section is SUMAF. 2020 (23 October). Action-Level COVID-19 Impact Report (Fourth Round).

⁹⁶ CTE for Refugees Programme Beneficiary Payment Details. This was financed partly through the Facility and partly through ECHO's 2020 funding. ECHO Field communication, December 2020.

Following the example of the CCTE programme, Concern Worldwide has negotiated the continuation of one-off back-to-school financial support to Syrian and Turkish students without an attendance requirement. Monitoring of attendance is gradually resuming via online means.

ii. Cancellation

PIKTES was obliged to cancel certain timebound activities that could not be conducted virtually. These included the 2020 early childhood education (ECE), back-up and catch-up summer schools. The catch-up classes that began in February had to cease after four weeks of the scheduled twelve. Some examinations had to be cancelled, notably the Turkish Proficiency Examination and the back-up class post-test. Some PIKTES monitoring missions were cancelled. KfW and MoNE also cancelled certain on-site inspections of new school construction work.

iii. Postponement or delay

KfW's school construction projects were delayed because construction permits were not issued on schedule. KfW also reported that COVID-19's impact on MoNE staffing slowed down tendering processes. Concern Worldwide deferred some scheduled training events and reported that some construction work on Public Education Centres (PECs) and vocational high schools had to be postponed, as was their library book procurement and distribution activity. Monitoring and reporting were a little delayed in some projects.

Because of social distancing and restrictions on the numbers of people allowed to gather, social cohesion programming was severely affected. PIKTES postponed all its social cohesion programming; Concern Worldwide did likewise. SPARK cancelled its planned April events and postponed the remainder of the programme until 2021. Given the findings of the evaluation referred to in sections 3.1.2.xi and 3.1.3.i,j, above, this is unfortunate, if understandable. The relative lack of experience of all the partners with face-to-face social cohesion programming, and the emphasis within their social cohesion programming on holding social and cultural events, make it understandable that this work would be hit hard. Concern and SPARK are both seeking to make opportunities for social connection available online. These efforts are highly commendable.

iv. Transfer to remote methods (internet/TV/telephone)

This was the major mitigation measure pursued by all IPs. Some learning activities for children and youth were conducted live online. These included PIKTES' Turkish and Arabic Language summer schools, as well as most back-up classes and Concern Worldwide's Turkish Language Courses. Other distance learning used pre-recorded teaching sessions. In terms of project outputs, this meant that the target numbers were not achieved in some cases, as not all students had access to the necessary equipment, or lacked motivation. PIKTES and Concern Worldwide trained their teachers online in how to conduct lessons remotely. The partners have concerns about the effectiveness of teaching and training at a distance but simply have no choice under present COVID-19 conditions. It will be vital for all partners to encourage trainers and teachers to follow up with their trainees and students to the greatest extent possible, of course via social media and telephone.

As noted by a recent SUMAF⁹⁷ monitoring mission report, PIKTES did not establish a monitoring system to track the extent to which beneficiaries were able to attend online lessons.

The PIKTES M&E system has been unable to monitor the level of access by its target beneficiary children to the on-line learning it is providing and key data required to enable the basic monitoring of the efficiency and effectiveness of the on-line learning system has not been collected, analysed and reported. It is not clear why a simple alternative monitoring system was not established with school principals and teachers to estimate the number of students viewing materials and attending on-line classes and the average number of contact hours achieved per week (disaggregated by delivery method)⁹⁸.

As such, the Commission, SUMAF and this evaluation does not have sufficient quantitative data on the extent to which the pandemic has disrupted refugees' education, although key stakeholders interviewed suggest that more than 50% of beneficiaries of Facility-supported education did not have the internet connection and IT equipment needed to ensure any kind of continuity in their education⁹⁹. A SUMAF survey of PIKTES teachers produced a possibly even more concerning picture of refugee educational participation during the pandemic: it found that only around 50% of teachers were able to follow up approximately 50% of the students in their classes. The same survey of nearly 3500 teachers found that

⁹⁷ SUMAF is the technical assistance team responsible for providing Facility monitoring services.

⁹⁸ SUMAF, *Promoting Integration of Syrian Kids into Turkish Education System (PIKTES II)*, Contract No: IPA/2018/403-554 Ad Hoc Mission SUMMARY REPORT 19 October 2020. p.33.

⁹⁹ Ad-hoc KIIs for COVID study; SUMAF, *Promoting Integration of Syrian Kids into Turkish Education System (PIKTES II)*, Contract No: IPA/2018/403-554 Ad Hoc Mission SUMMARY REPORT 19 October 2020.

40% perceived that 'few' or 'very few' of their students had access to a television and 65% perceived that few or very few had access to the internet. Even if homes do have the required technology, the size of families often means that several children must share access to a single phone or computer¹⁰⁰. These findings, based on teacher perceptions, are not definitive, but do suggest that meaningful refugee participation in education during the pandemic has been greatly reduced.

In higher education, the move to online distance learning was a little easier than for school-aged students. SPARK's outreach and communication activities and its blended learning programming were already largely conducted online or via social media, and almost all university student beneficiaries have computers, mobile telephones and internet access, so only relatively minor modifications were needed, such as greater use of telephone and email contact. SPARK moved all its economic empowerment actions online. Because some universities had cancelled their spring term classes, SPARK facilitated online remedial courses to help the students complete their academic requirements.

All partners responsible for psychosocial support (PSS) activities have been required to conduct them online. Thus, as much as possible, PIKTES guidance counsellors have remained in contact with children and their families through social media and telephone. Concern Worldwide has developed and piloted remote PSS curricula and distributed recreational materials and PSS kits to their students. SPARK has sub-contracted a consultancy firm to provide PSS online to individuals and small groups and is planning training for university staff in PSS. All Facility partners acknowledge that these measures are far from ideal. However, in the present circumstances, they are encouraging signs of partners' willingness to improvise and of their commitment to the wellbeing of students.

v. Budgetary reallocations

All partners have been very realistic about seeking to reallocate savings from some activities that are no longer possible towards the needs raised by the pandemic, and the Facility has been reasonable and flexible in permitting those budgetary reallocations.

Due to the need to delay certain activities, while maintaining teaching and administrative staff in employment, PIKTES and Concern Worldwide have sought increased funding for salaries and allowances. Concern has also required reallocation of funding to pay for COVID-19-related hygiene equipment and supplies in PECs and child-friendly spaces. Both partners have identified major savings in other budget lines, such as school transport (not required during lockdown), distribution of teaching-learning materials and back-up classes (cancelled or postponed). SPARK has made similar changes to budget lines, transferring funds intended for students who were not able to enrol in the 2019-20 academic year to cover COVID-19-induced distance learning and information technology costs. SPARK also requested and received a no-cost extension for many activities. The Facility has authorised these reallocations.

KfW has reported that certain construction projects, plus the renewable energy installations, have incurred considerable cost increases due to COVID-19. However, like the World Bank, KfW seems to be absorbing those increases through budgetary reallocations. The depreciation of the Turkish lira during 2020 has also allowed for some cost savings, particularly for construction projects.

In 2021, MoNE submitted a request for 45,000 tablets with internet data packages (for 27,000 Syrian and 18,000 Turkish students) plus a range of other support measures aimed at addressing some of the challenges facing refugees in accessing quality education as a result of the pandemic. These include provision of 200 COVID-19 secure computer labs, a new catch-up model, and technical support to facilitate delivery of remote/blended education by Arabic teachers. This contract addendum was being prepared at the time of writing this report following its agreement in principle with the EUD, and the ET has since learned that the addendum was eventually submitted (June 2021) and that the formal approval is now in progress.

Additional resources

The considerable efforts of the education partners to identify savings have made it possible for Facility actions to continue with relatively small financial top-ups. According to Team Europe documentation made available to the evaluation team, as of 15th January 2021, contingencies and savings have enabled a total of EUR 5,483,500 of funding to be delivered to three education sector projects (see Table 1, below). These funds were mobilised under existing commitments, involving no new resources.

Table 1 Additional resources for Facility-funded education sector actions in response to COVID-19¹⁰¹

¹⁰⁰ SUMAF, *Promoting Integration of Syrian Kids into Turkish Education System (PIKTES II)*, Contract No: IPA/2018/403-554 Ad Hoc Mission SUMMARY REPORT 19 October 2020. p.10.

¹⁰¹ European Commission Team Europe. 2020 (1 October a). *COVID Reprogramming in Turkey*. N.p.: EC.

Purposes and nature of additional expenditure	Expected response (planned/ committed) in EUR	Contracted to date (EUR)	Partner and project
COVID-19 top up of 85 TL to the 518,794 children that are eligible beneficiaries of CCTE	5,000,000	5,000,000	UNICEF (HUMA)
IT equipment for universities and tablets for students, live YouTube sessions on resilience and other relevant topics, teacher training to improve online education skills	380,000	380,000	SPARK - T04.168 (EUTF)
Contingency reserve mobilized to ensure distant learning and procurement equipment for Turkish universities	103,500	103,500	SPARK – T04.26 (EUTF)
Totals	EUR 5,483,500	EUR 5,483,500	

These additional resources are dedicated to sound activities, which will help higher education students and non-formal education learners to cope better with the disruption to their studies caused by COVID-related closures and restrictions. Additional funding has only been provided to actions in the higher and non-formal education sub-sectors, not to the public-school system, through PIKTES 2 or school construction work. That choice presumably reflects the fact that funds have been reallocated within PIKTES 2 and that the development banks have secured additional funds from outside the Facility and made exchange rate savings¹⁰².

1.3.2. Health

Table 2 outlines the Facility-level savings and contingencies allocated as new funding to the health sector to address COVID-19. This funding is for PPE and other relevant materials and equipment, as well as funding for awareness campaigns to a number of partners including the MoH, UNDP, World Health Organisation (WHO) and other NGOs. The total amount from the EU for these health-related projects is EUR 11,268,996.

Interviews with EC stakeholders confirmed that the re-allocation of contingencies and savings was a rapid and smooth process, and contingencies (1.5%) from the Facility-supported intervention *Syrian population under temporary protection and related services provided by Turkish authorities* (SIHHAT) were the first mobilised. While interviews were not undertaken with the Turkish government on the COVID-19 emergency funding, EC staff confirmed that funding from the IPA instrument enabled EUR 4.75 million to be approved for SIHHAT within 10 days¹⁰³.

The greater challenge for SIHHAT, however, was on the institutional side, and particularly a lack of data on specific needs, which meant that the Facility provided EUR 4.75 million to the Ministry of Health with very limited information on whether its use would meet the most urgent needs, and also the extent to which it was the best use of funds given that the Turkish government reportedly had sufficient PPE in stock, and was able to send excess stock to other countries early on in the pandemic¹⁰⁴. The planning of this response would have benefitted greatly from more data from the provincial level, for example on population and patient load in different locations, which would also have enabled the EU to provide support where it was most needed.

Table 2 Additional resources for Facility-funded health sector actions in response to COVID-19¹⁰⁵

Purposes and nature of additional expenditure	Expected response (planned/ committed) in EUR	Contracted to date (EUR)	Partner and project
Gloves, masks, disinfectants, cleaning products, bleach, soap, thermometer, protective gown and personal hygiene set, awareness campaign among	4,748,520	4,748,520	Ministry of Health (IPA)

¹⁰² European Commission Team Europe. 2020 (1 October b). *COVID-19 Response Tracker*.

¹⁰³ Interviews, November 2020.

¹⁰⁴ Aljazeera. (2020). UK: Turkish PPE arrives as data suggests more dying from COVID-19. April 22, 2020.

<https://www.aljazeera.com/news/2020/4/22/uk-turkish-ppe-arrives-as-data-suggests-more-dying-from-covid-19>; Interviews, November 2020.

¹⁰⁵ European Commission Team Europe. (2020). *COVID Reprogramming in Turkey*. (October 1).

refugees, training of health workers in Migrant Health Centres for COVID response			
Protective equipment and emergency supplies/hygiene kits	2,991,018	2,991,018	Danish Red Cross (EUTF)
Support to production of and access to protective equipment for governmental institutions	1,280,000	1,280,000	UNDP (EUTF)
Surgical masks, gloves, gowns, protective goggles, thermometers and 2 forklifts.	168,941	168,941	WHO (EUTF)
Other (PPE, Hygiene items, small scale food aid and cash/vouchers transfers)	2,129,037	2,129,037	11 partners through 14 projects (NGOs, UN) – HUMA
Total response	11,317,516	11,317,516	

The equipment provided through the funding is the typical equipment needed for a health system for prevention and protection during a pandemic, including masks for refugees as well as protective materials for healthcare staff. Fortunately, SIHHAT already had good levels of this type of equipment in stock prior to the pandemic which meant that, despite a delay in procurement of some equipment (delivered in August 2020), the most urgent needs were met and excess will be transferred to SIHHAT II¹⁰⁶. Without further data on needs, it is difficult to assess whether the current funding is sufficient, and what levels of funding will be required for future adaptations to Facility interventions. While, as explained above, funding mobilisations for the immediate response were relatively straightforward and rapid, the nature of the longer-term programming that has already taken place for Facility II is where there may be greater challenges in the future.

In terms of adaptations within projects, these were minimal in the health sector given that its core projects were naturally already designed to supply healthcare. MHCs continued to operate as normal, for example. For other projects, such as those implemented by Médecins du Monde, as far as the evaluation team can judge from project documents, Médecins du Monde (Md) moved its counselling services online and adapted its content to the additional stress factors of COVID-19, but did not initiate new services. Through a modification request, the UNFPA project (2019/91008) obtained agreement from DG ECHO to initiate new activities for the vulnerable community that they were supporting (LGBTI community, persons living with HIV and sex workers), including one-time rental support for 285 vulnerable households, the distribution of COVID-19 response kits made available by other organisations, as well as delivering 400 UNFPA kits to their clients.

1.3.3. Socio-economic support

As outlined above, the most significant impact on refugees arising from the pandemic is considered to be economic. As such, the Facility has responded accordingly by allocating the vast majority of Facility-level savings and contingencies to existing socio-economic support projects. Table 3 outlines the details of the re-allocated funding to alleviate the impact of COVID-19 on refugees. The Facility has mobilised more than EUR 65m of which more than EUR 48m has been allocated to the socio-economic support sector¹⁰⁷. The basic needs allocation for the ESSN top-ups was funded from the exchange rate savings of the ESSN allocation under Facility Tranche II, and hence no additional funding was allocated to the ESSN as a result of COVID-19. Similarly, for other projects in the socio-economic support sector, mainly savings in the projects, or remaining budgets were allocated to COVID-19 related activities¹⁰⁸.

The scope of these funds covers a variety of needs by addressing basic needs, incentives for small enterprises and entrepreneurs, skills learning and training as well as incentives for job placements. Nevertheless, it is important to note that 84% of the whole additional support (i.e. EUR 40,435,000), has solely been directed towards basic needs assistance for refugees.

Table 3 Additional resources for Facility-funded socio-economic support sector actions in response to COVID-19

¹⁰⁶ Interviews, November 2020.

¹⁰⁷ European Commission Team Europe. (2020). COVID Reprogramming in Turkey. (October 1).

¹⁰⁸ Following the outbreak of COVID-19, the Delegation of the EU to Turkey asked Implementing partners how they could reallocate the funding from their existing project budgets so as to develop a response to COVID-19 as stated during interviews with implementing partners from UN Women, TOBB and ILO.

Purposes and nature of additional expenditure	Expected response (planned/committed) in EUR	Contracted to date (EUR)	Partner and project
ESSN top-up (2 tranches of 500 TRY/HH)	40,435,000	40,435,000	IFRC (HUMA)
Financial incentives allocated to the companies which will employ and retain certified beneficiaries	5,332,575	5,332,575	TOBB T04.68 (EUTF)
Expanding existing project activities aiming to provide incentives for job placements. Furthermore, a new activity will also be introduced in order to support 400 small merchants and small enterprises.	680,000	680,000	ILO T04.70 (EUTF)
Strengthening of the existing Special Needs Fund; also protective material, public information, security, additional cleaning services.	800,000	800,000	ASAM T04.56 (EUTF)
Additional budget dedicated to life skills learning, hygiene material, public information, social cohesion, interpretation	480,000	480,000	ASAM T04.170 (EUTF)
Interventions adapted to COVID to cover psycho-social support, referrals, counselling, emergency cash assistance, and peer support through women community leaders in Turkey	270,000	270,000	UNWOMEN T04.72 (EUTF)
Activities are being modified to address the crisis, procurement of equipment in cooperation with local authorities	235,000	235,000	GIZ – QUDRA 2 (EUTF)
Total	48,232,575	48,232,575	
<i>Basic needs assistance for non-ESSN beneficiaries (1.000TL/household) – non Facility</i>	<i>8,000,000</i>	<i>8,000,000</i>	<i>UNHCR (ECHO-HIP 2020) – outside the Facility</i>

i. ESSN (basic needs)

By far the most prominent response to the pandemic under the Facility in socio-economic support is ESSN top-ups delivered in two tranches. In order to increase the resilience of refugees to cope with the pandemic, an additional ESSN top-up of 1000 TL (roughly EUR 105) was allocated to 301,136 households in two instalments in June and July 2020¹⁰⁹. The total of this additional top-up through the HUMA funded ESSN programme ‘(...) marks the largest single cash transfer in the Red Cross and Red Crescent Movement’s history’¹¹⁰. In terms of its funding mechanism, this fund is not an additional grant provided under the Facility. As reported by IFRC (2020), ‘this is not an added grant, rather re-allocated funds from the existing ESSN budget, funded by the EU’¹¹¹. Beyond its historical importance for the ECHO partner or its funding mechanism, this additional top-up has provided refugee households with an additional source amid COVID-19, albeit without a study to indicate the impact of this amount on refugee households.

Nevertheless, this top-up is particularly important given that 78 per cent of ESSN beneficiary respondent households have faced an increase in their expenses, mainly food and additional hygiene items as reported by IFRC and TRCS (2020)¹¹². It is also important to note that these basic needs funds only reached ESSN beneficiary households who were already receiving the benefit before the pandemic. However, outside of the Facility, ECHO did reach non-beneficiary households through the Humanitarian Implementation Plan 2020, a 1000 TL per household grant administered by UNHCR. There is a need to analyse and understand the needs of ESSN non-beneficiaries and reconsider the extent to which this allocated budget would suffice to support the basic needs of those refugees.

¹⁰⁹ IFRC (2020)

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² Ibid.

ii. Livelihoods projects

In terms of supporting the livelihoods of refugees, the COVID-19 response was mainly a re-allocation of existing funding. It is important to note that the COVID-19 response of those project partners remained restricted to continuing their already existing activities within the existing budget frame without developing any additional activity specifically designed for COVID-19. The livelihood projects supported by the EU are important to address the labour market integration of refugees, improving and/or certifying their skillset and providing job replacement. Considering that the biggest challenge of COVID-19 for refugees in Turkey is economic and there are severe labour market challenges for refugees particular to the COVID-19 period¹¹³, these livelihood projects can be considered as relevant but indirect mitigation actions. Within the existing project frameworks, the relevant budget portions have been re-allocated to further support refugees in the labour market such as continuing to provide financial incentives to the companies (TOBB T04.68), providing incentives for job replacements (ILO T04.70) or supporting a women cooperative through the SADA Women's Development and Solidarity Center centre (UNWOMEN T04.72). However, sector expert interviews with project partners revealed that these activities funded through the re-allocation of project budgets could be evaluated as a continuation of existing activities to reach or exceed the project target rather than developing new actions or targets specifically addressing the livelihood challenges of refugees¹¹⁴.

COVID-19 funding components mainly focus on basic needs, but it is also important to put more emphasis on supporting refugees who lost their jobs due to COVID-19 and their livelihoods. Several COVID-19 assessment reports including those conducted by IFRC and TRCS (2020)¹¹⁵, ASAM (2020)¹¹⁶ and Relief International (2020)¹¹⁷ reveal the extent to which refugee livelihoods are strikingly vulnerable to the COVID-19 outbreak. Because 85% of refugees are expected as working informally in the Turkish labour market as aforementioned¹¹⁸, they do not have unemployment benefits and, thus, cannot endure such a household income shock. However, currently, the EU support mainly focuses on providing only ESSN beneficiary households with 1000 Turkish lire, which cannot complement the loss of employment income due to the pandemic within a long timeframe starting in March 2020.

Some of the implementing partners shifted their unspent budget lines to newly proposed actions which will help address challenges posed by COVID-19. One of the actions was to provide financial incentives to the eligible beneficiaries of the project. ILO proposed to provide microgrants to the small merchants/business established by the Syrian refugees and host community to cover the losses due to business closures:

The small enterprises, such as hairdressers, little coffee house owners, they have been affected the most by the lockdown as a measure of mitigating the risk of COVID-19. Therefore, based on some eligibility criteria, we extended some of our unspent budget lines to offer them one-time financial support, around 10.000 Turkish Lira to cover social security premiums, direct costs of materials related to their enterprise. Therefore, we are offering microgrants to the ones who are out of the support system of any financial help coming from the government¹¹⁹.

TOBB has also provided financial incentives, around EUR 290, to the employers, who employed Syrian refugees with vocation qualification certification under the TOBB project. The financial provision is given for a maximum of six months.

Instead of investing on creating new jobs, we decided to extend our financial benefit for already employed people with the certificates that are given under our project so that we increase the chance of sustainability of outcome under the project. However, we are careful not to extend this benefit to the ones already beneficiaries of government incentives provided under COVID-19¹²⁰.

UNWOMEN has successfully adapted an existing project in the face of the pandemic whereby the SADA Women Cooperative was given technical support, and with the financial fund provided by GIZ, under this

¹¹³ Kirişçi, K. and Erdoğan, E. (2020). Turkey and COVID-19: Don't forget refugees. Retrieved from: <https://www.brookings.edu/blog/order-from-chaos/2020/04/20/turkey-and-covid-19-dont-forget-refugees/>. [Access date: October, 2020].

¹¹⁴ KII 3, 4 and 5 on November 23, 2020.

¹¹⁵ IFRC and TRCS (2020). *Impact of COVID-19 on Refugee Populations Benefitting From the Emergency Social Safety Net (ESSN) Programme*. Retrieved from: <https://media.ifrc.org/ifrc/document/impact-covid-19-refugee-populations-benefitting-emergency-social-safety-net-essn-programme/> [Access date: November, 2020]

¹¹⁶ ASAM (2020). COVID-19 Salgınının Türkiye'de Mülteçiler Üzerindeki Sektörel Analizi [in Turkish]. Retrieved from: <https://data2.unhcr.org/en/documents/download/76640> [Access date: November, 2020]

¹¹⁷ Relief International (2020). Impact of the COVID-19 Outbreak on Syrian Refugees in Turkey. Retrieved from: <https://reliefweb.int/sites/reliefweb.int/files/resources/76504.pdf> [Access date: November, 2020]

¹¹⁸ Dempster, H., Ginn, T., Graham, T., Ble, M. G., Jayasinghe, D., & Shorey, B., 2020. 'Locked Down and Left Behind: The Impact of COVID-19 on Refugees' Economic Inclusion.' Policy Paper 179. Washington, DC: Center for Global Development and Refugees International. <https://www.cgdev.org/publication/locked-down-and-left-behind-impact-covid-19-refugees-economic-inclusion> [Access date: November, 2020]

¹¹⁹ KII 4 – Nov 23, 2020

¹²⁰ KII 3 – Nov 23, 2020

project, 230,000 masks were produced at the cooperative and donated to the Gaziantep Metropolitan Municipality and Ministry of Health's Gaziantep Provincial Directorate. During the project, the cooperative's members were provided with an average monthly stipend of EUR 250, which was calculated based on each member's number of working days.

1.3.4. Protection

In general, the protection portfolio has adapted well to COVID-19, in particular the projects approved in 2018 and 2019 that were still being implemented when COVID-19 struck. While in-person services slowed or stopped across the board, partners responded in these ways: (1) counselling, referrals and whenever possible social cohesion services moved to telephone or online delivery; (2) new awareness-raising content and campaigns were developed in Arabic and Farsi around COVID-19 and around the anticipated protection risks of COVID-19 (domestic violence and gender-based violence (GBV), child labour, child marriage, etc.); (3) new surveys were designed and implemented to assess the needs; (4) new alliances were formed between protection actors (for example the PWG joint survey and analysis); and (5) previously unspent funds, contingency reserves and newly freed-up funds from curtailed activities were redirected to either in-kind assistance (food delivery, hot kitchens, non-food items, PPE, health kits etc.) or to cash supplements that were designed to match the TL 1,000 COVID-19 transfers provided to eligible Turkish eligible citizens (by the government) and to ESSN beneficiaries (by the EC).

It seems likely that there will be unspent surpluses even after the project extensions and reallocations due to COVID-19. Hypothetically, these funds could be (or could have been) provided by many partners to more vulnerable refugees as further cash transfers for protection outcomes, but this does not seem to have been requested by partners or proposed to them by the Commission. The evaluation team is unsure why this is the case, but hypothesises that the potential for further cash transfers could be limited by two factors: (a) the agreement that cash transfers would be standardised across all agencies and channels to TL 1,000 (such standardisation is good practice in cash programmes, to reduce competition between agencies, to ensure fairness and transparency, and to ensure equity with national programmes in order to support social cohesion); and (b) that the numbers of beneficiaries that can be directly reached by community centres is rather limited, because (as argued in the Protection Sector Report – Volume II) community centres only ever reach a relatively small proportion of the refugee population, many of which already have access to ESSN.

A significant consequence of the conversion of unused surpluses to new cash programmes within the humanitarian portfolio, is that this had the effect of moving DG ECHO's partners beyond the narrow framework of CM/IPA (see Protection Sector Report in Annexe II). With these COVID-19 cash supplements, refugees supported by protection partners were no longer limited to narrowly-defined cash support for a specific protection outcome (IPA). Instead they were able to receive general purpose cash (closer to a Special Needs Fund - SNF), with broader eligibility criteria and more general protection benefits. It is possible that this (re)opening of the door to more of a SNF approach shift heralds the start of a gradual wind-up of the CM/IPA approach that was DG ECHO's hallmark during the Facility.

- **EUTF – TRCS:** TRCS community centres all stopped their economic and skills training in-person activities for several months, and moved their counselling and referral services online. TRCS opened few new protection case files in the early COVID-19 period, but increased their follow-up of existing cases (through telephone consultations), proactively targeting persons thought to be more vulnerable to GBV risks. TRCS also commissioned new COVID-19 impact surveys, and launched a new public health information programme with new awareness materials in several languages (in particular addressing some damaging rumours about COVID-19). Later, after their facilities partly re-opened, TRCS sewing classes focused upon mask production for the affected host and refugee communities.

During COVID-19, TRCS community centre beneficiaries reduced sharply in number (from 14,500 pre-COVID-19 to 3,000 in April-May 2020), but interestingly the composition of the beneficiaries changed as well, with an increase in the proportion of community centre visits from men and from the host community. TRCS regarded the rise in host community visits as a signal that the host community was increasingly understanding that the community centres are not intended only to support refugees.

TRCS community centres do not normally provide cash, food and in-kind items to the host and refugee communities, but during COVID-19 the normal beneficiaries of TRCS services were directed to other organisations that were able to provide those items, including TRCS Branch Offices, local NGOs and municipal authorities. One lesson learned by TRCS from this experience is that refugees often had difficulty accessing social assistance channels that are normally used by host communities (i.e. TRCS branch offices), and TRCS made a note in its report to work on this problem in future.

- **EUTF – UNWOMEN:** the UNWOMEN project's activities at SADA women's centre in Gaziantep were initially put on hold, with the consequence that social cohesion and economic programmes paused and counselling moved online. As with TRCS, known beneficiaries at particular risk of GBV were proactively followed-up. When the SADA centre reopened in July 2020, it offered a hybrid set of socially-distanced programmes, limited in-person counselling, and the sewing classes were converted over to mask-manufacturing. UNWOMEN obtained a no-cost extension to the project and expected to achieve all intended results with this extension.
- **EUTF – ASAM (T04.170):** ASAM immediately stopped all their centre-based services, apparently acting on a Government instruction that all NGO activities were suspended until further notice¹²¹, and continued to deliver some counselling service online. ASAM then obtained quick agreement from EUTF to reorient their activities, and purchased/provided PPEs to host communities and refugees in close coordination with SASFs and PDMMs. They also delivered food packages, and developed new awareness materials for non-Syrian refugees.
- **UNFPA (2017/91003):** the UNFPA project supporting SSCs was in the process of closing when COVID-19 struck, but still made some minor adjustments for COVID-19. First of all, some of the final planned activities and training sessions were cancelled due to COVID-19, and the production of some final guidelines and training packages were delayed. Secondly, with the COVID-19 pandemic, specific measures had to be introduced at the SSCs in line with the restrictions and lockdowns. During the pandemic, the coordination of social service activities were delegated to the governorships. The SSCs continued service provision. The SSC service providers contributed to these efforts through calling the most vulnerable individuals (elderly, people with disabilities and chronic diseases, etc.), assessing the needs, providing support with their shopping and other basic needs. Online training on 'PSS during the COVID-19' was conducted for 94 psychologists and social workers. In some SSCs, staff worked with rotations until 1st of June. The group activities and household visits (except in emergency cases) were also suspended¹²².
- **CONCERN:** CONCERN adapted their project by reducing their in-person services including temporarily closing their child-friendly spaces, reducing their referral services and targets, and using the freed-up resources to provide one-time cash payments with prepaid cash cards to 27,000 beneficiaries (2,000 host community and 3,000 refugee households). CONCERN also allocated some of their vehicles to support overburdened government services.
- **Welthungerhilfe:** Welthungerhilfe had underutilised funds from a humanitarian project, and redirected these through two modification requests to providing TL 1,000 cash payments initially to 226 families, and then later expanded to a further 1,670 households (along with some hygiene supplies).
- **Danish Refugee Council (DRC):** DRC similarly moved their centre-based services online, introduced a programme messaging around COVID-19 awareness, and built a cash programme providing TL 1,000 to 1,140 households.
- **World Vision:** as far as the evaluation team can judge from project documents, World Vision curtailed its in-person and centre-based services as a result of COVID-19, but did not initiate new service lines.

1.4. Impact of COVID-19 on Facility results

1.4.1. Education

The main impact of COVID-19 on the Facility's results in the education sector, at the level of outputs, arises from postponement, delay or cancellation of project activities. PIKTES II was obliged to cancel certain timebound activities that could not be conducted virtually. These included the 2020 ECE, back-up and catch-up summer schools. The catch-up classes that began in February 2020 had to cease after four weeks of the scheduled twelve. Some examinations had to be cancelled, notably the Turkish Proficiency Examination and the back-up class post-test.

KfW's school construction projects were delayed because construction permits were not issued on schedule. KfW also reported that COVID-19's impact on MoNE staffing slowed down tendering processes. Concern Worldwide deferred some scheduled training events and reported that some construction work on

¹²¹ It is not clear to the evaluation team if there was a special instruction given to NGOs, or when and whether such an instruction was lifted.

¹²² Information from the Final Report of this project.

PECs and vocational high schools had to be postponed, as was their library book procurement and distribution activity.

Because of social distancing and restrictions on the numbers of people allowed to gather, social cohesion programming was severely affected. PIKTES II postponed all its social cohesion programming; Concern Worldwide did likewise. SPARK cancelled its planned April events and postponed the remainder of the programme until 2021. Given the findings of the evaluation referred to in sections 3.1.2.xi and 3.1.3.i.j, of the education sector report, this is unfortunate, if understandable. The relative lack of experience of all the partners with face-to-face social cohesion programming, and the emphasis within their social cohesion programming on holding social and cultural events, make it understandable that this work would be hit hard. Concern and SPARK are both seeking to make opportunities for social connection available online. These efforts are highly commendable.

In terms of outcomes, COVID-19 will delay fulfilment of the Facility's objectives of maximising refugees' participation in education, strengthening of the education system to cope with the refugee caseload, and improving learning outcomes. Despite the many sound mitigation measures being pursued, the pandemic has already impacted many of the Facility's planned outputs and outcomes, through cancellation of programmes and delay in implementation. There is also an inevitable loss of access to education associated with the movement of so many activities online, especially given the fact, revealed through ASAM's recent survey, that almost half of refugee students enrolled in school are unable to access distance learning opportunities. Moreover, even for those students able to join online classes, diminution of quality of learning and of academic achievement are very likely, particularly for younger children. Objective evidence of such diminution may only emerge when formal examinations can resume.

1.4.2. Health

SIHHAT and WHO projects funded by the Facility Tranche I are some of the most significant projects in the health sector. However, given that these are at their final stages of implementation, the delays brought about by COVID-19 have not been significant, although both have been extended. In the WHO project, training and surveys were initially delayed, but later replaced with online data collection and analysis, and a new online training platform which is expected to increase numbers of people trained, and thus improve the meeting of training targets. The greatest impact has been on the construction of the hospital in Hatay, rated as 'quite serious impact' given the delays in activities as a result of COVID-19. As both hospital constructions (Kilis and Hatay) were already delayed prior to the outbreak, these delays will further impact on the opening of these hospitals, and hence further delay improvements to access to secondary health services.

Overall, these delays will not have a major impact on the evaluation results outlined in this report. However, the impact of COVID-19 on health services overall, and for refugees in particular (given their vulnerability) will need to be an important focus for EU funding going forward. The delay of seeking health services for other health issues, the mental health impact, as well as the impact of infections of COVID-19 will have major effects on the health of refugees that will need to be addressed. These health effects will be amplified by the negative impacts of COVID-19 on the social determinants of health as well (e.g. increased gender-based violence during the pandemic, lack of access to schooling for refugees during the pandemic, lack of access to income and employment during the pandemic).

1.4.3. Socio-economic support

In line with the closure of the schools, all face-to-face trainings, collective activities that are the outputs of projects under the socio-economic support sector, were also suspended. These suspensions caused different results in each project. Whilst some projects will now fail to achieve their pre-COVID-19 targets, others had already achieved (or were close to achieving) targets when the pandemic struck. For example, ILO, which was responsible for carrying out the vocational and language training within the UNWOMEN project already reached targeted numbers at the end of 2019, therefore COVID-19 did not have a negative impact on the progress of ILO's implemented part of the project. However, the project implemented by KfW titled '*Social and Economic Cohesion through VET in Turkey*', had only reached 3000 students before the COVID-19 but has a target of reaching out 10,000 students in 55 schools. Due to the closure of schools and the continuous impact of COVID-19, the target of reaching 10,000 students will most likely not be met in the near future. Therefore, KfW showed an interest in applying for a one-year extension of the implementation period (until June 2022) to ensure all targets are reached.

A more important consideration than whether a project can reach an output target number within, this year or next year, is the sustainability of the results that the Facility has already achieved, which COVID-19 may

put at risk. For example, one of the main goals of the ILO project is to increase the employability of refugees, and some small increases in formal employment, as well as establishment and expansion of new SMEs, have been achieved. There is a very high risk that these fragile gains will be eroded by the economic consequences of COVID-19 pandemic.

There are some positive indications that Facility support provided through the TOBB action, focusing on certification, may have facilitated some job retention during the pandemic. TOBB surveyed samples who had certificated their skills by examination with the VQA and those that had not. The survey found that 40% of those with certificates reported no change to their employment status due to COVID-19, whilst 29% of those without certificates reported no change. Similarly, among those without a certificate, those who were 'asked to take unpaid leave', were 'laid off' or 'were already unemployed', was 36.7%; whilst this figure for those with a certificate was much lower (13.%)¹²³. This is a positive indication that the certification process may have helped refugees retain their jobs during the pandemic¹²⁴.

Understandably, social cohesion activities were also cancelled due to COVID-19. Naturally, opportunities for activities that may improve social cohesion between refugees and host communities have been dramatically reduced. For the projects tasked with the implementation of such activities, the pandemic has also reduced the opportunity to measure the effectiveness of such activities. One implementing partner NGO mentioned the difficulty of conducting post-activity surveys, which were intended to measure the impact and quality of social cohesion activities on the attendants:

To understand whether our activities are successful or not, we carry out surveys. Due to COVID-19, we are not conducting surveys anymore. We also normally have FGDs [focus group discussions] after activities. This is super useful. However, we can't hold FGDs anymore¹²⁵.

One of the main mitigation strategies that were often used by IPs was requesting the extension of the project deadlines in order to reach the target output numbers, under no-cost extensions.

In sum, it is inevitable that the already ambitious overall outcome targets of the Facility's livelihood projects will not be achieved within the timeline of each project. Since the projects under the socio-economic support sector started around 2017, the economic conditions were already becoming increasingly challenging. The negative effects of COVID-19 as well as the deteriorating economic outlook will make job creation and formal employment targets unrealistic.

1.4.4. Protection

While most protection projects had to curtail much of their planned activities, at least for four months and sometimes longer, most of them were able to convert to new COVID-19 programming. In this sense the projects were impacted, but were still able to achieve results – albeit sometimes different results. The team's overall assessment of the protection partners is that the stronger the partner (the more secure their status in Turkey and their institutional sustainability), the better they were able to weather the shocks of COVID-19. In this perspective, UN agencies were the most resilient followed by TRCS. National NGOs (ASAM) were the most at-risk, with International NGOs somewhere in-between.

The protection sector is made up of actors who are sensitive to risk, and protection partners are mostly UN agencies and NGOs, and therefore relatively agile. As a result of these underlying factors, protection activities have been able to continue, albeit with some different delivery methods (i.e. online instead of face-to-face counselling). In the long run, it is the slow-down or shrinkage of Government services (DGMM, MoFLSS/SSCs) that will probably have the most impact on protection, especially if these services do not resume at full scale after the COVID-19 period. This is more of a concern for SSCs than for DGMM, because DGMM's main client is the population of foreigners and migrants, whereas the SSCs are providing services first of all to the host population, whose needs have increased sharply as a result of COVID-19, and it remains to be seen how much bandwidth the SSCs will have for refugees in the future.

It is too soon to be confident in this assessment, but the evaluation team is cautiously optimistic that COVID-19 could have some positive effect in re-energising relations between Government and NGOs. It is possible that Government will (a) see greater value in the work of NGOs as agile responders and able to fill gaps in-between Government programmes, and (b) that Government will relax some of the restrictions on data collection and outreach – recognising the value of these activities in difficult times.

¹²³ Ibid

¹²⁴ Note that the difference in outcomes cannot be fully attributed to the impact of the certification programme, as there is likely to be a selection bias and endogeneity as the unobserved characteristics of refugees who take the certification exams are likely to be correlated with their probability of keeping their jobs in this time period.

¹²⁵ KII 23

Across all sectors, in general, the evaluation team concludes that COVID-19 has accentuated coverage and access gaps that were inherent in the system before COVID-19, and that as a result of COVID-19, groups of refugees who were already under-served or excluded will become further excluded and fall further behind.

1.5. Considerations

The evaluation team's analysis of the impact of COVID-19 on refugees and the Facility, along with the consideration of the Facility responses to the pandemic in Turkey, has allowed us to present the following discussion of possible considerations and tentative recommendations to the Commission. This discussion has fed into the development of the overarching recommendations presented in Volume I.

i. Maintain the provision of cash transfers to vulnerable refugees

The reliance of refugees on international assistance in order to meet their basic needs has increased substantially as a result of the pandemic. Cash transfers to the most vulnerable refugees should be maintained for the foreseeable future, whilst the impacts of the pandemic remain acute. Support should be both through the ESSN and through parallel mechanisms, as required. Any remaining surpluses in existing Facility projects could be mobilised for this purpose. Assistance should be delivered in ways that are comparable to social assistance provided to the vulnerable host population.

ii. Expanding the target groups for basic needs coverage

COVID-19 plunging countries into the recession has caused many millions to fall into poverty, and refugee groups with a higher level of vulnerability have even been hit harder by the pandemic. Mahler et al. (2020) estimate that COVID-19 will push 71 million into extreme poverty, measured at the international poverty line of \$1.90 per day on the baseline scenario¹²⁶. In this way, the 'new poor' have emerged, defined as 'those who were expected to be non-poor in 2020 before the COVID-19 outbreak but are now expected to be poor in 2020'¹²⁷.

Currently, 70.9% of all re-allocated Facility-level savings and contingencies have been allocated under the ESSN programme targeting mainly current beneficiaries through a top-up. In other words, this ESSN top-up was given to ESSN beneficiaries who had already been recorded as 'beneficiary' in June and July 2020¹²⁸. The exclusion error of the ESSN, even prior to the COVID-19 outbreak, was large and previous sections (and the Socio-economic Support Sector Report – Volume II) have discussed the importance of re-targeting the ESSN to have wider coverage and exclude working-age populations in the calculation of the household benefit level formula. Today, this need for a re-evaluation of the targeting formula to increase the coverage of the grant, is even more urgent. As stated by IFRC and TRCS (2020), 'from May to June, there was an increase in [ESSN] applications by 242.2 per cent compared to May. From June to July, applications increased by another 60.4 per cent'¹²⁹. This means that depending on the period within which this bulk of applications is processed, it is likely that they remained outside of the coverage of the top-ups. For this reason, it is important to assess the needs of non-beneficiaries and evaluate the extent to which further assistance is needed under this programme to respond to the socio-economic impact of COVID-19 on all refugees.

Given that the Facility COVID-19 response has been structured through the re-allocation of budget lines within the existing projects, implementing partner activities (other than ESSN) have also remained restricted to their beneficiary pools. This restricted 'beneficiary' scope has deepened the problem for accessing marginalised groups as stated in an interview with one implementing partner:

Whom could {the NGO} reach out to in that centre? {The NGO} could reach people who were already in their database. They could not make an assessment in other neighbourhoods. (...) The marginalised have been further marginalised during the COVID-19 period. Access to services has become more difficult or even impossible¹³⁰.

Rather than focusing on further data collection as has been done through the first 3-6 months of the pandemic, the evaluation team recommends a stocktaking of existing evidence to re-evaluate and quickly

¹²⁶ Mahler et al. (2010)

Note: 'The baseline scenario assumes that the outbreak remains at levels currently expected and that activity recovers later this year, while the downside scenario assumes that outbreaks persist longer than expected, forcing lockdown measures to be maintained or reintroduced.' (Mahler et al., 2020)

¹²⁷ Ibid.

¹²⁸ KII 1 Nov 19, 2020.

¹²⁹ IFRC and TRCS (September 2020). Emergency Social Safety Net (ESSN) Issue 6. Retrieved from:

<https://media.ifrc.org/ifrc/document/emergency-social-safety-net-essn-monthly-report-september-2020/> [Access date: November, 2020]

¹³⁰ KII 5, November 19, 2020

respond to the needs of non-beneficiaries who have been left out of the benefits of both the ESSN and the top-ups provided in this time period. Enough evidence is already in place, and ex-ante microsimulations can be used with existing data (like CVME5) to establish those households that are most likely to be hurt by the pandemic and target them with an additional or revised basic needs grant.

Different vehicles for the delivery of social assistance to the most vulnerable could also be considered. For example, if the EU continues its support after Tranche II and if the enabling conditions are in place, the Commission could consider a pilot grant programme with municipal governments, aimed at providing targeted supplementary social assistance to vulnerable people in the host and refugee communities.

iii. Enhancing the coordination for data collection and analytical inputs

The EU has acted upon a collaborative approach with implementing partners to re-allocate the project budgets and, thus, to create a bottom-up response to the pandemic. However, this was also a time with a specific need to define and coordinate the scope of these re-allocated budgets to avoid loss of time and duplications. Implementing partners have been approached by the EUD to provide their opinion about how to develop a COVID-19 response within their already existing project frameworks and budgets. Even though this approach enabled the implementing agencies to get involved in the decision-making process, this process has also led to uncoordinated, stand-alone responses such as the continuation or expansion of existing project activities.

Due to a lack of a central needs assessment study and a roadmap, several implementing partners have developed their own survey tools amid the pandemic to assess the needs of refugees and, therefore, created their own roadmap for a COVID-19 response¹³¹. Even though these surveys have yielded important results, these similar efforts without a central roadmap have led to similar findings and coinciding actions. Often, as was the case with the TRC's beneficiary survey, these instruments have collected data only from the beneficiaries of these existing programmes, which has led to a bias in terms of the formulation of the response to target their needs. One implementing partner mentioned for instance, that data was not reported with a gender breakdown in any of the survey reports conducted. While an inventory of data exists in the databases of implementing partners, data is not shared across partners (due to data protection laws), making it difficult to keep data collection and use of data cost-effective.

To coordinate and support the response planning, a COVID-19 analytical task force could have been established by the existing humanitarian and development coordination mechanisms in Turkey (with the encouragement of their donors) to collect data centrally for refugees in Turkey and to provide analytical guidance to the process of developing a response. This task force could (or might in the future) work as a platform to coordinate the response to the pandemic while informing each other about their actions so that there is no duplication of efforts. At the very least, separate needs assessments should use common criteria and methodologies, so that a more detailed and coherent composite picture of refugee needs and responses can be built, maintained, and its changes tracked over time.

iv. Moving to digital platforms more efficiently

COVID-19 has created a rapid move towards digital platforms everywhere. Moving to digital platforms has posed several challenges both for implementing partners and refugees and implementing partners need to consider the extent to which their target groups have access to the internet and devices such as a personal computer. Also, their access to refugees through digital platforms depends on their capacity to use and adapt to these technologies. Even if they would have access to internet and devices to attend online sessions, an interview with the Refugee Support Centre reveals that the coverage of these sessions is not high especially for male refugee groups:

Although our trainings are still online, we cannot be inclusive enough when we want to involve men into these trainings. Refugees are working for a long time. After long work hours, they run out of energy and motivation to access online tools¹³².

There are some exemplary cases of using technology to access refugees by implementing partners. For instance, UN Women has provided online trainings to improve Turkish and Syrian women's digital literacy

¹³¹ For instance, please see IFRC and TRCS (2020), ASAM (2020), Relief International (2020) and Refugee Support Center (2020) IFRC and TRCS (2020). *Impact of COVID-19 on Refugee Populations Benefiting From the Emergency Social Safety Net (ESSN) Programme*. Retrieved from: <https://media.ifrc.org/ifrc/document/impact-COVID-19-refugee-populations-benefitting-emergency-social-safety-net-essn-programme/> [Access date: November, 2020]

ASAM (2020). *COVID-19 Salgınının Türkiye'de Mülteciler Üzerindeki Sektörel Analizi* [in Turkish]. Retrieved from: <https://data2.unhcr.org/en/documents/download/76640> [Access date: November, 2020]

Relief International (2020). *Impact of the COVID-19 Outbreak on Syrian Refugees in Turkey*. Retrieved from: <https://reliefweb.int/sites/reliefweb.int/files/resources/76504.pdf> [Access date: November, 2020]

Refugee Support Center (2020). *Situation Analysis of Refugees in Turkey During COVID-19 Crisis*. Retrieved from: <https://data2.unhcr.org/en/documents/details/76421> [Access date: November, 2020]

¹³² KII 2 Nov 23, 2020.

in collaboration with HABITAT through Facility funding¹³³. However, in general, access to online resources has remained an issue.

The capacity of implementing partners in terms of their adaptation to digital technologies and online content differs. Therefore, it is necessary to evaluate the extent to which the content of their online sessions and their platforms coincide with each other, in order to avoid duplication. Implementing partners should be encouraged to work together, make their platforms accessible to each other or transfer their digital know-how so as to pursue the best common interest for refugees and increase their coverage. The initiative of donors is probably required to inspire this change.

Facility partners should also consider the restructuring of in-person services so that these are delivered to a smaller proportion of the refugee population (those whose service can only be effectively delivered in-person, notably PSS and complex counselling cases). This might also require the consolidation and rationalisation of the network of community centres.

v. Consider short-term prioritisation of basic needs and resilience activities

Implementing partners of actions with a longer-term development or social cohesion/cultural focus have continued to work towards their targets amid the pandemic, albeit with shifts to online platforms. However, this evaluation recommends a re-evaluation of the relevance and feasibility of programmes that do not seek to improve access to important services, basic needs and livelihoods and also rely on face-to-face contact, given the escalation of other urgent needs.

COVID-19 has made labour market challenges more salient due to an economic contraction and lockdown measures in the country and the pandemic has plunged more refugees into the situation where they are struggling to meet their basic needs; food, hygiene etc.¹³⁴. During this time this time, where refugees are experiencing a significant loss of income and many are unable to meet basic needs without use of negative coping strategies, the Facility's existing social cohesion activities (or similar) have already been somewhat deprioritised¹³⁵. Refugees' priorities have changed due to COVID-19, and the thematic priority of social cohesion has become less relevant to their needs.

Interviews with one implementing partner NGO conducted in July 2020, also indicate that staff in the field have been struggling to conduct these social cohesion activities given these changed priorities and lockdown measures¹³⁶.

At present, it is more important to focus on designing and delivering activities to address the urgent needs of refugees rather than focusing on reaching the target number of participants with previously-planned socio-cultural content. At the moment, due to the COVID-19 crisis, basic needs and protection issues have taken precedence. Hence, social cohesion activities may need to be further delayed, deprioritised or cancelled – given that these are currently not on the agenda of beneficiaries and opportunities for face-to-face interactions between refugees and the host community are currently very limited.

In other words, in the *relative* stability of pre-pandemic Turkey, many Facility activities which had longer term objectives relating to social cohesion and integration, had significant relevance and space to work. However, in the COVID-19 context, these activities are not only much harder to implement, but also less relevant to immediate refugee needs. Provision of basic needs and activities to enhance economic resilience have become more important again, as they were at the onset of the refugee crisis, and the Facility activities need to remain relevant to the increasingly humanitarian character of refugee needs in Turkey. Any remaining surpluses in existing Facility projects created by the impossibility of delivering social, cultural and community activities should be mobilised for the provision of cash transfers to vulnerable refugees (in particular those outside of the ESSN beneficiary pool, for reasons explained above) in ways that are comparable to social assistance provided to the vulnerable host population (depending on the instrument this may need to be at the initiative of the IP). Based on the findings of this evaluation, the evaluation team considers that reinforcement of an economic safety net for refugees will prevent deterioration in social cohesion more so than the chasing of targets for 'social cohesion activities'.

Whilst existing projects and new projects might need to prioritise the delivery basic needs assistance over social and cultural activities in the short term. In the medium-long term the Commission should also anticipate an increase in social tensions over the next 1-2 years of economic difficulty in Turkey, and work with the Government to develop new strategy and programmatic responses accordingly, including

¹³³ United Nations Turkey (2020). To combat COVID-19, UN Women is digitally empowering Turkish and Syrian women. Retrieved from: <https://turkey.un.org/en/48756-combat-COVID-19-un-women-digitally-empowering-turkish-and-syrian-women> [Access date: November, 2020]

¹³⁴ ASAM (2020). COVID-19 Salgınının Türkiye'de Mülteciler Üzerindeki Sektörel Analizi [in Turkish]. Retrieved from: <https://data2.unhcr.org/en/documents/download/76640> [Access date: November, 2020]

¹³⁵ KII 23

¹³⁶ KII with implementing NGO, July 2020

proactive campaigns aiming to increase the awareness of refugee challenges and rights in Turkey on the part of Government officials and the general public. These activities will need to be much wider ranging than the Facility's previous, community-centre activity-based approach.

vi. Mental health and psycho-social support

The pandemic is exacerbating any gaps that already existed in the healthcare sector (and the broader determinants of health) facing refugees. This includes gaps in mental health and these gaps will continue to need to be addressed as time goes on. The Commission should increase its investment and focus on psycho-social services – which were an under-addressed protection area and the health system before COVID-19, and which are very likely to become more important as a result of additional stresses introduced by COVID-19, as well as the general deterioration in the well-being of refugees over the last year as a result of general economic decline and increasing social tensions. Given this, SIHHAT II's target of recruiting 75 psychologists and 150 social workers is a very welcome step.

vii. Advocacy

COVID-19 has increased the need for Turkey's international partners (of which the EU is by far the most significant) to advocate, on various points directly and indirectly related for the rights and wellbeing of refugees.

Firstly, having accurate data on COVID-19 cases is critical for tracking and allocation of resources. As identified by the Health Minister on 1 October 2020, COVID-19 case figures in Turkey exclude the number of people who have tested positive but are showing no symptoms¹³⁷, which does not follow WHO data requirements¹³⁸. Having transparent data on the number of cases, including disaggregated by vulnerable groups including by refugees, is key. The Commission may be able to advocate for this as part of their future funding allocations to the Government of Turkey.

The Commission should also consider advocating for modifications to the regulatory regime in Turkey, so that refugees can receive essential services wherever they are located in Turkey, thereby overcoming the additional problems encountered by refugees who are 'stranded' outside their province of registration by COVID-19, refugees who need to work in a different province, and seasonal agriculture workers.

viii. Information

Surveys indicate that refugees in Turkey have information about COVID-19 itself, and understand its symptoms, and measures to prevent transmission quite well¹³⁹. However, reliance on informal rather than official channels for obtaining this information such as social media, could be a cause for concern as false information about the virus can gain traction¹⁴⁰.

Public information on COVID-19 shared in Turkish is still not understood well by most refugees, in particular Afghans¹⁴¹. These language barriers and reliance on unofficial information sources have potentially had a secondary impact on refugee health, due to disruption to routine healthcare that might have been mitigated by better access to information. One survey found that only 57% of refugees with children had followed up their vaccination schedules during COVID-19¹⁴². Furthermore, 24.5% of refugees were found to have the misconception that healthcare institutions were shut down during COVID-19¹⁴³.

Continued work to ensure refugees are aware that healthcare services are still accessible to them during the pandemic is important. This could be achieved through increasing the provision of information, and also services themselves, in the first languages of refugees. Testing and contact tracing should also be done in the language of the refugee. This will be critical to addressing the pandemic overall in Turkey, particularly at the stage of vaccination rollouts.

ix. Support for non-Syrian refugees

Recognising that there are few channels to reach non-Syrian refugees, who are more severely affected by COVID-19 than Syrian refugees, the Commission should consider finding a way to continue to support

¹³⁷ Daventry, M. (October 2020). *Turkey not counting positive COVID-19 cases unless there are symptoms, health minister admits*. Euronews. Retrieved from: <https://www.euronews.com/2020/10/01/turkey-not-counting-positive-COVID-19-cases-unless-there-are-symptoms-health-minister-admi>. [Access date: October 16, 2020]

¹³⁸ WHO (2020b). *Public health surveillance for COVID-19*. Retrieved from: <https://www.who.int/publications/i/item/who-2019-nCoV-surveillanceguidance-2020.7>. [Access date: October 16, 2020]

¹³⁹ *Interagency protection sector needs assessment analysis* (June 2020). Protection Working Group

¹⁴⁰ Association of Public Health Specialists (2020). *Pandemi Sürecinde Göçmenler ve Mültecilerle İlgili Durum* [in Turkish.]; *COVID-19 Needs Assessment Report* (June 2020), TRCS

¹⁴¹ Verdujin (2020)

¹⁴² SGDD-ASAM. (2020). *Sectoral Analysis of the Impacts of COVID-19 Pandemic on Refugees Living in Turkey*.

¹⁴³ SGDD-ASAM. (2020). *Sectoral Analysis of the Impacts of COVID-19 Pandemic on Refugees Living in Turkey*.

ASAM's work in non-Syrian provinces (either through targeted support through UNHCR, and/or a costed extension to project 04.170, and/or a fast-tracked new project with ASAM).

Annex 2: Methodological approach

2.1. Introduction

2.1.1. Overall approach

The evaluation is based on the Organisation for Economic Cooperation and Development - Development Assistance Committee (OECD-DAC) evaluation criteria of **relevance, effectiveness, efficiency, sustainability** and **impact** and the EU-specific criteria of '**coherence and complementarity**' and **EU-added value**. The evaluation team and the Commission agreed 12 evaluation questions, each of which addressed one or more of these criteria. EQ1 to EQ7 relate to the Facility at an overarching and strategic level, whilst EQ8 to EQ12 relate to particular sectors of intervention, namely socio-economic support, education, health, protection and migration management.

The evaluators have used a conventional mixed methods approach, to collect and analyse the data that provide the basis for answering the evaluation questions. It combined the analysis of secondary data, generation of primary data (qualitative and quantitative), and embraced a participatory approach to design, validation and findings. The evaluation was theory-based, (re)constructing and testing an intervention logic for the Facility to see whether EU inputs have led to the desired outcomes, and whether the assumptions made about how this might happen have held true. Naturally, in a complex environment where external factors also inevitably influence the observed and measured outcomes, direct attribution of results to the Facility is problematic. Therefore, the evaluation also employed contribution analysis to establish the contribution that the Facility might plausibly have made.

The evaluation draws heavily on four sectoral studies mirroring the four main areas of Facility I expenditure; **education, health, socio-economic support** and **protection**. These sector studies were led by senior experts in each of the key areas, who undertook a comprehensive secondary literature and data review during the desk phase and led on the collection of primary data in the field phase, combining key informant interviews, direct observation and in-depth interviews with project staff and beneficiaries. Findings from these standalone sector studies have fed into the strategic level analysis in the synthesis phase.

In addition to the sectoral studies, the evaluation also has an important strategic component, for which a review of secondary literature and data also took place, followed by fieldwork conducted separately of the sectoral studies, including strategic level key information interviews (KIs) and cross-sectoral consultation of beneficiaries. This combination of sectoral and strategic approaches allowed for robust triangulation across the various methods of enquiry.

2.1.2. Evaluation phases

The evaluation took place in four phases. These were:

- 1) **Inception phase:** this included an initial document and data review, background analysis and EC stakeholder interviews. The evaluation team leader also attended a Facility Steering Committee meeting, held two information sharing sessions with Member States and Turkish Government counterparts in Ankara and participated in two Commission Inter-service Steering Group (ISG)¹⁴⁴ meetings for this evaluation. The inception report provided a detailed methodology, a reconstructed intervention logic, and refined the evaluation questions.
- 2) **Desk phase:** this involved an in-depth review of the available documentation, supplemented by interviews with key stakeholders from within the EC and from the Member States. This exercise allowed initial answers to the evaluation questions to be developed and presented in an internal Desk Report. Data gaps were identified and further information to be collected in the field phase elaborated. Detailed field phase planning was undertaken.

¹⁴⁴ The ISG was composed of relevant Commission services and EU Member State representatives.

- 3) **Field phase:** the field phase focused on the collection of primary data through key informant interviews as well as project visits and other methods to consult beneficiaries. The field phase was conducted in two parts, the first in March 2020 (covering education and health) was largely unaffected by the COVID-19 pandemic. The second part (covering socio-economic support, protection and strategic/cross sectoral data collection) occurred between May and July 2020 and as such was heavily impacted by COVID-19 restrictions on travel and meetings. As explained below, key informant interviews were conducted as far as possible using remote methods, whilst other data collection exercises were designed to reach beneficiaries of EU assistance.
- 4) **Synthesis phase:** during this phase, the evaluation team brought together all of the data collected and analysed to formulate an overall detailed set of findings, conclusions and recommendations, as is set out in this report.

2.2. Evaluation design

2.2.1. Evaluation questions and matrix

The evaluation questions were derived from the evaluation's Terms of Reference and further aligned to the Facility Results Framework (RF). The evaluation team opted to retain the structure proposed by the Commission, that is: a set of strategic questions and a set of sector-specific questions. The sector-specific questions followed the Facility RF for Tranche I, by and large aligning to the longer-term outcomes (with the exception of migration management where the RF identifies intermediate outcomes only). The strategic questions reflected the OECD-DAC criteria and aligned with the relevant policy frameworks and questions related to EU added value. For each of the evaluation questions, several judgement criteria were developed and tested by the collection and analysis of data relevant to specific indicators. The resulting evaluation matrix, detailing the judgement criteria, indicators and data sources for each EQ is presented at the foot of this annex, whilst the EQ alignment with the evaluation criteria is illustrated in the table below.

Table 4 Evaluation questions by OECD-DAC and EU evaluation criteria

Evaluation Question	Relevance	Effectiveness	Efficiency	Sustainability	Coherence and complementarity	EU added value	Impact
EQ1: To what extent are the Facility strategy and interventions responding to the real needs of target population and of the hosting country?	X						
EQ2: To what extent has the Facility contributed, and is at present contributing, to creating an environment of equal opportunities for all, in particular for the most vulnerable groups of population as per the 'no-one left behind' principle?		X					
EQ3: To what extent, and how, have the institutional set-up, programming approach and implementation procedures of the Facility influenced its capacity to generate the expected outputs and contribute to the achievement of outcomes and impacts? What other factors – political, organisational, human, technical or financial – have influenced the performance of the Facility?	X	X	X				
EQ4: To what extent did the common Results Framework and monitoring/reporting approach contribute to a coordinated and coherent Facility response and to adapted management and learning?		X	X				
EQ5: To what extent is the Facility's strategy and programming in line with the tenets of the Global Compact for Refugees and Lives in Dignity?				X	X		
EQ6: To what extent is the Facility-strategy relevant to and coherent with the EU's overall policy and normative framework, and with relevant international standards?					X		
EQ7: To what extent has the Facility been, and is at present, maximizing the EU cooperation potential and the EU added value?						X	
EQ8 - 12: Sector-specific results-oriented questions.				X			X

The evaluation team made a number of small changes to the proposed judgement criteria based on an analysis of the Facility RF and relevant policies and practice. One significant change was agreed during the Inception Phase with the Commission Inter-service Steering Group (ISG) for this evaluation, which was to add a protection question and treat protection as a 'sector', whilst relegating migration management to a chapter (rather than a standalone study). There were several reasons for this change:

- This responded to a specific requirement of the ToR (section 3.3), that the consultants develop an approach to classify DG ECHO's protection projects according to the Intervention Logic and Results Framework of the Facility.
- Adding a new question on protection responded to the reconstructed intervention logic that saw protection as one of the strategic objectives for the Facility.
- Migration management was a stand-alone sector within the Facility Results Framework but did not have the breadth or scope of the other three sectors. In essence it consisted of two actions and analysis of these two projects alone would not have added great value to the strategic thinking on the Facility overall.
- The protections that refugees receive, and that countries put in place to protect their borders are legal as well as programmatic: a mix of hard and soft protective measures for those seeking refuge, and those offering it. The humanitarian sector describes this as protection, and it is historically rooted in the 1951 Refugee Convention and the agency (UNHCR) established to ensure those protections. Turkey is generally regarded as having taken an enlightened approach to hosting non-European refugees (affording many of the same rights the convention guarantees), and the Facility could be seen as following the spirit of burden sharing recently enshrined in the Global Compact on Refugees. These dimensions of protection were deemed worthy of in-depth examination in a strategic evaluation.

2.2.2. Intervention logic

As well as the evaluation matrix, this theory-based evaluation was also designed around a reconstructed intervention logic for the Facility. This was developed by the evaluation team during the Inception Phase, following a detailed review of the Facility's strategic documentation, portfolio of actions, and results framework (RF), and based on a previous Theory of Change developed by SUMAF. It shows how the context and policy environment determines the space in which the Facility can work, how the inputs lead logically through actions to outputs, intermediate and longer-term outcomes and impacts, and the underlying assumptions upon which this logic chain is based.

The intervention logic is a tool that allowed the evaluation to test the various links along its chain(s). The sectoral evaluation questions essentially asked the evaluation to determine the extent to which the Facility had contributed to the achievement of the intermediate (and to some extent long term) outcomes detailed in the reconstructed intervention. Figure 6 below shows the reconstructed intervention logic developed during the inception phase. Table 5 illustrates how the intermediate outcomes detailed in the intervention logic map on to the judgement criteria of the sectoral evaluation questions in the evaluation matrix. Finally, Figure 7 Updated sectoral intervention logics includes the sectoral strands of the intervention logic, which were separated out for use by the standalone sector evaluations, and iteratively updated during the desk and field phases.

Figure 6 Reconstructed intervention logic for the Facility for Refugees in Turkey

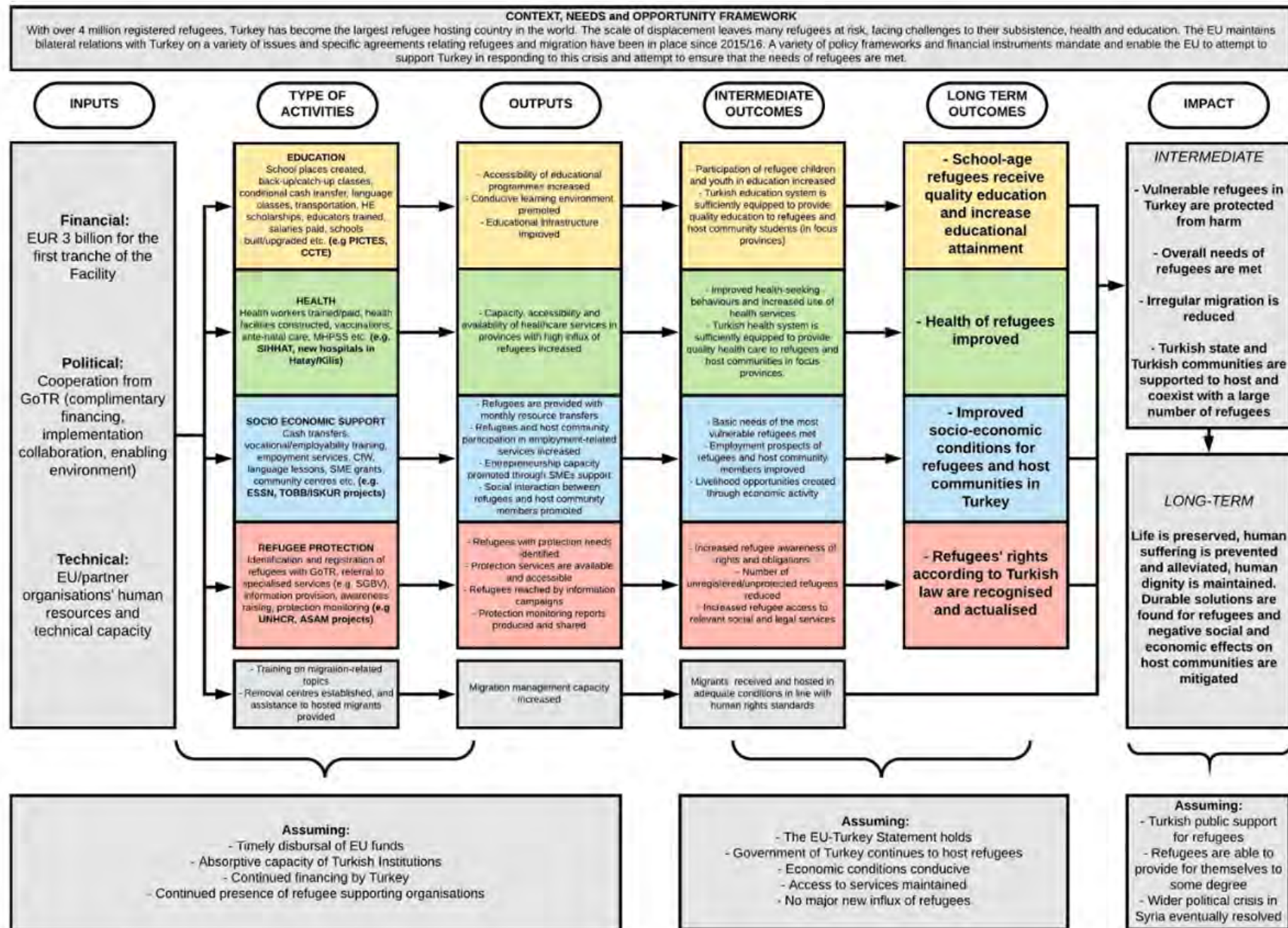
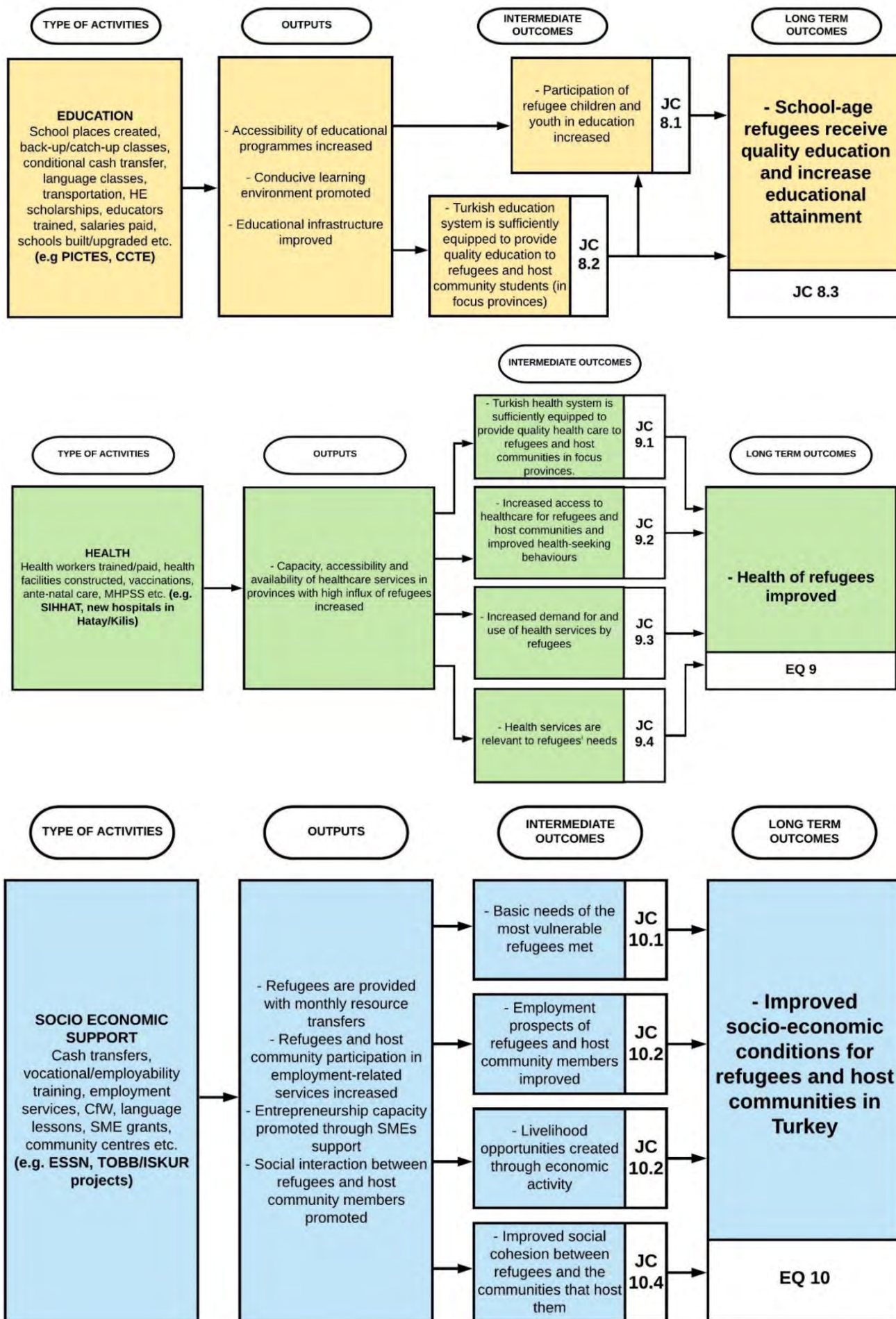
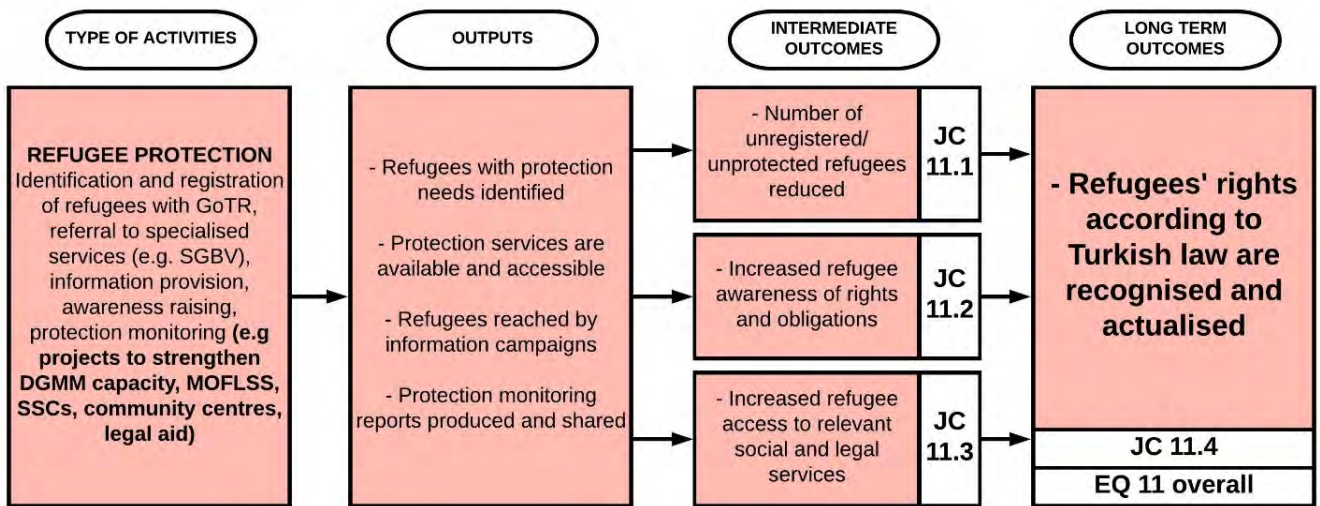


Table 5 Mapping of intermediate and long-term outcomes onto the EQs and JCs

Education (yellow)	EQ JC
Intermediate Outcomes	
Participation of refugee children and youth in education has increased	8.1
Turkish education system is sufficiently equipped to provide quality education to refugees and host community students (in focus provinces)	8.2
Long term outcome	
School age refugees receive quality education and increase educational attainment	8.3
Health (green)	EQ JC
Intermediate Outcomes	
Improved health seeking behaviours and increased use of health services	9.2 & 9.3
Turkish health system is sufficiently equipped to provide quality healthcare to refugees and host communities in focus provinces	9.1
Long term outcome	
Health of refugees improved	9.4
Socio-economic support (blue)	EQ JC
Intermediate Outcomes	
Basic needs of the most vulnerable refugees met	10.1
Employment prospects of refugees and host community members improved	10.2
Livelihood opportunities created through economic activity	10.3
Long term outcome	
Improved socio-economic conditions for refugees and host communities in Turkey	EQ10 overall
Refugee protection (pink)	EQ JC
Intermediate Outcomes	
Increased refugee awareness of rights and obligations	11.2
Number of unregistered/unprotected refugees reduced	11.1
Increased refugee access to relevant social and legal services	11.3
Long term outcome	
Refugees rights according to Turkish law are recognised and actualised	EQ11 overall

Figure 7 Updated sectoral intervention logics





2.2.3. Contribution approach

As has been introduced above, the sectoral evaluation questions (EQ8-11) that have been formulated to explore the Facility's support in the fields of education, health, socio-economic support and protection correspond to the OECD-DAC evaluation criteria of effectiveness, asking to *what extent the Facility interventions have contributed* to the intermediate outcomes set out in the reconstructed intervention logic(s).

Isolating the effectiveness of the Facility in meeting these multi-faceted objectives is methodologically challenging, given the broader context and range of other external factors that may have influenced achievements with regard to refugee participation in education. Therefore, as requested in the evaluation Terms of Reference (ToR), the evaluation team used a theory-based approach, analysing the data and evidence according to a 'contribution analysis' method, which has been adapted from the original method developed by John Mayne and tailored specifically to the context of the Facility.

The assessment of evidence that provides the main content of the sectoral reports and EQs 8-11 of the main report is structured according to the following logic:

- 1) *What outcomes did the Facility support seek to achieve in relation to the sector, and what kind of support did it provide to realise these outcomes – otherwise referred to as the 'intervention logic'?*
- 2) *What evidence is there that the expected outcomes have been realised?*
- 3) *What have the achievements of the Facility been in relation to these outcomes and, to what extent have other contextual factors played an influential role?*

In such a complex context, this approach has allowed the evaluators to present a balanced assessment of the EU's contribution, based on all the evidence available, also highlighting key aspects for future learning.

2.2.4. Sampling/consultation strategy

The sampling of actions and key informants to review and consult respectively was purposive and based on detailed portfolio analysis and stakeholder analysis processes conducted during the evaluation's inception phase. These samples were further expanded during the field phase with a snowballing approach, whereby interviews conducted led to recommendations and requests of further interviews with others to increase the breadth and depth of the data collection exercise.

i. Portfolio analysis

The evaluation team made a detailed analysis of all the actions funded under Facility Tranche I. The analysis categorised and mapped all Facility I actions by the following variables:

- Broad sector
- Sub-sector
- Value
- Funding instrument
- Implementing partner
- IP typology
- Geographic location
- Start date and end date
- Whether action had been evaluated previously

These variables were aggregated and cross-tabulated to inform the evaluation’s sampling strategy and assist the sector experts in developing the subsequent purposive indicative sample for field work. Whilst the analysis spreadsheet is too large and complex to fully represent in this report, a screenshot at Figure 8 gives an illustration.

Figure 8 Screenshot of portfolio analysis spreadsheet

ii. Stakeholder analysis

In the inception phase, analysis of the relevant stakeholder groups, and the levels at which the evaluation should engage, was undertaken. This is presented in the table below, which sets out how the evaluation engaged with key stakeholders, primarily through semi-structured interviews as part of the evaluation process, but also through information briefings and workshops.

Category of organisation / actor	Summary of type of respondents	Interest/ engagement in the evaluation	Indicative consultation/ engagement methods
European Union			
DG NEAR (Facility Secretariat)	- Leadership (HQ) - Sector leads (HQ) - Project officers/ programme managers (HQ) - M&E staff	- Commissioners of the evaluation and main users - Technical relevance for future programming - Strategic relevance for future direction	- Key Informant Interviews (KII) - Workshops - Information briefings (formal and informal)
EUTF	- Project officers/ programme managers (HQ) - M&E staff	- Secondary users of the evaluation - Technical relevance for some ongoing implementation	- KIIs - Workshops - Information briefings (formal and informal)
DG ECHO	- Leadership (HQ)	- Primary users of the evaluation	- KIIs

	<ul style="list-style-type: none"> - Project officers/ programme managers (HQ) - M&E staff - Leadership (Turkey) - Sector leads (Turkey) - National staff (Turkey) 	<ul style="list-style-type: none"> - Technical relevance for ongoing implementation - Strategic relevance for future DG ECHO engagement 	<ul style="list-style-type: none"> - Information briefings (formal and informal)
EUD Turkey	<ul style="list-style-type: none"> - Leadership - Facility related staff - Programme staff - M&E staff 	<ul style="list-style-type: none"> - Primary users of the evaluation. - Technical relevance for ongoing implementation 	<ul style="list-style-type: none"> - KIIs - Workshops - Information briefings (formal and informal)
EEAS – FPI ICSP	<ul style="list-style-type: none"> - Leadership - Project staff 	<ul style="list-style-type: none"> - Secondary users of the evaluation - Technical relevance for some ongoing implementation 	<ul style="list-style-type: none"> - KIIs
Member States	<ul style="list-style-type: none"> - Project officers/ programme managers (HQ) - Turkey based staff 	<ul style="list-style-type: none"> - Primary users of the evaluation - Key source material for accountability - Strategic relevance 	<ul style="list-style-type: none"> - KIIs - Workshops - Information briefings (formal and informal)
Turkish Government			
Implementing Turkish ministries (Ministry of Health, Ministry of National Education, DG of Migration Management and Ministry of Family, Labour, Family and Social Services)	<ul style="list-style-type: none"> - Senior management (leading Facility related projects and programmes) - Contract managers/ programme staff (running Facility projects day to day) - Project managers/ consultants/ team leaders (implementing new projects) - Frontline staff (doctors, teachers, activity managers) 	<ul style="list-style-type: none"> - Most important secondary users of the evaluation - Key interest in technical implementation, and in future configuration of instruments and actions - Strategic relevance for migration management and EU cooperation 	<ul style="list-style-type: none"> - KIIs - Information Briefings
Office of The Vice President	<ul style="list-style-type: none"> - Facility liaison and leadership/ representation 	<ul style="list-style-type: none"> - Key liaison for implementation and EU relationship 	<ul style="list-style-type: none"> - KIIs - Information Briefings
Turkish Foreign Ministry	<ul style="list-style-type: none"> - Refugee unit 	<ul style="list-style-type: none"> - Key liaison for implementation 	<ul style="list-style-type: none"> - KIIs - Information Briefings
Local/provincial authorities in Turkey	<ul style="list-style-type: none"> - Governor's office in provinces selected for field work - Provincial Ministry staff 	<ul style="list-style-type: none"> - Key liaison for implementation 	<ul style="list-style-type: none"> - KIIs - Information Briefings
AFAD	<ul style="list-style-type: none"> - Liaison - Historical record 	<ul style="list-style-type: none"> - Liaison 	<ul style="list-style-type: none"> - KIIs
Direct and indirect implementing partners			
International Financial Institutions (IFIs)	<ul style="list-style-type: none"> - Leadership - Project staff 	<ul style="list-style-type: none"> - Key secondary users of the evaluation; technical and funding interests. Will be keen to engage in findings on policy and programme quality 	<ul style="list-style-type: none"> - KIIs - Potential workshop/s
UN agencies	<ul style="list-style-type: none"> - Leadership - Project staff 	<ul style="list-style-type: none"> - Key secondary users of the evaluation; technical and funding interests. Will be keen to engage in findings on policy and programme quality 	<ul style="list-style-type: none"> - KIIs - Potential workshop/s
Turkish Red Crescent	<ul style="list-style-type: none"> - Leadership - Project staff 	<ul style="list-style-type: none"> - Key secondary users of the evaluation; technical and funding interests. Will be keen to engage in findings on policy and programme quality 	<ul style="list-style-type: none"> - KIIs - Potential workshop/s

International NGOs	- Leadership - Project staff	- Key secondary users of the evaluation; technical and funding interests. Will be keen to engage in findings on policy and programme quality	- KIIs - Potential workshop/s
National CSOs	- Leadership - Project staff	- Important secondary users of the evaluation; technical and funding interests. Will be keen to engage in findings on policy and programme quality	- KIIs - Potential workshop/s
Member States and other donors			
Member States Member States Development Agencies	- Diplomatic or aid staff associated with Facility	- Policy interest as they will have a watching brief	- KIIs - Information briefings.
Other donors (USAID, SDC, Saudi Arabia etc.)	- Aid staff responsible for refugee operations	- Policy interest as will affect capitals' calculations on financing	- KIIs - Information briefings.
Civil society/local organisations			
Research institutions, universities	- Relevant specialists	- Policy interest	- KIIs
Private sector organisations	- Contractors	- Commercial interest	- KIIs
Civil society networks/platforms	- Refugee rights organisations	- Policy interest	- KIIs
Individuals			
Refugees	- A sub-sample of refugee households	- Direct beneficiaries of supported services. Will have direct interest but not necessarily coherent policy engagement	- Focus group discussions - Quantitative analysis of responses to Comprehensive Vulnerability Assessment Surveys - In-depth interviews with beneficiaries of programmes and qualitative data collection. - Social media scraping
Members of host communities	- Turkish households, primarily in poorer neighbourhoods and in informal employment	- Direct beneficiaries of supported services. Will have direct interest but not necessarily coherent policy engagement	- Background literature, review of newspaper articles and search of academic literature on local sentiment towards refugees

2.3. Fieldwork design

The portfolio analysis and indicative sample of projects set out in the evaluation Inception Report was used as a basis for the fieldwork design. This provided a base to compile a list of and arrange interviews with government stakeholders, non-government IPs including IFIs, INGOs and UN organisations, NGOs and academics as well as province-level interviews in Turkey. The portfolio enabled the evaluation team to assign levels of strategic importance to Facility I actions, classify certain projects as 'important' or 'most important'. The most important and important projects listed were reviewed by the field team to compile an interviewee list of implementing partners by their typologies (i.e. government of Turkey, IFI, UN organisation or INGO) and names. Although most important projects were sampled for 'must be reviewed' and important projects for 'may be subject to further review', eventually the field team was able to include all IPs in the interviewee list. This project list was matched with projects released by the EUD on their website avrupa.info.tr/en to get a broader picture of main objectives, locations, targeting groups and beneficiary organisations of released projects.

At the inception stage and in public documents government institutions were broadly referred to as the Ministry of National Education, the Ministry of Health or the Ministry of Family, Labour and Social Services. To identify respective Directorate Generals, departments and project offices within these

ministries, a comprehensive contact search was carried out. Contact information for IFIs, UN organisations and INGOs was provided by the Commission, whilst the evaluation team called respective directorate generals, departments and project offices to compile a list of communication details for government institutions.

The fieldwork coordination of the protection sector was mainly designed based on the extensive experience of the protection sector expert who had previously been a team leader for 'the Evaluation of the European Union's Humanitarian Response to the Refugee Crisis in Turkey' in 2019. His previous experience in leading stakeholder consultations, workshops and key informant interviews under the ECHO evaluation guided the team in identifying the relevant stakeholders for the protection fieldwork. During the process of conducting interviews with these stakeholders, the protection team also strived to reach more stakeholders beyond the sample of the previous ECHO evaluation. The team adopted a snowballing approach and organised additional interviews based on the guidance and suggestions of respondents in the field phase. This process ensured an effective way of identifying data gaps and reaching out to key respondents during the fieldwork.

2.3.1. Province-level sampling

Province-level key informant interviews were crucial for this evaluation as they provide detailed and qualitative information about the frontline implementation of the actions financed under the Facility. For this reason, a geographic sample of provinces was established during the inception and desk phases of the evaluation.

Sampling followed a geographic strategy designed to give as wide a range of enquiry as possible across five provinces in Turkey. Therefore, this geographical sampling took in the provinces hosting the most refugees, urban and rural provinces, as well as identifying a province where there are relatively few refugees and therefore far fewer NGO/UN projects (i.e. refugees are assisted exclusively by government services and externally-funded projects that are integrated with them). Namely, the evaluation team suggested to organise fieldwork visits as follows:

- **Gaziantep, Sanliurfa and Hatay** as the high refugee density border provinces, with both rural and urban contexts and a high concentration of services targeting refugees.
- **Istanbul** as the largest refugee-hosting area overall, and an urban context.
- A lower-density and smaller refugee-hosting province such as **Osmaniye**.

However, as detailed in the *Challenges and Limitations* section below, ultimately, instead of Hatay, the health and education sector teams carried out province-level interviews in **Adana**, which is located next to Hatay in the southeast region of Turkey. This change was due to a major escalation of the regional conflict following the deployment of Turkish troops to Idlib, which borders Hatay, at the end of February 2020.

The COVID-19 pandemic interrupted the fieldwork for the second phase (socio-economic support and protection, as well as KIIs with a strategic scope and for migration management project review), and the team responded to this unpredictable interruption with a solid collaboration with stakeholders to organise province-level interviews.

After completing the significant part of central-level interviews with stakeholders, the socio-economic support and protection teams focused on conducting province-level interviews with the support of respective institutions. The socio-economic support sector evaluation team took into consideration the geographical sampling done during the inception phase and arranged local interviews in selected provinces with the exception of Hatay (instead **Adana** was selected for local interviews).

For the protection fieldwork, the team considered specific characteristics of provinces to arrange interviews with local offices. While guiding the Directorate General of Migration Management (DGMM) on selecting and arranging interviews with three PDMMs, the protection team made suggestions and explained their reasons to choose among provinces that have certain characteristics:

- **Istanbul** (to understand the special situation of Istanbul, with many refugees out-of-province)
- **Adana** (seems to be innovative with outreach in some reporting)

- **Kocaeli** (that has more refugees than originally estimated, so an exceptional workload)
- **Kilis** (that has fewer refugees than estimated, but still has a large proportion of Syrian refugees)
- **Malatya** (that has a small refugee population to see how that was different)
- **Izmir** (that is a region with many irregular migrants)

DGMM supported the team to arrange interviews with **Izmir, Adana** and **Ankara** PDMMs. Additionally, the team approached ASAM and TRCS to arrange interviews with their local offices based on pre-determined criteria. As for the interviews with three ASAM local offices, the team specifically asked to choose offices among six Sustainable Living Centres and Field Offices, which have been directly supported by the EUTF project numbered TF-MADAD/2017.T04.56 and are located in non-Syrian satellite cities. These six offices are located in **Karabük, Ordu, Sakarya, Yalova, Düzce** and **Kırıkkale**. The team arranged interviews with Yalova Sustainable Living Centre, Karabük Sustainable Living Centre and Kırıkkale Field Office. Additionally, with the support of TRCS, the team arranged interviews with community centres in **Ankara, Mardin** and **Konya** (where Afghan and Iraqi population is high and/or the ethnical diversity in the region is high).

2.3.2. Fieldwork organisation and timeframe

i. First field phase (education, health and strategic)

Central-level key informant interviews in Ankara were carried out mostly between March 2-6, 2020 for Field Phase I (health and education sectors).

For the **health** sector, central-level key informant interviews that could not be arranged on March 2 were scheduled for the week of March 17 in Skype due to COVID-19 outbreak as detailed in the following section. Central-level key informant interviews were followed by province-level interviews and visits between March 10 and March 17, 2020, in Sanliurfa, Gaziantep, Adana, Osmaniye, Kilis and Hatay for the health sector and in Sanliurfa, Gaziantep, Adana, Osmaniye and Istanbul for the education sector. The health sector team paid construction sites visits in Kilis on March 12 and Hatay on March 17 in addition to other province-level interviews and visits. As mentioned above, Istanbul interviews in the health sector were cancelled by the SIHHAT Project Office on March 16 due to COVID-19 outbreak. Province-level key informant interviews and visits to provincial directorates of health, migrant health centres, extended migrant health centres and family medicine centres were arranged in collaboration with the Directorate General of Public Health under the Ministry of Health. Additional requests to visit a cancer screening truck, a refugee camp and a community mental health centre were directed to central MoH staff, and these visits were organised immediately in the field. A visit to a healthy living centre was recommended by this head in the field. Two construction site visits to Hatay Doryol Public Hospital and Kilis Public Hospital were organised in collaboration with AfD and the Council of Europe Development Bank, respectively.

For the **education** sector, province-level key informant interviews and visits to schools were arranged in collaboration with the MoNE PIKTES Unit. Visits to a public education centre, youth centre and TRCS community centre were arranged in collaboration with UNICEF. For these visits, UNICEF got clearance for the evaluation team from the related ministries and accompanied the site visits.

Strategic in-person fieldwork planned for March 2020 was prevented by the COVID-19 pandemic and replaced by remote KIIs where possible.

ii. Second field phase (socioeconomic support, protection and strategic)

Central-level interviews with selected authorities were conducted remotely starting from May 22, 2020, for Field Phase II (protection and socio-economic sectors).

Central-level interviews in the **protection** sector were carried out between May 22, 2020, and July 16, 2020. These central interviews were followed by province-level interviews with three PDMMs, two ASAM SLCs and one FO, and three TRCS community centres which were conducted between July 9, 2020, and July 27, 2020.

Central-level international key informant interviews in the **socio-economic** sector were carried out online between June 8 and June 30, 2020. Central-level key informant interviews with international stakeholders were followed by national-level KIIs between July 1 and July 30, 2020. These central-level interviews were followed by province-level interviews with five local SASFs, three TRCS community centres which were conducted between July 21 and July 23, 2020. For some interviews with stakeholders concerned with social cohesion and protection, both the socio-economic and protection evaluation teams participated in the same interview.

Strategic in-person fieldwork planned for March 2020 and later in the year remained impossible due to the COVID-19 pandemic. As such this was fully replaced with remote KIIs conducted mostly during the month of July 2020 with stakeholders in Ankara and elsewhere.

2.4. Data collection methods

This section describes the full range of primary and secondary data collection methods undertaken by the evaluation.

2.4.1. Primary

i. Key informant interviews completed

Inception and desk phases

The evaluation conducted scoping interviews with EC staff in Brussels and Ankara during two/three-day visits to each location during the inception phase in April 2019. During the desk phase a further 50 or more interviews were conducted remotely with EC staff in Ankara and Brussels. Interviews conducted during the desk phase are included in the total numbers of people consulted (detailed in Annex 5), those carried out during inception are not.

Field phase I (physical)

During the first week of physical fieldwork, **central-level key informant interviews** were carried out with a range of stakeholders, including EU technical staff, ministries, IFIs, INGOs and UN organisations as implementing partners (IPs) in Ankara. The health sector team carried out 7 interviews with 12 different government officials from respective seven directorate generals and departments at the Ministry of Health. The health sector team also interviewed 8 different IPs including 2 IFIs, 2 UN organisations and 4 INGOs. The team also carried out one interview with the EUD and one interview with SUMAF¹⁴⁵. Similarly, the education sector team held 4 interviews with respective general directorates and departments in the Ministry of National Education and one interview with the Presidency for Turks Abroad and Related Communities, a total of 9 interviews with 7 implementing partners, 2 interviews with EU education sector experts and one interview with SUMAF.

Secondly, the health and education teams carried out **province-level key informant interviews** with the respective province-level directorates of these ministries in Sanliurfa, Gaziantep, Osmaniye, Adana and Istanbul. The health sector team did four key informant interviews with provincial directorates of health with the attendance of 25 province-level government officials mainly including provincial directors of health, district heads of health, heads and vice heads of public health departments under these provincial directorates. Likewise, the education team carried out 2 interviews with provincial directors of education, 4 interviews with PIKTES coordinators (and the PIKTES team members where possible) and one senior staff member under these provincial directorates in each province.

Lastly, to have an external and independent opinion on health and education sectors under the Facility, the health sector team interviewed 5 researchers and academics, 1 association, 1 think-tank and 3 NGOs. On the other hand, the education sector team did 2 interviews one of which was with an academic and the other one was with a think-tank. The overall distribution of interviews across stakeholders and type of interview are summaries in Table 6.

¹⁴⁵ SUMAF is the technical assistance team responsible for providing Facility monitoring services.

Field phase II (remote)

In Field Phase II, central-level key informant interviews were conducted with a range of implementing partners through video conferencing in line with the project portfolio in the protection and socio-economic sectors, including DG NEAR, DG ECHO, SUMAF, ministries, IFIs, (I)NGOs and UN organizations. The protection sector team carried out 6 interviews with 7 DG ECHO officials, 2 interviews with 3 DG NEAR officials, 3 interviews with 6 SUMAF officials. After multiple requests and reminders, MoFLSS refused the team's request for an interview regarding the UNFPA project with Social Service Centres. And since this would have been required in order to unlock interviews with PDFLSS offices, the team was not able to conduct any interviews directly with MoFLSS or Provincial Department of Family, Labour and Social Services (PDFLSS) concerning the SSC project. The protection team also interviewed 14 different IPs including 1 donor implementing agency (GIZ), 6 UN organisations and 7 (I)NGOs. The team conducted 4 interviews with 8 UNHCR officials, 2 interviews with 5 UNICEF officials, 1 interview with 3 GIZ officials, 1 interview with 1 Danish Red Cross official, 1 interview with 3 Human Resource Development Foundation (HRDF) officials, 1 interview with 5 ASAM officials, 1 interview with 1 IFRC official, 1 interview with 1 Union of Turkish Bar Association (UTBA) official, 1 interview with 1 WFP official, 1 interview with 2 Care International officials, 1 interview with 4 UNFPA officials, 2 interviews with 2 TRCS officials and 1 interview with 1 IOM official. Furthermore, the team also carried out 1 interview with 8 DGMM officials and 1 interview with 3 MoFLSS officials responsible for ESSN (concurrently with the socio-economic team). On top of that, the protection team conducted 3 interviews with 3 academics, 1 interview with a think-tank fellow and 2 interviews with 3 non-IP NGO officials.

Along with the protection team's interviews, the socio-economic team conducted 3 interviews with 4 people from DG NEAR, an interview with DG ECHO and a separate interview with 2 people from DG ECHO field staff members, 1 interview with 2 SUMAF socio-economic team members. The socioeconomic team also held interviews with 12 IPs, including 3 IFIs, 6 UN organisations and 3 (I) NGOs. The team conducted 2 interviews with 3 staff members from UNICEF Social Cohesion and Emergency Coordination Units, an interview with 2 GIZ officials, an interview with 2 KfW team members, an interview with a World Bank socio-economic sector expert, an interview with 2 UN Women staff members, an interview with 8 (International Labour Organisation) ILO staff members and 2 IOM staff members, an interview with 5 UNDP officials. Beyond the international stakeholder interviews, the socio-economic team conducted an interview with 2 research fellows from a leading think tank TEPAV and 4 interviews with 4 academicians.

Secondly, the protection and socio-economic support teams carried out province-level key informant interviews with the respective local authorities located in several provinces via phone calls. The protection sector team carried out three key informant interviews with provincial directorates of migration management in Izmir, Adana and Ankara.

ii. Field observation, staff and beneficiary interviews

In addition to province-level key informant interviews, **health and education sector teams paid visits to and carried out in-depth interviews** at respective health and education centres, schools, construction sites and a refugee camp at the province level.

The health sector team visited 4 extended migrant health centres, 2 migrant health centres, 4 family medicine centres, 1 healthy living centre, 1 community mental health centre, 1 cancer screening truck, 1 Women and Girls Safe Space Centre, 1 refugee camp and 2 hospital construction sites. Also, the health team interviewed a chief physician and an administrative and finance manager of a public hospital in Hatay. The education team visited 15 schools including a primary school at a refugee camp, a Temporary Education Centre and an Adaptation Centre, one public education centre, one youth centre of Ministry of Youth and Sports, one community centre of TRCS, two school construction sites and three finished school constructions. The team carried out 16 interviews with school principals and school staff as well as interviews in each visited centre with the relevant staff.

While paying visits to centres and schools, the health and education teams carried out **beneficiary interviews**. The health team carried out interviews in Arabic with 4 general practitioners, 1 gynaecologist, 1 paediatrician, 2 internal medicine specialists, 2 nurses and 3 patient guides working at these centres under the SIHHAT project. Furthermore, the team held interviews with 7 Syrian patients

who had come to visit these centres and WGSS. The health team also did 2 phone interviews with Syrian patient guides working in a public hospital in Osmaniye and 1 interview with a Syrian patient guide working in a public hospital in Hatay. The education team carried out 3 interviews with PIKTES counsellors, informal talks with teachers, a short interview with 3 Syrian high school students and informal talks with students in the classes.

The socio-economic support and protection evaluation teams, whose data collection was most severely affected by the COVID-19 pandemic, had originally intended to visit and talk to staff and beneficiaries at the following locations:

- TRCS service centres
- SAFs
- IP community centres
- PDMMs
- MoFLSS Social Service Centres

Whilst in person visits to these locations were prevented by restrictions on travel (international and local) and gatherings, the team did manage to reach these organisations via remote methods.

The team did three interviews with TRCS community centres in Ankara, Konya and Mardin, two interviews with ASAM SLCs in Yalova and Karabük and one interview with ASAM field office. But the protection team could not obtain permission to interview PDFLSS officials. Likewise, the socio-economic sector evaluation team carried out five interviews with local Social Assistance and Solidarity Foundations at the provincial level. These interviews were conducted with the head of local SAFs in Zeytinburnu/Istanbul, Suruc/Sanlıurfa, Sahinbey/Gaziantep, Osmaniye and Adana. The protection team has also arranged interviews with TRCS Community Centres in Ankara and Mardin and the socio-economic team also attended those interviews. These meetings were specifically focused on social cohesion and livelihood activities targeting Syrian refugees in Turkey.

The total number of central- and provincial-level key informants, service-providing staff and beneficiaries interviewed in by the evaluation is presented in Table 6 and in the figures below. In this table, ‘service-providing staff’ and ‘beneficiaries’ have been treated as one category, due to the difficulty in separating the two (e.g. healthcare staff and teachers could be considered both as staff and as beneficiaries of training/employment, etc.).

Detailed notes were produced for all interviews and these were collated in a central database.

Table 6 Interviewees by sector and stakeholder category

	Health	Education	Socio-economic Support	Refugee Protection	Migration Management	Strategic	Totals
European Commission	12	18	18	21	3	42	114
Member States (and non-EU donors)	0	0	0	0	0	15	15
Turkish Government	39	39	15	14	1	0	108
International Financial Institutions (IPs)	4	8	5	3	0	2	22
NGOs (IPs)	17	25	18	15	0	0	75
UN Agencies (IPs)	5	10	22	19	1	5	62
Think-tanks/ academics/ CSOs	15	1	6	7	0	1	30
Service-providing staff/beneficiaries	57	43	16	15	0	0	131
Totals	149	144	100	94	5	65	557

Figure 9 Distribution of interviewees by stakeholder category

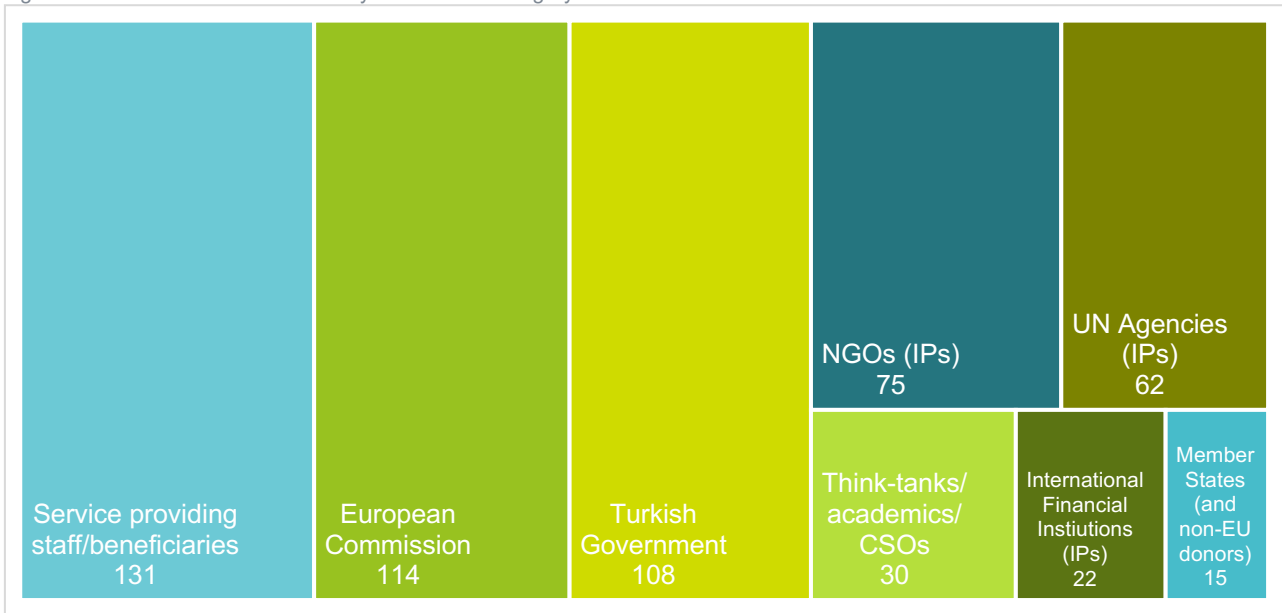
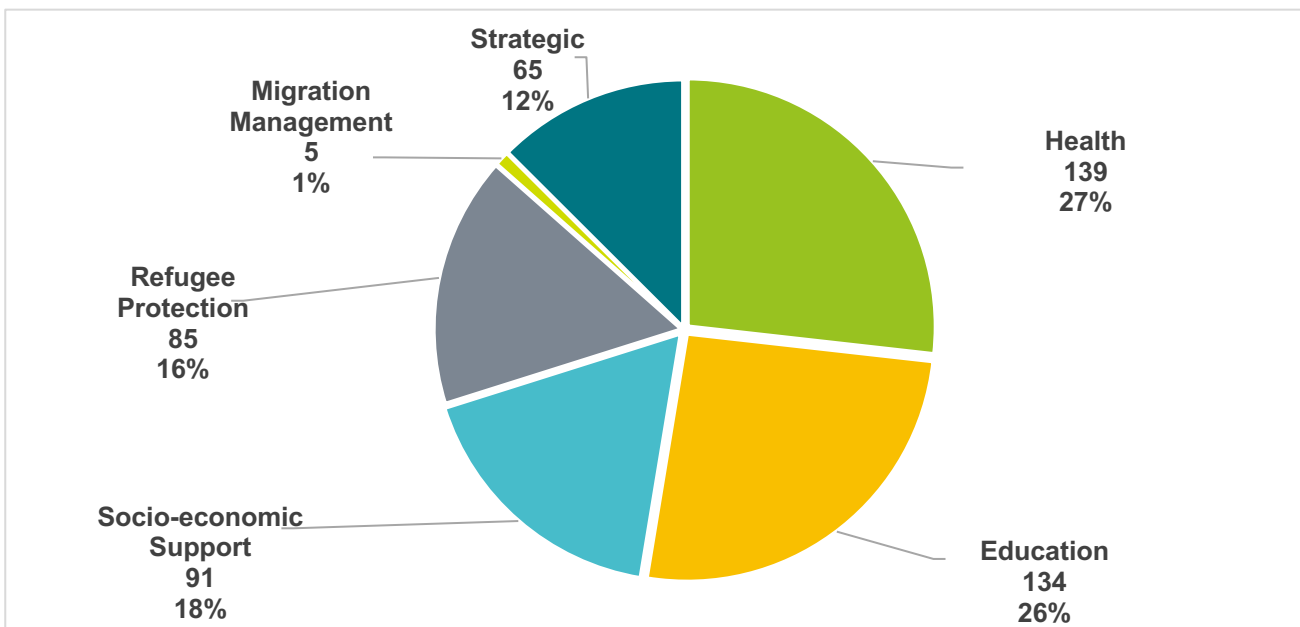


Figure 10 Distribution of interviewees by evaluation sector study/strategic enquiry



iii. Beneficiary focus group discussions (FGDs)

In addition to the sector study field visits, the evaluation intended to conduct a separate series of stand-alone beneficiary focus groups, covering questions across all four sectors in an integrated manner. 20 focus groups across the same 5 provinces (i.e. four in each province) were planned. Each focus group would have comprised 8 respondents, giving roughly 160 people interviewed across the five provinces. Unfortunately, the restrictions on travel and gatherings resulting from the COVID-19 pandemic in mid-2020 made the organisation of these FGDs impossible. As such, beneficiary perspectives were collected through the four other methods described below, using reanalysed FGDs from a previous evaluation of the ESSN as a baseline.

iv. Web-scraped social media data

Web-scraped data was collected on the **'KizilayKart-SUY' Facebook page** and the **UNHCR Turkey Information Board Facebook page**. With a large group of followers, these pages were selected among other relevant Facebook pages for being most relevant and covering the highest number of relevant comments to the questions of the evaluation.

- **KizilayKart-SUY:** an official TRCS page concerning the Emergency Social Safety Net (ESSN) programme. The page was started in February 2017 and (as of August 2020) has 90,737 followers. The main purpose for setting up the page was to answer applicants' questions about the ESSN card and to share relevant announcements about the programme. Comments posted on the page between February 2017 and April 2020 were selected based on random sampling. 2,171 comments were collected and analysed in total. The collected data was then analysed to understand basic needs, application barriers, perception of fairness, suggestions to strengthen programme targeting and problem-solving strategies raised by comment owners.
- **UNHCR Turkey Information Board:** was started on Facebook in Dec 2018 and has (as of August 2020) 74,991 followers. It offers information relating to rights, obligations, and services available to refugees or asylum-seekers in Turkey. The team randomly selected comments written between December 2018 and May 2020 on the UNHCR page. 399 comments were collected and analysed in total. The data collected from the UNHCR page has provided the team with an important source to understand protection risks as defined by comment owners as well as their concerns about resettlement and their problem-solving strategies.

Web scraping and translation of these Facebook pages was done manually in May/June 2020. Posts on each page were chosen based on a random sampling methodology. One post per month was selected. However, aiming avoid seasonal or monthly effects, two dates were selected and alternated each month to represent the sample of posts. (Those dates were randomly selected as the 12th and the 26th of each month.) If there was no post on the selected date, first the 11th or the 25th were checked to see if there was a post and then the 13th or 27th were checked. In this way, the posts were randomly selected for years 2018-present with comments following the randomly selected posts from TRCS and UNHCR.



v. Online beneficiary survey

The evaluation team also designed an online survey (on Kobo Toolbox) including a demographic questions section in the introduction and then four main sections (education, health, socio-economic support, and protection). The demographic questions were displayed to all respondents, while the other sections were randomly assigned based on the year of birth of the respondent or conditionally assigned based on answers to the demographic questions (e.g. whether the respondent has school age children). The survey was structured as follows:

- Demographic questions x 9
- Education questions
 - For parents x 9
 - For students (16+) x 7
 - For TVET and university students x 6
- Health questions x 6
- Socio-economic support questions x 8

- Protection questions x 5

Most of the questions on the survey were close-ended with one or, in some cases, more open-ended questions in each section. Questions were shown in Arabic and Farsi.

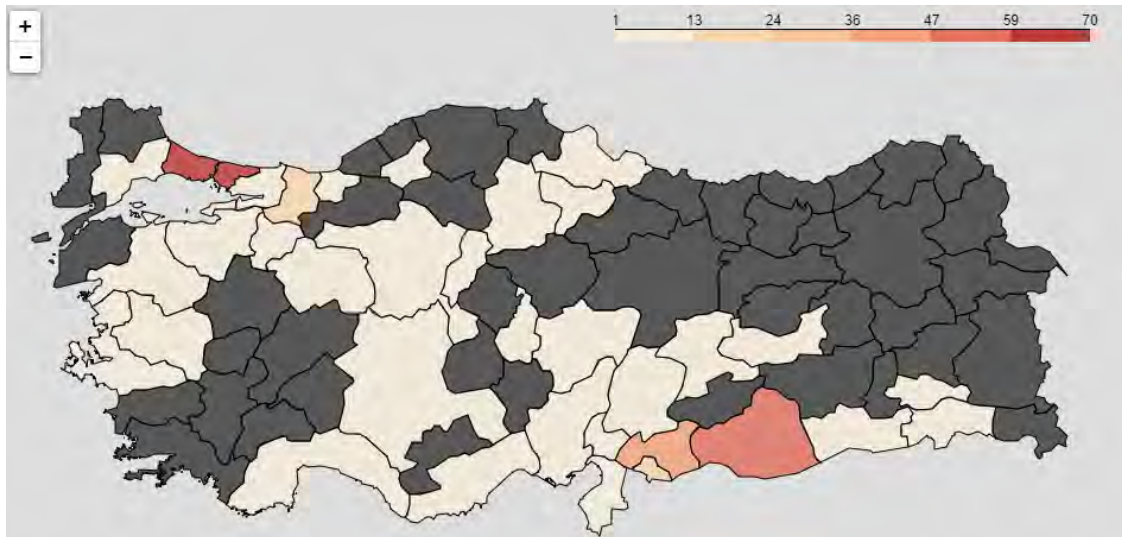
Facebook pages (NGO and community pages) and Facebook refugee community groups were contacted for permission and help in disseminating the survey. The survey link was shared with 54 community pages and groups (17 Facebook pages and 37 Facebook community groups). The survey link was also distributed on various WhatsApp groups as well which provided a better response rate.

The survey was live during August 2020 and received a total of 365 responses (99 were directed to answer questions in education, 110 to health, 75 to socio-economic support and 81 to protection). The demographic make up of the sample overall and each sector is presented in Table 7 and geographic distribution is presented in Figure 11.

Table 7 Demographic composition of online survey sample (August 2020)

	Overall	Education	Health	Socio-economic Support	Protection
Total number of respondents	365	99	110	75	81
Gender %					
Female	42.7	43.4	42.7	49.3	35.8
Male	54.2	54.5	53.6	45.3	63
Prefer not to disclose /other	3	2	3.6	5.3	1.2
Nationality %					
Syrian	96.7	91.9	98.2	100	97.5
Iraqi	1.9	5.1	0.9	0	1.2
Other	1.4	3	0.9	0	1.2
Age Groups %					
16-30	40.3	46.5	43.6	17.3	49.4
31-45	45.5	41.4	46.4	61.3	34.6
46-60	9.9	11.1	5.5	12	12.3
60+	4.4	1	4.5	9.3	3.7
Istanbul vs. Other Provinces %					
Istanbul	22.7	19.2	30	21.3	18.5
Other provinces	77.3	80.8	70	78.7	81.5
Employment Status %					
Employed	37.3	26.3	42.7	42.7	38.3
Not employed	47.9	44.4	45.5	53.3	50.6
Student	14.8	29.3	11.8	4	11.1
Arrival Date %					
Arrived after 2019	3	5.1	4.5	0	1.2
Arrived before 2019	97	94.9	95.5	100	98.8
Turkish Proficiency %					
Lack of Turkish proficiency	45.2	51.5	42.7	44	42
Turkish proficiency	54.8	48.5	57.3	56	58
Registration Status %					
I am a refugee in Turkey with a 99 kimlik	79.7	86.9	74.5	78.7	79
I am a refugee in Turkey without a 99 kimlik	1.6	1	0.9	1.3	3.7
I was a refugee but now I am a Turkish citizen	18.6	12.1	24.5	20	17.3

Figure 11 Geographic distribution of online survey respondents



vi. Telephone beneficiary survey

On the online survey questionnaire, respondents were asked if they would share their phone numbers and whether they would give consent for a follow-up call, 129 people shared phone numbers and gave consent. Those sharing their phone numbers and giving their consent were contacted in August 2020. 10 respondents from each sector were sampled randomly, and they were asked sector-related follow-up questions. This phone survey reached a sample of 38 people, and notes were fully transcribed.

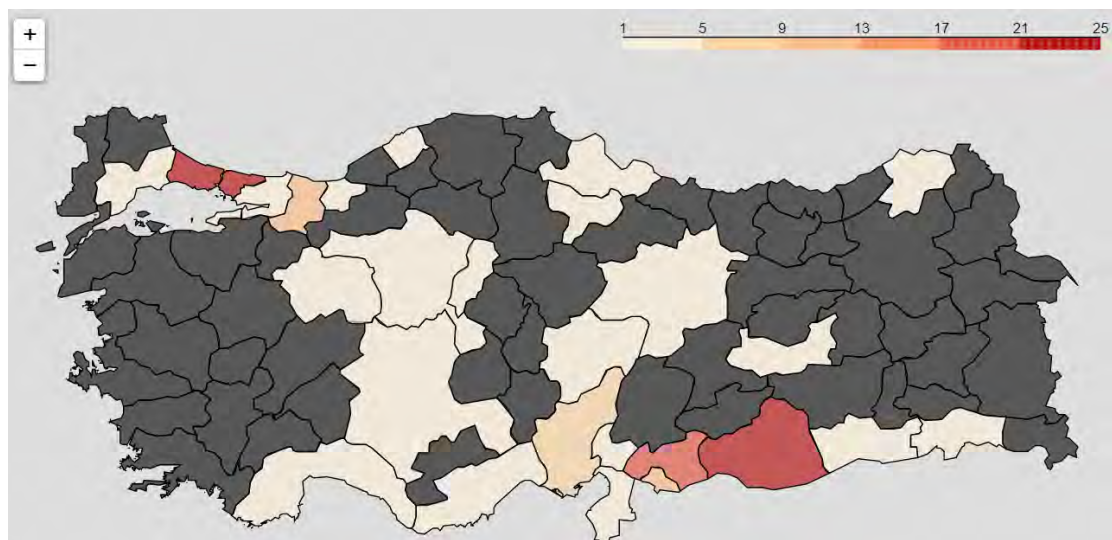
vii. Protection 'quiz'

The online survey was also followed by an awareness quiz, that included 14 questions on refugee rights and obligations and five demographic questions.

Topics tested respondent knowledge of rights and obligations in the following areas: labour law (child labour), health services, domestic violence, departure from Turkey, marriage, access to services, tenant rights, legal aid, education (attendance), resettlement, ESN, divorce, education (CCTE) and labour law (irregular work).

Quiz respondents were automatically redirected to the quiz upon submitting the survey. 137 respondents in total who answered the quiz either in Arabic or in Farsi. Quiz respondents were widely dispersed across 27 provinces in Turkey.

Figure 12 Geographic distribution of quiz respondents (August 2020)



2.4.2. Secondary

i. Quantitative data sets collected for the ESSN

The evaluation has made use of a number of data sets collected by the World Food Programme and Turkish Red Crescent from 2017 to 2020. These are Pre-Assistance Baseline Survey (PAB), Post-Distribution Monitoring Surveys (PDMs) and Comprehensive Vulnerability Monitoring Exercises (CVMEs).

PAB and PDM surveys are representative of the ESSN applicant population and allowed the team to look at the trends for applicant population over time using cross-sectional data. PAB is a baseline survey of the applicant population pre-assistance and includes beneficiaries and non-beneficiaries of the ESSN, though it does not include any of the ESSN non-applicant population. These surveys are collected by phone interviews and are hence shorter and more concise.

CVME3, CVME4 and CVME5 are the surveys that are representative of the whole refugee population in Turkey; hence they provided valuable insights about the overall refugee population. These surveys are collected face-to-face and provide more detailed information about the refugee population compared to PAB and PDMs (see Table 8).

Table 8 Quantitative household survey data analysed for this evaluation

Survey	Total sample size (number of households)	ESSN beneficiary households	ESSN non-beneficiary households (i.e. ineligible)	ESSN non-applicant households	Collection period	Pre- or post-ESSN?	Modality	Representativeness
Pre-Assistance Baseline Survey (PAB)	8,690	3,393	5,297	-	Feb-May 2017	Pre-transfer	Phone surveys	Representative of ESSN applicants who applied before May 2017
Post Distribution Monitoring Survey 3 (PDM3)	4,834	2,491	2,343	-	Feb-April 2018	Post-transfer	Phone surveys	Representative of ESSN applicants who applied before the end of December 2017
Post Distribution Monitoring Survey 5 (PDM5)	4,862	2,418	2,444	-	July-November 2018	Post-transfer	Phone surveys	Representative of ESSN applicants who applied before the end of July 2018
Post Distribution Monitoring Survey 7 (PDM7)	4,603	2,150	1,913	-	Jan-March 2019	Post-transfer	Phone surveys	Representative of ESSN applicants until December 2018
Comprehensive Vulnerability Monitoring Exercise 3 (CVME3)	1,301	661	470	170	Mar-July 2018	Post-transfer	Face-to-face surveys	Representative of all refugees, hence it includes information on ESSN applicants, as well as non-applicants

Comprehensive Vulnerability Monitoring Exercise 4 (CVME4)	1,380	723	462	195	Sep-Dec 2018	Post-transfer	Face-to-face surveys	Representative of all refugees, hence it includes information on ESSN applicants, as well as non-applicants
Comprehensive Vulnerability Monitoring Exercise 5 (CVME5)	1,425	846	399	180	Nov 2019 – Feb 2020	Post-transfer	Face-to-face surveys	Representative of all refugees, hence it includes information on ESSN applicants, as well as non-applicants

ii. Facility documents

During the inception, desk and synthesis phases the evaluation compiled all the available documentation relating to the implementation of the Facility. Documentation identified, retrieved and reviewed can broadly be categorised as follows:

- **Strategic documentation:** documents relating to the agreement, implementation and progress of the EU-Turkey statement (under which the Facility is conceived), documents establishing the Facility and outlining its strategy, needs assessments, Facility Steering Committee minutes and notes, Humanitarian Implementation Plans (HIPs), Instrument for Pre-accession Assistance (IPA) Special Measures, Facility Annual Reports, EU policy frameworks relating to the evaluation matrix.
- **Previous strategic evaluations:** strategic evaluations commissioned by European Commission services, including the Mid-term Evaluation of the EU Trust Fund and the Evaluation of the EU's Humanitarian Response to the refugee crisis in Turkey (2016/2017).
- **Action-level reports and documentation:** this includes monitoring data produced or collated centrally by the Facility's technical assistance for monitoring team (SUMAF) such as Quarterly Information Notes (QINs) and monitoring mission reports; and DG ECHO's monitoring database (HOPE), plus contract documentation such as contracts (including budgets and log frames), progress reports by IPs (e.g. inception reports, annual reports); and **Facility-level monitoring data**, such as quarterly monitoring spreadsheets with aggregate data against the indicators used by the Facility's Results Framework and bi-annual Facility Monitoring Reports (FMRs). Documentation from DG ECHO's HOPE database includes single forms (i.e. project-level documents which are updated during a project's life cycle and which allow for comparison between planned and actual achievements) and FichOps (internal files including observations, comments, initial appraisals, reports of monitoring etc.).
- **Non-IP reports and evaluations:** reports and evaluations of individual Facility actions commissioned by or conducted by implementing partners.
- **Documents from Member States:** some EU Member States have conducted their own reviews of their financial contribution to the Facility, for example the UK Department for International Development (DFID) Annual Review.

iii. Academic literature

A substantial body of academic literature also exists on the broad subject of migration and refugees in Turkey. The evaluation team conducted broad a literature review search to compile key academic and think-tank literature relating to the scope of the evaluation. This initial search generated some 350+ articles and reports from academic sources, international organisations, NGOs etc. This was then reviewed for relevance and categorised as sectoral or strategic.

A full list of both documents and academic sources used by the evaluation team is presented in Annex 4.

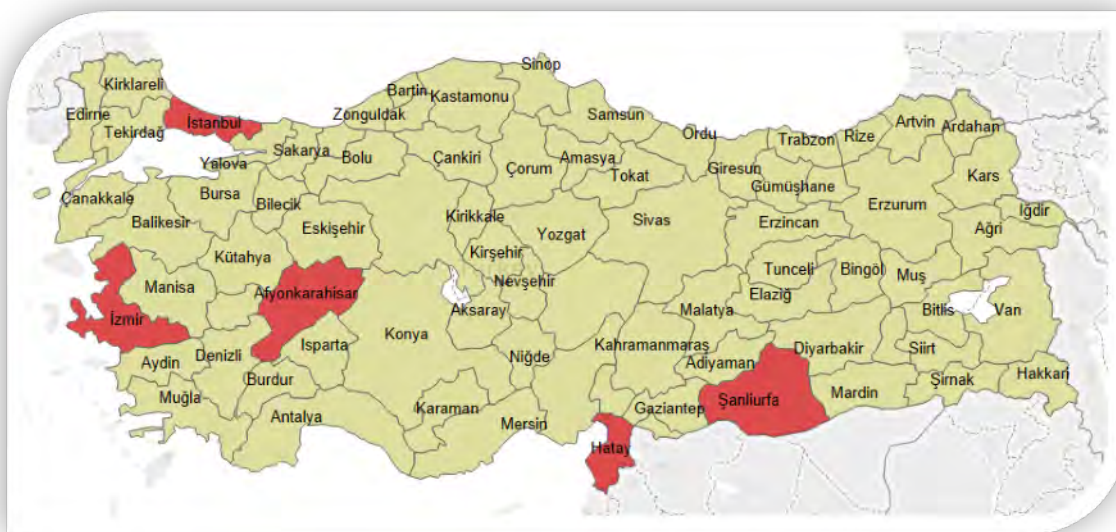
iv. Focus Group Discussion (FGD) transcripts

As explained above, given that COVID-19 prevented this evaluation from conducting primary FGDs with beneficiaries, a secondary FGD data set from a previous evaluation was used to generate a qualitative baseline beneficiary perspective. This consisted of original FGD data transcripts from FGDs collected in November-December 2017 for the ESSN1 mid-term evaluation: 23 FGDs were held in 5 provinces: **Istanbul, Hatay, Sanliurfa, Izmir and Afyon**. The data includes responses from 177 participants (106 women and 71 men, 2/3 of respondents were ESSN beneficiaries, 1/3 were non-beneficiaries). The FGD data included information on the ESSN as well as other services provided to refugees.

The FGD modules included:

- **Problem Tree Analysis:** The attendants were first invited to play a ‘problem tree’ game, while discussing their primary needs and concerns and how to cope these difficulties, risks, and shocks in their life in Turkey. Then the facilitator took a note these and of their nature in a flip chart and also noted down quotes, terms, and expressions that participants used to define them. Before and after ESSN expenditure distribution game – which allowed the team to look at how the ESSN cash transfer was used by beneficiary households.
- **Process Mapping:** They were invited to play ‘process mapping’ game, where they were asked to discuss how they applied for KizilayKart.
- **Expenditure Mapping:** In the third part, they all played the ‘expenditure mapping’ game, where they were given 50 beans and a board which includes all probable spending items and asked for allocating these beans according to their general household spending before the ESSN card and after the ESSN card.

Figure 13 Geographic distribution of FGDs conducted in late 2017 for the evaluation of ESSN 1



In addition to the FGD data, there were also ‘Life Stories’ collected from 30 ESSN beneficiaries. These were also used as raw data for the evaluation. The data provides insights on the daily problems that ESSN participants face, their coping mechanisms, ESSN application process challenges and problem-solving strategies, and their perception of coverage and social integration/cohesion.

Table 9 Breakdown of participants FGDs conducted in late 2017 for the ESSN1 evaluation

	Number of FGDs			Number of FGD attendees		
	Gender		Total	Gender		Total
	Men	Women		Men	Women	
ESSN Beneficiary	6	9	15	53	61	114
Non-beneficiary (rejected applicant)	1	4	5	9	29	38
Non-beneficiary (non-applicant)	1	2	3	9	16	25
TOTAL	8	15	23	71	106	177

2.5. Data analysis

2.5.1. Qualitative

The accumulated qualitative information described above, including documentation, academic literature, interview notes, survey responses, web-scraped data and 2017 FGD transcripts, was all coded in a way that helped the evaluation team to assess evidence against the framework of the evaluation matrix (see final section of this annex), which separates out sectoral and strategic perspectives. All qualitative sources were reviewed and coded against a 'coding tree' aligned with the EQs, JCs and indicators of the evaluation matrix, using qualitative coding software called NVivo (with the exception of web scraped data which used an alternative coding tree covering more relevant to the beneficiary experience). This approach allowed the sector leads to review all of the information available within a given sector, and the strategic authors to review all of the information gathered by sector studies as well as strategic information. The coding tree allowed for analysis across notes; for issues to be searched and cross-referenced and for the team to identify patterns and the frequency with which certain issues emerged.

In the desk phase, each sector lead conducted a detailed review of all the documentation relevant to their particular sectoral evaluation question (EQs 8-12). They reviewed the information available against each judgement criteria and indicator, identified information gaps, developed hypotheses to be tested in the field and drafted preliminary answers to the evaluation questions. Working systematically through the evaluation matrix, the sector experts also identified strategic evaluation questions to which their sectoral document review can contribute evidence. Led by the team leader, the sector experts also contributed to the strategic evaluation questions, reviewing strategic and policy documentation and synthesising this material to develop preliminary answers to the evaluation questions. Following primary data collection activities during the field phase, and further review of newly discovered or update secondary sources, a similar process by which the sectoral studies have fed into the strategic analysis has been followed.

Figure 14 Coding trees for web-scraped data

Coding tree: UNHCR Turkey Information Board

- 1. Protection risk
 - 1.1. Deportation & resettlement
 - 1.2. Domestic violence
 - 1.3. Child labour/child marriage
 - 1.4. Risks related to housing and utilities
 - 1.5. Health-related risks
 - 1.5.1. Disability
 - 1.5.2. Health insurance
 - 1.5.3. Other
 - 1.6. Education-related risks
 - 1.7. Socio-economic related risks
 - 1.7.1. Cash needs
 - 1.7.2. Access to labour market
 - 1.7.3. ESN-related
 - 1.7.4. Other
- 2. Resettlement
 - 2.1. Resettlement process
 - 2.1.1. Length of process
 - 2.1.2. Documentation & Files
 - 2.1.3. Other
 - 2.2. Positive
 - 2.3. Negative
- 3. Protection referrals and services
 - 3.1. Quality of received services
 - 3.1.1. Health-related services
 - 3.1.1.1. Positive
 - 3.1.1.2. Negative
 - 3.1.2. Education-related services
 - 3.1.2.1. Positive
 - 3.1.2.2. Negative
 - 3.1.3. Socio-economic related services
 - 3.1.3.1. Positive
 - 3.1.3.2. Negative
 - 3.1.4. Protection-related services
 - 3.1.4.1. Positive
 - 3.1.4.2. Negative
- 4. UN institutional-related
 - 4.1. Fairness of organisational approach/structure
 - 4.1.1. Positive
 - 4.1.2. Negative
 - 4.2. Knowledge about the rights and obligations
 - 4.2.1. Aware of the rights and obligations
 - 4.2.2. Unaware of the rights and obligations
- 5. Problem Solving Strategies
 - 5.1. Hotline
 - 5.1.1. Positive
 - 5.1.2. Negative
 - 5.2. Staff at centres
 - 5.2.1. Positive
 - 5.2.2. Negative
 - 5.3. Legal services
 - 5.3.1. Positive
 - 5.3.2. Negative
 - 5.4. Interpreters/language access
 - 5.4.1. Positive
 - 5.4.2. Negative
 - 5.5. Other
- 6. Recommendations
 - 6.1. Consideration of file
 - 6.2. Other
- 7. Other
- 8. Appreciation
- 9. Remarkable quotes

Coding trees: Kizilaykart-SUY

- 1. Needs
 - 1.1. Housing
 - 1.2. Access to labour market
 - 1.3. Daily problems
 - 1.4. Food
 - 1.5. Other
- 2. Challenges
 - 2.1. Barriers during application process
 - 2.1.1. Change of registration information
 - 2.1.2. Technical problems related to card
 - 2.1.3. Rejection of applications
 - 2.1.4. Length of process
 - 2.1.5. Reapplying
 - 2.1.6. Stopping the card
 - 2.2. Institutional barriers
 - 2.2.1. ID problems
 - 2.2.2. Change of address
 - 2.2.3. Discussions related to work permits
 - 2.2.4. Other
 - 2.3. Health-related barriers
 - 2.3.1. Medical report
 - 2.4. Petty corruption
 - 2.5. Other
- 3. Eligibility Criteria
 - 3.1. Fairness of programme targeting
 - 3.1.1. Positive
 - 3.1.2. Negative
 - 3.2. Knowledge about the criteria
 - 3.2.1. Aware of the criteria
 - 3.2.2. Unaware of the criteria
 - 3.3. Number of family members and other demographic criteria
- 4. Problem Solving Strategies
 - 4.1. TRC hotline
 - 4.1.1. Positive
 - 4.1.2. Negative
 - 4.2. Staff at centres
 - 4.2.1. Positive
 - 4.2.2. Negative
 - 4.3. Informal mechanisms
 - 4.4. Other
- 5. Knowledge about the programme/process
 - 5.1. Aware of programme/process
 - 5.2. Unaware of programme/process
- 6. Sector-related
 - 6.1. Health
 - 6.1.1. Access to health care
 - 6.1.2. Medical report
 - 6.1.3. Disability
 - 6.2. Education
 - 6.2.1. Access to schools, colleges or universities
 - 6.2.2. COTE
- 7. Other types of benefits
 - 7.1. COTE
 - 7.1.1. Positive
 - 7.1.2. Negative
 - 7.2. SDA
 - 7.2.1. Aware of the SDA
 - 7.2.2. Unaware of the SDA
 - 7.3. SASF Allowance
 - 7.3.1. Aware of the SASF
 - 7.3.2. Unaware of the SASF
 - 7.4. Other
- 8. Spending the money
 - 8.1. Rentals and utilities
 - 8.2. Food
 - 8.3. Other
- 9. Recommendations
 - 9.1. Household visits
 - 9.1.1. Positive
 - 9.1.2. Negative
 - 9.1.3. The demand for conducting household visits
 - 9.2. Other
- 10. Other
- 11. Appreciation
- 12. Remarkable quotes

2.5.2. Quantitative

At an early stage of the evaluation process the evaluation team reviewed the questionnaires of the available ESSN data sets to establish which of the evaluation questions, judgement criteria and indicators could be informed with quantitative analysis. Table 10 below shows the indicators which were informed by quantitative analysis.

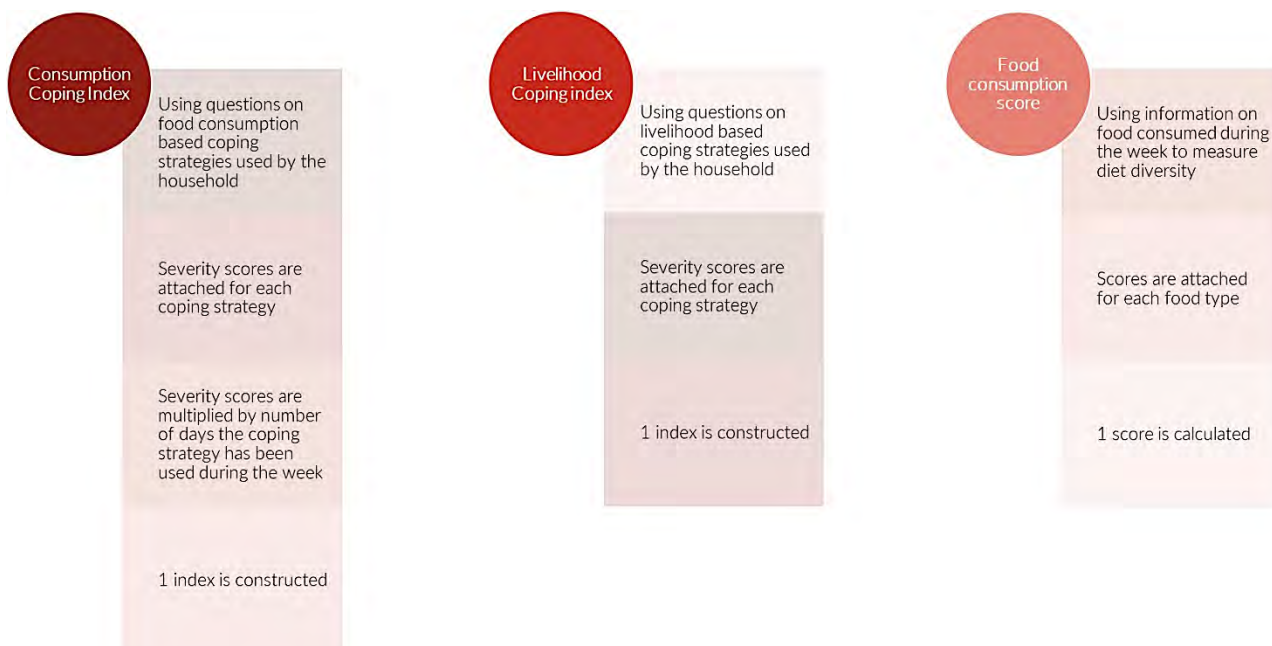
Table 10 Evaluation indicators to be informed by quantitative analysis

Evaluation question	Judgement criteria	Indicators
Strategic Evaluation Questions		
EQ2: To what extent has the Facility contributed, and is at present contributing, to creating an environment of equal opportunities for all, in particular for the most vulnerable groups of population as per the 'no-one left behind' and protection principles?	JC 2.1 The targeting of host communities and Syrians under Temporary Protection is appropriate	I 2.1.2 Interventions account for the needs of Syrians under Temporary Protection and host communities I 2.1.3 Evidence of Syrians under Temporary Protection and host community members reached by Facility interventions disaggregated by age and gender
Sectoral Evaluation Questions		
Education		
EQ8: To what extent have the Facility interventions contributed to an increased participation (enrolment, retention, transition, completion) in inclusive, equitable, quality education of refugee children and youth?	JC 8.1 The Facility education response has made possible refugee children and youth's increased enrolment in, attendance, advance through and completion of formal education	I 8.1.2 % change enrolment rates in different educational systems (formal/non-formal) I 8.1.3 % change in school attendance I 8.1.6 % change in transition from non-formal to formal enrolment I 8.1.9 extent of reported measurable change in Syrian non-registered and non-Syrian refugee access to education disaggregated by age and gender
Health		
EQ9: To what extent has the Facility contributed in an inclusive and equitable way to the availability, accessibility and demand for health care services - and as a consequence contributed to an improved health status of the refugee population?	JC 9.2 The Facility has contributed to an increased accessibility of healthcare services	
	JC 9.3 The Facility has contributed to an increased demand for healthcare services	I 9.3.1 % change in primary healthcare services accessed
	JC 9.4 The Facility health response is relevant to the target population's identified health needs	I 9.4.1 Extent to which health conditions and needs are adequately and sufficiently addressed for all relevant target groups
Socio-economic		
EQ10: To what extent has the Facility contributed in an inclusive and equitable way to basic needs, employment prospects, livelihood opportunities and social cohesion – and as a result contributed to an improved socio-economic situation of refugees?	JC 10.1 The Facility has ensured the coverage of basic needs including the most vulnerable refugees	I 10.1.1 Extent of basic needs coverage of registered Syrian refugees in line with identified needs I 10.1.3 Extent of basic needs coverage across gender and age groups in line with identified needs I 10.1.4 Extent of basic needs coverage of persons with disabilities in line with identified needs
	JC 10.2 The Facility has contributed to improved employment prospects of Syrian refugees and host communities	
Protection-Migration management		
EQ11: To what extent has the Facility contributed to the registration and referral of refugees to appropriate protection services?	JC 11.1 The Facility has contributed to the registration of previously unregistered refugees	
EQ12: To what extent has the Facility contributed to migration management that is in line with human rights standards?		

i. Analysis of CVME, PAB and PDMs

A number of methods were used to interpret the data from the surveys described in the section above. Indices were constructed for 'consumption coping', 'livelihood coping' and 'food consumption score'.

Figure 15 Methodology for the construction of coping and consumption indices



All six surveys have questions on negative coping strategies. In order to compare the outcomes more effectively we turned them into an index using a method similar to ‘The Coping Strategies Index’ (WFP). Each coping strategy takes a severity score, and the indices are calculated by summing up these scores for each household. For the case of consumption coping index, the number of days the strategy has been used is also added into the calculation. Severity scores assigned to coping strategies detailed in the PAB, PDMs and CVMEs are shown in Figure 16 below¹⁴⁶.

¹⁴⁶ Note: These severity scores are constructed using a similar methodology to the one provided in: «WFP, The Coping Strategies Index: Field Methods Manual 2nd Edition, January 2008» and through discussions among researchers.

Figure 16 PAB, PDM and CVME coping strategy severity scores

CVMEs	Severity Score
Consumption based	
Relied on less preferred, less expensive food	1
Borrowed food or relied on help from friends or relatives	2
Reduced the number of meals eaten per day	1
Restrict consumption by adults in order to young-small children to eat?	3
Reduced portion size of meals	1
Livelihood based	
Selling household goods (radio, furniture, television, jewelry etc.)	2
Spent savings	1
Bought food on credit	2
Borrowed money	2
Sell productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, livestock, etc.)	3
Reduce essential non-food expenditures such as education, health, etc.	2
Withdrew children from school	3
Have children (under 15 years old) involved in income generation	4
Marriage of children under 15	4
A household member left/moved elsewhere in Turkey due to lack of resources to maintain them	3
Begged	4
Accept high risk, illegal, socially degrading or exploitative temporary jobs? (e.g. theft, prostitution)	4
Sent an adult household member back to Syria to seek work	4
PAB&PDMs	Severity Score
Consumption based	
Rely on less preferred, less expensive food?	1
Borrow food or rely on help from friends or relatives?	2
Reduce number of meals eaten per day?	1
Reduce portion size of meals?	1
Reduce quantities consumed by adults so children can eat?	3
Livelihood based	
Sold household assets/goods (jewellery, refrigerator, television, electronic devices, etc.)	2
Spent savings	1
Bought food on credit	2
Borrowed money from non-relatives/friends to cover basic needs (food, education, health,...)	2
Gather unusual types of food (from the garbage, left-overs from restaurants, immature/rotten food, etc.)	4
Sold productive assets or means of transport (tools, bicycle, car)	3
Withdrew children (under 18) from school	3
Reduced expenses on food to cover other basic needs	2
Reduced expenses on health to cover other basic needs	2
Reduced expenses on education to cover other basic needs	2
The entire household had to move to another location or change the type of accommodation in order to reduce rental expenditure, ensure better access to education or health, or to have better work opportunities	3
Sent children (under the age of 18) to work in order to generate additional income/resources	4
Sent household members to beg	4
Members of the household returned to Syria to provide resources for the household or to reduce household expenditure	4

As an example, if a household relied on less expensive food (1) for 3 days and borrowed food from relatives (2) for five days during the last week then '**Consumption coping index**' = $(1 \times 3) + (2 \times 5) = 13$. Or if the household gathered unusual types of food (4) and sold household assets (2) during the last month or before, then '**Livelihood coping index**' = $4 + 2 = 6$.

In the surveys individuals are asked for how many days they consumed a number of food products at home. The number of days each product is consumed is multiplied with a score to come up with the overall **food consumption score** to measure diet diversity. Table 11 details the scores assigned to different food groups¹⁴⁷.

¹⁴⁷ Source: WFP document on Food consumption score: http://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp271745.pdf?_ga=2.49019427.429533943.1514364042-2015169499.1514364042

Table 11 Categories and values for calculation of the 'food consumption score'

Food product	Score
Cereals, grains, roots & tubers: rice, bulgur, bread, pasta, potato, etc.	2
Pulses, nuts & seeds: beans, chickpeas, lentils, etc.	3
Vegetables & leaves: spinach, cucumber, eggplant, tomato, etc.	1
Fruits: citrus, apple, banana, dates, etc.	1
Eggs, Meat, fish: beef, lamb, chicken, liver, kidney, fish (incl. canned tuna), eggs, etc.	4
Milk and dairy products: yogurt, cheese, milk, etc.	4
Oil and fat: vegetable oil, butter, ghee, etc.	0.5
Sugar and sweets: sugar, honey, cakes, sugary drinks, etc.	0.5
Spices and condiments: tea, garlic, tomato sauce, etc.	0

Using CVME 5, it is also possible to calculate an **asset index**¹⁴⁸. In the CVME5 survey households are asked if they have a certain list of assets. Ownership of variables are turned into a continuous index using principal component analysis. PCA is a 'data reduction' procedure. The objectives of a PCA are: i) to discover or reduce the dimensionality of the data set and ii) to identify new meaningful underlying variables. The first principal component explains the largest proportion of the total variance and it is used as the wealth index to represent the household's wealth. The list of assets as used in the asset index are as follows:

- mattresses
- beds
- blankets
- clothes
- fridge
- phone
- washing machine
- oven
- smart phone
- dishwasher
- stove
- central heating
- air conditioner
- television
- mobile data
- computer
- satellite dish
- motorcycle
- car
- van
- Wi-Fi

A variety of statistical methods (e.g. regression analysis and kernel density estimation) were subsequently used to provide evidence against different indicators within the evaluation matrix. Some further quantitative analysis was carried out at the sectoral level and is explained within the sector reports.

ii. Analysis of online survey data

Quantitative data obtained from the online survey was aggregated and analyses in Excel with the answers to sector questions cross-tabulated with answers to the demographic questions to enable comparison (e.g. across gender, age, nationality, employment status, arrival date in Turkey, Turkish proficiency, and registration status).

iii. Costing needs and budget analysis

The Facility has made a contribution to increasing service availability for refugees in Turkey. The Turkish government has also made a significant contribution for making services available to Syrians in this time period and made health and education services openly available to all registered refugees.

This evaluation used quantitative analysis to make an estimation of the financial costs of the need for services brought about by the arrival of so many refugees in Turkey. This helped the evaluation team to

¹⁴⁸ Source: WFP 2018, Creation of a Wealth Index <https://docs.wfp.org/api/documents/WFP-0000022418/download/#:~:text=The%20first%20principal%20component%20explains,to%20calculate%20the%20principal%20component.&text=The%20higher%20the%20score%20of%20the%20index%2C%20the%20wealthier%20the%20household>

establish a picture of the extent to which the Turkish health and education systems would need to theoretically expand to accommodate refugees and the growing Turkish population and thus to contextualise the extent of Facility support. The analysis used the sources described in Table 12.

Table 12 Sources for the costing of needs and analysis of budgets

Source	Information extracted
<i>EU Facility for Refugees in Turkey, List of Projects Committed / Decided, Contracted, Disbursed</i>	<ul style="list-style-type: none"> Only projects listed under the Facility First Tranche were included in the calculation for both sectors Cross-sectoral projects (such as projects for socio-economic sector and education at the same time) were included in the calculation Net payments made to projects in EUR as of specified years were retrieved from respective lists and net disbursements for 2015, 2016, 2017 and 2018 are calculated by authors for education and health sectors
<i>The Facility Results Framework Monitoring Reports</i>	<ul style="list-style-type: none"> Number of health workers receiving salaries and/or incentives Number of state hospitals constructed Number of primary healthcare consultations provided to refugees Number of educational personnel receiving salaries and/or incentives Number of schools constructed Number of refugee children enrolled in school receiving Conditional Cash Transfers for Education (CCTE)
<i>Ministry of Health Statics Yearbooks (2018, 2017, 2016 and 2015)</i>	<ul style="list-style-type: none"> Total public health expenditure for Turkish citizens in USD Number of GPs, nurses and midwives working at family medicine centres in Turkey Number of visits to family medicine physicians
<i>MoNE National Education Statistics (2015-2016, 2016-2017, 2017-2018, 2018-2019)</i>	<ul style="list-style-type: none"> Number of students, teachers and schools Number of children in the school-age group (calculated based on TUIK population statistics)
<i>DG Lifelong Learning, MoNE (January 2020)</i>	<ul style="list-style-type: none"> Number of Syrian children in the school-age group Number of Syrian students

The analysis then proceeded in four steps:

1. Calculation of baseline unit cost and capacity per sector (2015)

The year 2015 was taken as the baseline year, prior to the intervention of the Facility. Then, a unit cost and per capita capacity in both health and education sectors in Turkey (only for the Turkish population) for this year was calculated. This was assumed to be the underlying level of 'cost per service' or 'capacity per population' that existed prior to the Facility and was available for Turkish citizens and throughout the exercise we tried to estimate the cost/capacity needed for providing this same level of baseline service quality (in terms of capacity or expenditure per user) to refugees.

In education, we calculated for instance the number of teachers per 1,000 students enrolled, and the number of schools per 10,000 students enrolled in the school age group (Ages 5-17). In health, we looked at the number of physicians, as well as nurses/midwives in the primary health care, per Turkish 100,000 population in the baseline. We also calculated the total public expenditure per child in the school-age group and per pupil in education, as well as total public sector health spending per population, as of 2015.

2. Calculation of the incoming refugee population and total need (2015-2019)

Secondly, we calculated the total population of refugees in need of health services and the total number of children in the school age group (Ages 5-17) for each of the years 2016-2019.

For health, we assumed that the population would need to be allocated the same unit capacity per person, of doctors and nurses/midwives in primary health care. We also assumed they would be allocated the same number of primary health care consultations per person as in the baseline.

For education, we used two different population figures: first, we considered the total amount of teachers and schools that are needed to keep the same pupil-school and pupil-teacher ratios with the addition of Syrian children's enrolment in school (at current rates). Secondly, we looked at the capacity and costs that would be involved if these children were enrolled at the same rate as Turkish children (with higher cost implications).

3. Accounting for increases in the Turkish population figures (2016-2019)

One complication in the analysis is that the Turkish population has also increased in this time period, at the same time as the refugee population. So, increases in service provision capacity benefit both the increased Turkish population and the refugees. We calculated in this step, the amount of resources that would be needed to keep the Turkish population at the same 'service provision' level – and allocate any excess capacity created by the government to refugees. For both sectors, we calculated the excess capacity (over the amount calculated based on unit costs/expenditure in the baseline) for 2016-2019.

For health, we took into consideration the increase in the Turkish population each year and look at the number of doctors that would be needed to cover this increasing population. From the increase in the capacity figures, we took out the number of health staff and teachers that would be needed to accommodate the Turkish population increase, then allocated the rest of the increase in health sector capacity to refugees.

For education, similarly, we looked at the number of teachers/schools that would be necessary to accommodate the increase in Turkish children's enrolment and allocated the rest of the increase in capacity to refugee children. In order to calculate total need for covering refugee children with education services, we looked at the cost of covering them at actual/current enrolment rates as well as the cost of covering their enrolment if they were to be enrolled at the same (higher) rate as Turkish children.

4. Calculation of Facility capacity and budget contribution in comparison to total need for refugees

The ET calculated the Facility disbursements for each sector from 2016-2018 using Facility Monitoring data on amounts committed, contracted and disbursed, which is available on the Facility website¹⁴⁹. The total need was then calculated (based on refugee population figures multiplied by baseline unit capacity) with the contribution coming from any excess (or deficit) capacity generated by the Turkish government and the capacity created by the Facility. Total need minus the contribution coming from both sides, gave us the figure for unmet need in each calculation.

iv. Interpretation of Facility monitoring data

To inform certain evaluation indicators the team has collated and analysed Facility monitoring data, which is collected by both IPs (at the intervention-level) and SUMAF (at the Facility-level), in a way that takes the analysis beyond what is presented in Facility Monitoring Reports, for example to inform the analysis on strategic indicators (in the evaluation matrix) which relate to targeting and needs; and speed of scale-up.

2.5.3. Triangulation and synthesis

Triangulation took place in a number of ways in this evaluation:

Data source triangulation: The document/literature review, quantitative data analysis, the sector studies and the beneficiary focus group alternatives employed all examined the same evaluation questions. This allowed the team to see where data sources agreed and where they diverged, and in the process assess the robustness of the evidence.

Methods triangulation: the variety of qualitative and quantitative analysis methods employed by the evaluation have enabled further triangulation of evidence.

Iterative triangulation through KIIs: key informant interviews provided opportunity for further triangulation in an iterative manner. Certain issues recurred through interviews, allowing the evaluators to define the issue and then refine the detail through subsequent interviews. Central-level KIIs with donors and implementing partners were undertaken to triangulate the data obtained from the document review and also filling the gaps. Apart from central-level KIIs, province-level KIIs were useful in triangulating the data by taking the views from the frontline of the implementation process.

¹⁴⁹ https://ec.europa.eu/neighbourhood-enlargement/sites/default/files/facility_table.pdf

Triangulation of beneficiary perspectives: A beneficiary perspective on the Facility was provided through alternatives to FGDs, and quantitative data. Information obtained through web scraping, the online survey and phone interviews was triangulated using these datasets collected during 2016-2020 which have a much larger sample than this evaluation. Hence it was possible to see how widespread some of the mentioned issues were in the larger refugee population.

2.6. Challenges and limitations

Limitations and remaining gaps in data are detailed in section 1 of all four of the evaluation's sectoral reports. However, there are two main challenges and limitations that applied across the whole of the evaluation; disruption to data collection (primarily, but not exclusively, due to COVID-19) and availability of and access to data.

2.6.1. Disruption to fieldwork

Two major situations had an impact on fieldwork, and these include: (i) Turkey's military operation in Syria and (ii) global spread of COVID-19, both of which coincided with fieldwork dates.

Turkey officially announced its fourth military operation named 'Spring Shield' on February 27, 2020, in Idlib, the week before the start of our fieldwork. Given this development in Idlib across the border from Hatay, and the unavailability of health staff to meet with the evaluation team in Hatay – due to the ongoing military operation and the need to focus health staff time on soldiers coming back from across the border, the evaluation team, after consultation with EUD, decided to replace Hatay with Adana as one of the sample provinces. The health and education sector interviews were scheduled for March 16, 2020, in Adana instead. It was also decided that for security reasons it was important that the whole team should travel together to the extent possible so while the education team could have completed interviews in Hatay, the field team diverted all sectoral interviews to Adana for the sake of consistency in sampling and the security of the evaluation team. Since the construction sites of public hospitals implemented by Council of Europe Development Bank (CoEB) and Agence Française de Développement (AFD) are located in Kilis and Hatay, the health team paid a short visit to these construction sites without spending the night in these provinces.

The second risk for the health and education teams emerged with the global COVID-19 outbreak, which led to some cancellations of the arranged interviews in the field. On March 11, 2020, WHO characterised COVID-19 as a pandemic, and on March 13, 2020, Europe became the 'epicentre' of the pandemic and Turkey decided to cancel flights in and out of 9 European countries on that same day. As this put the return flights of international evaluation team in jeopardy, they were flown out of Turkey on March 14th, after having completed two weeks of fieldwork, and the remainder of fieldwork in Adana and Istanbul was carried out remotely by the international team, and through face-to-face interviews and visits in Adana and Istanbul, by the local team.

There was one significant challenge that affected the whole fieldwork coordination in Field Phase II, which was the continued threat of COVID-19. The global spread of COVID-19 firstly coincided with the last week of Field Phase I, and global and country-level measures could not forestall the widespread of this infectious disease. Before the national team started organising Field Phase II in May, WHO already reported that 'over 1 million cases of COVID-19 had been confirmed worldwide, a more than tenfold increase in less than a month'. Amid this pandemic affecting many countries globally, the evaluation team, after discussions with the Commission, were given the green light to conduct interviews through video conferencing and phone calls rather than travelling to Turkey.

Due to several concerns about the security breaches of video conferencing apps, in line with the suggestion of EC, the team chose WebEx as the main tool for conducting online interviews. The socio-economic support and protection teams did not have any difficulties in arranging WebEx calls to carry out the central-level interviews with respective stakeholders. However, regarding the socio-economic provincial interviews, especially interviews with local SASFs, Ministry of Family, Labour and Social Services preferred to conduct the interviews via another online platform Zoom, which local SASF staff members are more familiar with. Since the MoFLSS arranged these interviews, the socio-economic support team accepted the Ministry's request.

Regarding the province-level interviews, the protection support teams preferred to conduct interviews on the phone for two reasons. Firstly, some of the local offices are located in remote areas and/or have low bandwidth that were considered to affect the quality of interviews. Also, since the evaluation team was requested to keep province-level interviews shorter due to the fact that these offices were considered as more mobile and busier units compared to central offices, the team preferred to arrange phone calls to avoid any loss of time to connect via video-conferencing invitations. All these arrangements ensured the high quality of data collection despite the global pandemic and respondents were punctual and responsive in terms of attending interviews during Field Phase II.

The impact of COVID-19 on central-level strategic interviews was mitigated to a certain extent by the willingness of key informants from the EC, Member States, INGOs, IFIs and UN agencies to meet via WebEx. The evaluation team also requested strategic-level (Team Leader) interviewees with key stakeholders in the Ministry of Health and Ministry of National Education but did not receive a response to these requests. The evaluation had also planned for the Team Leader to interview a representative of the Office of Vice President (the Facility liaison point on the Turkish government side), but, perhaps due to COVID-19, this also failed to materialise. As the Team Leader was unable to participate in province-level fieldwork, the opportunity to meet and talk with local governors or mayors was also reduced. Attempts were made to reach these stakeholders by remote methods, but without success.

2.6.2. Availability of data and access to data

Data access and availability in this evaluation has been constrained in two main ways.

Firstly, the Government of Turkey, according to national law, maintains strict protocols around the sharing of personal data. Certain statistical information held by Turkish government institutions, which would have been useful for the evaluation, was not made available due to government-wide policy and practice, based on the *Law on Protection of Personal Data No. 6698 of 7 April 2016*¹⁵⁰. This included demographic disaggregation of registration data and data on the educational attainment of refugee students, among others. These constraints are outlined by sector in the sectoral reports. Restrictive policies on data sharing do not apply exclusively to the Turkish government institutions. Similarly, certain reports prepared by the EUD in Ankara, such as the External Action Management Reports (EAMRs) and accurate data on the rate of disbursement to projects, were requested but not made available to the evaluation team.

The second major constraint in terms of data is about availability – whether the data actually exists. This evaluation has been limited in the extent to which it has been able to measure progress at ‘outcome’ level, as Facility monitoring has only, so far, been able to report on output data. To take an example from the education sector, the evaluation has the data and evidence confidence to conclude that ‘participation’ in education has substantially increased as a result of Facility interventions. However, due to limited data availability and access to it, the evaluation is not able to make a robust conclusion in relation to ‘improved learning outcomes’ for refugee students.

2.6.3. Evaluation scope

The evaluation process has also been challenged by its timing and the complexity of its scope. As both a ‘mid-term’ and ‘strategic’ evaluation of a very large portfolio of humanitarian and development assistance, it has naturally included some aspects which are mid-term in nature and others which are more common to end-line/ex-post evaluations. The evaluation team and the Commission did not set a clear cut off date, which would apply across the whole evaluation, preferring a more flexible interpretation of the scope to maximise the evaluation’s utility. This has, however, presented challenges in terms of movements in output indicator values during the course of the evaluation, and led to difficult decisions regarding the extent to which the analysis should consider actions financed under the second tranche of the Facility for Refugees in Turkey.

¹⁵⁰ <https://www.dataguidance.com/notes/turkey-data-protection-overview>.

2.7. Evaluation matrix

Evaluation question	Judgement criteria	Indicators	Document data sources	Data collection methods
Strategic evaluation questions				
EQ1: To what extent are the Facility strategy and interventions responding to the real needs of target population and of the hosting country?	JC 1.1 The Facility strategy and interventions are based on a comprehensive and independent assessment of the needs of the target population	<ul style="list-style-type: none"> I 1.1.1 Extent of alignment of the Facility strategy with independent needs assessment findings I 1.1.2 Extent to which Facility interventions are designed in line with needs assessment findings I 1.1.3 Extent to which key stakeholders at local, national and international level recognise alignment of the Facility with the needs of the target population I 1.1.4 Evidence of SuTPs, host community members, unregistered and non-Syrian refugees reached by Facility interventions disaggregated by age and gender 	Facility Strategy Needs Assessment Gaps Assessment Action documents Results reporting Steering Committee Minutes	Document review Portfolio analysis KIIs
	JC 1.2 The Facility strategy reflects the evolution of national policy priorities on migration and refugees and the Facility's sectors of focus (education, health, socio-economic support, refugee protection and migration management)	<ul style="list-style-type: none"> I 1.2.1 Extent of Facility strategy and interventions aligning with national policy priorities I 1.2.2 Extent of Facility strategy and interventions being adapted to evolutions in national policy priorities I 1.2.3 Extent to which key stakeholders at local, national and international level recognise the Facility's alignment with national policy priorities 		
EQ2: To what extent has the Facility contributed, and is at present contributing, to creating an environment of equal opportunities for all, in particular for the most vulnerable groups of population as per the 'no-one left behind' and protection principles?	JC 2.1 The targeting of host communities and Syrians under Temporary Protection is appropriate	I 2.1.1 Programming incorporates provisions for targeting Syrians under Temporary Protection and host communities	Annual Facility Reports Action Documents Datasets PAB, PDMs, CVMEs collected by WFP's VAM Unit Existing evaluation reports of Facility financed programmes	Document review Portfolio analysis KIIs FGDs
	JC 2.2 The Facility has targeted unregistered and non-Syrian refugees	<ul style="list-style-type: none"> I 2.2.1 Programming incorporates provisions for targeting of unregistered and non-Syrian refugees I 2.2.2 Evidence of unregistered and non-Syrian refugees reached by Facility interventions disaggregated by age and gender 		
	JC 2.3 The Facility's response is equally relevant to men, women, girls and boys and to different age groups	<ul style="list-style-type: none"> I 2.3.1 Programming is based on gender and age analysis I 2.3.2 Interventions are tailored to the needs of men, women, girls and boys I 2.3.3 Interventions are tailored to the needs of different age groups 		

Evaluation question	Judgement criteria	Indicators	Document data sources	Data collection methods
	JC 2.4 The Facility's response has adequately reflected the needs of persons with disabilities	I 2.4.1 Programming is based on analysis of the needs of persons with disabilities including age and gender considerations I 2.4.2 Interventions are tailored to meet the needs of persons with disabilities		
	JC 2.5 The Facility has ensured mainstreaming a protection approach throughout all sectoral interventions	I 2.5.1 Programming is based on analysis of protection needs I 2.5.2 Interventions are consistent with protection principles		
EQ3: To what extent, and how, have the institutional set-up, programming approach and implementation procedures of the Facility influenced its capacity to generate the expected outputs and contribute to the achievement of outcomes and impacts? What other factors – political, organisational, human, technical or financial – have influenced the performance of the Facility?	JC 3.1 The institutional set-up is conducive to timely and efficient implementation	I 3.1.1 Extent to which identification and formulation processes are efficient I 3.1.2 Extent to which Facility governance mechanisms facilitate efficient and timely delivery I 3.1.3 Extent to which the Facility has the right mix of management and technical support processes I 3.1.4 Extent to which supervision and guidance from the Facility Secretariat facilitate the implementation of programmes	Facility strategic documentation ECA report DG ECHO evaluation report EUTF Evaluation report Steering Committee minutes	Document review Portfolio analysis KIIs
	JC 3.2 The Facility set-up is conducive to choosing the appropriate mix of funding instruments and programming modalities for interventions	I 3.2.1 Funding instrument choices (IPA, EUTF, HUMA, ICSP) are coherent with Facility strategy priorities and assessment of needs I 3.2.2 Extent to which types of interventions funded are complementary (e.g. emergency, recovery, development) I 3.2.3 Extent to which types of interventions funded do not overlap and avoid duplication I 3.2.4 Extent to which choice of programming modalities (e.g. direct grant vs. indirect management) ensure efficient implementation		
	JC 3.3 The Facility involves relevant stakeholders in the identification and design of interventions as part of its programming approach	I 3.3.1 Extent to which types of stakeholders involved in the identification of Facility interventions are relevant I 3.3.2 Extent to which types of stakeholders involved in the design of Facility interventions are relevant		
	JC 3.4 Implementation procedures integrate flexibility and support for the identification and formulation of projects/ programmes	I 3.4.1 Extent to which Facility procedures allow flexibility to incorporate changes to projects/ programmes (during identification, formulation and implementation) I 3.4.2 Evidence of the way in which the Facility accommodates and manages the regulations and procedures specific to each funding instrument I 3.4.3 Evidence that programmes identified and approved under the Facility are based on sound results-based planning (e.g. intervention logic, RACER indicators, implementation timelines)		

Evaluation question	Judgement criteria	Indicators	Document data sources	Data collection methods
	JC 3.5 The choice of partners is conducive to timely and effective implementation	I 3.5.1 Evidence of implementation timeframe and disbursement rates for interventions I 3.5.2 Implementing partner capacity and remit is consistent with intervention focus I 3.5.3 Adequate mechanisms in place to assess implementing partner workload and human and financial resources assigned to interventions		
	JC 3.6 The Facility has successfully managed organisational, human and technical factors that influence performance	I 3.6.1 Evidence of planning for risk management and mitigating measures related to organisational, human and technical factors I 3.6.2 Evidence of the Facility efficiently managing organisational, human and technical factors influencing performance		
	JC 3.7 The Facility has successfully managed political factors that influence performance	I 3.7.1 Evidence of planning for risk management and mitigating measures related to political factors affecting performance I 3.7.2 Evidence of the Facility's management of political factors influencing performance		
EQ4: To what extent did the common Results Framework and monitoring/ reporting approach contribute to a coordinated and coherent Facility response and to adapted management and learning?	JC 4.1 The Facility supports the achievement of results by providing reporting and evidence-base policy making	I 4.1.1 The quality of the common Results Framework is adequate for measuring results and for reporting I 4.1.2 Monitoring mechanisms are in place for efficient reporting I 4.1.3 Extent to which monitoring mechanisms support collection and analysis of high-quality data I 4.1.3 Monitoring data is consistently employed for evaluation and assessment I 4.1.4 Extent to which evaluation and assessment results are used in policymaking	ECA report Results Framework Facility Monitoring Reports Steering Committee Minutes	Document review KIIs
	JC 4.2 The monitoring and reporting at Facility-level has contributed to a coordinated and coherent Facility response and to adaptive management and learning	I 4.2.1 Evidence of extent to which monitoring and reporting are being used for strategic-level coordination I 4.2.2 Evidence of extent to which monitoring and reporting are being used for course-correction and adaptation at thematic/ portfolio level		
	JC 4.3 The monitoring at action-level has contributed to adaptive management and learning	I 4.3.1 Evidence of extent to which monitoring and reporting are informing action-level identification and design I 4.3.2 Evidence of extent to which monitoring and reporting are informing action-level course correction and adaptation		
	JC 4.4 The evaluations under the Facility (action/ thematic/ portfolio) have contributed to adaptive management and learning	I 4.4.1 Evidence of extent to which evaluations are being used for strategic-level adaptation and learning I 4.4.2 Evidence of extent to which evaluations are being used in identification and design of interventions		

Evaluation question	Judgement criteria	Indicators	Document data sources	Data collection methods
EQ5: To what extent is the Facility's strategy and programming in line with the tenets of the Global Compact for Refugees and Lives in Dignity?	JC 5.1 The Facility has ensured safeguarding the respect of humanitarian principles and the European Consensus on Humanitarian Aid	I 5.1.1 Evidence of consistency of humanitarian interventions with humanitarian principles and European Consensus on Humanitarian Aid in Facility strategic documents I 5.1.2 Evidence of consistency of humanitarian interventions with humanitarian principles and European Consensus in Action documents	DG ECHO evaluation report DG ECHO's Humanitarian Implementation Plans (HIPs) European Consensus on Humanitarian Aid European Consensus on Development Lives in Dignity	Document review Portfolio analysis KIIs
	JC 5.2 Programming of interventions factors in transition from relief to rehabilitation and development and involves all relevant stakeholders	I 5.2.1 Evidence of transition planning in programming of interventions between Commission services I 5.2.2 Evidence of transition planning in programming of interventions with implementing partners I 5.2.3 Evidence of transition planning in programming of interventions with host government counterparts I 5.2.4 Evidence that transition planning appropriately accounts for all relevant considerations (e.g. capacity, timing, content) I 5.2.5 Evidence that the Facility has promoted coordination between all relevant stakeholders (e.g. government, NGOs, donors, private sector, etc.) I 5.2.6 Extent of change in perception of burden-sharing between stakeholders by working through the Facility		
	JC 5.3 The Facility enables successful 'phasing out' of humanitarian assistance and phasing in of medium-term interventions or phasing back to humanitarian assistance when needed	I 5.3.1 Evidence of interventions that have phased out from emergency assistance to medium-term ones I 5.3.2 Evidence of interventions that have phased from medium-term to emergency		
	JC 5.4 The Facility has contributed to strengthening the capacity of the Turkish national system to assume responsibilities to ensure the sustainability of assistance once Facility support ceases	I 5.4.1 Evidence of Facility support strengthening professional capacity of Turkish government counterparts to assume responsibilities for Facility interventions I 5.4.2 Evidence of Facility support strengthening organisational capacity of Turkish government counterparts to assume responsibilities for Facility interventions I 5.4.3 Evidence of Facility interventions taken over by host government counterparts as a result of strengthened capacity to take over responsibilities		
	JC 5.5 The Facility has ensured alignment with the EU's development policy and the SDGs	I 5.1.1 Evidence of consistency of development interventions with the New European Consensus on Development in Facility strategic documents I 5.1.2 Evidence of consistency of development interventions with the European Consensus on Development in Action documents		

Evaluation question	Judgement criteria	Indicators	Document data sources	Data collection methods
EQ6: To what extent is the Facility-strategy relevant to and coherent with the EU's overall policy and normative framework, relevant policy orientations and sectoral frameworks, and with relevant international standards?	JC 6.1 The Facility strategy is coherent with EU policy orientations and procedures	I 6.1.1 The Facility strategy is consistent with relevant policy frameworks (e.g. the European Consensus on Humanitarian Aid, New European Consensus on Development, Lives in Dignity) I 6.1.2 The Facility strategy is aligned with EU implementation rules and regulations (e.g. Regulation (EU) no. 236/2014 on procedure for implementation of EU instruments)	Steering Committee Minutes Relevant EU treaties and regulations DG ECHO's Humanitarian Implementation Plans (HIPs) DG ECHO's Protection Policy GAMM, EAM documentation European Commission Special Measures EU Gender Action Plan UN/ international documentation on relevant guidelines and standards	Document review Portfolio analysis KIIs
	JC 6.2 The Facility strategy is coherent with relevant sectoral policy frameworks	I 6.2.1 The Facility strategy is coherent with the Global Approach to Migration and Mobility I 6.2.2 The Facility strategy is coherent with the Education in Emergencies Communication I 6.2.3 The Facility strategy is coherent with the Common Principles for Multi-Purpose Cash-based Assistance to Respond to Humanitarian Needs		
	JC 6.3 The Facility strategy is coherent with relevant gender standards	I 6.3.1 The Facility is coherent with relevant EU gender standards (e.g. EU Gender Action Plan II) I 6.3.2 The Facility is coherent with international gender standards (e.g. guidelines for mainstreaming gender in humanitarian and development assistance)		
	JC 6.4 The Facility strategy is coherent relevant EU refugee protection standards across all sectors of operation	I 6.4.1 The Facility strategy is coherent with EU standards for migration management and refugee protection		
EQ7: To what extent has the Facility been, and is at present, maximizing the EU cooperation potential and the EU added value?	JC 7.1 European (i.e. EC + Member States) actors have contributed to establishing and/or effectively implementing co-ordination mechanisms (particularly in the areas of prioritisation, programming, and monitoring and evaluation)	I 7.1.1 Evidence of establishment of coordination mechanisms at European actor-level for prioritisation, programming, and monitoring and evaluation I 7.1.2 Extent to which there is efficient use of coordination mechanisms for prioritisation, programming, and monitoring and evaluation	Steering Committee Minutes Annual Reviews of EU MS contributions 3RP Regional Strategic Overviews	Document review KIIs
	JC 7.2 The Facility has ensured complementarity between its interventions and those of the EU Member States and those implemented by other EU instruments as well as EU funding outside the Facility	I 7.2.1 Evidence of analysis of complementarity between Facility interventions and those of EU MS and/ or other EU instruments I 7.2.2 Evidence of overlap between Facility interventions and those of EU MS and/ or other EU instruments		
	JC 7.3 The Facility added benefits to what would have resulted from action taken by the EU MSs on their own	I 7.3.1 Evidence of Facility's leveraging of funds has enabled MS participation in Facility interventions (e.g. volume, scope of interventions) I 7.3.2 Evidence that the EU's convening power has enabled MS participation in Facility		

Evaluation question	Judgement criteria	Indicators	Document data sources	Data collection methods
	JC 7.4 The Facility complements other non-EU donors' strategies	I 7.4.1 Evidence of Facility intervention identification accounting for non-EU donor strategies		
Sectoral evaluation questions				
Education				
EQ8: To what extent have the Facility interventions contributed to an increased participation (enrolment, retention, transition, completion) in inclusive, equitable, quality education of refugee children and youth?	JC 8.1 The Facility education response has made possible refugee children and youth's increased enrolment in, attendance, advance through and completion of formal education	I 8.1.1 % change in enrolment rates at different formal education levels I 8.1.2 % change in enrolment rates in non-formal education I 8.1.3 % change in school attendance I 8.1.4 % change in retention between grades I 8.1.5 % change in completion of secondary school I 8.1.6 % change in transition from non-formal to formal enrolment I 8.1.7 Extent to which barriers to enrolment, attendance, retention, transition and completion have been overcome I 8.1.8 Extent to which language of instruction issues have been overcome I 8.1.9 Extent of reported measurable change in Syrian non-registered and non-Syrian refugee access to education disaggregated by age and gender	Datasets PAB, PDMs, CVMEs collected by WFP's VAM Unit	Document review Portfolio analysis Direct observation KIIs FGDs
	JC 8.2 The Facility education response has contributed to a better equipped Turkish education system, adapted to providing safe, inclusive, equitable, quality education to refugees along with host community students	I 8.2.1 % change in trained, qualified teachers who are deployed and teaching refugee and host-community students I 8.2.2 % change in # of Turkish classrooms, accommodating refugee and host-community students, I 8.2.3 # of newly constructed, and well-renovated, well-repaired, well-furnished Turkish classrooms with support from the Facility I 8.2.4 # of Turkish classrooms supplied with sufficient textbooks and other teaching-learning materials with support from the Facility I 8.2.5 Evidence of reported measurable change in classrooms in which active, participatory, child-centred pedagogical methods are being used I 8.2.6 Evidence of measurable change in schools teaching refugee and host community students in the same classrooms I 8.2.7 Evidence of measurable change in children with disabilities enrolled in formal schools including disaggregation by age and gender		
	JC 8.3 The Facility education response has contributed to improved learning outcomes of refugee and host-community children and youth	I 8.3.1 Reported change in level of school performance of refugee children and youth I 8.3.2 Evidence of measurable change in refugee children and youth who have completed back-up and catch-up classes funded by the Facility		
Health				
EQ9: To what extent has the Facility contributed in an inclusive and equitable way to the availability, accessibility and demand for	JC 9.1 The Facility has contributed to an increased availability of healthcare services	I 9.1.1 Extent of measurable change in availability of health workers and physicians supported I 9.1.2 % change in availability and coverage of healthcare facilities supported	CVME datasets collected by WFP VAM Unit	Document review Portfolio analysis

Evaluation question	Judgement criteria	Indicators	Document data sources	Data collection methods
healthcare services - and as a consequence contributed to an improved health status of the refugee population?		I 9.1.3 % change in availability and coverage of health services through mobile clinics supported		Direct observation KIIs FGDs
	JC 9.2 The Facility has contributed to an increased accessibility of healthcare services	I 9.2.1 Extent to which health services are equally accessible to refugee and host community members I 9.2.2 Extent to which health services are equally accessible across sex groups I 9.2.3 Extent to which health services are accessible to different age groups I 9.2.4 Extent to which health services are accessible to persons with disabilities I 9.2.5 Extent to which health services are accessible to non-registered Syrian and non-Syrian refugees I 9.2.6 Extent to which language barriers have been overcome I 9.2.7 Extent to which health services are accessible in both rural and urban areas		
	JC 9.3 The Facility has contributed to an increased demand for healthcare services	I 9.3.1 % change in primary healthcare services (migrant health centres) accessed I 9.3.2 % change in secondary healthcare services (public hospitals) accessed by SuTP I 9.3.3 % change in referrals to psychosocial services, and community mental health services accessed by SuTP		
	JC 9.4 The Facility health response is relevant to the target population's identified health needs	I 9.4.1 Extent to which health conditions and needs are adequately and sufficiently addressed for all relevant target groups (e.g. females, males, rural and urban, all age groups, people with disabilities, non-registered and registered Syrians, non-Syrian refugees, host community) I 9.4.2 Extent to which mental health conditions and psychosocial needs are adequately and sufficiently addressed for all relevant target groups (e.g. females, males, rural and urban, all age groups, people with disabilities, non-registered and registered Syrians, non-Syrian refugees, host community)		

Socio-economic support

Evaluation question	Judgement criteria	Indicators	Document data sources	Data collection methods
EQ10: To what extent has the Facility contributed in an inclusive and equitable way to basic needs, employment prospects, livelihood opportunities and social cohesion – and as a result contributed to an improved socio-economic situation of refugees?	JC 10.1 The Facility has ensured the coverage of basic needs including the most vulnerable refugees	I 10.1.1 Extent of basic needs coverage of registered Syrian refugees in line with identified needs I 10.1.2 Extent of basic needs coverage of non-registered Syrian or non-Syrian refugees in line with identified needs I 10.1.3 Extent of basic needs coverage across gender and age groups in line with identified needs I 10.1.4 Extent of basic needs coverage of persons with disabilities in line with identified needs	ESSN Evaluation Report Datasets PAB, PDMs, CVMEs collected by WFP VAM Unit WFP Social Cohesion Survey Report WFP Livelihood Survey	Document review Portfolio analysis Direct observation KIIs FGDs
	JC 10.2 The Facility has contributed to improved employment prospects of Syrian refugees and host communities and has enabled engagement in livelihood opportunities	10.2.1 % change in number of Syrian refugees registered with ISKUR 10.2.2 # of beneficiaries in livelihood opportunities financed through the Facility 10.2.3 % of participation across groups (gender, age, disability, registered and non-registered Syrians and non-Syrians) 10.2.4 Reported change in performance of refugee and host community students who have completed VET supported by the Facility		
	JC 10.3 The Facility's community-level activities have contributed to an improved social cohesion between refugees and the communities that host them	10.3.1 Extent of measurable change in attendance of community centres by refugees and host communities 10.3.2 Extent of measurable change in attendance of social cohesion activities by refugees and host communities 10.3.3 % engagement in social cohesion activities across groups (gender, age, disability, registered and non-registered Syrians, non-Syrian refugees, and host communities)		
Refugee protection				
EQ11: To what extent has the Facility contributed to the registration and referral of refugees to appropriate protection services? ¹⁵¹	JC 11.1 The Facility has contributed to the registration of refugees	11.1.1 Number of refugees whose status with the GOTR was regularized ¹⁵² through Facility interventions 11.1.2 Evidence of status regularisations disaggregated by age, gender and disability	ECHO Protection Policy Consensus on Humanitarian Aid Monitoring reporting ECHO Evaluation	Document review Portfolio analysis Direct observation KIIs FGDs
	JC 11.2 The Facility has contributed to raising refugees' awareness of their rights and obligations	11.2.1 Number of refugees participating in group activities to provide information and raise awareness 11.2.2 Level of refugee awareness of their rights and obligations ¹⁵³		

¹⁵¹ Note that, although DG ECHO is by far the major source of funding for protection, the scope of this EQ also includes registration, awareness-raising and referral activities with ASAM and TRCS funded by DG NEAR, and protection services for non-Syrians as well as Syrians

¹⁵² We would define regularisation as registration (if unregistered), verification (which is one of the few countable parameters), updating (for example inter-provincial moves) or correcting the registration record (change of status including for example, de-registration in the case of refugees leaving Turkey or naturalising)

¹⁵³ This could be assessed through Focus Groups or a beneficiary survey, if these are permitted. If not permitted, then the team would need to rely on partial data from existing sources

Evaluation question	Judgement criteria	Indicators	Document data sources	Data collection methods
	JC 11.3 The Facility has strengthened refugee access to specialised protection services	11.3.1 Number of referrals from refugee service points (registration centres, hospitals, schools, community centres etc) to specialised protection services of government and non-government service providers with support from the Facility 11.3.2 Level of refugee satisfaction with the protection services received after referral from partners funded by the Facility ¹⁵⁴		
	JC 11.4 The Facility has put in place provisions for the sustainability of protection interventions	11.4.1 Extent to which humanitarian protection interventions have established links with non-Governmental support programmes to ensure ongoing access to legal and other protection services 11.4.2 Extent to which humanitarian protection interventions have established links with Governmental support programmes to ensure ongoing access to legal and other protection services		
Migration management				
EQ12: To what extent has the Facility contributed to migration management that is in line with human rights standards?	JC 12.1 The Facility has contributed to migrants being received and hosted in adequate conditions	I 12.1.1 Number of removal centres habilitated to align with international human rights and refugee protection standards with support from the Facility I 12.1.2 Number of removal centres established and operational with support from the Facility I 12.1.3 Number of migrants assisted by the Facility in removal centres with support from the Facility	Monitoring reporting	Document review Portfolio analysis
	JC 12.2 The Facility has contributed to the increased capacity of Turkish immigration officials and the Turkish Coast Guards to assist migrants in line with human rights standards	I 12.2.1 Number of Turkish immigration officials trained on migration-related topics, including compliance with human rights standards with support from the Facility I 12.2.2 Number of Turkish Coast Guards trained on migration-related topics, including compliance with human rights standards with support from the Facility		

¹⁵⁴ This could be assessed through Focus Groups or a beneficiary survey, if these are permitted. If not permitted, then the team would need to rely on partial data from existing sources

Annex 3: List of documents reviewed

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Annex 4: List of stakeholders interviewed

1. Summary

Categorisation	Health	Education	Socio-economic Support	Refugee Protection	Migration Management	Strategic	Totals
European Commission	12	18	18	21	3	42	114
Member States (and non-EU donors)	0					15	15
Turkish Government	39	39	15	14	1		108
International Financial Institutions (IPs)	4	8	5	3		2	22
NGOs (IPs)	17	25	18	15			75
UN Agencies (IPs)	5	10	22	18	1	5	61
Think-tanks/ academics/ CSOs	15	1	6	7		1	30
Service providing staff/beneficiaries	57	43	16	15			131
Totals	149	144	100	93	5	65	557

2. Strategic

Category	Sub-Category	Number of stakeholders interviewed	Location	Date
Academic/Think Tank	European Council on Refugees and Exiles (ECRE)	1	Brussels	July 2020
European Commission	ECHO Field	3	Ankara	November 2019 March 2020
European Commission	EUD	9	Ankara	March – July 2020
European Commission	Independent Consultant	1	Bodrum	June 2020
European Commission	DG NEAR	4	Brussels Ankara	November 2019 July 2020
European Commission	DG ECHO	4	Brussels	November 2019 July 2020
European Commission	EUD	1	Baku	July 2020
European Commission	EUD	3	Ankara	November 2019 July 2020
European Commission	SUMAF	2	Ankara	November 2019
European Commission	EUD	2	Ankara	November 2019
European Commission	DG NEAR	3	Brussels	November 2019
European Commission	DG ECHO Field	3	Ankara	November 2019
European Commission	DG NEAR	2	Brussels	November 2020
European Commission	EUTF M&E Contractor	1	Brussels	November 2019

European Commission	EUD	5	Ankara	November 2019
IP - UN organisation	UNHCR	3	Ankara	March 2020 July 2020
IP - UN organisation	WFP	1	Ankara	July 2020
IP - IFI	GIZ	2	Ankara	July 2020
Member State	Denmark	1	Ankara	March 2020
Member State	Germany	1	Ankara	March 2020
Member State	Ireland	1	Ankara	March 2020
Member State	Netherlands	1	Ankara	March 2020
Member State	Sweden	1	Ankara	March 2020
Member State	UK DFID	5	Ankara / Glasgow / London	July 2020
Member State	Swedish Embassy - Ankara	2	Ankara	November 2019
Non-EU donor	US State Department, Ankara	2	Ankara	July 2020
Non-IP - UN organisation	UN RCO	1	Ankara	July 2020
Total		65		

3. Education

Category	Sub-Category	Number of stakeholders interviewed	Location	Date
European Commission	EUD	3	Ankara	March 2020
European Commission	SUMAF	5	Ankara	March 2020
European Commission	EUD	2	Skype	April 2020
European Commission	DG ECHO Field	1	Skype	November 2019
European Commission	DG ECHO HQ	1	Skype	November 2019
European Commission	DG ECHO Regional Field Office	1	Skype	November 2019
European Commission	EUD	3	Skype	November 2019
European Commission	DG NEAR	1	Skype	November 2019
European Commission	SUMAF	1	Skype	November 2019
Government institutions	Presidency for Turks Abroad and Related Communities	3	Ankara	March 2020
Government institutions	MoNE - Construction and Real Estate Department	2	Ankara	March 2020
Government institutions	MoNE - PICTES Unit	9	Ankara	March 2020
Government institutions	MoNE - Basic Education - Monitoring and Evaluation	1	Ankara	March 2020
Government institutions	MoNE - TVET	2	Ankara	March 2020
Government institutions	MoNE- Basic Education	2	Ankara	March 2020
Government institutions	MoNE -PICTES Unit	2	Ankara	March 2020
Government institutions	MoNE - Construction and Real Estate Department	1	Ankara	March 2020
Government institutions	MoNE - Lifelong Learning	2	Ankara	March 2020
Government institutions	MoNE - EU and External Relations	2	Ankara	March 2020
Government institutions	MoNE - PDNE Şanlıurfa	1	Şanlıurfa	March 2020

Government institutions	MoNE - PDNE Gaziantep	1	Gaziantep	March 2020
Government institutions	MoNE - PDNE Osmaniye	5	Osmaniye	March 2020
Government institutions	MoNE - PDNE Adana	2	Adana	March 2020
Government institutions	MoNE - PDNE İstanbul	3	İstanbul	March 2020
Government institutions	MoNE - Construction and Real Estate Department	1	Phone	April 2020
IP - IFIs	GIZ	1	Ankara	March 2020
IP - IFIs	KfW	2	Ankara	March 2020
IP - IFIs	World Bank	5	Skype	March 2020
IP - INGOs	SPARK	3	Ankara	March 2020
IP - INGOs	DAAD	2	Ankara/Skype	March 2020
IP - INGOs	CONCERN	4	Şanlıurfa / Skype	March 2020
IP - INGOs	SPARK	4	Gaziantep	March 2020
IP - UN	UNICEF	10	Gaziantep / Skype	March 2020
IP - INGOs	ASAM	2	Ankara	March 2020
IP - INGOs	RSC	3	Ankara	March 2020
IP - INGOs	ASAM	4	Ankara	March 2020
IP - INGOs	TRC	2	Gaziantep	March 2020
IP - INGOs	ERI	1	Skype	March 2020
NGOs / Think tanks / Academicians	Koç University	1	Skype	March 2020
Service providing staff	Şanlıurfa İbni Sina Primary School	2	Şanlıurfa	March 2020
Service providing staff	Şanlıurfa Ahmet Yesevi Primary School	3	Şanlıurfa	March 2020
Service providing staff	Şahinbey Public Education Centre	2	Gaziantep	March 2020
Service providing staff	Gazikent youth Center	3	Gaziantep	March 2020
Service providing staff	Gaziantep Mehmet Gürteks Adaptation Center	1	Gaziantep	March 2020
Service providing staff	Gaziantep Gürteks Mehmet Hayri Özkaya Primary School	2	Gaziantep	March 2020
Service providing staff	Gaziantep Şehitkamil Karagül Pre-School	3	Gaziantep	March 2020
Service providing staff	Gaziantep Mehlika Aevli Secondary School	1	Gaziantep	March 2020
Service providing staff	Gaziantep İstiklal Religious Secondary School	1	Gaziantep	March 2020
Service providing staff	Osmaniye Mimar Sinan Primary School	2	Osmaniye	March 2020
Service providing staff	Osmaniye Cevdetiye Refugee Camp Primary School	1	Osmaniye	March 2020
Service providing staff	Adana Yüreğir Karacaoğlan Pre-Primary School	1	Adana	March 2020
Service providing staff	Adana Seyhan Mithatpaşa Primary School	2	Adana	March 2020
Service providing staff	Adana Yüreğir Yavuzlar Secondary School	1	Adana	March 2020
Service providing staff	İstanbul Fatih Muallim Naci Primary School	1	İstanbul	March 2020
Service providing staff	İstanbul Fatih Atikali Primary School	2	İstanbul	March 2020
Service providing staff	İstanbul Bağcılar Şükrü Savaşeri Secondary School	4	İstanbul	March 2020
Service providing staff	İstanbul Bağcılar Mehmet Akif İnan Secondary School (TEC)	1	İstanbul	March 2020
Beneficiaries	Undisclosed	10	Phone	August 2020
Total		144		

4. Health

Category	Sub-Category	Number of stakeholders interviewed	Location	Date
Beneficiaries	Women and Girls Safe Spaces	2	Şanlıurfa	March 2020
Beneficiaries	Tekstilkent Extended Migrant Health Center	1	Gaziantep	March 2020
Beneficiaries	Nizip Merkez No.3 Extended Migrant Health Centre	1	Gaziantep	March 2020
Beneficiaries	Nizip Mehmet Ozcan Family Medicine Centre	1	Gaziantep	March 2020
Beneficiaries	Osmaniye Adnan Menderes Migrant Health Centre	2	Osmaniye	March 2020
European Commission	EUD	2	Skype	March 2020
European Commission	SUMAF	5	Ankara	March 2020
European Commission	EUD	2	Skype	November 2019
European Commission	SUMAF	1	Skype	November 2020
European Commission	DG ECHO Regional Field Office	1	Skype	December 2019
European Commission	EUD	1	Skype	05.08.2020
Government Institutions	Ministry of Health, SIHHAT Project Office	3	Ankara	March 2020
Government Institutions	Ministry of Health, DG of Public Health	6	Ankara	March 2020
Government Institutions	Ministry of Health, DG of Health Information System	1	Ankara	March 2020
Government Institutions	Ministry of Health, DG of EU and External Affairs	2	Ankara	March 2020
Government Institutions	Ministry of Health, DG of Health Investment	2	Ankara	March 2020
Government Institutions	Provincial Directorate of Health	7	Şanlıurfa	March 2020
Government Institutions	Provincial Directorate of Health	5	Gaziantep	March 2020
Government Institutions	Provincial Directorate of Health / Kilis Public Hospital Construction	1	Kilis	March 2020
Government Institutions	Provincial Directorate of Health	5	Osmaniye	March 2020
Government Institutions	Osmaniye Cevdetiye Refugee Camp	2	Osmaniye	March 2020
Government Institutions	Provincial Directorate of Health	2	Adana	March 2020
Government Institutions	Ministry of Health, DG of Health Investment	3	Hatay	March 2020
IP - IFIs	Agence Française de Développement	1	Ankara	March 2020
IP - IFIs	Council of Europe Development Bank	3	Skype	March 2020
IP - INGOs	GOAL	2	Ankara	March 2020
IP - INGOs	Union of Medical Care and Relief Organization (UOSSM)	3	Gaziantep	March 2020
IP - INGOs	Relief International	3	Gaziantep	March 2020
IP - INGOs	Médecins du Monde	1	Skype	March 2020
IP - INGOs	Association for Solidarity with Asylum-Seekers and Migrants (ASAM)	5	Ankara	March 2020
IP - INGOs	Refugee Support Centre	3	Ankara	March 2020
IP - UN Organizations	World Health Organization	2	Ankara	March 2020
IP - UN Organizations	United Nations Population Fund	3	Ankara	March 2020
NGOs / Think Tanks / Universities	Turkish Medical Association	1	Ankara	March 2020
NGOs / Think Tanks / Universities	Hacettepe University	1	Ankara	March 2020
NGOs / Think Tanks / Universities	The Economic Policy Research Foundation of Turkey (TEPAV)	5	Ankara	March 2020
NGOs / Think Tanks / Universities	Ankara University	2	Ankara	March 2020

NGOs / Think Tanks / Universities	Syrian American Medical Society (SAMS)	3	Gaziantep	March 2020
NGOs / Think Tanks / Universities	Koc University	2	Skype	March 2020
NGOs / Think Tanks / Universities	Istanbul University	1	Skype	March 2020
Service Providing Staff	Tekstilkent Extended Migrant Health Center	4	Gaziantep	March 2020
Service Providing Staff	Nizip Merkez No.3 Extended Migrant Health Centre	2	Gaziantep	March 2020
Service Providing Staff	Osmaniye Adnan Menderes Migrant Health Centre	2	Osmaniye	March 2020
Service Providing Staff	Osmaniye Extended Migrant Health Centre	2	Osmaniye	March 2020
Service Providing Staff	Osmaniye Cevdetiye Refugee Camp	2	Osmaniye	March 2020
Service Providing Staff	Hatay Public Hospital	2	Phone Interview	March 2020
Service Providing Staff	Meydan Community Mental Health Centre	1	Adana	March 2020
Service Providing Staff	Dortyol Public Hospital	1	Hatay	March 2020
Service Providing Staff	Eyyubiye Yenice Migrant Health Centre	1	Şanlıurfa	March 2020
Service Providing Staff	Akcakale Extended Migrant Health Centre	1	Şanlıurfa	March 2020
Service Providing Staff	Sanliurfa Karakopru Atakent No.11 Family Health Centre	1	Şanlıurfa	March 2020
Service Providing Staff	Tekstilkent Extended Migrant Health Centre	1	Gaziantep	March 2020
Service Providing Staff	Sehitkamil Istasyon Family Health Centre	4	Gaziantep	March 2020
Service Providing Staff	Nizip Merkez No.3 Extended Migrant Health Centre	1	Gaziantep	March 2020
Service Providing Staff	Nizip Mehmet Ozcan Family Medicine Centre	2	Gaziantep	March 2020
Service Providing Staff	Nizip Salih Ekmekci Healthy Living Centre	2	Gaziantep	March 2020
Service Providing Staff	Cancer Screening Truck	3	Gaziantep	March 2020
Service Providing Staff	Osmaniye Adnan Menderes Migrant Health Centre	1	Osmaniye	March 2020
Service Providing Staff	Osmaniye Merkez No.4 Şehit Turan Durmuş Bülbül Family Medicine Centre	1	Osmaniye	March 2020
Service Providing Staff	Osmaniye Extended Migrant Health Centre	1	Osmaniye	March 2020
Service Providing Staff	Osmaniye Cevdetiye Refugee Camp	1	Osmaniye	March 2020
Service Providing Staff	Meydan Community Mental Health Centre	2	Adana	March 2020
Service Providing Staff	Dortyol Public Hospital	2	Hatay	March 2020
Beneficiaries	Undisclosed	10	Phone	August 2020
Total		149		

5. Socio-economic support

Category	Sub-Category	Number of stakeholders interviewed	Location	Date
European Commission	DG NEAR	4	Brussels	June - July 2020
European Commission	European Commission	1	France	June 2020
European Commission	SUMAF	2	Ankara	June 2020
European Commission	DG ECHO	1	Brussels	June 2020
European Commission	DG ECHO-field	2	Brussels	July 2020
European Commission	EUD	2	Ankara	November 2019
European Commission	DG ECHO-field	3	Ankara	November 2019
European Commission	SUMAF	1	Ankara	November 2019
European Commission	DG ECHO HQ	1	Brussels	November 2019
European Commission	DG NEAR	1	Brussels	November 2019
Government institutions	ISKUR	2	Ankara	July 2020
Government institutions	DGMM	8	Ankara	July 2020
Government institutions	MoNE TVET	2	Ankara	July 2020
Government institutions	MoFLSS DG International Laborforce	1	Ankara	July 2020
Government institutions	MoFLSS DG Social Assistance	1	Ankara	July 2020
Government institutions	MoFLSS DG Family and Community Services	1	Ankara	July 2020
Service providing staff	SASF-Adana/Seyhan	1	Adana	July 2020
Service providing staff	SASF-Sanlıurfa/Suruc	1	Sanliurfa	July 2020
Service providing staff	SASF-Istanbul Zeytinburnu	1	Istanbul	July 2020
Service providing staff	SASF-Gaziantep/Sahinbey	1	Gaziantep	July 2020
Service providing staff	SASF-Osmaniye	1	Osmaniye	July 2020
IP - (I)NGOs	TOBB	3	Ankara	June 2020
IP - (I)NGOs	TEPAV	2	Ankara	June 2020
IP - (I)NGOs	Association for Solidarity with Asylum-Seekers and Migrants (ASAM)	8	Ankara	June 2020
IP - (I)NGOs	TRCS	5	Ankara	July 2020
Service providing staff	TRCS Community Center	2	Ankara	July 2020
IP - IFIs	KfW	2	Ankara	June 2020
IP - IFIs	World Bank	1	Washington D.C.	June 2020
IP - IFIs	GIZ	2	Ankara	June 2020
IP - UN	UNDP	6	Ankara	June 2020
IP - UN	UNWomen	2	Ankara	June 2020
IP - UN	ILO	7	Ankara	June 2020
IP - UN	IOM	2	Ankara	June 2020
IP - UN	UNICEF	3	Ankara	June 2020
IP - UN	WFP	2	Ankara	June 2020
NGOs / Think tanks / Academicians	Brookings Institute	1	Washington DC	July 2020
NGOs / Think tanks / Academicians	Koc University	1	Istanbul	July 2020
NGOs / Think tanks / Academicians	University of Oxford	1	Oxford	July 2020
NGOs / Think tanks / Academicians	Bogazici University	1	Istanbul	July 2020
NGOs / Think tanks / Academicians	Bilkent University	1	Ankara	July 2020
NGOs / Think tanks / Academicians	Turk German University	1	Ankara	July 2020
Beneficiaries	Undisclosed beneficiaries	9	Phone	August 2020

Total	100		
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6. Protection

Category	Sub-Category	Number of stakeholders interviewed	Location	Date
European Commission	DG ECHO	4	Ankara	May – June 2020
European Commission	SUMAF	6	Ankara Spain	May – June 2020
European Commission	DG NEAR	2	Ankara	July 2020
European Commission	DG ECHO	1	Gaziantep	June 2020
European Commission	DG ECHO	1	Istanbul	June 2020
European Commission	DG ECHO	1	Amman	June 2020
European Commission	DG NEAR	1	Serbia	July 2020
European Commission	EUD	2	Ankara	November 2019
European Commission	DG ECHO Regional Field Office	1	Beirut	November 2019
European Commission	DG NEAR	1	Brussels	November 2019
European Commission	DG ECHO	1	Brussels	November 2019
Government institutions	DGMM	8	Ankara	July 2020
Government institutions	Ministry of Family, Labour and Social Services	3	Ankara	July 2020
Government institutions	DGMM	3	Ankara	July 2020
IP - (I)NGOs	Danish Red Cross	1	Denmark	June 2020
IP - (I)NGOs	Human Resources Development Foundation	3	Ankara	June 2020
IP - (I)NGOs	Association for Solidarity with Asylum-Seekers and Migrants (ASAM)	5	Ankara	June 2020
IP - (I)NGOs	IFRC	1	Ankara	June 2020
IP - (I)NGOs	Care International	2	Gaziantep	June 2020
IP - (I)NGOs	Union of Turkish Bar Associations	1	Ankara	June 2020
IP - (I)NGOs	TRCS	1	Istanbul	June 2020
IP - (I)NGOs	TRCS	1	Ankara	July 2020
Service providing staff	TRCS	1	Konya	July 2020
Service providing staff	TRCS	1	Ankara	July 2020
Service providing staff	TRCS	1	Mardin	July 2020
Service providing staff	ASAM	1	Yalova	July 2020
Service providing staff	ASAM	1	Karabuk	July 2020
Service providing staff	ASAM	1	Kırıkkale	July 2020
IP - IFIs	GIZ	2	Ankara	June 2020
IP - IFIs	GIZ	1	Germany	June 2020
IP - UN	UNHCR	6	Ankara	June 2020
IP - UN	UNHCR	2	Istanbul	June 2020
IP - UN	UNICEF	5	Ankara	June 2020
IP - UN	WFP	1	Ankara	June 2020
IP - UN	UNFPA	4	Ankara	June 2020
NGOs / Think tanks / Academicians	The Research Centre on Asylum and Migration	1	Ankara	July 2020
NGOs / Think tanks / Academicians	Refugee Rights Turkey	2	Istanbul	July 2020
NGOs / Think tanks / Academicians	Brookings Institute	1	Washington DC	July 2020
NGOs / Think tanks / Academicians	Koc University	1	Istanbul	July 2020

NGOs / Think tanks / Academicians	University of Oxford	1	Oxford	July 2020
NGOs / Think tanks / Academicians	Turk German University	1	Ankara	July 2020
Beneficiaries	Undisclosed beneficiaries	9	Phone	August 2020
Total		93		

7. Migration Management

Category	Sub-Category	Number of stakeholders interviewed	Location	Date
IP - UN	IOM	1	Ankara	March 2020
European Commission	EUD	1	Ankara	March 2020
European Commission	EUD Beirut	1	Ankara	December 2019
European Commission	EUD	1	Ankara	November 2019
Government institutions	DGMM	1	Ankara	July 2020
Total		5		

Annex 5: Evaluation Terms of Reference



EUROPEAN COMMISSION
Neighborhood and Enlargement Negotiations

FRAMEWORK CONTRACT COM 2015
EuropeAid/137211/DH/SER/Multi
Request for Services: 2018/401148/1
**Strategic Mid-term Evaluation of the EU Facility for Refugees in
Turkey (2016-2019/2020)**

SPECIFIC TERMS OF REFERENCE

Contracting Authority: the European Union Delegation to Turkey

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List of Acronyms

3RP	UN Refugee Response and Resilience Plan 2018-2019
DG DEVCO	EC Directorate-General for International Cooperation and Development
DG ECHO	EC Directorate-General European Civil Protection and Humanitarian Aid Operations
DG HOME	EC Directorate-General for Migration and Home Affairs
DG NEAR	EC Directorate-General for Neighbourhood and Enlargement Negotiations
DGMM	Directorate General for Migration Management
EC	European Commission
EEAS	European External Action Service
EU	European Union
EUD	Delegation of the European Union to Turkey
EU MS	EU Member States
EUR	Euro Currency
EUTF	EU Regional Trust Fund in Response to the Syrian Crisis
ESSN	Emergency Social Safety Net
EQ	Evaluation Question
Facility	EU Facility for Refugees in Turkey
FMP	Facility Monitoring Platform
FPI	Foreign Policy Instrument
FS	Facility Secretariat
GoT	Government of Turkey
HIP	Humanitarian Implementation Plan
IcSP	Instrument contributing to Stability and Peace
IFI	International Financial Institution
IO	International Organisation
IP	Implementing Partner
IPA	Instrument for Pre-Accession
ISG	Interservice Steering Group
ISKUR	Turkish Employment Agency
JC	Judgement Criteria

JRC	Joint Research Centre
KfW	Kreditanstalt für Wiederaufbau
M&E	Monitoring and Evaluation
MHC	Migrant Health Center
MoFLSS	Ministry of Family, Labour and Social Services
MoH	Ministry of Health
MoNE	Ministry of National Education
NGO	Non-Governmental Organisation
OPC	Open Public Consultation
ICTES	Facility project “Promoting Integration of Syrian Children into Turkish Education System”
QIN	Quarterly Information Note
Sec Gen	Secretariat General of the European Commission
ToR	Terms of Reference
RF	Results Framework
ROM	Results Oriented Monitoring
UN	United Nations
WB	World Bank

1 MANDATE AND RATIONALE

Systematic and timely evaluation of its programmes and activities is an established priority¹ of the European Commission². The focus of evaluations is on the assessment of achievements, the quality and the **results**³ of actions in the context of an evolving cooperation policy with an increasing emphasis on **result-oriented approaches**⁴. This specific evaluation is foreseen as per the Commission Decision C(2015) 9500 establishing the EU Facility for Refugees in Turkey, which specifies that 'The Commission, in full coordination with Member States, shall carry out an evaluation of the first tranche of the Facility by 31 December 2021.'

From this perspective, this evaluation should **look for evidence of why, whether or how observed results are linked to the EU intervention** and seek to **identify the factors driving or hindering progress**. It should provide an understanding of the **cause and effects links** between inputs and activities, and outputs, outcomes and expected impacts, and provide recommendations on how factors driving progress can be bolstered and those hindering process can be addressed. The evaluation should serve accountability, decision making, and learning and management purposes.

2 SPECIFIC OBJECTIVES AND EVALUATION USERS

2.1 Specific objectives

The specific objectives of this evaluation are to provide the relevant Commission services, the Facility Steering Committee, other interested stakeholders and the wider public with:

- An overall independent assessment of the past and ongoing performance of the EU Facility for Refugees in Turkey (the Facility), paying particular attention to its intermediate results measured against its objectives;
- Key lessons learned and recommendations in order to improve current and future strategy and actions. Lessons learned and recommendations should be specified (instrument, sector, programme/ project) and be given a prioritisation in order to enable the desired adjustment.

The evaluation will have a strong utilisation focus, and is expected to capture lessons and make conclusions that may be used to strengthen the on-going response.

In particular, this evaluation will serve to assess the contribution that the EU-funded Facility has made in the four sectors towards the improvement of the situation of refugees and host communities in Turkey, to analyse the cross-sector linkages, and to identify areas for refinement. In order to

¹ COM(2013) 686 final "Strengthening the foundations of Smart Regulation – improving evaluation" - http://ec.europa.eu/smart-regulation/docs/com_2013_686_en.pdf; EU Financial regulation (art 27); Regulation (EC) No 1905/2006; Regulation (EC) No 1889/2006; Regulation (EC) No 1638/2006; Regulation (EC) No 1717/2006; Council Regulation (EC) No 215/2008

² SEC (2007)213 "Responding to Strategic Needs: Reinforcing the use of evaluation", http://ec.europa.eu/smart-regulation/evaluation/docs/eval_comm_sec_2007_213_en.pdf; SWD (2015)111 "Better Regulation Guidelines", http://ec.europa.eu/smart-regulation/guidelines/docs/swd_br_guidelines_en.pdf

³ Reference is made to the entire results chain, covering outputs, outcomes and impacts. Cfr. Regulation (EU) No 236/2014 "Laying down common rules and procedures for the implementation of the Union's instruments for financing external action" - https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/pdf/financial_assistance/ipa/2014/236-2014_cir.pdf.

⁴COM (2017/C 210/01) The new European Consensus on Development 'Our World, Our Dignity, Our Future' THE NEW EUROPEAN CONSENSUS ON DEVELOPMENT 'OUR WORLD, OUR DIGNITY, OUR FUTURE' - <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:C:2017:210:FULL&from=EN>

assess the contribution, a **theory-based approach** and **Contribution Analysis** is expected for the evaluation.

2.2 Evaluation users and stakeholders

The main **users** of this evaluation at the strategic level include the EU Member States as represented through the Facility Steering Committee, the Council of the European Union, and the European Parliament.

On the operational level, the Facility Secretariat as the Facility's coordinating body, and the management and technical staff in charge of the Facility actions at the relevant Commission Services/ Contracting Authorities (e.g. Delegation of the European Union to Turkey (EUD); the EC Directorate-General European Civil Protection and Humanitarian Aid Operations (DG ECHO), (HQ and field-offices); EU Regional Trust Fund in Response to the Syrian Crisis (EUTF), HQ/ NEAR B1), and the Instrument contributing to Stability and Peace (IcSP)/ Foreign Policy Instrument (FPI).

The evaluation will also be of interest to civil society organisations and the general public.

The **stakeholders** include:

- The **final beneficiaries (refugees and members of host communities in Turkey)** of the Facility funded actions as the ultimate recipients are the key stakeholder and should be involved in the evaluation in a role that is corresponding to their importance. A dedicated participatory approach is expected to be developed by the Contractor that would guarantee that this constituency group can make a significant contribution to the evaluation process.
- The EU Member States (EU MS) represented through the **Facility Steering Committee**, as the Facility's accountability towards them is one of the key-purpose of the exercise.
- The **Secretariat of the Facility** based at DG NEAR Turkey Unit (A5), will manage and supervise this Evaluation, in close cooperation with the EUD Turkey. The EUD Turkey is the Contracting Authority for this Evaluation.
- The **Contracting Authorities** in charge of the financing instruments mobilised for the implementation of Facility-actions, are further key stakeholders:
 - The **EU Delegation (EUD)** to Turkey in Ankara, which is responsible for grant contracts signed with the Turkish line ministries, delegation agreements with IFIs and the implementation of Facility interventions under the EUTF; the EUD also oversees the contract implemented under the IcSP in close coordination with the Foreign Policy Instrument (FPI) Regional Team for the MENA⁵ region based in Beirut.
 - The Contracting Authority for the **EUTF-funded** actions under the Facility is **DG NEAR Unit B1**, headquarters (Brussels).
 - The Contracting Authority for humanitarian assistance is **DG ECHO, headquarters** in Brussels. ECHO staff in the **Ankara** office is in charge of the daily coordination of actions and of monitoring.
- The Turkish public administration (Turkish line ministries implementing Facility's direct grants, or being beneficiaries of actions implemented by IFIs), including the relevant entity on the side of the Government of Turkey (GoT)⁶ responsible for the oversight of the Facility.

⁵ The Middle East and North Africa

⁶ At the time of drafting, changes were ongoing following the June 2018 elections

- Other **implementing partners** of Facility actions, are further key-stakeholders. Those include IFIs, UN Organisations, NGOs, EU MS's implementing development agencies and others. The full list of direct implementing partners is featured Annex VI.

3 BACKGROUND

3.1 Country background

As the conflict inside Syria enters its eighth year, Syrians continue to represent the largest displaced population in the world, with more than 5.5 million Syrians registered as refugees⁷ in neighbouring countries like Turkey, Lebanon, Jordan, Iraq and Egypt⁸, and close to seven million internally displaced inside Syria⁹.

In Turkey, the number of registered Syrian refugees reaches over 3.8 million. Since 2011, Syrians are registered with the Turkish government under the Temporary Protection (TP) Regulation¹⁰. In addition, Turkey's geographic location makes it both a destination and a transit country for refugees and migrants from other countries in the region. Turkey is the country hosting the largest number of refugees in the world and is providing considerable humanitarian aid and support.

Less than 10% of the refugee population is hosted in 21 camps run by the Turkish authorities. Most refugees - Syrian or from other nationalities - live outside the camps alongside the host population and face many challenges. Registered refugees have access to public services, including education and healthcare, however, the language barrier makes access challenging.

⁷ The term 'refugee' is applied in this context not as defined by the 1951 Refugee Convention, but according to the following background:

Turkey is a signatory to the **1951 Refugee Convention**, but maintains a “**geographical limitation**” which excludes refugees from non-European countries from the full refugee status (Within that context, Member States of the Council of Europe are regarded as European countries. Eligible for full refugee status are also citizens of other countries as determined by the Council of Ministers). In April 2013, however, Turkey adopted a comprehensive **Law on Foreigners and International Protection (LFIP)**, which establishes a dedicated legal framework for asylum in Turkey and affirms Turkey's obligations towards all persons in need of international protection, regardless of country of origin, at the level of binding domestic law. Subsequently, Turkey implements a “**temporary protection**” regime for refugees from Syria on a prima facie, group-basis, to Syrian nationals and Stateless Palestinian persons and refugees originating from Syria. **Asylum seekers from other countries of origin** are expected to **apply for an individual “international protection” status under LFIP** and are subject to a status determination procedure.

In the framework of the EU Facility for Refugees in Turkey, a terminological distinction is made between 'Syrian refugees' (Syrians under temporary protection) and 'refugees', which includes all persons having entered Turkey from other countries fleeing from various forms of violence and extreme poverty. Some of those 'refugees' of other than Syrian nationality may have successfully applied for international protection, others may not have registered. The countries of origin of the largest numbers of non-Syrian nationals applying for international protection include Afghanistan, Iran, Iraq and Somalia.

⁸ UNHCR , May 2018 (<https://data2.unhcr.org/en/situations/syria>)

⁹ IDMC, May 2018 (www.internal-displacement.org/countries/syria)

¹⁰ Law on Foreigners and International Protection (LFIP) was adopted in April 2013 and fully came into force in April 2014. The LFIP for the first time introduced a legal concept of “temporary protection” in Turkish law and thereby provided the basic underpinning of a proper domestic law basis for Turkey's de facto “temporary protection” practices in regards to refugees from Syria since March 2011. Since then a "Regulation on Work Permit of Refugees under Temporary Protection" has been issued in the Official Journal No. 2016/8375, dated 15 January 2016. When it comes to other nationalities of protection seekers outside of the group-based Temporary protection framework, they are subject to the International protection procedure administered by Turkey's Directorate General of Migration Management (DGMM) on the basis of the LFIP.

In parallel to the influx of refugees and migrants, the political and security context of Turkey has been evolving rapidly. The vulnerability of the population affected by the crisis is assessed to be high¹¹.

Largely due to Turkey's efforts to curb irregular migration, the total number of arrivals to Europe through the Eastern Mediterranean arrivals dropped by 97% — from 10,000 per day in October 2015, to an average of 81 following the EU-Turkey Statement, and the number of deaths and missing at sea in the Aegean Sea was also reduced tenfold¹².

3.2 The EU Facility for Refugees in Turkey

The 15 October 2015 EU-Turkey Joint Action Plan¹³ and the 18 March 2016 EU-Turkey Statement¹⁴ describe the EU and Turkey's cooperation on migration management and shared responsibility for assistance provision to refugees in Turkey.

As one of the components agreed, the 24 November 2015 Commission Decision¹⁵ established the EU Facility for Refugees in Turkey (“the Facility”), to be financed in two tranches of each 3 billion euro, partly financed through direct contributions by EU Member States (external assigned revenues) and partly from the EU budget. The approach of the Facility, assisting both refugees and host communities, is guided by the 2016 Communication on forced displacement and development (COM(2016) 234 final) and accompanying Council Conclusions (May 2016).

The first tranche of Facility funding was mobilised in 2016 and fully contracted by the end of 2017 (Facility I); the second tranche has been mobilised in 2018 and is to be contracted by the end of 2020 (Facility II). The Facility is not conceived a Fund, but as a coordination mechanism mobilising existing EU financing instruments “to assist Turkey in addressing the immediate humanitarian and development needs of the refugees and their host communities, national and local authorities in managing and addressing the consequences of the inflow of refugees”¹⁶.

To ensure the coordination, complementarity and efficiency and to provide strategic guidance to the Facility, a Steering Committee was established. It is chaired by the European Commission, DG NEAR and DG ECHO, and composed of representatives of the EU Member States, with Turkey participating in an advisory capacity. The Secretariat of the Facility is provided by Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR) Turkey Unit (A5). The Facility's strategic framework is based on a Strategic Concept Note and the above mentioned constituting documents¹⁷, which structure the Facility into six different priority areas: Humanitarian assistance, Education, Health, Socio-economic support, Municipal infrastructure and Migration management. The Facility's intervention logic has been retrospectively framed by a common Facility-level Results Framework (RF), which describes the Facility's interventions in five technical sectors, namely Education, Health, Socio-economic Support, Municipal Infrastructure and Migration Management. In the Results Framework, the priority area of humanitarian assistance is

¹¹ DG ECHO's Integrated Analysis Framework has identified high humanitarian needs in Turkey.

¹² https://ec.europa.eu/commission/sites/beta-political/files/euco-migration-booklet-june2018_en_1.pdf

¹³ http://europa.eu/rapid/press-release_MEMO-15-5860_en.htm

¹⁴ <http://www.consilium.europa.eu/en/press/press-releases/2016/03/18/eu-turkey-statement/>

¹⁵ [http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32015D1208\(02\)](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32015D1208(02))

¹⁶ Commission Decision of 24.11.2015 on the coordination of the actions of the Union and of the Member States through a coordination mechanism – the Refugee Facility for Turkey

¹⁷ EU-Turkey Joint Action Plan (15 October 2015), EU-Turkey Statement(18 March 2016), Commission Decision (2015/C 407/07 of 24 November 2015 and its amendments (of 10 February 2016 (2016/C 60/03); of 18 April 2017

streamlined into the other priority areas, because humanitarian assistance is not conceived as a sector but as a delivery mechanism of assistance, itself comprised of several sectors. The Municipal Infrastructure sector could not be realised under the Facility's first tranche for reasons related to issues with maturity of the planned actions.

In 2016, a comprehensive needs assessment¹⁸ informed the selection of actions¹⁹ that were selected to be financed under the different financing instruments in the Facility's first tranche (Facility I). It was updated in 2018 as to serve as a basis for programming of the second phase of the Facility²⁰.

The Facility I has a budget of EUR 3 billion. EUR 1 billion were assigned from the EU budget, and EUR 2 billion from the EU Member States national budgets. As of end of December 2017, 72 actions worth EUR 3 billion had been contracted.

The Facility is implemented as humanitarian (as implemented by DG ECHO) and non-humanitarian assistance (implemented by DG NEAR and the Service for Foreign Policy Instrument (FPI)), with roughly EUR 1.4 billion and EUR 1.6 billion allocated to the respective strands.

Under this framework, humanitarian actions are conceived to support the most vulnerable refugees and other persons of concern through the provision of predictable and dignified support addressing basic needs and protection. They also address gaps in service provision through specialised agencies and partners in health and education in emergencies. Humanitarian assistance under the Facility, as all EU humanitarian aid, is guided by the European Consensus on Humanitarian Aid of 2007²¹, which provides that the EU as a humanitarian actor must adhere to the humanitarian principles of humanity, neutrality, impartiality, and independence, as set out in the Lisbon Treaty (Article 214 of the Treaty on the Functioning of the EU) and in the Humanitarian Aid Regulation (No. 1257/96)²² & ²³.

Non-humanitarian assistance under the Facility, on the other hand, is conceived to support the socio-economic, health and educational needs of refugees. In addition to the allocation managed directly through the Instrument for Pre-accession Assistance (IPA), the non-humanitarian strand of the Facility supports a series of measures through the EUTF and to a limited extent through the Instrument contributing to Stability and Peace (IcSP) managed by the Foreign Policy Instrument (FPI). Since many contracts under this strand were signed towards the end of 2017, implementation of a significant share of the non-humanitarian portfolio started only in 2018.

In summary, in line with the multi-tier approach of the Facility, actions are managed by different Commission services, as follows:

- DG NEAR manages the non-humanitarian actions contracted under the Instrument for Pre-Accession (IPA II) and the EUTF;

(2017/C 122/04) ; of 14.March 2018 (C(2018) 1500); of 24 July 2018 (C(2018) 4959)

¹⁸ Needs assessment report for the preparation of an enhanced EU support to Turkey on the refugee crisis (June 2016)

¹⁹ The term 'action' is used throughout the report as a synonym of 'project and programme', it refers to the contract-unit (e.g. one action equals one contract).

²⁰ Facility Needs Assessment 2018.

²¹ Joint Statement by the Council and the Representatives of the Governments of the Member States meeting

²² Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid.

²³ The European Commission's humanitarian aid is based on annual country-specific Humanitarian Implementation Plans. The framework for cooperation between the Commission and its partners in the area of humanitarian aid is established by the Commission's Financial and Administrative Framework Agreements with international organisations and Framework Partnership Agreements with non-governmental organisations.

- DG ECHO manages the actions under the humanitarian leg of the Facility;
- The FPI manages the actions contracted under IcSP.

The financial share of each instrument is illustrated by the following chart:

Financing instruments

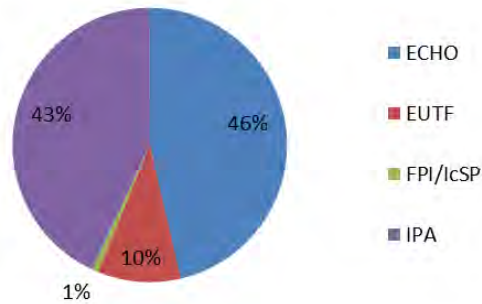


Figure 1 - Financial share of each financing instrument under the Facility I

The actions are contracted by three different Contracting Authorities (ECHO, EUD Turkey (for IPA II and IcSP) and EUTF (NEAR Middle East Unit (B1)) and implemented by various implementing partners (Turkish Line Ministries, UN Agencies, International Financial Institutions (IFIs), NGOs, Red Cross/ Red Crescent Movement, a.o.) under direct or indirect management modality. Inside Turkey, the EU Delegation monitors the implementation of the non-humanitarian, longer term actions, whereas the DG ECHO's country office monitors the implementation of the humanitarian actions.

The following chart visuals the implementation set-up:

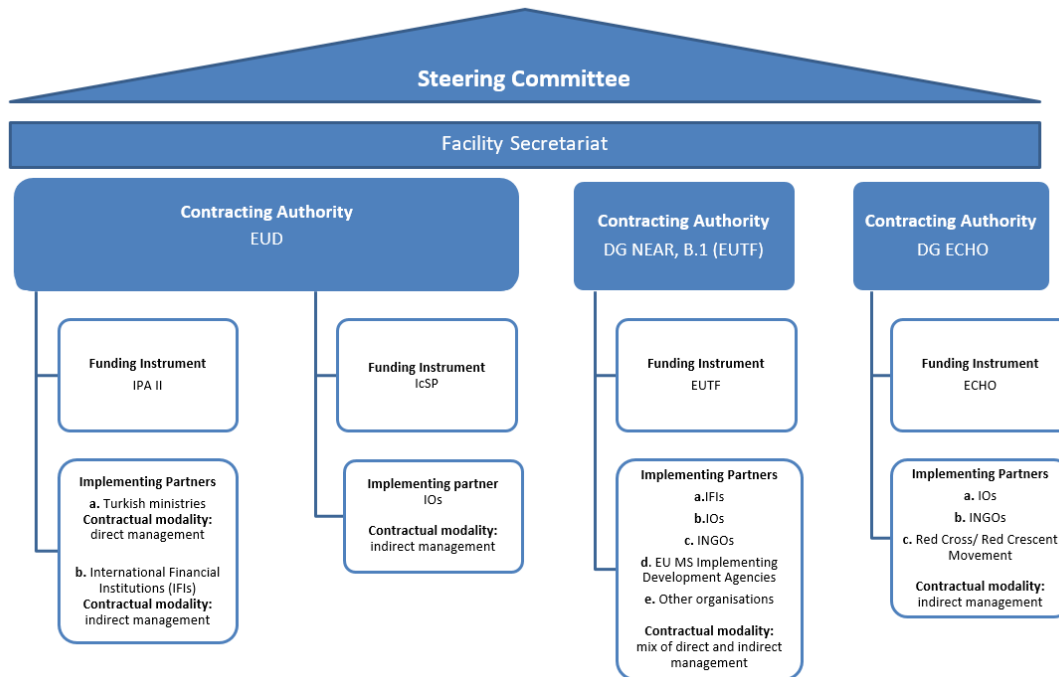
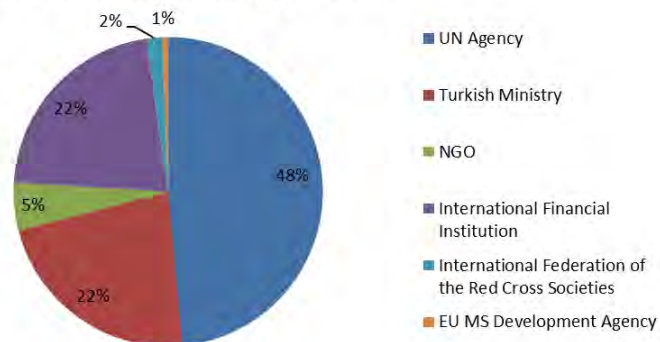


Figure 2 - EU Facility for Refugees in Turkey – Structure

The distribution of implementing partners is illustrated by the graphic below.

Types of implementing partner



3.3 The Intervention to be evaluated

The evaluation shall provide a mid-term assessment of all four sectors implemented under the first tranche of the Facility: education, health, socio-economic support and migration management. As such, it should cover the entirety of interventions as financed by the Facility I, regardless of the instrument mobilised.

The concerned actions are financed by means of the following financing decisions²⁴:

²⁴ and their amendments (Amendments to Special Measure on Returns of 20. July 2017 (C(2017) 5044); Amendments to Special Measure of July 2016: amendment of 20 July 2017 (C(2017) 5041) and amendment of 12 December 2017 (C(2017)8756))

- Special Measure on Returns of April 2016²⁵;
- Special Measure of July 2016²⁶;
- Humanitarian Implementation Plan (HIP) for Turkey 2016²⁷;
- Humanitarian Implementation Plan (HIP) for Turkey 2017²⁸;
- Humanitarian Implementation Plan (HIP) for Syria 2015²⁹;
- Humanitarian Implementation Plan (HIP) for Syria 2016³⁰.
- The EU Regional Trust Fund in Response to the Syrian Crisis (EUTF)

Some of those actions/ contracts have a single sectoral focus, while some have a multi-sectoral focus. This is particularly the case for some of the actions contracted under the humanitarian leg of the Facility or under the EUTF.

Below presented is a non-comprehensive overview of the main Facility-funded interventions in each of the sectors subject to the evaluation. A full list of contracted actions, including an indication of their sectoral focus, is provided in Annex VI.

The following specificity is to be noted with regard to the sectoral classification of actions: Protection, in line with the ECHO's protection framework³¹, is not conceived as a sector in itself at the higher-level Facility monitoring (e.g. no 'Protection sector' in the Facility Results Framework), but as a cross-cutting approach mainstreamed across other sectors. In ECHO's own management framework for Turkey, however, Protection features as one of the sectors with specific outputs and expected outcomes. Several actions (contracts) have a dedicated protection-focus.

It will be the Consultants assignment during the Inception phase to develop – in collaboration with ECHO - an approach to classify the protection-projects according to the Intervention Logic described by the Results Framework of the Facility and to allocate them to the different sectoral studies to be conducted in this evaluation.

3.3.1 Education

Overall, the objective of the Facility in the priority area of education is to integrate refugee children out of school into education programmes - progressively into the formal Turkish education system - in order not to lose a generation of young people.

Under the humanitarian strand, the Facility aims to create access for refugee populations to formal education systems by reducing barriers and providing the means for at-risk children to be able to go to school. The Conditional Cash Transfer for Education (CCTE) programme was launched in 2017 and is the largest ever programme financed by the EU on education in emergencies. Furthermore, non-formal education is supported as well as school transportation. Non-formal education activities include provision of non-formal education courses in Turkish and/or Arabic, home learning

²⁵ Commission Implementing Decision of 19.4.2016 adopting a Special Measure on migrants returned to Turkey, to be financed from the general budget of the European Union

²⁶ Commission Implementing Decision of 28.7.2016 adopting a Special Measure on education, health, municipal infrastructure and socio-economic support to refugees in Turkey, to be financed from the General Budget of the European Union for the years 2016 and 2017

²⁷ Financial Decision ECHO/ TUR/BUD/2016/01000, EUR 505 650 000,

²⁸ *Financial Decision: ECHO/TUR/BUD/2017/91000, EUR 782 357 929 and its amendments of 20 July 2017 (C(2017) 5041) and of 12 December 2017 (C(2017)8756)*

²⁹ Financial Decision ECHO/SYR/BUD/2015/91000 EUR 37 000 000

³⁰ Financial Decision ECHO/SYR/BUD/2016/91000, EUR 54 780 000

³¹ http://ec.europa.eu/echo/sites/echo-site/files/staff_working_document_humanitarian_protection_052016.pdf

initiatives and homework clubs. These programmes are designed to facilitate the children's entrance to formal education at their age-appropriate grade.

Under the non-humanitarian strand, the Facility supports all stages of the education system, from early childhood to higher education. The main pillar of the Facility assistance under this strand is the "Promoting Integration of Syrian Children into Turkish Education System (PICTES)" project, a EUR 300 million direct grant with the Turkish Ministry of National Education (MoNE). It promotes the integration of Syrian children into the Turkish education system. Under this action, the project provides incentives for the employment of Turkish language teachers, Arabic language teachers and counsellors. Furthermore, out-of-school Syrian children receive catch-up training and back-up training to facilitate their (re-)entry into school and their retention. Transportation and stationery and course books are also being provided.

Facility-funded activities by non-governmental organisations and United Nations agencies complement the PICTES project under the non-humanitarian strand. Here, particular emphasis is given to psychosocial support and social cohesion programmes, and opportunities for refugees in higher education, which are supported through university scholarships.

With the support of the International Financial Institutions (IFIs) Kreditanstalt für Wiederaufbau (KfW) and the World Bank (WB), the construction and equipping of 125 solid schools and 50 prefabricated schools has started.

3.3.2 Health

The Facility's objective is to contribute to the improvement of the overall health status of the refugee population in Turkey as well as to support the Turkey public health system as to reduce the strain on the system caused by the highly increased caseload due to high influx of refugees.

Under the humanitarian strand, the Facility focuses on filling gaps in primary health care service provision and on providing special services needed by refugees and other persons of concern. Especially during the first phase of the response, primary health care consultations and ante and post-natal care services were delivered by humanitarian partners to refugees in the most refugee populated provinces; other services provided included mental health care, psycho-social support and post-operative and rehabilitative care.

The main pillar of Facility health-assistance under the non-humanitarian strand is the "Improving the health status of the Syrian population under temporary protection and related services provided by Turkish authorities" (SIHHAT) project, a EUR 300 million direct grant with the Turkish Ministry of Health (MoH). Its objective is to ensure refugees' access to healthcare services at scale. Under the SIHHAT project, Migrant Health Centres (MHC) are established to improve and expand primary healthcare services for refugees. Health care staff, including a large proportion of Syrian health professionals, has been employed in these centres as well as in centres established by the MoH prior to the start of the action. Here, refugees receive free primary health care and infant vaccinations. The SIHHAT project furthermore provides rehabilitative mental health services and family planning services, preventative health measures, training of healthcare staff, and health behavioral campaigns and outreach activities.

In an effort to facilitate access to health care in the medium and long-term, the construction of two state hospitals is underway, with a capacity of 300 and 250 beds respectively.

3.3.3 Socio-economic support

Socio-economic support plays a critical role in the integration of refugees into Turkish society and fosters much needed social and economic cohesion. To further this objective, the Facility focusses

on three areas: support to basic needs; increase of employability prospects and entrepreneurship; and social dialogue and integration. Members of the host communities are target group in this priority area alongside refugees.

Under the humanitarian strand, the EU addresses the basic needs of refugees with high socio-economic vulnerability via the Emergency Social Safety Net (ESSN), a humanitarian social assistance programme consisting of a single debit card that delivers monthly, unrestricted multi-purpose cash. As of July 2018, around more than 1.5 million refugees had benefited from monthly cash-transfers through this programme. Furthermore, Turkey's Directorate General of Migration Management (DGMM) has, with support of the Facility, verified the data for over one million Syrians under Temporary Protection living in Turkey. This exercise is designed to help Turkey, the EU and its partners to provide better targeted support to those in need of protection.

Under the non-humanitarian strand - since the language barrier is a major impediment to effective integration -, the Facility funds Turkish language classes provided to refugees. Furthermore, in order to improve the employability and labour market integration of both refugees and members of host communities, Facility actions deliver vocational training and job search and counselling sessions. Entrepreneurship is supported through coaching services and through micro-grants. In addition, institutional support is being provided in order to strengthen the capacity of the Turkish employment agency (ISKUR) and the Turkish Ministry of Family, Labour and Social Services' (MoFLSS) systems to provide counselling and job assistance, and to monitor the provision of work permits and employment services.

To further increase social cohesion between host communities and refugees, the Facility's social cohesion programmes work towards reducing risks of isolation, cultural segregation and conflict. They are designed to foster opportunities for positive interaction and increased cohesion among Turkish and non-Turkish adolescents and youth. Activities are run in existing community centres, while several new community centres are also being constructed. A peer-to-peer support structure has been rolled out in 20 provinces and positive engagement programmes are implemented in cooperation with national governmental and non-governmental partners.

3.3.4 Migration management

Under the priority area of migration management, the Facility – under its non-humanitarian strand - aims to contribute to an improved migration management at sea with a focus on search and rescue, and to the hosting of migrants in adequate conditions in temporary removal centers.

To this end, the Facility provides training on migration related topics, including on humanitarian standards for sea-border management. Under a contract with DGMM, also boats to enforce the Boarder Coast Guards' search and rescue capacity at sea were provided. Compared to the other sectors, the volume of the Facility intervention in the area of migration management is small.

3.4 Evaluations undertaken and other available information

Since 2016, several parts of the Facility have been evaluated by different entities under a range of different approaches:

- ECHO Evaluations:
 - Evaluation of the European Union's humanitarian response to the refugee crisis in Turkey, 2016-2017 (mid-term evaluation);
 - Decentralized Evaluation of the ECHO funded Emergency Social Safety Net (ESSN) in Turkey (action-level evaluation);
 - Comprehensive evaluation of the European Union humanitarian aid, 2012-2016

- EUTF Evaluations
 - Strategic Mid-Term Evaluation of EUTF;
 - Evaluation of EUTF-funded Higher Education Programmes;
 - Evaluation of Livelihood Programmes/ Projects;
 - Mid-term evaluation: Qudra – Resilience for Syrian Refugees, Internally Displaced Persons (IDPs) and Host Communities in Response to the Syrian and Iraqi Crises (action-level evaluation)
- IcSP Evaluations
 - Evaluation of IcSP actions on Migration crisis response in the Middle East and Turkey;
 - External Evaluation of the Instrument contributing to Stability and Peace (2014 – mid 2017);
- Other related Evaluations:
 - UNICEF: Evaluation of UNICEF’s Support to Education Personnel in the Syria Crisis Response in Turkey;
 - External Evaluation of the Instrument for Pre-accession Assistance (IPA II) (2014 – mid 2017).

To inform the evaluation, the Contractor will furthermore be able to build upon a variety of other evidence sources that have been progressively built up since the inception of the Facility:

- The Facility Monitoring Platform (FMP) which contains the data collected so far on the Facility Results Framework indicators, and related monitoring reports;
- Facility Annual Reports;
- The Comprehensive Needs Assessment (2016) and the Gap Assessment (2018);
- The quarterly information notes (QINs) produced by the implementing partners reporting progress against action logframe indicators;
- A number of progress- or final reports produced by the partners;
- Results Oriented Monitoring (ROM) reports
 - IPA - Promoting Integration of Syrian Children into Turkish Education System (PICTES), implemented by the MoNE;
 - IPA - "Improving the health status of the Syrian population under temporary protection and related services provided by Turkish authorities" (SIHHAT), implemented by the MoH;
 - EUTF - Education and protection programme for vulnerable Syrian and host community children, in Lebanon, Jordan and Turkey (UNICEF);
 - EUTF - Addressing Vulnerabilities of Refugees and Host Communities in Five Countries Affected by the Syria Crisis (Danish Red Cross);
- The European Court of Auditors report on the EU Facility for Refugees in Turkey (2018).

4 SCOPE OF THE EVALUATION

The evaluation will analyse the entire portfolio financed under the Facility’s first tranche regardless of the instrument mobilised, as implemented since the start of the Facility in 2016 until the date of the evaluation.

4.1 Temporal and Geographical scope

The temporal scope is 2016 until the starting date of the each sector evaluation (2019/20)³².

Facility interventions are implemented throughout almost all provinces of Turkey, with a concentration in the ten provinces that host the largest numbers of Syrian refugees - Istanbul, Sanliurfa, Hatay, Gaziantep, Mersin, Adana, Bursa, Kilis, Izmir, and Kahramanmaras³³. It targets out-of-camp refugees, which represent more than 90% of the refugee population.

4.2 Thematic scope

The thematic scope is defined by the four sectors implemented under the first tranche of the Facility, e.g. Education, Health, Socio-economic support, and Migration Management.

The evaluation team shall furthermore consider whether the following cross-cutting issues - promotion of human rights, gender equality, children's rights, disability rights and environmental sustainability - were taken into account in the identification/ formulation documents and the extent to which they have been reflected in the implementation of the Action and its monitoring.

In line with the Better Regulation guidelines on evaluations introduced by the Commission in 2015 (and revised in 2017) and with DG NEAR Guidelines on linking planning/ programming, monitoring and evaluation, the main evaluation criteria are: relevance, effectiveness, efficiency, sustainability and perspectives of impact. In addition, the evaluation will assess two EU specific evaluation criteria:

- the EU added value (the extent to which the EU intervention adds benefits to what would have resulted from the sum of Member States' bilateral interventions);
- the coherence of the intervention itself, with the EU strategy in the sector of refugees/ migration and with other EU policies and Member State Actions, as well as with the UN-led Refugee Response and Resilience Plan 2018-2019 (3RP) process.

5 EVALUATION ISSUES AND APPROACH TO THE EVALUATION, INCLUDING PROPOSED TOOLS

5.1 Indicative Evaluation Questions

This chapter presents a proposal of Evaluation Questions (EQ) to be applied across the different sectors under evaluation. They are indicative and formulated as transversal questions: during the inception phase, the evaluation team, in consultation with the Interservice Steering Group, will concretise (with Judgement Criteria (JC) for each EQ and indicators for each JC and relevant data collection sources and tools) the proposed set of EQs.

Once agreed with the approval of the Inception Report, the Evaluation Questions will become contractually binding.

Relevance/ Appropriateness

- What was the added value of each mobilised EU instrument/ contracting authority under the Facility, what are aspects for consideration?

³² As further elaborated in Section 7, the sequencing of sector-studies should be 1) Education, 2) Health, 3) Migration Management, 4) Socio-economic support.

³³ The distribution of Syrian refugees per province is available at: http://www.goc.gov.tr/icerik6/temporary-protection_915_1024_4748_icerik

- Were existing EU procedures adequate to respond to the task?
- Was it appropriate to use only existing EU instruments as the modalities to respond to the given task?
- What was the main assumption behind the mobilisation of the Facility – is it still valid?
- In how far was the Facility successful in safeguarding the respect of humanitarian principles and the European Consensus on Humanitarian Aid for the humanitarian interventions under its portfolio?
- In how far is the Facility response equally relevant to men, women, girls and boys? Have the needs of persons with disabilities been adequately reflected in the design and implementation of the interventions? What are specific remaining gender- or minority-issues, and how could they be further addressed?
- How does the Facility’s strategy correspond to the relevant national strategy / policy?
- In how far was the Facility successful in mainstreaming a protection approach under each instrument?
- In how far was the Facility programming and the timing of its phases based on an objective assessment of needs in the sector and guided by a clear strategy?
 - Have all identified target groups been reached in terms of geographic, demographic and social characteristics and relevant needs? What are current gaps and what would be ways to address them?
 - Have relevant activities been covered under the respective sectors in terms of needs identified? In how far was a prioritisation/ choice justified?
 - What are current gaps and what would be ways to address them?
- In how far were beneficiaries involved in the identification and design of the interventions? Are there any feedback mechanisms, and if so, has the feedback provided led to corrective actions?
- Is the extent to which host communities are addressed under the interventions among the target groups appropriate? How do the outcomes of actions compare across the different target groups?
- How fit for purpose was the choice of partners and implementing modalities?

Effectiveness

- To what extent are the Facility interventions effective in contributing towards the specific and overall objectives of the Facility?
 - How well were the actions adapted to the real needs of the situation?
 - What are the greatest impediments to effectiveness (including those faced by the beneficiary administration); what were/ would be ways to address them?
 - Are there any unintended effects, positive or negative, and (if so) where they mitigated by adaptive programming?
 - In how far is established M&E framework and monitoring mechanism contributing to adaptive management and learning?

Efficiency

- How successful is the Facility in coordinating the various EU instruments as to ensure the most appropriate division of labour, and to avoid gaps and duplications?
- To what extent has the Facility achieved cost effectiveness in its response³⁴?

³⁴ Consider reviewing <https://publications.europa.eu/en/publication-detail/-/publication/c0bcc4e2-e782-11e6-ad7c-01aa75ed71a1/language-en/format-PDF/source-45568954>

- To what extent was the size of funding and human resources allocated commensurate to the Facility's formulated objectives and expected outcomes?
- What factors have affected efficiency and cost-effectiveness and to what extent?
- What efficiency-gains could be made/ have been made?

Coherence/ Complementarity

- What are the links of each sector with the other sectors under the Facility? Which linkages could be strengthened?
- To what extent are interventions in the same sector coordinated as to maximise their joint effectiveness?
 - In how far were different instruments mobilised under each sector complimentary to each other in their approach?
 - What were impediments/ drivers to coordination and complementarity and how could complementarity be further strengthened?
- To what extent do the relevant government partners own and steer the action? What could be done to strengthen ownership?
- To what extent does the Facility-strategy in this sector complement other donor's strategies (particularly EUMS), and the UN-led 3RP?
- To what extent did the common results framework and monitoring/ reporting approach contribute to a coordinated and coherent Facility response?

EU-added value

- Is there a benefit of implementing the given refugee assistance package through the EU Facility set-up as compared to bilateral donor responses or the regular implementation through the relevant EU instruments? If so, in what way could it further be maximised?
- In how far is the Facility as a coordination mechanism flexible and adaptive in accommodating different implementation modalities?
- How successfully has the EU achieved (positive) visibility through the Facility?

Sustainability

- In how far has the continuum from emergency assistance to longer-term assistance successfully been covered?
 - To what extent were partners able to connect short term interventions to medium-term strategies and longer term perspectives?
 - How appropriate was the selection of interventions under each sector with regard to fostering the nexus?
 - How successful was the 'phasing out' of emergency assistance and phasing in of medium-term interventions – or phasing back in emergency assistance when needed?
 - In how far did the extent to which results were achieved for host-communities – besides for refugees - impact on the sustainability of the interventions?
- What are the perspectives for the planned exit strategies in each sector?
 - To what extent is the Turkish national system prepared to assume responsibilities (political as well as bureaucratic responsibility and at different levels of government) in ensuring the sustainability of assistance after the end of the Facility support?
 - In how far are the beneficiary administrations preparing any plan/ programme to ensure the sustainability of Facility measures and results?

5.2 Evaluation tools and techniques

The structuring stage aims to define the design and the methodology of the evaluation. The methodology will clearly specify the working methods and the techniques to be used (e.g. data collection, case studies, etc.)

Among the pool of main methodological techniques, the following key elements can be already pinpointed:

5.2.1 Methodological approach

In line with the Facility's priority areas realised under the first tranche, it will include four separate sectorial studies (Education, Health, Socio-economic support and Migration Management). In line with this sectorial focus, the contractor should elaborate the most appropriate deemed evaluation approach in the proposal, which would include an elaboration on how consistency throughout all the sectorial analyses is planned to be achieved and how the overall evaluation findings will systematically build on the argument established at the sectorial level.

5.2.2 Evaluation Questions

A draft set of the evaluation questions (EQ) is presented here above. As mentioned earlier, the evaluation team will then, in consultation with the EC Evaluation manager (and by extension with the ISG), concretise (with Judgement Criteria (JC) for each EQ and indicators for each JC and relevant data collection sources and tools) the proposed set of EQs for each sector. When relevant, cross-cutting issues will be considered.

5.2.3 Evaluation Matrix: Judgment criteria, indicators and sources

In the inception phase, the contractor, together with the Interservice Steering Group, will develop a comprehensive evaluation matrix, describing the judgement criteria and indicators for each evaluation question and the corresponding sources of evidence and methods of analysis.

Judgement criteria determine the appropriate indicators and, more generally, the nature of the data collected and the type of analysis. The indicators will need to allow cross-checking, triangulating and strengthening the evidence base on which the questions are answered. The information gathered and analysed for each indicator will need to be presented as an annex of the desk and final reports. Each presented finding should be built on a minimum of three robust sources of evidence; sources must be critically analysed.

5.2.4 Data collection tools

A mix of qualitative and quantitative tools should be used for collecting, structuring, processing and/ or analysing data throughout the evaluation process. Innovative methods, and methods designed to increase the participation of beneficiaries would be encouraged. A non-exhaustive range of methods is proposed below.

- **Literature review.** The team will scrutinize all relevant documentation on the topic. The evaluation team is expected to research the literature beyond the documentation provided by the client, and to build in considerable time to look through documents and to have discussions throughout the evaluation process.
- **Interviews.** Both structured and unstructured interviews via phone/ email/ face-to-face/ video-conference with relevant counterparts:
 - at EC HQs: senior management, relevant staff in charge of the Facility at DG NEAR, the EUTF (NEAR B1) DG ECHO, FPI;

- in EU Member States, and
- in Turkey (beneficiaries, governmental and non-governmental stakeholders, staff in the EU Delegation and ECHO-field office, respective MS Embassies, other donors, etc.)

The selection of key informants and interlocutors will be based on the specific added value they can bring concerning the various EQs. Interviews will be carried out during the inception, desk and field phases. Focus groups should also be envisaged, using participatory methods.

- **Story telling.** For example on ‘most significant change’.
- **Case studies.** Several case studies are expected to be conducted to provide detailed qualitative information on important issues in light of the EQs.
- **Survey.**
 - Field-based beneficiary surveys would be favorable. However, in this regard, it is to be noted that due to data-protection safeguards in Turkey, household-based surveys are restricted. Feasible solutions should be sought by the contractor.
 - An online survey could be considered to further inform the evaluation, if deemed relevant.
 - Quantitative analysis based on existing monitoring data both at the action-level and the Facility-level (Facility Results Framework monitoring) or other relevant data-sets.

An open public consultation (OPC) is not foreseen in the scope of this evaluation.

5.3 Possible limitations

Generally, there is no restriction to physical access to areas or beneficiaries throughout the territory of Turkey, where Facility interventions are being implemented. Legal and administrative requirements, however, have to be taken into account in the planning. Security parameters may apply in certain cases. Important to note is that Turkish law limits data collection and surveys at the household level for foreign organisations, which may also pose a challenge to the evaluation. It should be examined, however, in how far surveys in collaboration with national organisations are feasible. Other types of data-collection from beneficiaries are generally possible. Access to primary statistical data can be restricted as well; there is no open access source of demographic data-sets available for Turkey.

6 RESPONSIBILITY FOR THE MANAGEMENT OF THE EVALUATION

6.1.1 At the EU level

The evaluation is managed by an Evaluation Manager at the Facility Secretariat, DG NEAR, A5 Unit. This will be done with the assistance of an Interservice Steering Group consisting of members of EU Services [SEC GEN, NEAR, ECHO, DEVCO, EEAS, HOME, JRC].

The ISG will especially have the following responsibilities:

- **Steering the evaluation exercise in all key phases** to comply with quality standards: preparation and/ or provision of comments to the Roadmap and Terms of reference; selection of the evaluation team; consultation; inception, desk, field, synthesis and reporting phases. As mentioned in different parts of the ToR, the role of the ISG will be key in the finalisation of the evaluation framework.
The EC Evaluation Manager (NEAR A5) steers the ISG and is supported in its function by ISG members.
- **Providing input and information** to the evaluation team. Mobilise the institutional, thematic, and methodological knowledge available in the various DGs of the Commission that are interested in the evaluation.
- **Providing quality control** on the different draft deliverables. The EC Evaluation Manager, as lead of the ISG, consolidates the comments to be sent to the evaluation team and endorses the deliverables.
- **Ensuring a proper follow-up** action plan after completion of the evaluation.

To avoid duplication and consolidate communications between meetings, the ISG members communicate with the evaluation team via the EC Evaluation Manager.

Throughout the execution of the contract, the EUD will be in charge of the collaboration with the contractor with regard to all administrative issues, including invoicing, payments, contractual amendments.

Performance will be assessed by the EC throughout the evaluation exercise (and if needed adjustments will be required) based on the following criteria:

- Quality of the analysis;
- Relations with the client;
- Precision and clarity of the writing;
- Methodological skills;
- Communication skills and interview capacity;
- Flexibility and availability;
- Respect of deadlines.

6.1.2 At the Contractor level

The contractor is expected to oversee the quality of the process, of the evaluation design, of the inputs (team) and deliverables (reports). In particular:

Before the work actually starts, the contractor should provide guidance to the evaluation team to ensure that the evaluation team has a sense of ownership and a clear understanding of the tasks, of the evaluation process, the content and implications of the different steps. Depending on the specific needs, the guidance should focus on:

- Scope of the work;
- Complex evaluation methodology;
- Data collection and analysis;
- Presentation of findings.

It is advised that the proposed team members, notably the Team Leader, are participating to the methodology development at proposal stage.

Further tasks expected from the contractor:

- Support the Team Leader in its role, mainly from a team's management perspective. In this regard, the contractor should make sure that for each evaluation phase specific tasks and deliverables for each team members are clear.
- Provide a continuous backstopping and quality control of the evaluation teams' outputs (from evaluation design to final report), including with regard to editing. The contractor should be supported in this particular area by a Quality Review Expert and a dedicated Evaluation Manager. The contractor remains fully responsible for the quality of the deliverables. Any report which does not meet the required quality will be rejected.
- Make available appropriate logistical support for the evaluation team, including their travel and accommodation arrangements for each mission, the secretarial support, and appropriate software and communication means. The evaluation team will need to be equipped with the standard equipment, such as an individual laptop, computer, mobile phones, etc. necessary for the execution of the assignment. No additional cost for these items may be included in the offer.

7 EVALUATION PROCESS AND DELIVERABLES

The overall guidance to be used is available on the web page of the DG DEVCO Evaluation Unit³⁵ and on the web page of DG NEAR³⁶.

As mentioned above, the evaluation process will be structured by four separate sectorial studies (Education, Health, Socio-economic support and Migration Management), which will be framed by one single overarching analysis presented in the overall evaluation report. The evaluation will have each one common Inception phase, Desk phase, Field phase and Final Report drafting phase. The sectorial studies will each require a dedicated field-visit, which includes a post-field sectorial note. The sectorial field visits will be conducted as a series, corresponding to the different stages of implementation of each of the sectors. In order to make the sectorial findings available to the evaluation users as timely as possible, each of the field-visits will conclude with a validation workshop and a sectorial note (which will be submitted timely after the field-visit) that will present preliminary findings and a preview on recommendations. In the series, the sectors Education and Migration management shall be assessed first, followed by Health, Socio-economic support shall be evaluated last, as its implementation has scaled up the latest due to the contracting of most of the actions in late 2017 only.

Each phase will start further to the approval of the previous phase report/ deliverable.

The four phases can be synthesized as follows:

7.1 Inception Phase

This phase aims at structuring the evaluation and clarifying its key issues.

The phase will start with initial background study, to be conducted by the evaluators from home. It will then continue with a *kick-off meeting* in Brussels between the Interservice Steering Group and the evaluators. The presence of the core-team experts is required. The meeting has the purpose to arrive at a clear and shared understanding of the scope of the evaluation, its limitations and feasibility.

In the Inception phase, a first set of relevant documents will be reviewed (see Annex I).

Furthermore, the evaluators will review the documents relating to the Facility Theory of Change and the logic of the intervention and formulate/ refine it as necessary. This includes a review of the evidence underpinning this logic (especially between outputs and outcomes, and between outcomes and impact), and an articulation of the assumptions that must hold for the intervention to work, as well as identification of the factors most likely to inhibit the change from happening. In collaboration with ECHO, an approach will be developed by the consultants to classify the protection-projects according to the intervention logic described by the Results Framework of the Facility and to allocate them to the different sectorial studies to be conducted in this evaluation. Based on the finalised Intervention Logic and on the Theory of Change, the evaluators will finalise the evaluation methodology, the Evaluation Questions, the definition of judgement criteria and indicators, the selection of data collection tools and sources, and the planning of the following phases. They will also summarise their approach in an Evaluation Design Matrix, which will be included in the Inception Report.

³⁵ http://ec.europa.eu/europeaid/how/evaluation/methodology/index_en.htm

³⁶ https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/pdf/financial_assistance/phare/evaluation/2016/20160831-dg-near-guidelines-on-linking-planning-programming-vol-1-v0.4.pdf

The limitations faced or to be faced during the evaluation exercise will be discussed and mitigation measures defined. Finally, the work plan for the overall evaluation process will be presented and agreed in this phase; this work plan shall be in line with what is proposed in the present ToR. Any modifications shall be justified and agreed with the Evaluation Manager.

On the basis of the information collected, the evaluation team should prepare an **Inception Report** its content is described in Chapter 7.5.

The evaluation team will then present in Brussels the **Inception Report** to the Interservice Steering Group (ISC) (*Inception meeting – presence of core team required*).

7.2 Desk Phase

This phase aims at conducting most of the document analysis needed for carrying out the evaluation. Since there will be in-depth literature review necessary for each sector the phase should foresee sufficient time. The analysis should include a brief synthesis of the existing literature relevant to the overall Facility portfolio as well as per each sector. This includes, but is by no means limited to other evaluations, research studies carried out by UN agencies, civil society, Turkish Government, other donors (especially EU Member States) and/ or the private sector. This is to ensure a robust approach to identifying information gaps and to ensure complementarity with evaluations that are already ongoing or are completed.

The analysis of the relevant documents shall be systematic and reflect the methodology developed and approved during the Inception Phase.

Selected interviews with the relevant EU services in Brussels as well as in Ankara and key partners in Turkey can be conducted during this phase as to support the analysis of secondary sources.

The activities to be conducted during this phase should allow for the provision of preliminary responses to each evaluation question, stating the information already gathered and its limitations. They should also identify the preliminary hypotheses to be tested and the information gaps.

During this phase, the evaluation team shall furthermore describe the preparatory steps already taken and those to be taken for the organisation of the field-phase, including the list of persons to be interviewed, a sampling of field-sites to be visited interview guidelines, survey questionnaires, indicative dates and itinerary of visits, and attribution of tasks within the team.

At the end of the desk phase a **Desk Report** with a dedicated section per each sector will be prepared.

A presentation by the evaluation team to the Interservice Steering Group will take place in Brussels. Presence of the Team Leader is required (*Desk report meeting*).

7.3 Field Phase

The Field Phase starts after approval of the Desk Report by the Evaluation Manager; sufficient time should be built in between the end of the Desk Phase and the start of the Field Phase for the feedback and approval process. Several field visits will be conducted during the field phase, as per the in-depth sectorial approach pertinent to the evaluation.

The Field Phase aims at validating/ changing the preliminary answers formulated during the Desk Phase and bringing further information through primary research.

If any significant deviation from the agreed work plan or schedule is perceived as creating a risk for the quality of the evaluation, these elements are to be immediately discussed with the Evaluation Manager.

In the first days of each Field visit, the evaluation team shall hold a meeting with the EU Delegation Turkey, ECHO's field-office, and other relevant stakeholders.

During each field visit, the evaluation team shall ensure adequate consultation and involvement of the different stakeholders; including the relevant government authorities and agencies and beneficiaries. Throughout the mission, the evaluation team shall use the most reliable and appropriate sources of information, respect the rights of individuals to provide information in confidence, and be sensitive to the beliefs and customs of local social and cultural environments.

At the end of each field-visit, the evaluation team will hold a stakeholder workshop at field-level reflecting on the information received, in order to receive first-hand feedback on initial findings.

To conclude each Field mission a **Sectorial Field Note** will be prepared (one per each sector) and presented to the Interservice Steering Group (presence of the Team Leader in Brussels required).

7.4 Synthesis Phase

This phase is devoted to the preparation of the Final Report and entails the analysis of the data collected during the desk and field phase to finalise the answers to the Evaluation Questions and to finalise the sectoral assessments and prepare the overall assessment, conclusions and recommendations.

The evaluation team will present in a single Report plus Annexes (including the sectoral studies) their findings, conclusions and recommendations in accordance with the agreed structure (see Annex III); a separate Executive Summary will be produced as well.

The evaluation team will make sure that:

- Their assessments are objective and balanced, statements are accurate and evidence-based, and recommendations realistic.
- When drafting the report, they will acknowledge clearly where changes in the desired direction are known to be already taking place.

The evaluation team will deliver and then present in Brussels the **Draft Final Report** to the Interservice Steering Group to discuss the draft findings, conclusions and recommendations (*Draft final report meeting*). Presence of the core team experts is required.

The Evaluation Manager consolidates the comments expressed by the Interservice Steering Group members and sends them to the evaluation team for revision, together with a first version of the Quality Assessment Grid assessing the quality of the Draft Final Report. The content of the Quality Assessment Grid will be discussed with the evaluation team to verify if further improvements are required.

The evaluation team will then finalise the **Final Report** and prepare the **Executive Summary** by addressing the relevant comments. While potential quality issues, factual errors or methodological problems should be corrected, comments linked to diverging judgements may be either accepted or rejected. In the latter instance, the evaluation team should explain the reasons in writing.

7.5 Dissemination phase

The Evaluation Manager will publish the Final Report, the Executive Summary, and the annexes on the Commission's central website.

Two dissemination events should be organised by the contractor in collaboration with the client: one in Brussels and one in Ankara. These events should be addressed to stakeholders (e.g. Member States representatives, implementing partners) and to the interested public. The Team Leader should present the overall findings of the evaluation.

The Brussels-presentation could be organised in the margins of a Facility Steering Committee (SC) meeting, a short presentation at the SC meeting itself should also be foreseen.

It can be assumed that the venues for the events will be provided by the Commission.

The Contract manager to be nominated by the contractor will need to be present in each meeting with the Interservice Steering Group.

The table below summarises these phases:

Phases of the evaluation	Key activities	Deliverables and <i>meetings</i>
<u>Inception Phase</u>	<ul style="list-style-type: none"> • Initial document/data collection and definition of methods of analysis • Background analysis • Initial interviews • Reconstruction of Intervention Logic and description of Theory of Change detailed per each sector • Finalisation of the EQs, with judgment criteria and indicators • Analysis of inventory of the Facility projects and sampling of projects for filed-visits/ case-studies • Report writing (& quality control) 	<ul style="list-style-type: none"> • <i>Kick-off meeting involving the Interservice Steering Group</i> face-to-face • Inception Report³⁷ incl.: <ul style="list-style-type: none"> • Reflection on the intervention logic and Theory of Change of the respective sector • Methodology for the specific evaluation, incl. case studies proposal • Evaluation Questions, judgement criteria and indicators • Evaluation Matrix • Data analysis and collection methods • Consultation strategy³⁸

³⁷ The Inception Report should not exceed 30 pages, but if required this number can be reasonably increased. Additional material may be placed in annexes, as necessary. The EC Evaluation manager will provide the template.

³⁸ Even though an open public consultation (as foreseen by the Better Regulation) will not be organised for the present evaluation, it is expected that the evaluation team presents its strategy for stakeholders' consultation during the evaluation exercise.

Phases of the evaluation	Key activities	Deliverables and <i>meetings</i>
		<ul style="list-style-type: none"> • Work plan • Stakeholder mapping • Analysis of risks and of mitigating measures • Slide presentation • <i>Inception meeting involving the Interservice Steering Group face-to-face</i>
<u>Desk Phases</u>	<ul style="list-style-type: none"> • Desk research will be performed (with different foci as per the different sectorial studies) • In-depth document analysis (focused on the Evaluation Questions) • Interviews as relevant • Identification of information gaps and of hypotheses to be tested in the field phases • Detailed methodological design of the Field Phase • Report writing (& quality control) 	<ul style="list-style-type: none"> • Desk report³⁹(one per each sector), incl.: <ul style="list-style-type: none"> • Preliminary answer to each Evaluation Question, with indication of the limitations of the available information • Preliminary assumptions to be tested and identification of information gaps • Evaluation matrix with information gathered by indicator • Field visit approach, including the criteria to select the field visits • Detailed workplan for the Field Phase • Slide presentation of key findings • <i>Desk report meeting with Interservice Steering Group</i>

³⁹ The Desk Report should not exceed 40 pages, but if required this number can be reasonably increased. Additional material may be placed in annexes, as necessary. The EC Evaluation manager will provide the template.

Phases of the evaluation	Key activities	Deliverables and <i>meetings</i>
<u>Field Phase</u>	<ul style="list-style-type: none"> • There will be several field-visits, one for each sector (due to small size of portfolio Migration Management may be combined with another sector) • Initial meetings at country level with responsible staff in EUD/EUTF, ECHO field, key implementing partners • Gathering of primary evidence with the use of interviews, focus groups, storytelling sessions, surveys, etc. • Data aggregation and first-level analysis • Validation workshop in Ankara at the end of the field-visit involving key-stakeholders • Drafting sectoral field-note (preliminary findings, preview on recommendations) (& quality control) 	<ul style="list-style-type: none"> • <i>Field-level workshops with stakeholders and the end of each field-visit</i> • Sectorial field Notes <ul style="list-style-type: none"> • Key preliminary (desk & field) findings and preview on conclusions • Reflection on activities conducted during the respective field-visit • Report on difficulties encountered during the visit and mitigation measures adopted • One Sectorial Field Note per sector • Slide presentation • <i>Debriefings with the Interservice Steering Group</i> (in Brussels)
<u>Synthesis phase</u>	<ul style="list-style-type: none"> • Final analysis of findings per sector and overarching (with focus on the Evaluation Questions) • Formulation of the overall assessment, conclusions and recommendations • Report writing (& quality control) 	<ul style="list-style-type: none"> • Draft Final and Final Report⁴⁰ (<u>Cf. detailed structure in Annex III</u>) including separate sectorial studies annexed to the main report <p>Sectorial studies:</p> <ul style="list-style-type: none"> • Analysis of the findings of each sectorial study • Answer to all evaluation questions relevant to the respective sector • Recommendations at the sectorial level • Executive Summary • Slide presentation • <i>Meeting with Interservice Steering Group at draft final report stage</i>
<u>Dissemination</u>	<ul style="list-style-type: none"> • Dissemination events in Brussels and Ankara to stakeholders and interested public 	<ul style="list-style-type: none"> • <i>Dissemination events</i> • Slide presentation <ul style="list-style-type: none"> • Dissemination seminar minutes

⁴⁰ The Final Report should not exceed 50 pages, but if required this number can be reasonably increased. The sectorial studies and any additional material may be placed in annexes, as necessary. The EC Evaluation manager will provide the template.

7.6 Reports

All reports will be submitted according to the timetable in annex 2 to the EC Evaluation manager. The final versions of Inception report and the Final report will be submitted both electronically and in two hard copies (1 for the EUD, 1 for the Facility Secretariat) with all deliverables on CD/USB. Desk and draft reports will be delivered only electronically. The Executive Summary (up to 4 pages) will be delivered both electronically and in hard copy as well. The Executive Summary will be available both integrated into the Final Report, and as a separate stand-alone document.

The Final report should deliver the elements covered by these Terms of Reference, and must be written such that readers, who are not working in this area, can easily understand.

The electronic versions of all documents need to be delivered in both editable (Word) and non-editable format (PDF).

7.6.1 Comments

For each report, the Evaluation Manager will submit comments within a maximum of 15 working days. The evaluation team should provide a separate document listing the comments received and explaining how and where comments have been integrated or the reason for non-integration of certain comments.

7.6.2 Language

All reports shall be submitted in English.

The Executive Summary will be translated in French, German, Arabic and Turkish. The costs for the translation should be included in the financial offer.

7.6.3 Formatting of reports

All reports will be produced using Font Arial or Times New Roman minimum 11 and 12 respectively, single spacing. Further details regarding the requirements for the layout of the title- and final page will be provided at inception stage.

8 THE EVALUATION TEAM

8.1 Expertise required

The evaluation team will have to be able to satisfy the highest quality standards. In this regard, the contractors are highly advised to check relevant references of the experts proposed.

As part of the management team, the offer should propose a Contract Manager and a Quality Review Expert as prescribed per the global terms of references whose CVs should also be submitted with the offer.

In order to undertake the implementation of the assignment, it is expected that the evaluation will be carried out by a team that is stable in its core across the sectorial studies, and will comprise a balance of 2 to 4 senior/ medium experts in the core team. Out of these, at least 2 must be senior experts (including the Team Leader). In addition to the stable core team, additional experts of different categories should be proposed to cover the necessary expertise and capacity. At least one junior expert and one project manager should be included.

The required quality criteria for the selection of the Evaluation Team are summarized as follows:

- Very good working knowledge of evaluation methods and techniques and of complex portfolio evaluations in the field of humanitarian and development assistance. In particular the team needs to demonstrate experience in analytical methods which can evaluate change and contribution (Theory based approach, Contribution Analysis). This includes quantitative and qualitative data collection and analysis;
- Working experience in relation to refugee assistance in the context of the Syria-crisis, preferably including Turkey;
- Relevant sectorial expertise in the sectors of education, health, socio-economic support and migration management relevant to the Turkish context;
- Working experience in relation to EU refugee and migration policy and strategy, and assistance;
- Very good knowledge of the relevant instruments mobilised under the Facility (e.g. IPA, ECHO, EUTF, IcSP);
- Knowledge of the EU institutional framework;
- Knowledge of principles and processes of EU project and contract management;
- The Team leader should have excellent team co-ordination, evaluation, presentation and proven report writing and editing skills in English;
- All team members need to have excellent communication, inter-personal and diplomatic skills and a high level of professionalism and integrity.

Languages

- All team members need an excellent command of English – both spoken and written.
- At least one team member each participating to each of the sectorial studies needs an excellent command of Turkish.
- At least one team member each participating to each of the sectorial studies needs an excellent command of Arabic.

The team will have excellent writing and editing skills. The contractor remains fully responsible for the quality of the report. Any report which does not meet the required quality will be rejected.

During the offers evaluation process, the contracting authority reserves the right to interview by phone one or several members of the evaluation teams proposed.

8.2 Team organisation

The offer should clearly state the category of each team member and which tasks the proposed team members are supposed to take responsibility for and how their qualifications relate to the tasks. The team coordination and members' complementarity should be clearly described. A breakdown of working days per expert and evaluation phase must be provided.

8.3 Independence

The team members must be independent from the projects which will be covered under this assignment. Should a conflict of interest be identified in the course of the evaluation, it should be immediately reported to the EC Evaluation Manager for further analysis and appropriate measures.

9 TIMING

The provisional start of the assignment is March 2019. As elaborated above, the Field Phase of the assignment will be structured several parts: each sector (Education, Health, Socio-economic support and Migration management) will be evaluated by a separate study. The field visits of these studies

are not expected to be conducted in parallel but as a series. The field visit of the evaluation of the priority areas Education can start in 2019, the field visit of the priority area of Health, Socio-economic support, and Migration Management shall be scheduled in early 2020.

The duration of the entire evaluation should not exceed 19 months (including time for finalising the final report).

It is assumed that the consultants will work on the basis of a five-day week.

As part of the technical offer, the framework contractor must fill-in the timetable in the Annex 2. This table shall not start by a precise date but by "day/week 1".

10 OFFER FOR THE ASSIGNMENT

10.1 Technical offer

The contractor is expected to submit one offer covering the four different sectoral studies, including the appropriate proposed staffing for each of them. A robust methodology for the collection of data, synthesis and analysis of findings should be presented in the offer as well, and followed consistently throughout the evaluation, including the sectorial studies. The total length of the technical offer (excluding annexes) may not exceed 15 pages.

A CV may not exceed 5 pages. References and data in a CV relevant to the assignment must be highlighted in bold (font minimum Times New Roman 12 or Arial 11).

The offer is expected to demonstrate:

- The team's understanding of the ToR in their own words (i.e. their understanding of what is to be evaluated, and their understanding of the subject areas as relevant to this ToR)⁴¹. In this framework, the offer can propose a revised set of EQs, justifying it and respecting the main areas to be covered.
- The relevance of the team composition and competencies to the work to be undertaken.
- How the team proposes to undertake the evaluation: the evaluation design (approach) and challenges, data collection tools and methods of analysis, how the tasks will be organised.
- The level of quality control (content/ proof reading/ copy editing) which will apply, at which points in the process, and who will undertake them.

The methodology submitted shall not contain terms such as, "if time/ budget allows," "if the data are available", etc.

Should it appear during the process of the evaluation that an activity envisaged in the methodology is impossible or inappropriate to be carried out, the change to the methodology as well as its financial impact must be agreed by EC services.

10.2 Financial offer

The financial offer will itemise all the expenses that are foreseen for the assignment.

⁴¹ Should the offer contain quotations, these sections must be clearly identified and sources indicated

The per diems will be based on the EU per diem in force when the Request for Services is launched. The EU per diem rate is the maximum allowed. As additional incidentals, possible costs for implementation of surveys and hosting of workshops should be considered.

11 TECHNICAL OFFERS SELECTION CRITERIA

The offers evaluation criteria and their respective weights are:

	Maximum
TOTAL SCORE FOR ORGANISATION AND METHODOLOGY	
Understanding of ToR	15
Organisation of tasks (including timing, quality control mechanisms)	10
Evaluation approach, working method, analysis	15
Sub Total	40
EXPERTS/ EXPERTISE	
Team Leader (senior expert)	20
Remaining Senior/medium experts	30
Junior expert	05
Project manager	05
Sub Total	60
Overall total score	100

11.1 Interviews during the evaluation of the offers

During the evaluation process of the offers received the contracting authority reserves the right to interview by phone one or several members of the proposed evaluation teams.

Phone interviews will be tentatively carried out during the period from 07/11/2018 to 09/11/2018.

ANNEX I: INDICATIVE DOCUMENTATION TO BE CONSULTED BY THE CONTRACTOR

- Legal texts and political commitments pertaining to the Action to be evaluated
- Facility Results Framework and related documents
- Relevant national / sector policies and plans from national partners
- Facility Needs Assessment (2016) and Gap Assessment (2018)
- Relevant Financing Decisions/ Humanitarian Implementation Plans (HIPs)
- Action-level contracts under the respective priority areas, available progress- and final reports
- Facility monitoring reports and Facility annual reports
- Result Oriented Monitoring (ROM) reports, and other available monitoring reports of the relevant actions
- Relevant technical reports available from Turkish Government or Facility implementing partners
- Reports of relevant evaluations, and audit reports
- Relevant documentation from national/ local partners and other donors
- Any other available relevant document
- Information stemming from the Facility Monitoring Platform for further analysis of existing monitoring data as relevant

Note: The evaluation team has to identify and obtain any other document worth analysing, through independent research and during interviews with relevant informed parties and stakeholders of the Action.

ANNEX II: INDICATIVE TIMING

Evaluation Phases and Stages	Notes and Reports	Dates	Meetings/Communications
Desk Phase			
Validation Phase			
Synthesis Phase			
Dissemination Phase			

ANNEX III: STRUCTURE OF THE FINAL REPORT

The overall layout of the **Final report** is:

- Executive summary (see 1 below);
- Introduction
- Analysis of the political, institutional and technical/cooperation framework of EU pre-accession assistance
- Synthesis of methodological steps undertaken during the evaluation exercise, including limitations, if any
- Findings by evaluation question
- Overall assessment
- Conclusions (see 2 below); and
- Recommendations (see 3 below).

Length: the final main report may not exceed 50 pages excluding annexes, but if required this number can be reasonably increased. Each annex must be referenced in the main text. Additional information regarding the context, the activities and the comprehensive aspects of the methodology, including the analysis, must be put in the annexes.

The evaluation matrix must be included in the annexes. It must summarise the important responses at indicator/ judgement criteria level. Each response must be clearly linked to the supporting evidence. The matrix must also include an assessment of the quality of evidence for each significant finding. The table below presents an example of how the quality of evidence may be ranked. This is purely indicative. The contractor should present a specific approach for assessing the quality of evidence.

Ranking of Evidence	Explanation of ranking of quality of evidence
<i>Strong</i>	The finding is consistently supported by a range of evidence sources, including documentary sources, quantitative analysis and qualitative evidence (i.e. there is very good triangulation); or the evidence sources, while not comprehensive, are of high quality and reliable to draw a conclusion (e.g. strong quantitative evidence with adequate sample sizes and no major data quality or reliability issues; or a wide range of reliable qualitative sources, across which there is good triangulation).
<i>More than satisfactory</i>	There are at least two different sources of evidence with good triangulation, but the coverage of the evidence is not complete.
<i>Indicative but not conclusive</i>	There is only one evidence source of good quality, and no triangulation with their sources of evidence.
<i>Weak</i>	There is no triangulation and/ or evidence is limited to a single source.

(1) A summary (maximum 4 pages)

The summary of the evaluation report may not exceed 4 pages (3.000 words). It is extra to the 50 page limit for the main report. It should be structured as follows:

- a) 1 paragraph explaining the objectives and the challenges of the evaluation;
- b) 1 paragraph explaining the context in which the evaluation takes place;
- c) 1 paragraph referring to the methodology followed, spelling out the main tools used;
- d) The key findings, clustered by major issues (not necessarily by evaluation criteria);
- e) The general conclusions (overall assessment);
- f) A limited number of main conclusions should be listed and classified in order of importance; and
- g) A limited number of main recommendations should be listed according to their importance and priority.

The chapters on conclusions and recommendations should be drafted taking the following issues into consideration:

(2) Conclusions

- The conclusions have to be assembled by homogeneous "clusters" (groups). It is not required to set out the conclusions according to the evaluation criteria.
- The conclusions must enable to identify lessons learnt, both positive and negative.

(3) Recommendations

- The recommendations have to be linked to the main conclusions.
- Recommendations have to be grouped in clusters (groups), preferably those used in the conclusions, and presented in order of importance and priority within these clusters.
- Recommendations have to be realistic and operational.
- The possible conditions of implementation (who? when? how?) have to be specified and key steps/ action points should be detailed when possible.

Annexes (non-exhaustive)

- National background;
- Methodological approach;
- Evaluation matrix;
- Sectorial Studies
- List of documents consulted;
- List of institutions and persons met;
- Results of any focus group, expert panel etc.;
- All data bases constructed for the purpose of the evaluation.

Editing

The Final Report must have been copy edited and proof read such that it is:

- consistent, concise and clear;
 - well balanced between argument, tables and graphs;
 - free of typos and language errors;
 - include a table of contents indicating the page number of all the chapters listed therein, a list of annexes (whose page numbering shall continue from that in the report) and a complete list in alphabetical order of any abbreviations in the text;
 - contain an Executive summary (or summaries in several language versions when required).
 - be typed in single spacing and printed double sided, in A4 format.
- The presentation must be well spaced (the use of graphs, tables and small paragraphs is strongly recommended). The graphs must be clear (shades of grey produce better contrasts on a black and white printout).
 - Hard copies of the reports must be glued or stapled; plastic spirals are not acceptable.
 - If relevant, the contractor is responsible for the quality of translations and ensuring that they correctly reflect with the original text.

ANNEX IV: QUALITY ASSESSMENT GRID

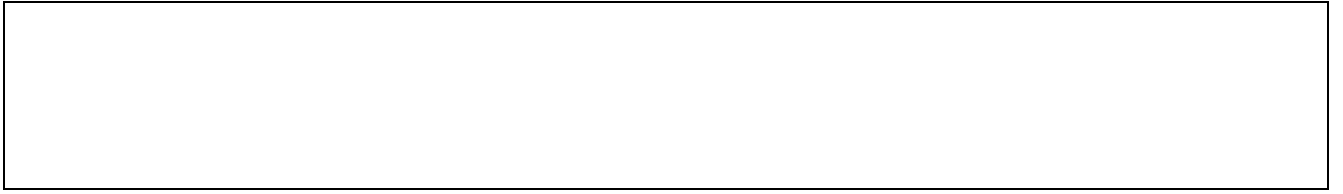
The quality assessment grid is currently under revision by EC services. The final version will be shared with the Contractor once available. Until then, the following table applies.

	Very weak	Weak	Good	Very good	Excellent
1. Meeting needs:					
a. Does the report describe precisely what is to be evaluated, including the intervention logic?					
b. Does the report cover the requested period, and clearly includes the target groups and socio-geographical areas linked to the project / programme?					
c. Has the evolution of the project / programme been taken into account in the evaluation process?					
d. Does the evaluation deal with and respond to all ToR requests? If not, are justifications given?					
2. Appropriate design :					
a. Does the report explain how the evaluation design takes into account the project / programme rationale, cause-effect relationships, impacts, policy context, stakeholders' interests, etc.?					
b. Is the evaluation method clearly and adequately described in enough detail?					
c. Are there well-defined indicators selected in order to provide evidence about the project / programme and its context?					
d. Does the report point out the limitations, risks and potential biases associated with the evaluation method?					
3. Reliable data :					
a. Is the data collection approach explained and is it coherent with the overall evaluation design?					
b. Have data collection limitations and biases been explained and discussed?					
c. Are the sources of information clearly identified in the report?					
d. Are the data collection tools (samples, focus groups, etc.) applied in accordance with standards?					
e. Have the collected data been cross-checked?					
4. Sound analysis :					
a. Is the analysis based on the collected data?					
b. Does the analysis focus well on the most relevant cause/effect assumptions underlying the intervention logic?					
c. Is the context taken into account adequately in the analysis?					
d. Are inputs from the most important stakeholders used in a balanced way?					
e. Are the limitations of the analysis identified, discussed and presented in the report, as well as the contradictions with available knowledge, if there are any?					
5. Credible findings :					
a. Are the findings derived from the qualitative and quantitative data and analyses?					
b. Is there a discussion whether the findings can be generalised?					
c. Are interpretations and extrapolations justified and supported by sound arguments?					
6. Valid conclusions :					
a. Are the conclusions coherent and logically linked to the findings?					
b. Does the report draw overall conclusions on each of the five DAC criteria?					
c. Are conclusions free of personal or partisan considerations?					

7. Useful recommendations :					
a. Are the recommendations consistent with the conclusions?					
b. Are recommendations operational, realistic and sufficiently explicit to provide guidelines for taking action?					
c. Are the recommendations drafted for the different target stakeholders of the evaluation?					
d. When necessary, have the recommendations been clustered and prioritised?					
8. Clear report :					
a. Does the report include a relevant and concise executive summary?					
b. Is the report well-structured and adapted to its various audiences?					
c. Are specialised concepts clearly defined and not used more than necessary? Is there a list of acronyms?					
d. Is the length of the various chapters and annexes well balanced?					

Legend: *very weak* = criteria mostly not fulfilled or absent; *weak* = criteria partially fulfilled; *good* = criteria mostly fulfilled; *very good* = criteria entirely fulfilled; *excellent* = criteria entirely fulfilled in a clear and original way

Comments on meeting needs (1):
Comments on appropriate design (2):
Comments on reliable data (3):
Comments on sound analysis (4):
Comments on credible findings (5):
Comments on valid conclusions (6):
Comments on useful recommendations (7):
Comments on clear report (8):
Comments on the overall quality of the report



ANNEX V: EXPERTS PLANNING SCHEDULE

(Add as many rows as needed, adjust table layout as necessary).

		Indicative Duration in working days ⁴²		
Activity	Location	Team Leader	Expert ...	Indicative Dates
Inception phase: total days				
•				
•				
•				
Desk phase: total days				
•				
•				
•				
Field phase: total days				
•				
•				
•				
Synthesis phase: total days				

⁴² Add one column per each expert

		Indicative Duration in working days ⁴²		
Activity	Location	Team Leader	Expert ...	Indicative Dates
•				
•				
•				
Dissemination phase: total days				
•				
•				
•				
TOTAL working days (maximum)				

ANNEX VI: LIST OF ACTIONS CONTRACTED UNDER THE FACILITY

Funding instrument	Applicant Name	Priority area	Description	Amount Contracted in €
ECHO Humanitarian Implementation Plan (HIP) Turkey 2017 ⁴³	International Federation of the Red Cross Societies	Humanitarian Assistance Protection	Response to protection needs of refugees	9 157 929
ECHO HIP Turkey 2017	Médecins du monde	Humanitarian assistance Health	Strengthen the longer-term resilience of refugees and migrants by improving the level of their emotional, mental, and physical wellbeing	9 000 000
ECHO HIP Turkey 2017	UNICEF	Humanitarian Assistance Education in Emergencies	Increased access to non-formal learning programmes easing the way back to formal education for vulnerable refugee children	12 500 000
ECHO HIP Turkey 2017	WFP	Humanitarian Assistance Basic Needs	A continuation of the Emergency Social Safety Net (ESSN). The ESSN is a programme covering basic needs of refugees through monthly unrestricted cash transfers ⁴⁴	650 000 000
ECHO HIP Turkey 2017	UNICEF	Humanitarian Assistance Education in Emergencies Protection	A continuation of the Conditional Cash Transfer for Education project (CCTE). The CCTE aims at supporting the integration of refugee children into the national education system through a financial incentive when the children attend classes regularly. The project also includes a component of child protection ⁴⁵	50 000 000
ECHO HIP Turkey 2017	UNHCR	Humanitarian Assistance Protection	Protection and improved access to services for refugees and asylum seekers in Turkey	25 000 000
ECHO HIP Turkey 2017	Welthungerhilfe	Humanitarian Assistance	Provision of integrated protection services for vulnerable refugees in Mardin Province	2 700 000

⁴³ http://ec.europa.eu/echo/sites/echo-site/files/turkey_hip_2017.pdf

⁴⁴ The follow-up contract for the ESSN has been counted as new additional project.

⁴⁵ The follow-up contract for the CCTE has been counted as new additional project.

		Protection		
ECHO HIP Turkey 2017	UNFPA	Humanitarian Assistance	To promote access of the most vulnerable refugees to social services in Turkey	7 000 000
		Protection		
ECHO HIP Turkey 2017	Relief International	Humanitarian assistance	To improve access to mental health and psychosocial support services for refugees	3 000 000
		Health		
ECHO HIP Turkey 2017	UNFPA	Humanitarian assistance	To support access to Sexual Reproductive Health (SRH) and Sexual and Gender Based Violence (SGBV) services for the most vulnerable refugees	14 000 000
		Health		
ECHO HIP Turkey 2016 ⁴⁶	Danish Refugee Council	Humanitarian Assistance	Reducing protection vulnerabilities of displaced populations through an integrated community-based protection response	8 000 000
		Protection		
ECHO HIP Turkey 2016	CARE	Humanitarian assistance	Mitigating risks of key protection concerns of refugee population through targeted awareness raising, strengthening of referral systems and provision of specialized protection assistance	3 719 999
		Protection		
ECHO HIP Turkey 2016	World Vision	Humanitarian assistance	Providing information and protection assistance to vulnerable refugees, and linking them to protection services	4 000 000
		Protection		
ECHO HIP Turkey 2016	International Medical Corps	Humanitarian Assistance	Provision of life-saving primary health care to the most vulnerable populations and strengthening of their resilience through MHPSS, rehabilitation activities, and protection support to GBV survivors	2 400 000
		Health, Protection		
ECHO HIP Turkey 2016	Médecins du monde	Humanitarian assistance	Facilitation of access to health and psycho-social services for refugees	3 000 000
		Health		
ECHO HIP Turkey 2016	WHO	Humanitarian assistance	Supporting adapted and culturally sensitive healthcare services to Syrian refugees	10 000 000
		Health		
ECHO HIP Turkey 2016	Relief International	Humanitarian Assistance	Strengthening Access to Specialized Health Services for refugee populations	4 000 000
		Health		
ECHO HIP Turkey 2016	UNICEF	Humanitarian Assistance	Providing Conditional Cash Transfer for Education with the aim to increase enrolment and improve attendance for refugee children	34 000 000

⁴⁶ http://ec.europa.eu/echo/sites/echo-site/files/hip_turkey_2016.pdf

		Education in Emergencies		
ECHO HIP Turkey 2016	Mercy Corps	Humanitarian Assistance Protection	Providing protection assistance to refugees and asylum seekers	680 071
ECHO HIP Turkey 2016	WFP	Humanitarian Assistance Basic Needs	The Emergency Social Safety Net (ESSN) is a multi-purpose cash transfer system to address the everyday needs of refugees	348 000 000
ECHO HIP Turkey 2016	Danish Refugee Council	Humanitarian Assistance Protection, Health	Proactive Actions to Prevent Sexual and Gender Based Violence in South East Turkey	1 000 000
ECHO HIP Turkey 2016	Diakonie	Humanitarian Assistance Protection and Winterization	Enhancing access to effective services and protection for people of concern	4 000 000
ECHO HIP Turkey 2016	International Medical Corps	Humanitarian Assistance Health	Provision of lifesaving health care and protection environment of vulnerable refugees	3 498 483
ECHO HIP Turkey 2016	UNICEF	Humanitarian Assistance Child Protection, Winterization, Basic Needs	Increased access to protection and basic needs support for vulnerable refugee children and families	8 000 000
ECHO HIP Turkey 2016	Federation Handicap	Humanitarian Assistance Health, Protection	Improved access to inclusive and quality services for the most vulnerable refugees including people with disabilities (Izmir and Istanbul city)	2 000 000
ECHO HIP Turkey 2016	Concern Worldwide	Humanitarian Assistance Education in Emergencies, Protection	Emergency Humanitarian Response for Syrian refugees	3 000 000
ECHO HIP Turkey 2016	UNHCR	Humanitarian Assistance Protection	Providing protection and durable solutions to refugees and asylum seekers	43 251 517
ECHO HIP Turkey 2016	UNFPA	Humanitarian Assistance Protection, Health	Support to most vulnerable refugee women and girls to access Sexual Reproductive health (SRH) and Sexual and Gender Based Violence (SGBV) services	9 000 000
ECHO HIP Turkey 2016	IOM	Humanitarian Assistance Winterisation, Special and Basic Needs, Protection, Education in Emergencies	Enhancing protection through better addressing basic needs, supporting access to education and integrated service provision	8 000 000

ECHO HIP Regional Syria Crisis ⁴⁷	WFP	Humanitarian Assistance Security and Livelihoods	Food assistance to vulnerable Syrians living in host communities and to beneficiaries currently living in camps	40 000 000
ECHO HIP Regional Syria Crisis	Diakonie	Humanitarian Assistance Protection, Food Security\Livelihoods	Multi-purpose cash assistance and protection for out-of-camp refugees and newcomer refugees	5 500 000
ECHO HIP Regional Syria Crisis	GOAL	Humanitarian Assistance Health, Protection	Preventing the deterioration of health and wellbeing of vulnerable Syrian refugees and marginalized migrants and to increase their protection	1 500 000
ECHO HIP Regional Syria Crisis	Danish Refugee Council	Humanitarian Assistance Protection	Protection of Syrian refugees and marginalized migrants	4 493 374
ECHO HIP Regional Syria Crisis	World Vision	Humanitarian Assistance Protection	Providing life-saving food, non-food and protection support to vulnerable refugees and host families	1 758 531
ECHO HIP Regional Syria Crisis	WHO	Humanitarian Assistance Health/Training	Supporting adapted and culturally sensitive healthcare services for Syrian refugees	2 000 000
ECHO HIP Regional Syria Crisis	International Medical Corps	Humanitarian Assistance Health/MHPSS/Disabilities	Supporting Syrian refugees and vulnerable populations	2 961 875
ECHO HIP Regional Syria Crisis	CARE	Humanitarian Assistance Protection, Food Security, Information Management	Providing urgently needed basic humanitarian assistance for Syrian refugees	4 548 507
ECHO HIP Regional Syria Crisis	International Federation of the Red Cross Societies	Humanitarian Assistance Protection, Education, Food Security and Basic Needs	Providing food assistance and assistance with basic needs and services, as well as education support for Syrian refugees	8 000 000
ECHO	Relief International	Humanitarian Assistance	Comprehensive health provision for Syrian refugees in Gaziantep and Sanliurfa	2 000 000

⁴⁷ Humanitarian funding accounted for under the EU Facility for Refugees in Turkey was initially also made available both under HIP Syria Regional Crisis 2015 version 4 and HIP Syria Regional Crisis 2016 version 1 for implementation as of 1 January 2016: <http://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/HIP%20V2%20FINAL.pdf>

HIP Regional Syria Crisis		Health/MHPSS/Disabilities		
ECHO	Federation Handicap	Humanitarian Assistance	Emergency intervention for the most vulnerable Syrian refugees	2 780 000
HIP Regional Syria Crisis		Health/MHPSS/Disabilities		
ECHO	Welthungerhilfe	Humanitarian Assistance	Improving the livelihood and protection of Syrian refugees through multipurpose cash card assistance and case management	2 600 000
HIP Regional Syria Crisis		Protection, Food Security/Livelihoods		
ECHO	Mercy Corps	Humanitarian Assistance, Protection, Food Security, WASH, Shelter	Improving the protective environment with tailored assistance of the refugees who are settled, roaming, transiting, or victims of failed sea crossings	3 000 000
HIP Regional Syria Crisis		Humanitarian Assistance		
ECHO	IOM	Protection, Info Management	Humanitarian assistance to vulnerable Syrians and other refugees as well as migrants rescued at sea	1 900 000
HIP Regional Syria Crisis		Humanitarian Assistance		
ECHO	Médecins du monde	Humanitarian Assistance	Providing health care services to refugees and migrants	2 977 918
HIP Regional Syria Crisis		Health/MHPSS		
ECHO	Concern Worldwide	Humanitarian Assistance	Emergency Humanitarian Response for Syrian Refugees	3 400 000
HIP Regional Syria Crisis		Food Security and Livelihoods		
Instrument for Pre-Accession (IPA)	Turkish Directorate-General for Migration Management (DGMM)	Migration Management	Supporting migrants upon their return to Turkey, covering food, health care, transport and accommodation expenses of returned migrants since 4 April 2016	60 000 000
Special Measure April 2016				
IPA	Turkish Ministry of National Education	Education	Providing almost half a million refugee children with access to education	300 000 000
Special Measure (SM) July 2016				
IPA	Turkish Ministry of Health	Health	Giving two million people access to primary healthcare services and rehabilitative mental health services for up to one million people	300 000 000
SM July 2016				
IPA	Kreditanstalt für Wiederaufbau (KfW)	Education Infrastructure	Building and equipping new schools in provinces with a high concentration of refugees	255 000 000
SM July 2016				

EU Regional Trust Fund in Response to the Syrian Crisis (EUTF) ⁴⁸	IPA SM July 2016	World Bank	Education Infrastructure	Building and equipping new schools in provinces with a high concentration of refugees	150 000 000
	IPA SM July 2016	World Bank	Socio-economic Support	Improving employability of refugees and host communities through <i>inter alia</i> language training, skills training, on-the-job training, cash for work	50 000 000
	IPA SM July 2016	Kreditanstalt für Wiederaufbau (KfW)	Socio-economic Support	Improving the employability of refugees and host communities through technical and vocational training	50 000 000
	IPA SM July 2016	World Bank	Socio-economic Support	Supporting the creation of entrepreneurship and employment opportunities for refugees and host communities	5 000 000
	IPA SM July 2016	Council of Europe Development Bank	Health Infrastructure	Construction of a 300-bed hospital to facilitate access to health care for refugees and host communities in Kilis	50 000 000
	IPA SM July 2016	Agence française de développement	Health Infrastructure	Construction of a 250-bed hospital to facilitate access to health care for refugees and host communities in Hatay	40 000 000
	UNICEF	UNICEF	Education	Supporting education of refugee children	36 950 286
	EUTF	Deutscher Akademischer Austauschdienst (DAAD)	Education	Providing opportunities and perspectives for Syrian refugees in higher and further education sector (scholarships, credit-based courses, personal and virtual education and language classes)	2 700 000
	EUTF	Gesellschaft für Internationale Zusammenarbeit (GiZ)	Socio-economic Support, Education	Strengthening resilience and livelihoods of refugee hosting countries in the education and social sector, in particular through community centres	18 207 812
	EUTF	Stichting SPARK	Education	Providing access to higher, vocational and distance education	5 969 655
EUTF	Danish Red Cross	Health	Improving wellbeing, resilience and peaceful co-existence among vulnerable refugee and host communities	32 399 356	

⁴⁸ Contributions from IPA Special Measure March 2016 (EUR 55 million), IPA Special Measure July 2016 (EUR 225 million), DCI (EUR 10 million) and ECHO (EUR 3 million).

		Socio-economic Support		
EUTF	WHO	Health	Increasing the capacity of Syrian health staff and improving access to quality and equitable health care for refugees and impacted host communities	11 500 000
EUTF	Association for Solidarity with Asylum Seekers and Migrants (ASAM)	Socio-economic Support	Promoting integration of refugees and asylum seekers, with a particular focus on Iraqi refugees, and strengthening capacity of local authorities	10 000 000
EUTF	Concern Worldwide	Education	Increasing the resilience and integration of vulnerable Syrian refugees through support to education and livelihoods opportunities	17 280 000
EUTF	UNDP	Socio-Economic Support	Strengthening the economic and social resilience of refugees, host communities and relevant institutions, including by providing vocational and language training to adults	50 000 000
EUTF	The Union of Chambers and Commodity Exchanges of Turkey (TOBB)	Socio-Economic Support	Strengthening the economic and social resilience of refugees, host communities and relevant institutions	15,000,000
EUTF	UN Women	Socio-economic Support	Increasing access to basic services; improving protection; increasing access to work and enhancing participation of refugee women and girls and vulnerable women and girls in host communities	5 000 000
EUTF	UNICEF	Education	Increasing access to formal and non-formal education opportunities, as well as psychosocial well-being, and protective environment for refugee and vulnerable Turkish children	31 382 891
EUTF	ILO	Socio-Economic Support	Facilitating access to work for refugees and host communities through training, stimulating entrepreneurship opportunities and strengthening labour market institutions	11 610 000
EUTF	Stichting SPARK	Education	Providing access to higher education refugees through the delivery of Turkish language education; bachelor programmes; and overall support	5 000 000
EUTF	KfW	Education Infrastructure	Improving and securing the living conditions of refugees and host communities and contributing to climate protection by providing sustainable energy to public schools	40 000 000
Instrument contributing to	IOM	Migration Management	Enhancing the capacity of the Turkish Coast Guard to carry out search and rescue operations	20 000 000

CLARIFICATION No.1

to the

FRAMEWORK CONTRACT 2015

EuropeAid/137211/DH/SER/Multi

REQUEST FOR SERVICES NO: 2018/401148- Version 1

Contract Title: Strategic Mid-term Evaluation of the EU Facility for Refugees in Turkey

(2016-2019/2020)

Deadline for submission of offers: 07 November 2018 at 24:00 (local time)

Further to the clarification requests received from the potential contractors, the following clarifications are provided:

Q1. With reference to point 8.3 Independence of the specific terms of reference (TOR), could you please clarify whether participation by an expert in any of the following projects may lead to a conflict of interest situation?

- All the evaluations commissioned by ECHO, EUTF, IcSP, UNICEF and IPA listed in the TOR on pages 14 and 15; and
- The project “Technical Assistance to the EU Facility for Refugees in Turkey.” launched in 2017 under the Framework Contract EUROPEAID/132633/C/SER/MULTI LOT N° 12: Humanitarian Aid, Crisis Management and Post-Crisis assistance.

A1. The Contracting Authority cannot prejudge the potential conflict of interest which will be assessed and determined by the Evaluation Committee during the evaluation of the offers. Please refer to Section 8.3 of the ToR.

CLARIFICATION No.2

to the

FRAMEWORK CONTRACT 2015

EuropeAid/137211/DH/SER/Multi

REQUEST FOR SERVICES NO: 2018/401148- Version 1

**Contract Title: Strategic Mid-term Evaluation of the EU Facility for Refugees in Turkey
(2016-2019/2020)**

Deadline for submission of offers: 07 November 2018 at 24:00 (local time)

Further to the clarification requests received from the potential contractors, the following clarifications are provided:

Q2. According to the ToR the contractor should organise dissemination events in Brussels and Ankara. Would you please advise what type of costs (venue rent, simultaneous interpretation, refreshments, lunch, stakeholder travel and accommodation arrangements, printing and promotional materials, etc.) we should foresee for the organisation of the event in Ankara? How many participants can be expected?

A2. As stated in Section 7.5 of the ToR, the venue for the dissemination events in Brussels and in Ankara will be provided by the Commission services. The expected number of participants per event would be up to 100. The Contractor should foresee all necessary organisational costs such as simultaneous interpretation (only for Ankara), refreshments, printing and promotional materials. Any cost for stakeholders' travel and accommodation arrangements is not included.

Q3. Would you please confirm if the Validation workshops in Ankara (page 27 of the ToR) are different from the stakeholder workshops at field level (page 25 of the ToR)?

A3. We confirm that validation workshops in Ankara are different from the stakeholder workshops at field level.

Q4. Would you please clarify if the contractor can include into the budget the following costs for the organisation of validation workshops and stakeholder workshops at the field level: venue, interpretation, refreshments, printing materials, etc.?

A4. The Contractor should foresee all necessary organisational costs such as venue, interpretation, refreshments, printing materials. Any cost for participants' travel and accommodation arrangements is not included.