



# THE FACILITY FOR REFUGEES IN TURKEY

## THE FACILITY RESULTS FRAMEWORK MONITORING REPORT

OUTPUT ACHIEVEMENT PROGRESS  
(As of 30 June 2020)

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## ACRONYMS

3RP	Regional Refugee and Resilience Plan
AFAD	Disaster and Emergency Management Authority
ANC	Ante-Natal Care
ASAM	Association for Solidarity with Asylum Seekers and Migrants
BPG	Bilingual Patient Guide
CCTE	Conditional Cash Transfer for Education
CMHC	Community Mental Health-centre
CVME	Comprehensive Vulnerability Monitoring Exercise
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DGMM	Directorate-General for Migration Management (Government of Turkey)
DGSA	Directorate-General for Social Assistance (Government of Turkey)
DQA	Data Quality Assessment
EBA	Educational Informatics Network
ECE	Early Childhood Education
EMHC	Extended Migrant Health-centre
ESSN	Emergency Social Safety Net
EU	European Union
EUD	Delegation of the European Union to Turkey
EUTF	EU Regional Trust Fund in response to the Syrian crisis
Facility	Facility for Refugees in Turkey
FMR	Facility Monitoring Report
GoT	Government of Turkey
IFI	International Financial Institution
ILO	International Labour Organisation
IMR	Infant Mortality Rate
IOM	International Organisation for Migration
IP	Implementing Partner
İŞKUR	Turkish Employment Agency
LFIP	Law on Foreigners and International Protection
M&E	Monitoring and Evaluation
MEB	Minimum Expenditure Basket
MoFLSS	Ministry of Family, Labour and Social Services
MHC	Migrant Health-centre
MHTC	Migrant Health Training Centre
MHPSS	Mental Health and Psycho-Social Support
MHU	Mental Health Unit
MoH	Ministry of Health
MoNE	Ministry of National Education
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
OJT	On-the-Job-Training
PDMM	Provincial Directorate of Migration Management

PEC	Public Education Centre
PHC	Primary Health-Care
PICTES	Promoting Integration of Syrian Children into Turkish Education System
PIKTES	Promoting Integration of Syrian Kids into Turkish Education System
PSS	Psycho-Social Support
PTR	Physical Therapy and Rehabilitation
PTSD	Post-Traumatic Stress Disorder
PuIP	Persons under International Protection
QIN	Quarterly Information Note
RF	Results Framework
RRF	Revised Results Framework
SASF	Social Assistance and Solidarity Foundation
SGBV	Sexual and Gender-Based Violence
SIHHAT	Improving the Health Status of the Syrian Population under Temporary Protection and Related Services Provided by Turkish Authorities
SME	Small and Medium-sized Enterprise
SRH	Sexual and Reproductive Health
SSI	Social Security Institution (SGK in Turkish)
SUMAF	Technical Assistance to Support the Monitoring of Actions Financed under the Facility for Refugees in Turkey
SuTPs	Syrians under Temporary Protection
TAC	Temporary Accommodation Camp
TCG	Turkish Coast Guard
TDHS	Turkey Demographic and Health Survey
TEC	Temporary Education Centre
TRT	Turkish Radio and Television Corporation TV
TRY	Turkish Lira
TOBB	The Union of Chambers and Commodity Exchanges of Turkey
TÖMER	Turkish Language Teaching Affiliate of Ankara University
TPE	Turkish Proficiency Examination
TRC	Turkish Red Crescent (Kızılay in Turkish)
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VET	Vocational Education and Training
WFP	World Food Programme
WHO	World Health Organisation
YÖK	The Council of Higher Education

## EXECUTIVE SUMMARY<sup>1</sup>

This monitoring report is the sixth biannual report produced by the Facility Secretariat to inform stakeholders of the progress made by the Facility in helping the Turkish government respond to the refugee crisis caused by the influx of approximately 3.9 million refugees since 2011, 3.6 million of whom are Syrians under Temporary Protection (SuTPs).<sup>2</sup> This report is the last one which reports against the original Facility Results Framework - the next FMR will report against the revised Facility Results Framework (rRF) which was launched in early July 2020.

The report presents the results achieved by the Facility from its start in 2016 to-date (June 2020) and includes a particular focus on the progress made over the six months from January to June 2020. As almost four of these six months were seriously affected by the COVID-19 pandemic and the measures taken to mitigate its spread and impact, the report presents how the situation affected the Actions' contexts, results achievement and implementation progress. In summary, it is clear that the crisis led to a significant slowdown in progress of many individual Actions and therefore of the progress of the Facility as a whole.

From the information available it appears that the effects of the COVID-19 control measures had a major impact on the living standards and a significant impact on the health and education of the refugee community. The effects on the poorer segments of the Turkish host community were also significant. The Action management teams implementing the projects responded to the emergency situation in different ways. The European Commission (EC) put in place a special COVID-19 reporting process to track the effects of the crisis on the Actions and their mitigation measures.<sup>3</sup> An analysis of these reports shows that about 40% of 27 non-humanitarian Actions which reported in July 2020 were assessed as having been impacted to a limited extent, whilst over 50% had been impacted quite seriously and the remaining 10% were severely impacted.<sup>4</sup> In most cases Actions reported that they will require extensions in their implementation period of between 3 and 12 months if they are to meet their output targets.

Regarding the humanitarian Actions, the Action Implementing Partners assessed the needs within the target populations and quickly adapted their budgets and activities to respond to the situation. Emergency responses were implemented through the provision of Personal Protective Equipment (PPE), hygiene items, in-kind food packages and food vouchers, unrestricted cash assistance for non-ESSN beneficiaries as well as top-up transfers for ESSN beneficiaries.

In the Education Priority Area, the Facility has been supporting the Government of Turkey (GoT) to integrate a population of over 1.2 million refugee children<sup>5</sup> into the public education system without reducing the overall quality of education for the host communities. Facility investments are focused on expanding the public education system's capacity in high-refugee concentration areas through staff recruitment and school construction; adapting education programmes to enable refugee students to successfully join regular classes, conducting awareness raising and outreach work and providing incentives to encourage refugee families to enrol their children in school and to ensure their regular attendance at classes.

Facility interventions have contributed to a considerable extent to increasing refugee children and youth's enrolment, attendance and retention rates in education, whilst reducing gender-related barriers and

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<sup>1</sup> For reasons of brevity the data and information source references relating to the contents of the Executive Summary are not given here but can be found in the relevant section of the main report.

<sup>2</sup> For reasons of brevity this report uses the term 'refugee' to refer to both Syrians under Temporary Protection (SuTPs) and Persons under International Protection (PuIP). The Government of Turkey (GoT) does not accept the use of the term 'refugee' to refer to SuTPs or PuIPs.

<sup>3</sup> To-date three rounds of COVID-19 Action impact reports have been produced. The reporting process was managed jointly between SUMAF and the EUD.

<sup>4</sup> Action-Level COVID-19 Impact Report (Third Round) – August 2020. The Actions which reported were the non-ECHO-funded Actions. Severe Impact (projected over 40% reduction in Action deliverables within current time-period and budget); Quite serious Impact (projected over 20% reduction in Action deliverables within current time-period and budget); Limited Impact (progress of Action not significantly affected)

<sup>5</sup> One-third of the SuTP population is of school-going age: <https://www.goc.gov.tr/gecici-koruma5638>, accessed on 10<sup>th</sup> September 2020.

addressing child protection needs. Nonetheless, challenges remain relating to the transition between educational levels (e.g. from lower to upper secondary) and to social inclusion in schools

Progress made against a wide range of RF indicators from January to mid-March of this year was very satisfactory for most areas of the education priority area. Following the onset of the COVID-19-related social mobility restrictions, the flagship PIKTES Action suspended the implementation of its early childhood education programme as well as the provision of back-up (remedial) and catch-up classes. The courses and materials development work continued, albeit with the educational staff working from home. Student psycho-social support and guidance work continued on-line and by phone, but the level of student coverage and quality of support was reported to have been seriously affected.

Despite the efforts of the Ministry of Education (MoNE) and PIKTES to respond to the COVID-19 pandemic through the delivery of remote and on-line education, a review mission for the Commission found that a significant proportion of the students did not have regular and reliable access to the remote and on-line learning programmes. It also found that the level of engagement and retention of students on these programmes decreased over time. Other surveys have confirmed this issue of lack of student access to the technology, data and support required to effectively follow on-line teaching programmes.<sup>6</sup> The two main lessons from this experience were firstly that it requires the development of a very different set of education management and delivery systems to be able to move from face-to-face to on-line teaching, and secondly, that a major initiative needs to be taken to enable the poorer one or two quintiles of target students to have the level of access to technology and internet required to be able to follow these courses.

To-date (June 2020), more than 623,000 children (98.2% of the 635,000 target) have benefitted from the Conditional Cash Transfer for Education (CCTE) programme.<sup>7</sup> A recent review found that the programme was both effective and efficient in incentivising parents to ensure their children's regular attendance at school and that the integrated child protection component was contributing to the positive results.

Preparatory activities for the provision of Technical Vocational Education and Training (TVET) education and associated support to students continued during the reporting period, with classes due to commence in the forthcoming academic year.

At the time of reporting a total of 3,954<sup>8</sup> educational personnel were being supported by the Facility (either through salaries or other financial incentives) and 177,019 education staff had received training to enable them to respond to the particular needs of refugee children. The number of educational staff financially supported by the Facility dropped considerably from Q1 to Q2 of this year due to the COVID-19 related suspension of many teaching activities by PIKTES.

A total of over 3,900 educational facilities have been upgraded since the start of the Facility – including the refurbishing and equipping of 2,120 pre-schools. A total of 40 new schools have now been constructed out of an (updated) target of 360 schools.<sup>9</sup> The current average construction project completion rate is 29% – which is not much higher than that reported in the last FMR – indicating the impact which the COVID-19 pandemic has had on infrastructure construction.<sup>10</sup>

In the Health Priority Area, the Facility's strategy is firstly to support the GoT to ensure the availability of quality public health services for refugees in high refugee concentration provinces whilst maintaining the quality of health services for the host community. Alongside this operational capacity support, the strategy

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<sup>6</sup> The 'Sectoral analysis of the impacts of the COVID-19 pandemic on refugees living in Turkey' rapid survey conducted by SGDD-ASAM (May 2020) found that 48% of enrolled students did not have access to distance education.

<sup>7</sup> European Civil Protection and Humanitarian Aid Operations, Turkey Factsheets, August 26, 2020, [https://ec.europa.eu/echo/where/europe/turkey\\_en](https://ec.europa.eu/echo/where/europe/turkey_en)

<sup>8</sup> This number represents only Turkish and Arabic Language Teachers and Guidance Counsellors who were employed under PIKTES. The catch-up and back-up classes are provided by the MoNE teachers. Since those classes have been cancelled due to COVID-19, the teachers are not paid by PIKTES.

<sup>9</sup> Under Tranche II, the total target for the new school construction has increased from 180 to 360.

<sup>10</sup> The project completion rate covers all steps in a project cycle and is not the same as the level of completion of schools which are under construction.



also aims to increase the level and quality of utilisation of health services through increasing refugee awareness and health literacy. Finally, additional specialist services – such as Mental Health and Psycho-Social Support (MHPSS) and Physical Therapy and Rehabilitation (PTR) are provided through non-governmental agencies.

The COVID-19 pandemic has had a particular impact on the target refugees' level of access to health services, and on their incomes (and therefore food consumption) and mental health. Whilst no data are available on the COVID-19 infection rates for refugees, several studies highlighted the relatively high presence of infection risk factors amongst the refugee communities.

The Facility has continued to support the establishment and operation of Migrant Health Centres (MHCs), mental health centres and clinics<sup>11</sup>, mobile outreach services, the equipping of existing hospitals and the construction of two new hospitals in Kilis and Hatay provinces. All together over 3,282 health workers were being financed either through salaries or other forms of incentives at the end of June 2020. Additionally, some 8,426 health workers have been trained to-date to enable Syrian health workers to adapt to practising within the Ministry of Health (MoH) system in the MHCs, and to help Turkish health workers to be able to better respond to refugees' particular problems and needs.

There has been a general improvement in a range of health service capacity indicators over the last year and the number of health workers providing services to refugees has also increased. Mental health and psycho-social support services are also receiving greater attention with an increase in the number of mental health service facilities and the ongoing recruitment of many more psychologists and social workers under the MoH-implemented SIHHAT programme. Various reports have shown that the level of psychological stress and mental illness amongst refugees has increased dramatically during the last six months - heavily influenced by the economic effects of the COVID-19 crisis.<sup>12</sup>

The pace of construction of the two hospitals in Hatay and Kilis slowed considerably during the second quarter of this year due to the social mobility restrictions but began to pick up again towards the end. The actual construction of both hospitals is approximately half-completed. The projects were already behind schedule due to a number of non-COVID-19 related factors.

On the service demand side, the challenges associated with a lack of adequate understanding of the Turkish language by a majority of the refugees and an inability to effectively navigate the health service system continued, requiring increased efforts at promoting health awareness and literacy amongst the target groups. Health literacy levels remain low and many refugees are still using hospitals as their first option in seeking health care, rather than Family health clinics or Migrant Health Centres.<sup>13</sup>

Since the last biannual report two million more primary health care consultations have been provided to refugees; over 450,000 more vaccinations of Syrian infants and pregnant women were administered and over 375,000 new Ante-Natal Care (ANC) consultations were conducted. The Facility also supported several NGOs to provide Physical Therapy and Rehabilitation (PTR) services to 25,487 refugees.<sup>14</sup> This is an area that requires more capacity building once it is transferred to the GoT to ensure its sustainability.<sup>15</sup>

In the Socio-Economic Support Priority Area, the Facility's Actions in the areas of employability support, employment services provision and small enterprise development were showing good progress in the first months of the year (2020), and some new livelihood development Actions began their implementation. The Turkish economy began to grow again at this time after largely recovering in 2019 from the economic shocks

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<sup>11</sup> This report uses the generic term 'mental health centre' to denote all facilities which provide mental health and psychosocial support services. This includes Community Mental Health Centres run by the MoH and NGO-operated mental health centres.

<sup>12</sup> 1) Psycho-Social Effects of COVID-19 in the Framework of MHPSS Needs of Syrian Refugees in Turkey, April-May 2020, Dünya Doktorları Derneği; 2) SUMAF Action level COVID-19 Impact Report (Round 3) – DRC Action report. August 2020.

<sup>13</sup> World Health Organisation, 'Survey on the health status, services utilization and determinants of health of the Syrian refugee population in Turkey, 2019.

<sup>14</sup> ECHO-funded Actions implemented by IMC; RI; MDM; GIZ and H.I

<sup>15</sup> Ibid.



and heavy currency depreciation of 2018. However, in March 2020, the Turkish economy was hit once again by the negative impact of the COVID-19 pandemic. The effects on both refugees and the more economically vulnerable host communities in the high refugee-concentration provinces have been severe in terms of household incomes, debt levels and overall well-being. Studies indicate that over 80% of refugee household incomes have been negatively affected, at a time when the purchasing value of the ESSN monthly cash assistance further deteriorated due partially to a persistently high inflation rate of over 10%. There is also some evidence of families withdrawing older children (particularly boys) from school as one of several types of coping mechanism (including reducing food consumption) to deal with the added budgetary stresses. Given that at least 90% of working refugees are working in the informal sector, their incomes are very vulnerable to shocks to the economy. Progress in supporting their transition to the formal sector has been relatively limited as a result of the current economic conditions.

The Facility Actions supporting the delivery of vocational training suspended their courses as a result of the COVID-19 pandemic. Language and life skills trainings were also mostly stopped as training centres (such as the Public Education Centres) were closed. A small number of Actions tried to deliver courses on-line but some reported a poor level of target group access to computers, smart-phones and the internet. This particularly affected Turkish language training. Apprenticeship and on-the-job training programmes were also badly affected, with employers being less engaged and trainees becoming more focused on finding any kind of remunerated short-term work. Enterprise establishment and expansion was put on ice as entrepreneurs did not want to take on additional risk in the current climate. Also, the level of registration with the employment agency ISKUR was affected and the processing of work permit applications for refugees slowed considerably.

Progress with the equipping of Technical and Vocational High Schools and Vocational Education Centres was considerably slowed due mainly to the lack of access to the facilities.

Whilst there was a small drop in the number of ESSN beneficiaries over the six months to June 2020, the programme was not seriously affected by the COVID-19 situation. The first half of an additional cash top-up was provided to beneficiaries at the end of June 2020 to help families cope with the severe impact of the pandemic on their incomes.<sup>16</sup> An evaluation found that the ESSN programme was performing well relative to similar large unconditional cash transfer programmes implemented in other countries. Whilst the targeting of the programme on the poor was relatively good, the adequacy of the cash payments was noted to be decreasing due to significant increases in the cost of living.

Finally, most social cohesion promotion activities were stopped with the onset of the pandemic control measures. Attempts have been made by implementing partners to continue some of these on-line, despite the challenges mentioned above. The suspension of these activities is likely to have had a proportionately greater negative impact on women, who benefitted from them not only in terms of helping their integration into the local community but also as a means of developing social support networks. To-date the Facility has supported the operation of 51 community centres which are proving to be very effective in providing a range of support services to refugees – especially to women.

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<sup>16</sup> This was the first of two payments of 500 TRY. The second payment was made at the end of July 2020.

## 1. INTRODUCTION

This is the sixth biannual Facility Monitoring Report (FMR) produced to inform stakeholders of the progress made, challenges encountered, and results achieved of the Facility for Refugees in Turkey ('the Facility'). Over the last six months (from January to June 2020) a number of new Actions funded under Tranche II of the Facility have come on-stream – the portfolio now consists of a total of 42 Actions.

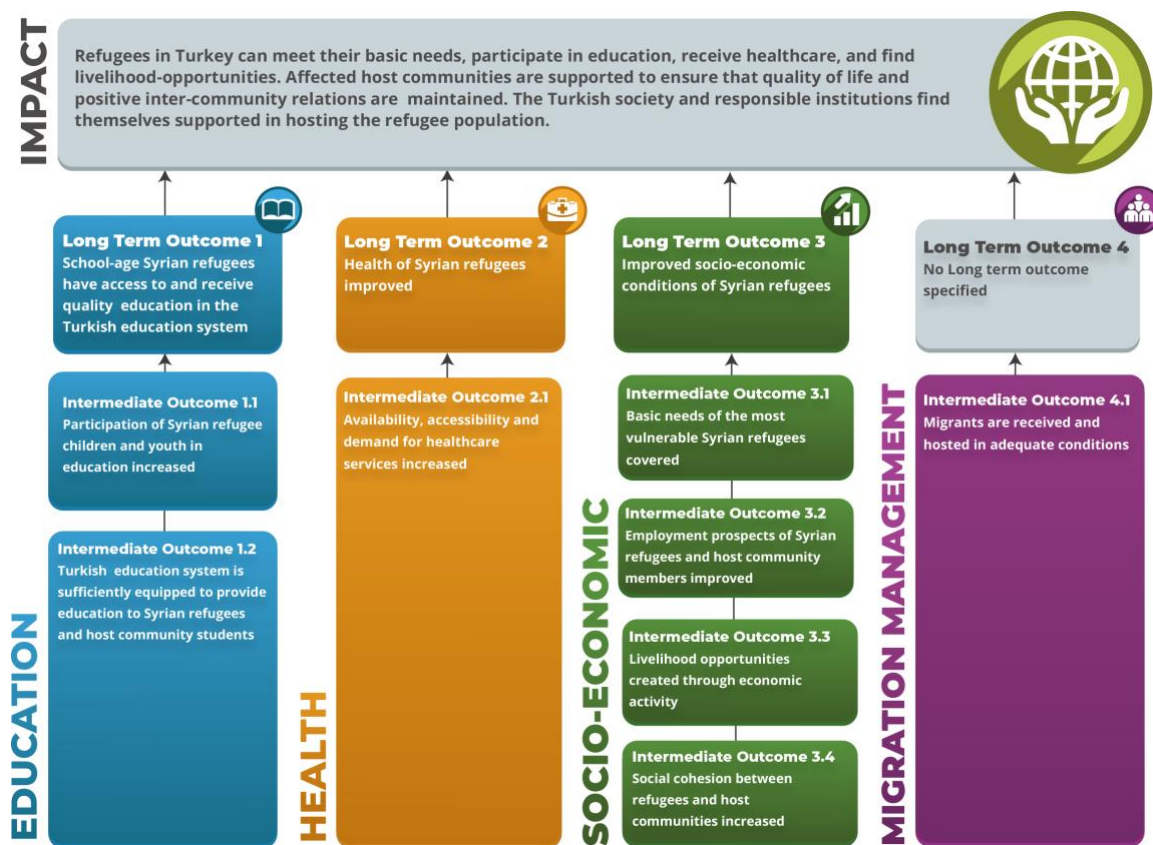
As presented in detail in the previous FMR, the Facility monitoring system is being strengthened through the introduction of the revised Facility Results Framework (rRF). The preparations for the rRF were completed during the period from January to June 2020 and the rRF was launched in July. On 1<sup>st</sup> July, the Implementing Partners (IPs) began monitoring and reporting against the revised and expanded set of results achievement indicators. A very intensive consultation process was launched to enable the transition to the new system and the results of this work will be presented in the seventh FMR.

As in the case of previous reports this report is structured according to each of the four Priority Areas used in the Tranche I support strategy (Education, Health, Socio-Economic Support and Migration Management). The Facility's overall results chain is shown in Figure 1 below. Each of the four Priority Areas has its own results chain and these are presented at the start of each Priority Area chapter together with a brief update on the sectoral context.

In the fifth FMR, the strategy of each Priority Area was presented. The reader may consult the fifth FM report for more details as much briefer summaries of the priority area strategies are presented in this report. This report also continues to refer to recently completed research and monitoring and evaluation activities relating to Actions or to the targeted beneficiary communities – either conducted within the scope of the Facility or by other development actors.

Each priority area section then presents a brief discussion of the progress made in terms of each of the Results Framework (RF) outputs using the selected output achievement indicators from the (original) Results Framework (see Figure 1 below). The sections also include references to successes achieved or challenges encountered by the Actions.

Figure 1: Facility (Tranche I) Overall Results Chain



### The Effects of COVID-19

As the current report updates the progress made by the Facility with information relating to the period from 1<sup>st</sup> January to 30<sup>th</sup> June of 2020, it makes frequent reference to the impact of the COVID-19 pandemic on the targeted refugee and host community beneficiaries as well as on the implementation of the individual Actions by the IPs. As in the case of many other countries the effect of the pandemic and the resulting mitigation actions on the normal functioning of the country has been severe.

Turkey started its response to the pandemic in the second half of March 2020 with an immediate partial lockdown, and gradually increased its restrictions by closing schools, non-essential businesses and its borders. More than 1,200 public and private hospitals across the country were mobilised to treat the infected and 137 laboratories were certified to test suspected cases.<sup>17</sup> The government has been working to expand the testing capacity as well as treatment and provision of quarantine spaces for infected patients. Access to health facilities to manage existing illnesses or to enable early diagnosis and treatment of new illnesses (unrelated to COVID-19) became more challenging due to reduced health service capacity, refugees' own fears of infection, and other logistical challenges (such as transport and interpretation services).

As this report shows, the pandemic has had a major impact on the lives of a large proportion of the refugee community as well as on the lives of poorer and more vulnerable host communities. The level of progress made in implementing the Facility's Actions has also been temporarily affected, resulting in estimated implementation delays of between 3 and 12 months. The largest impact appears to have been on the household incomes of the relatively poorer and least qualified refugees who were depending on work in the informal sector.

<sup>17</sup> UNICEF Turkey COVID-19 Response Monthly Situation Report, August 2020.

In terms of the effects on Action implementation, a large amount of training and other forms of individual capacity-development activities were suspended from March through May and into June 2020. Action management teams initiated remote trainings where possible, but the numbers of people covered were not large and the results obtained were likely to be much less than under normal circumstances. Regular and reliable access to smart-phones and computers (together with internet data) for targeted household members has been a major issue. Infrastructure construction was seriously affected and on-the-job training, employment support and enterprise development programmes were all affected.

Social cohesion, language teaching and psycho-social support all rely on face to face interaction for their effectiveness – and most of these activities were suspended from March to June 2020 by the IPs – with a disproportionate impact on women refugees. The level of psychological distress and mental illness effects of the shocks were also reported by the Facility’s IPs. While economic activities are expected to pick up as the public health situation improves, the recovery will be gradual given the income losses experienced by households and businesses and the resulting increase in their debt burdens.

## 2. EDUCATION

Following the announcement of the first COVID-19 pandemic case in Turkey by the Ministry of Health on 11<sup>th</sup> March 2020, all schools and universities were closed on 16<sup>th</sup> March. In order to mitigate the impact of the pandemic on the education sector, the Ministry of National Education (MoNE) began the implementation of distance education on 23<sup>rd</sup> March. It employed its Educational Informatics Network (EBA)<sup>18</sup> for online education and supported distance education by making use of the TRT (Turkish Radio and Television Corporation) TV channels to reach students. MoNE also prepared psychosocial guides to inform students and parents about COVID-19 pandemic risks and preventive measures. Additionally, MoNE developed a mobile application for students enrolled in special education schools and inclusive education.<sup>19</sup> The Council of Higher Education also provided an online education platform to continue distance learning for higher education. To support the professional development of teachers, MoNE carried out in-service trainings for teachers and school administrators using distance education platforms. All face-to-face in-service trainings planned for the rest of the semester were cancelled. As a substitute for Summer language courses, online Turkish classes started on 2<sup>nd</sup> June, through the EBA Digital Platform.

Although digital platforms such as EBA enable students to continue their education and allow interaction between teachers and students, they also risk increasing educational inequities especially among students who do not have access to computers or smart phones and the internet. According to one study, 27% of those having school-aged children reported not being able to access remote education provided by MoNE.<sup>20</sup> A recently concluded review of the PIKTES Action noted that many teachers and guidance counsellors were very concerned about this issue and the limited data which were available on student uptake of the online courses indicated low class participation rates.<sup>21</sup> (See Box 1 below).

### Box 1. COVID-19 effects on one refugee student

“Many changes occurred after the quarantine, in addition to that we were no longer able to carry out our lives normally. I was dominated by anxiety and confusion because I no longer knew the fate of my academic life, as I should graduate this year. Online education is not my preferred option, due to the lack of technical equipment and the difficulty to access the Internet. At home we have one laptop that I share with my siblings”.

*(SPARK – Interview with a female refugee student studying at Kahramanmaraş Sütçü İmam University)*

Figure 2 (below) presents a summary of the Facility’s intervention strategy in the Education Priority Area. The Facility strategy’s objective is to achieve the long-term outcome of ensuring ‘*School-age Syrian refugees have access to and receive quality education in the Turkish education system.*’ It aims to improve the supply of accessible and high-quality schooling for both refugees and host community children in high refugee concentration provinces, whilst simultaneously supporting the demand for education among refugee populations through building awareness about refugees’ education rights, the services available, and how they can be accessed.

The five main areas of support provided by the Facility to the education sector are: 1) School infrastructure development; 2) Support to the effective integration of refugees to the public education system; 3) Support to early childhood education; 4) Support to non-formal education; 5) Support to higher education. Good progress was made in all five of these areas in the first two months of the period from January to June 2020

<sup>18</sup> EBA (the digital educational portal of MoNE) has been in service since 2011-2012 school year.

<sup>19</sup> <https://tedmem.org/download/COVID-19-surecinde-egitim-uzaktan-ogrenme-sorunlar-cozum-onerileri?wpdmdl=3411&refresh=5f353b0a74ce21597324042>

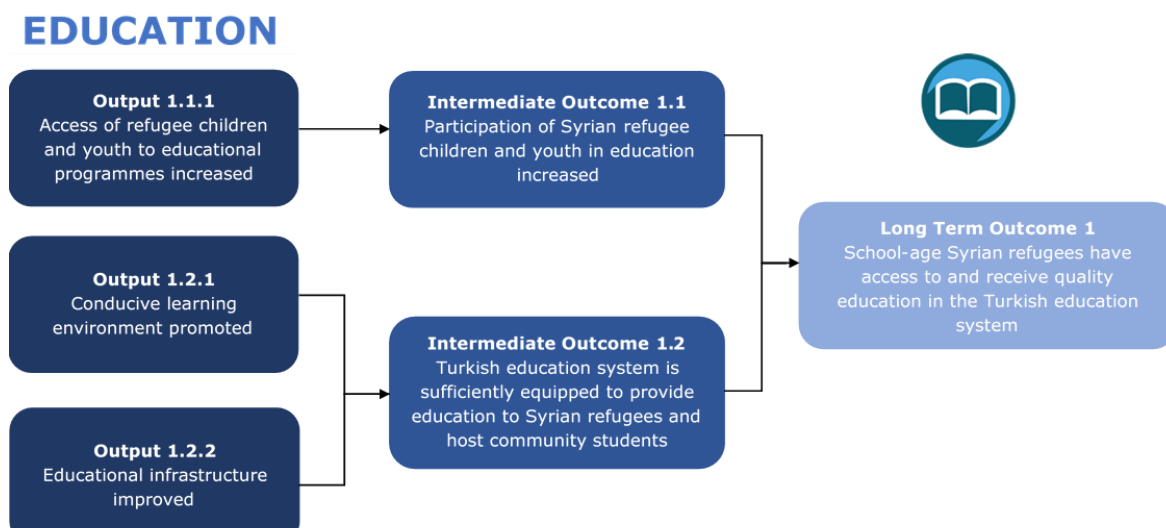
<sup>20</sup> Psycho-social effects of COVID-19 in the framework of MHPSS needs of Syrian refugees in Turkey. Dünya Doktorları Derneği. July 2020. This was a qualitative study and the descriptive findings based on quantitative statistics are only indicative but not representative at the province level and should be interpreted with caution.

<sup>21</sup> SUMAF Ad-Hoc Monitoring Mission of PIKTES No.2. 29<sup>th</sup> July 2020

but four out of five of them were badly affected by the partial shut-down which occurred from March to the end of May. Only the higher education support appeared to not be badly affected.

The Facility strategy is structured around the delivery of the three outputs as presented in Figure 2 below.

**Figure 2: Facility's Intervention Logic in the Education Priority Area**



The data on SuTP student enrolment in the education system for 2019-20 have not changed since the previous FMR as these data are only officially published once a year in September. According to these data 684,919 Syrian children had been enrolled in education in the 2019-2020 school year - corresponding to 63% of the population of Syrian children in Turkey aged between 5 and 17 years (See Table 1 below).<sup>22,23</sup>

**Table 1: Distribution of Students by Education Level (2019-2020)<sup>1</sup>**

Level	Enrolled	Population	Percentage
Preschool (Age 5)	34,718	112,834	30.8%
Primary (Age 6-9)	339,541	382,357	88.8%
Lower Secondary (Age 10-13)	223,182	318,251	70.1%
Upper Secondary (Age 14-17)	87,478	268,730	32.6%
TOTAL	684,919	1,082,172	63.3%

### Output 1.1.1 - 'Access of refugee children and youth to educational programmes increased'

#### Facility Investments

To improve access to education across all age groups the Facility is supporting a broad range of interventions covering pre-school, primary, secondary, and tertiary level education. The main investment under the current Tranche II funding is PIKTES which began in mid-2019 and is focused in 26 high-refugee

<sup>22</sup> [https://hbogm.meb.gov.tr/meb\\_iys\\_dosyalar/2020\\_01/27110237\\_OCAK\\_2020internet\\_BulteniSunu.pdf](https://hbogm.meb.gov.tr/meb_iys_dosyalar/2020_01/27110237_OCAK_2020internet_BulteniSunu.pdf)

<sup>23</sup> This number had increased slightly to 686,581 by June 2020 – according to the PIKTES 5<sup>th</sup> QIN report. The equivalent figure for the 26 provinces which are the focus of PIKTES was 615,991.



concentration provinces. In the PIKTES programme strategy, Early Childhood Education (ECE) is a major focus with the new target raised to over 246,000 refugee and host community children.<sup>24</sup>

PIKTES also focuses on providing Turkish language teaching (which is now delivered through Adaptation classes) together with remedial (back-up) education classes and catch-up classes to accelerate students' learning to enable them to join their age-group grades. Additionally, major efforts are invested in conducting home visits to try to convince families of the need for out-of-school students to return to full-time education. In 2019, MoNE estimated that at the end of 2018 there were still 397,253 refugee children out of school,<sup>25</sup> highlighting the critical efforts that need to be made to ensure that these children are brought into the education system.

The Conditional Cash Transfer for Education (CCTE) programme is the Facility's flagship project aimed at encouraging and supporting poor refugee families to send their children to school (See Box 2 below). The programme continued during the COVID-19 pandemic helping ensure that the supported children continued their education through attending EBA TV and on-line classes.

The families benefitting from the CCTE programme receive financial support every two months (via the 'Kizilaycard') on condition that the child has an average monthly attendance rate of over 80%. The amount of support depends on the gender and grade (slightly more is provided for girl attendance and high school students between 9<sup>th</sup> and 12<sup>th</sup> grades).<sup>26</sup> The differences in transfer amounts are to encourage female student attendance and successful transition to high school.<sup>27</sup> An in-depth external evaluation of the programme conducted in the first quarter of this year found the programme to be largely successful – 'surpassing planned results and successfully implementing its components in a complex environment'.<sup>28</sup> Interestingly, it also found higher rates of school attendance in those provinces which also had the child protection element of the programme. The outreach work related to child protection could not be effectively conducted during the second quarter due to social distancing restrictions.

Facility-supported non-formal education is also a key means of education for refugee children who are out of the mainstream education system. It is offered at Public Education Centres, Community Centres and Youth Centres by a range of Actions (see below for the progress made as of June 2020). Also covered is the provision of scholarships to support a limited number of students to go on to tertiary education.

### Box 2: The Matar family and the CCTE Programme

The Matar family consists of the mother Emel (30), the father Cihad (53), and three children – Gaffur (13), Eniyad (12) and Muhtemen (8). Together, they left everything they owned back in Syria and came to Şanlıurfa, Turkey. The father Cihad explains, "we used to cut down on food and basic supplies to save up and spend the money on educating our children, so they wouldn't feel inadequate in school." All three children are benefitting from the Conditional Cash Transfer for Education (CCTE) Programme. Their mother Emel explained: "For our family, regular school attendance of Eniyad and his brothers is very important, so children continue to learn and we can continue benefiting from the cash assistance we receive through the Conditional Cash Transfer for Education programme."

(<https://www.unicef.org/turkey/en/stories/what-one-thing-even-bomb-cannot-destroy>)

<sup>24</sup> PIKTES started implementing its ECE programme in July 2019 with a two-month Summer course programme following which pre-school children were provided with a one-year teaching programme. Equipment, education materials and stationery were provided to 2,120 pre-schools.

<sup>25</sup> PICTES Impact Analysis. MoNE. 2019.

<sup>26</sup> <https://www.asylumineurope.org/reports/country/turkey/social-welfare-0>

<sup>27</sup> An additional motivational top-up for higher grades was introduced in September 2019 and January 2020. Additional financial support is also provided at the beginning of each semester to cover school supplies

<sup>28</sup> Programme evaluation of the Conditional Cash Transfer for Education (CCTE) for Syrians and Other Refugees in Turkey. American Institutes for Research. Final Draft Evaluation Report. July 2020.








According to the latest available data of the Council of Higher Education (covering the 2018-2019 academic year), the number of Syrian students (not only refugee students) in Turkey at university level was 27,034 (consisting of 17,096 males and 9,938 females).

### Progress To-Date

The COVID-19 pandemic has had an important impact on the implementation of educational activities in terms of delays and target achievement. Action IPs estimate that participation in online education activities including language trainings for children and youth will be lower due to the limited access of refugees to computers or smart phones and the internet. Conventional educational content cannot simply be moved online and needs to be adapted to the circumstances of students. Some activities such as Summer catch-up and ECE classes were cancelled because of the COVID-19 pandemic.<sup>29</sup> Social distancing restrictions have also hampered outreach and counselling activities that address educational rights and opportunities for refugee children.<sup>30</sup>

Table 2 below presents a summary of the progress made in achieving the Facility's results framework education outputs, expressed in terms of a number of RF indicators.<sup>31</sup>

**Table 2: Output 1.1.1 – Progress Against Targets (cumulative)**

Output Indicator	Indicator Value	Target Value	% Progress	
i.1.1.1 - Number of refugee and host community children enrolled in early childhood education programmes	115,133	246,200	46.8%	
i.1.1.3 - Number of refugee children and youth enrolled in non-formal education	46,708	51,450	90.8%	
i.1.1.4 - Number of Syrian refugee children and youth who completed back-up and catch-up classes	90,233	99,000	91.1%	
i.1.1.6 - Number of refugee children enrolled in school receiving Conditional Cash Transfers for Education (CCTE)	623,326	635,000	98.2%	
i.1.1.9 - Number of higher education scholarships granted to Syrian refugee students	1,332	1,295	102.9%	

There were no changes in the reported number of refugee and host community children enrolled in ECE programmes (i.1.1.1).<sup>32</sup> By the end of June 2020, 115,133 children<sup>33</sup> were benefitting from these programmes, with roughly an equal number of Syrian refugee (43%) and host community children (40%).<sup>34</sup> This indicator had achieved 46.8% of its target value of 246,200 children by March 2020. PIKTES suspended its ECE programme in March, including its planned Summer classes – due to the COVID-19 situation.

The delivery of non-formal education (i.1.1.3) has achieved 91% of its target. The number of refugee children and youth enrolled has increased almost 14% (from 41,047 in December 2019 to 46,708).<sup>35</sup>

The number of Syrian children and youth who completed back-up (remedial)<sup>36</sup> and catch-up classes (i.1.1.4) increased from 80,243 to 90,233 (almost 12.5%) over the last 6 months and is very close to achieving its target value (99,000).<sup>37</sup> Progress would have been better had it not been for the school closures which led to the suspension of back-up classes and the cancellation of the catch-up classes.<sup>38</sup>

<sup>29</sup> Action level COVID-19 Impact Report III of PIKTES II.

<sup>30</sup> SUMAF Action level COVID-19 Report (3 round) 14 August 2020.

<sup>31</sup> Indicator 1.1.1.7 which was included in the previous reporting period, is not reported in this reporting period as it is expressed as a percentage achievement rate with respect to an annual target. The value of this indicator will be available for the next reporting period (2020/ Q4).

<sup>32</sup> There has been no update regarding the enrolment statistics since January 2020.

<sup>33</sup> With an equal proportion of females and males.

<sup>34</sup> The nationality of the remaining children was not reported.

<sup>35</sup> A slightly higher number of male (52%) than female (48%) students were enrolled in non-formal education. Thirty-six percent of the beneficiaries were between the ages of 14-17, followed by the 10-13 age group (31%).

<sup>36</sup> The remedial adaptation classes are delivered at public schools for grades 3-12 either for one or two terms duration (depending on the student's progress). The courses consist of 30 hours per week (24 hours of which is Turkish language tuition) and are provided by MoNE in all 81 provinces of the country. The Facility, through PIKTES, supports these classes in 26 Facility-focused provinces.

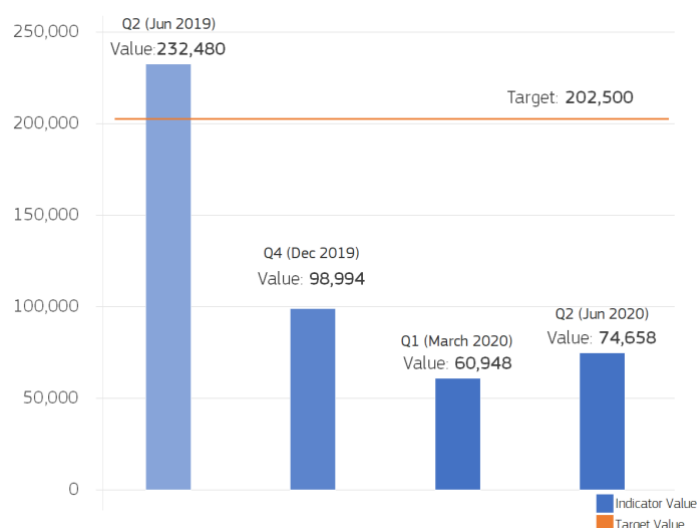
<sup>37</sup> About an equal number of female and male students benefitted from these courses.

<sup>38</sup> Action-level COVID-19 Impact Report to EUD – PIKTES (May 2020)

As Table 2 above shows (i1.1.1.6), more than 623,000 children (98.2% of the 635,000 target set for the Facility) have benefitted from the CCTE since 2017.<sup>39</sup> An additional 61,310 children (11%) entered the support programme since December 2019.<sup>40</sup> As of June 2020, an equal number of females and males had benefitted from the programme. The largest number (41%) of children were in the lower-secondary school level, followed by the primary level (38%), with the remainder in the upper secondary level.<sup>41</sup> The overall target for this indicator has been changed from 550,000 to 635,000 taking into account the achievement so far and extension of the programme until the end of 2020.

The provision of scholarships to attend higher education (i1.1.1.9) has already surpassed its Tranche I target (910) with an increase of more than 52% in the number of higher education scholarships awarded to Syrian refugee children since the previous reporting period (up to 1,332 in Q2/2020). The majority (56%) of the beneficiaries were male. A total of 19 refugee children with disabilities received higher education scholarships during the period. The main Facility-funded Action supporting university students reported no major impact from the COVID-19 pandemic crisis.

**Figure 3: i1.1.1.2 Number of Syrian refugee children enrolled in Turkish classes**



Indicator i1.1.1.2 (Figure 3) shows the recent trend in the number of Syrian refugee children who were enrolled in Turkish classes with Facility support. The data demonstrate a reduction in the total number of students enrolled between December 2019 and June 2020. The new approach being implemented by MoNE is to channel refugee children who obtain less than 60% in Turkish Proficiency Examination (TPE) into a year-long Adaptation Class (about 90% of which is focused on Turkish Language Teaching). By June 2020, the number of students in adaptation classes in the 26 provinces was 74,658.<sup>42</sup> The observed reduction

in numbers can probably be attributed to a large number of children having gained the level of Turkish language necessary to join their regular school programmes.<sup>43</sup>

“Uyum için Türkçe (Turkish for Adaptation)” distance education videos for students in Adaptation Classes were prepared as an emergency response. These videos were broadcast on TRT-EBA TV and PIKTES YouTube channels from 30<sup>th</sup> March 2020. “Online live classes” were also started on 2<sup>nd</sup> June 2020 by PIKTES Turkish teachers using the EBA Internet Platform of MoNE. However, as previously noted, barriers in access to online education for many students hinder the full participation of Syrian refugee children in online classes.<sup>44</sup>

<sup>39</sup> European Civil Protection and Humanitarian Aid Operations, Turkey Factsheets, August 26, 2020, [https://ec.europa.eu/echo/where/europe/turkey\\_en](https://ec.europa.eu/echo/where/europe/turkey_en)

<sup>40</sup> These children may or may not have been enrolled in the education system in previous years.

<sup>41</sup> The remaining are either below 6 years of age or above 18 years old.

<sup>42</sup> MoNE: PIKTES II 4<sup>th</sup> QIN-Narrative Report.

<sup>43</sup> Those who do not succeed the Turkish language examination remain an extra term in Adaptation Classes. Students can follow these classes for a maximum of one year, after which they are integrated into the public schools and follow the regular curriculum for their grade. However, students with low Turkish language skills can continue with the back-up classes along with their formal education.

<sup>44</sup> 5,200 students followed Turkish for Adaptation Course videos on PIKTES YouTube Channel. Since videos can be viewed by the same student more than once, it does not reflect the unique number of students. On the other hand, 2,957 students followed courses through EBA Digital Platform using their ID numbers and passwords so it reflects the unique number of students.

**Figure 4: i1.1.1.5 Number of Syrian refugee children enrolled in Arabic language classes**

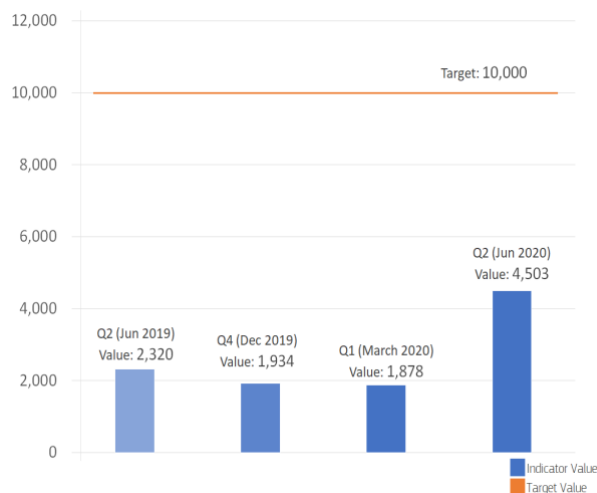


Figure 4 presents the trend in the current (snapshot) value of Syrian refugees who were enrolled in Arabic classes (i1.1.1.5) at various reporting periods since June 2019. There was an increase of 140% in the number of students enrolled between March and June 2020 (from 1,878 to 4,503).<sup>45</sup> This is reportedly explained by the fact that the delivery of the classes using the EBA Digital platform encouraged more students to enrol in the classes<sup>46</sup>. As a result of this online delivery PIKTES Arabic Teachers did not provide Arabic education during the second quarter.<sup>47</sup> The videos prepared by DG Religious Education for Arabic training are also shared on PIKTES YouTube Channel to reach the project target group and inform students about the online Arabic language courses.

The number of Syrian refugee children and youth registered for transportation services (i1.1.1.8) increased during the first quarter of this year from 42,616 in December 2019 to 51,423 in March 2020 (See Annex 2: Figure 14). The number, however, dropped to almost zero in June 2020 due to school closures and shift to remote education delivery at the end of March.

The Vocational Education Training (VET) indicator (*Number of Syrian refugee and host community students, enrolled in VET institutions, supported by the Facility*) (i1.1.1.10) continues to register no progress.<sup>48</sup> This is because the VET courses are now planned to begin at the start of the 2020-21 academic year. Work has continued on the infrastructure and equipping of the Vocational and Technical High Schools and Vocational Education Centres and on the development of the VET scholarships provision system (involving MoNE's DG Technical and Vocational Education and the TRC). Activities related to the provision of student support packages and family outreach and awareness-raising have been delayed as a result of social distancing restrictions.

## Output 1.2.1 - 'Conducive learning environment promoted'

### Facility Investments

The Facility is investing significant resources in the staff required to cope with the challenges of teaching, supporting and administering almost 700,000 refugee students.<sup>49</sup> An important component of this training is on helping staff become more effective at managing the adaptation of often traumatised Syrian students to the Turkish school system, especially since there remains a serious issue of bullying of refugee students in some schools.<sup>50</sup>

<sup>45</sup> In March 2020, 55% of children enrolled in Arabic classes were female and 45% male.

<sup>46</sup> The data on the students' access to online courses through EBA Digital platform is obtained from YEĞİTEK and 4,503 reflects the actual number of students.

<sup>47</sup> MoNE: PIKTES II 5<sup>th</sup> QIN-Narrative Report.

<sup>48</sup> The same was reported in the 5th FMR.

<sup>49</sup> The main Actions in this area have been the now completed PICTES and UNICEF Actions and the current PIKTES Action which is focusing heavily on the recruitment and training of teachers and student guidance counsellors.

<sup>50</sup> Situation Analysis of School Access and Attendance by Children Under International and Temporary Protection in Turkey. Turkish Red Crescent. 2019. Also mentioned in the Doctors Worldwide COVID-19 Impact Analysis report for the Hatay-Sanlıurfa Community Centres psychosocial support project.

### Progress To-Date

The cumulative training figures (i1.2.1.2) presented in Table 3 below include a now completed nationwide inclusive education pedagogy course delivered to 177,019 teachers (52% male, 45% female)<sup>51</sup> – and show a slight increase (of approximately 4,000) since Q4/2019. The numbers trained are now about 2.5 times the original target of 72,860 teachers. During the second quarter of 2020, teacher trainings have been focusing on remote teaching, providing online psycho-social support to Syrian children and enhancing communication with children and families during the pandemic period.<sup>52</sup> In June 2020, 3,886 PIKTES teachers received online in-service trainings focusing on distance education, supporting children’s well-being during the pandemic and on how to conduct the EBA live classes. Negotiations with DG Teachers’ Training is continuing regarding trainings for MoNE administrative staff.<sup>53</sup>

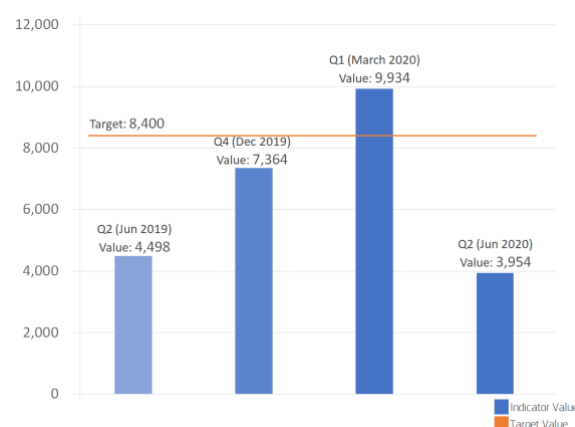
**Table 3: Output 1.2.1 – Progress Against Targets (cumulative)**

Output Indicator	Indicator Value	Target Value	% Progress
i1.2.1.2 - Number of educational personnel trained	177,019	72,860	243.0%

100%

The current (snapshot) number of staff who received Facility-financed salaries or other incentives for this reporting period (i1.2.1.3) (Figure 5) shows a sharp drop in Q2/2020 (3,954) compared to Q1/2020 (9,934).<sup>54</sup> Unlike in the previous quarters, the value for Q2/2020 represents only Turkish and Arabic Language Teachers and Guidance Counsellors who were employed under PIKTES. The catch-up and back-up classes - provided by MoNE teachers – were cancelled (due to COVID-19) so the teachers were not paid by PIKTES. The GoT is however, continuing the payment of the salaries for these teachers without any deductions during the pandemic.

**Figure 5: i1.2.1.3 Number of education personnel receiving salaries/incentives**



Whilst MoNE produced guidance materials for parents and students for remotely delivered education programme and PIKTES Arabic teachers and volunteers facilitated communications, these measures did not encourage full participation in online education among the targeted students. Feedback obtained from teachers and guidance counsellors indicate that a large proportion of refugee students were unable or unwilling to regularly follow the classes.<sup>55</sup> In addition to the technology and internet access issues mentioned previously, inadequate home support and working conditions, and declining interest and motivation amongst the students contributed to this situation.

<sup>51</sup> The gender of the remaining 3% of the beneficiary teachers was not reported.

<sup>52</sup> Although MoNE responded quickly to the COVID-19 pandemic situation, it took time to make the transition.

<sup>53</sup> MoNE: PIKTES II 5th QIN, Narrative report.

<sup>54</sup> The value for this indicator refers to the total number of educational personnel who were either being employed or were being provided with additional financial incentives by the Facility in order to deliver the required additional services to refugee students.

<sup>55</sup> PIKTES Ad-Hoc Mission. July 2020. SUMAF.

## Output 1.2.2 - 'Educational infrastructure improved'




### Facility Investments

As presented in the previous FMR the Facility is supporting the upgrading of 1,855 existing schools<sup>56</sup> and the construction of 357<sup>57</sup> new schools in 26 high refugee-concentration provinces.

### Progress To-Date

The progress made in achieving Output 1.2.2 is measured through the four cumulatively reported RF indicators presented in Table 4 below.

**Table 4: Output 1.2.2 – Progress Against Targets (cumulative)**

Output Indicator	Indicator Value	Target Value	% Progress	
i1.2.2.1 - Number of existing schools upgraded in standards	3,902	1,855	210.4%	
i1.2.2.2 - Number of schools constructed	40	360	11.1%	
i1.2.2.2a - Percentage of key implementation steps completed in the construction of schools	29.1%	100.0%	29.1%	

By June of 2020, 3,902 schools had been upgraded (i1.2.2.1). The majority (77%) of the upgrades consisted of the provision of refurbishment and/or equipment to 2,120 pre-schools under the PIKTES Action during the 2019-20 academic year – an activity which was not originally included in the target for the indicator (which accounts for the 210% achievement rate). There has not been any change in this indicator since the last report, although the target has increased due to the addition of a new Action to the portfolio. The education infrastructure work slowed down considerably during the March-June 2020 period. Government approval processes (including relating to contract tendering) and materials imports and shipments operated at a reduced pace. Construction sites either temporarily closed or reduced the number of workers on site. Additionally, normal technical supervision processes could not be conducted.

The target for the construction of new schools (i1.2.2.2) has increased from 180 to 360 with the inclusion of Tranche II Actions. The number of schools constructed increased from 28 in the previous reporting period to 40 by the end of June. For school construction sub-projects which are still not completed the average level of completion was 29%. Given that this value was over 27% six months ago, one can clearly see the impact of the COVID-19 crisis.

There has been no progress to date on the number of educational facilities equipped with renewable energy installations (i1.2.2.3). The target value of this indicator is 120 facilities. Technical assessment visits to schools could not be conducted and tender processes took longer than normal because of the limited number of public officials on duty.

<sup>56</sup> The target has increased from 1,790 to 1,855 due to addition of a new Action and an increase in the target of one of the existing Actions.

<sup>57</sup> The current established target number of new schools to be constructed with Facility support is 357. Additional EC-funded school construction is likely to increase their number to 367 (MoNE estimate). For the purposes of Table 4 a target of 360 has been used. Additional EC-funded school construction support which is outside the Facility is excluded here.

### 3. HEALTH

Forced displacement exposes refugees to numerous health risks whilst language and cultural barriers prevent them from effectively accessing health services.<sup>58</sup> A quarter of the refugee population in Turkey consists of women of reproductive age while the child dependency ratio is 68 children per 100 working-age persons.<sup>59</sup> To meet the health needs of refugees alongside those of the population at large, Turkey has been expanding its inclusive health policies.<sup>60</sup> Health services for refugees were initially provided by a variety of actors and were concentrated in areas with high refugee populations close to the borders. In response to the continued arrival of Syrian refugees and their dispersal throughout the country, MoH developed an integrated and coordinated approach providing SuTPs and international protection applicants with free access to health-care and medicine upon registration.<sup>61</sup> A network of Migrant Health Centres (MHC) and Extended Migrant Health Centres (EMHC) was established to provide refugee-centred health-care in 29 high refugee-concentration provinces. Staffed by Syrian physicians and nurses and supported by Turkish health workers, these centres provide outpatient, maternal and child health services, health education, vaccination, and some screening programmes (together with some specialist services at EMHCs). These services are similar to those provided to the local population at Family Health Clinics across the country. The range of essential primary health-care services that the MHCs deliver reduces the burden on the overall health system - especially on secondary-level health facilities.

The COVID-19 pandemic started in Turkey in mid-March 2020 and diffused at a rapid pace with the number of new cases peaking at the end of April. In response to the pandemic the GoT enacted targeted lockdowns and curfews for certain age groups, towns and neighbourhoods. However, not more than 40% of the population was formally locked down, except during national curfews over weekends and public holidays.<sup>62</sup> Quarantines across regions and intense testing and tracing activities were implemented and the wearing of masks in all public places was eventually made obligatory.

Populations from disadvantaged and vulnerable backgrounds - including refugees - have been affected disproportionately by the pandemic as a result of deteriorating socio-economic circumstances. Refugees face particular physical and mental vulnerabilities owing to difficulties in accessing reliable information about COVID-19 and healthcare and other social services as well as often having substandard living and hygiene conditions. They are also less likely to be working in forms of employment where they can practice social distancing.<sup>63</sup> According to one study, the underlying causes of the pandemic affecting the lives of the refugees are interlinked – with economic hardships as the principal source of distress that negatively impacts all other aspects of their life, including family relations.<sup>64</sup> Limited access to services also contributes to rising social tensions and subsequent marginalisation and discrimination against the refugees.<sup>65</sup>

Although Turkey's health system has a relatively low average number of physicians and hospital beds per capita, it has a strong intensive care infrastructure and is well-prepared to deal with public health emergencies.<sup>66</sup> The GoT mobilised 1,200 public and private hospitals across the country to treat COVID-19 cases and set up 137 laboratories certified to conduct tests for suspected cases.<sup>67</sup> The MHCs carry out

<sup>58</sup> IOM, "Social Determinants of Migrant Health," accessed 23<sup>rd</sup> March 2020, <https://www.iom.int/social-determinants-migrant-health>.

<sup>59</sup> The child dependency ratio: the number of children aged 0 to 14 years plus the number of persons aged 65 years or over per 100 persons aged 15 to 64 years:

<sup>60</sup> International Federation of Red Cross and Red Crescent Societies, Health Inequities, Migration and Access - Fact Sheet, [https://www.ifrc.org/PageFiles/89397/Health%20and%20Migration\\_FactSheet\\_FINAL.pdf](https://www.ifrc.org/PageFiles/89397/Health%20and%20Migration_FactSheet_FINAL.pdf)

<sup>61</sup> All other refugee groups only have access to emergency and preventive healthcare services.

<sup>62</sup> Turkey – OECD Economic Outlook June 2020; <https://issuu.com/oecd.publishing/docs/tur-eo-june-2020-41.pdf>

<sup>63</sup> Karadag Caman et al. (June 2020). Situational Brief: Report on forced migrants and COVID-19 pandemic response in Turkey. <https://www.migrationandhealth.org/migration-covid19-briefs>

<sup>64</sup> Psycho-Social Effects of COVID-19 in the Framework of MHPSS Needs of Syrian Refugees in Turkey, April-May 2020, Situation Analysis, Dünya Doktorları Derneği.

<sup>65</sup> 3RP Partner Support to Turkey's Response to COVID-19, May 2020. Retrieved May 22, 2020 from <http://www.3rpsyriacrisis.org/wpcontent/uploads/2020/05/turkey.pdf>

<sup>66</sup> Turkey – OECD Economic Outlook June 2020; <https://issuu.com/oecd.publishing/docs/tur-eo-june-2020-41.pdf>

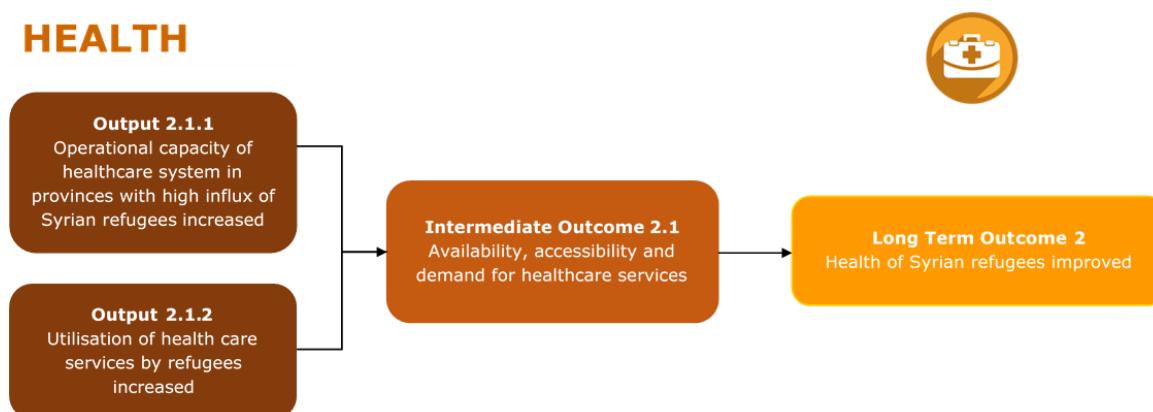
<sup>67</sup> Ibid.



screenings for all those suspected of having COVID-19 and refer them to hospitals. Unregistered refugees or those who reside outside their area of registration continue to receive health services. Ongoing support of the EU to the MoH to address the impact of COVID-19 includes the provision of primary and reproductive health services for refugees through visits of mobile health teams to vulnerable households in the rural areas with a focus on prevention of COVID-19 transmission.<sup>68</sup> Whilst no data are currently available on COVID-19 infection levels amongst refugees it is likely that they are amongst the most affected groups due to the high level of presence of risk factors such as household crowding, sharing of bathrooms with other households and presence of elderly and disabled individuals in the household.<sup>69</sup>

The Facility’s support strategy in the health priority area is summarised in Figure 6 (below). The long-term outcome of the Facility’s strategy is to ensure the improved health of Syrian refugees through the following Intermediate Outcome: ‘*Availability, accessibility, and demand for healthcare services is increased*’.<sup>70</sup> The strategy is implemented through the delivery of two major outputs. The first (Output 2.1.1), supports the strengthening of the health system capacity in the Facility-focused provinces, whilst the second (Output 2.1.2), aims to improve health literacy and health awareness amongst refugees to ensure that they manage their health care and make appropriate use of health services. These two components of the strategy are further explained below, together with an assessment of their results to date.

**Figure 6: Facility’s Intervention Logic in the Health Priority Area**



### Output 2.1.1 - ‘Operational capacity of healthcare system in provinces with high influx of Syrian refugees increased’

#### Facility Investments

The main investment in this area under Tranche I has been the €300 million grant to the Ministry of Health to finance the Action: “*Improving the Health Status of the Syrian Population under Temporary Protection and Related Services Provided by Turkish Authorities*” (SIHHAT). The implementation of this Action is expected to be extended until the end of January 2021. A follow-on Action (SIHHAT II) is due to start in the coming months. The focus of the Ministry’s work is on establishing and operating 785 Migrant Health Units (MHU) in 174 Migrant Health Centres located in 29 high refugee concentration provinces. Two more Actions involve the construction of two hospitals in Hatay and Kilis provinces which are due to provide an additional capacity of 550 beds.<sup>71</sup> The support provided to secondary level health services (113 hospitals) has been mainly in the form of equipment supply.

<sup>68</sup> Karadag Caman et al. (June 2020). Situational Brief: Report on forced migrants and COVID-19 pandemic response in Turkey. <https://www.migrationandhealth.org/migration-covid19-briefs>

<sup>69</sup> The WFP ‘COVID-19 Pandemic in Turkey’ (April 2020) report reported that 45% of refugee households have at least 3 people per sleeping room.

<sup>70</sup> Facility Tranche I Results Framework (RF).

<sup>71</sup> The expected date of completion is June 2022.



Under Tranche I funding major investments were made through a range of international and national organisations to help Syrian health workers adapt to working in the Turkish health system and to enable them to work in MHCs, mobile primary health services, sexual and reproductive health (SRH) services, sexual and gender based violence (SGBV) support, mental health and psycho-social support (MHPSS) as well as physiotherapy (post-operative care) and rehabilitation (PTR).<sup>72</sup>

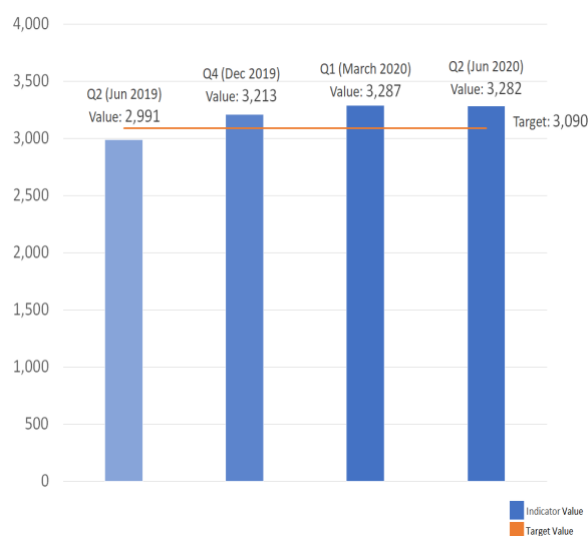
There is a recognition that the Facility's support to the MoH to help it provide quality health services has led to an increased level of responsiveness of the health system to refugees' needs as reported in a recent survey.<sup>73</sup> Nonetheless, challenges remain. A particularly acute one is that refugees often have to migrate to find work in Turkey, whilst free access to primary health care services is only provided to refugees in those provinces in which they are registered. Other important barriers to accessing services identified by SUMAF monitoring missions and echoed by other research include: poor Turkish language skills; lack of interpreting services; overcrowding of hospitals in certain areas; limited access to specialised mental and reproductive health services, and difficulties encountered by refugees in 'navigating' (i.e. understanding how to effectively access) the Turkish health-care system.<sup>74,75,76</sup>

Improved conditions and incentives are needed to attract more Syrian physicians, nurses, patient guides and interpreters to work in the MHCs in some provinces. As one study indicates, these include availability of performance-based pay for Syrian physicians; clarity on next steps to be able to practice their profession outside the MHCs; presence of regulations to allow other health professionals to work either for Syrians only or in the Turkish health system more broadly, such as pharmacists, dentists, and psychologists; reduced patient/physician ratios; and regular and ongoing training on medical terminology including mental health (in Turkish and Arabic) for patient guides and translators.<sup>77</sup>

### Progress To-Date

The progress on output 2.1.1 (*'Operational capacity of the healthcare system in provinces with high influx of Syrian refugees is increased'*) is measured by three cumulative and five annually reported snapshot indicators. Indicator i2.1.1.1 (Figure 7) shows that at the time of reporting in June 2020, 3,282 health workers received financial support (salaries or incentives), which is slightly lower than the number in March 2020. Also, the values in the chart indicate an increase in the number of health workers receiving financial support in June 2020 compared to June 2019 (2,991). The majority (67%) of those health-care workers receiving financial support were male.

**Figure 7: Indicator i2.1.1.1 – Number of health workers receiving salaries/incentives**



<sup>72</sup> DG ECHO Turkey Health Factsheet. Reporting Period: 01/08/2015 - 31/12/2018.

<sup>73</sup> SIHHAT Project, Pre-Survey Report 2019.

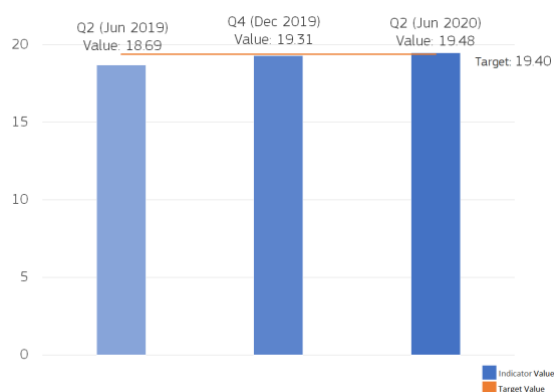
<sup>74</sup> Cloeters, G. and Osseiran, S. (2019). Healthcare Access for Syrian Refugees in İstanbul: A Gender-Sensitive Perspective, Workshop Report, İstanbul Policy Centre. Sabancı University.

<sup>75</sup> Aksu A.Z., Experiences of Syrian Refugees Regarding Healthcare Access in Ankara, 2020 <http://etd.lib.metu.edu.tr/upload/12624906/index.pdf>

<sup>76</sup> Technical Assistance to the EU Facility for Refugees in Turkey, (updated) Needs Assessment Report, October 2018.

<sup>77</sup> Although, the adaptation training for Bilingual Patient Guides (BPGs) focuses on general medical terminology and mental health concepts it is not provided on a regular and ongoing basis.

**Figure 8: Indicator i2.1.1.2 - Number of MoH physicians per 10,000 population**



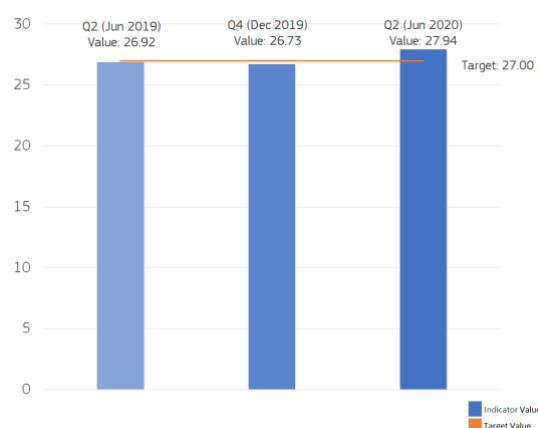
The Facility's health workforce investments combined with the GoT's own investments have contributed to increasing the ability of the health system to respond to the health-care needs of the population in Turkey. Indicator 2.1.1.2 (Figure 8) shows an average of 19.48 physicians per 10,000 people in Facility-supported provinces<sup>78</sup> in this reporting period and has exceeded the target of 19.4. The value was slightly lower in Q2/2019 (18.69 per 10,000 people).

Improvements in the availability of health services are also highlighted by the indicators of hospital bed (i2.1.1.3) and intensive care unit (i2.1.1.4) availability (Figures 9 and 10). These show that the

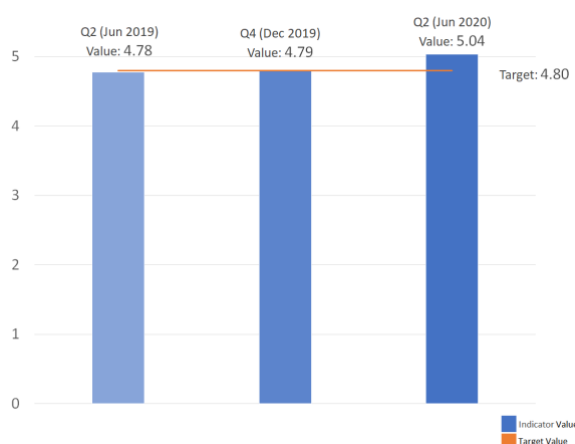
number of hospital beds per 10,000 of population in Facility-supported provinces is now at 27.94 (surpassing its target value by 3 percentage points), and the number of intensive care units per 10,000 of population is now at 5.04, slightly higher than its target value of 4.80.<sup>79</sup>

The provision of support to MoH's mental health services for the refugee population is an area receiving increased focus under the design of the second direct grant to MoH as it is clear from many sources that the need for increased support is widespread and acute. The COVID-19 pandemic is reported to have led to a rise in the level of mental illness and the need for psycho-social support amongst the refugee community – occurring at a time when the level of provision of support services dropped – due in part to the suspension or reduction in group and individual therapy sessions.

**Figure 9: Indicator 2.1.1.3 – Number of MoH hospital beds per 10,000 Population**



**Figure 10: Indicator 2.1.1.4 – Number of MoH intensive care units per 10,000 Population**



The current target of 19 mental health service centres/clinics has almost been reached with 10 Community Mental Health Centres (CMHCs) operated by MoH and 8 mental health clinics operated by NGOs<sup>80</sup> (see Figure 11 below). Over the last six months one new CMHC was made operational.

Table 5 (below) shows three indicators of progress achieved as of June 2020 relating to health worker training and hospital construction.

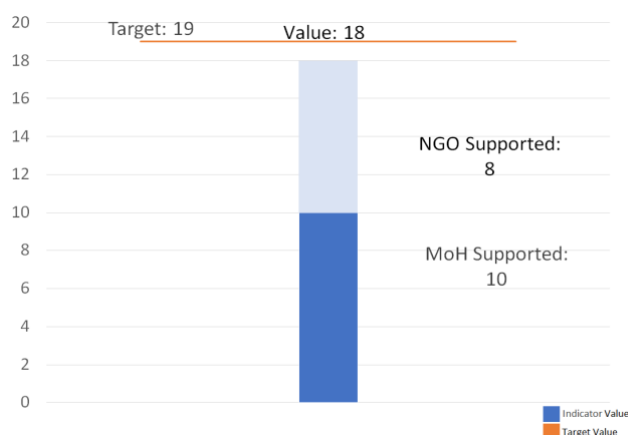
<sup>78</sup> Whilst this ratio has been improving, it is substantially below the Organisation for Economic Cooperation and Development (OECD) average of 30.

<sup>79</sup> The population ratio is generated by taking into consideration both the host community and SuTPs.

<sup>80</sup> The community mental health centres have all been completed.

Monitoring missions conducted by SUMAF underscored the importance of the refreshing of the knowledge and skills of Syrian health professionals who have been out of practice for a number of years. The MoH continued to provide some short-term training during the last six months on issues such as migrant health, inter-cultural communication techniques, stress management, provision of sexual and reproductive health services, psycho-social support and the health rights of SuTPs. However, this was affected by the social distancing restrictions. By June 2020, a total of 8,426 health-care professionals, Bilingual Patient Guides (BPGs) and CMHC staff (62% male and 38% female) had been trained in these areas. This was an increase of 8% since the last reporting period and resulted

**Figure 11: Indicator 2.1.1.5 – Number of operational community Mental Health Centres & Mental Health Clinics**



**Table 5: Output 2.1.1 – Progress Against Targets (cumulative)**

Output Indicator	Indicator Value	Target Value	% Progress
i2.1.1.6 - Number of health workers trained	8,426	7,830	107.6%
i2.1.1.7 - Number of state hospitals constructed	0	2	0.0%
i2.1.1.7a - Percentage of key implementation steps completed in the construction of state hospitals	71.4%	100.0%	71.4%

in the target being exceeded by about 8%. Under the WHO Action trainings of health professionals and BPGs were suspended from April to June 2020.<sup>81</sup>

Over the last six months no progress has been recorded in terms of the main completion steps in the construction of the two Facility-funded hospitals – the average project completion level is still at 71% but is only at about 45% in terms of the actual construction work.<sup>82</sup> Construction started in February 2019 for Hatay, and in June 2019, for Kilis. Delays in the construction of the hospital in Hatay have been due to negotiations between MoH and the contractor regarding building revisions as well as the impact of the COVID-19 pandemic on the access of workers to the site. The construction of the hospital in Kilis has been also delayed due to project design adjustments related to groundwater and earthquake regulations and also the COVID-19 pandemic which reduced the number of workers on the site. However, this had returned to normal at the time of this report.

### Output 2.1.2 – ‘Utilisation of health care services by refugees increased’

#### Facility Investments

Challenges in accessing health services persist for refugees - including for the disabled and for people who work during weekdays.<sup>83</sup> Other important needs remain for people with disabilities including accessing disability benefits and getting accessibility equipment. Despite such shortcomings, surveys indicate patient

<sup>81</sup> WHO is working on the establishment of an online platform for continuation of the training. In the meantime, they organise online supervision sessions and webinars.

<sup>82</sup> This percentage refers to the number of implementation steps (total of 7) and not the actual physical construction alone. The completion rate for the physical construction (steps 5-6) of the hospitals is 47% for Hatay and 41% for Kilis.

<sup>83</sup> MHCs are only open on weekdays and during the daytime, thus limiting access for those who work

satisfaction is fairly high among SuTPs with respect to accessibility and the quality of health-care services.<sup>84,85</sup>

The second strand of the health support strategy consists of Actions to improve health literacy and health-seeking behaviour and to provide specialised services in the areas of reproductive health, mental health and psycho-social support (PSS) and post-operative and rehabilitative services. Mental health and PSS services are a particular focus due to the specialised care that is needed to address the longer-term psycho-social effects and mental trauma which the conflict in Syria and subsequent protracted displacement has had on many refugee families.

Findings from a recent study<sup>86</sup> of Syrian refugees indicated that the main negative effect of the COVID-19 pandemic was on responding to daily needs followed by physical and social life, mental health, and family relations.<sup>87</sup> The study also found a higher incidence of women reporting the negative effects of the pandemic on their mental health than men, which may partially reflect the stigmatised perception of psychological distress within a culture of masculinity and traditional gender-based stereotypes.<sup>88</sup> Facility-funded PSS services are closely interlinked with health education activities which aim to reduce the stigma of mental health and depression through communication materials in Arabic and Turkish. A recent monitoring mission report of SUMAF indicated that the long term sustainability of services, especially PSS, will depend on the capacity of the MoH and the health system to learn from experience and find appropriate modalities to sustain and further develop these services.

Increasing awareness regarding local health services and the eligibility conditions for accessing them is a focus of the Facility's investments. Findings from one study indicate that although the GoT has made considerable efforts to disseminate information about COVID-19, more than 16% of the Syrian refugees had not received information.<sup>89</sup> Data from a SIHHAT survey of Syrian refugees published in mid-2019 found that hospitals were the most commonly used health facility despite the GoT's strategy to ensure that primary health-care facilities are used as the first point of care. More than 28% of the refugees used Migrant Health Centres whilst almost 87% mostly used public hospitals.<sup>90</sup>

### Progress To-Date

Table 6 below presents six indicators of the level of utilisation of health care services by refugees. By the end of June, the Facility had supported the delivery of over 14.3 million primary health-care consultations (i.2.1.2.1) to refugees (99% Syrian and 1% non-Syrian) - an increase of more than 2 million (20%) since December 2019. This indicator has exceeded its target of 12 million by almost 18%. About 60% of the consultations were provided to female patients. Data also indicate that approximately one third (32%) of the consultations were provided to infants/children between 0-2 years, 21% to adults between 21-39 years, and 10% to children between 3-5 years.

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<sup>84</sup> World Health Organisation, 'Survey on the health status, services utilization and determinants of health of the Syrian refugee population in Turkey, 2019

<sup>85</sup> SIHHAT Project, Pre-Survey Report 2019

<sup>86</sup> Psycho-Social Effects of COVID-19 in the Framework of MHPSS Needs of Syrian Refugees in turkey, April-May 2020, Dünya Doktorları Derneği.

<sup>87</sup> This is a qualitative study with a limited sample size (123) and thus generalisability.


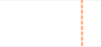




<sup>88</sup> Psycho-Social Effects of COVID-19 in the Framework of MHPSS Needs of Syrian Refugees in turkey, April-May 2020, Dünya Doktorları Derneği.

<sup>89</sup> Relief International, Impact of the COVID-19 outbreak on Syrian Refugees in Turkey, April 2020.

<https://reliefweb.int/report/turkey/impact-COVID-19-outbreak-syrian-refugees-turkey-results-rapid-needs-assessment>

<sup>90</sup> SIHHAT Project, Pre-Survey Report 2019. This found that 66% of refugee women went to hospitals for new-born screening of infants shortly after birth for conditions which are not clinically in the period directly after birth. Despite this screening being available at a variety of health facilities only 11% of refugees went to Family Health Centres while 2% used other health-care facilities

**Table 6: Output 2.1.2 – Progress Against Targets**

Output Indicator	Indicator Value	Target Value	% Progress	
i2.1.2.1 - Number of primary healthcare consultations provided to refugees	14,341,871	12,156,170	118.0%	
i2.1.2.2 - Number of vaccination doses provided to Syrian infants	4,007,051	n.a.	-	
i2.1.2.3 - Number of Ante-Natal Care (ANC) consultations	2,612,334	2,157,710	121.1%	
i2.1.2.4 - Number of pregnant women who received a minimum of 1 ANC consultation	776,217	530,020	146.5%	
i2.1.2.5 - Number of refugees who received mental health and psychosocial support services	630,633	278,960	226.1%	
i2.1.2.6 - Number of refugees who received specialised treatment in the area of post-operative and rehabilitative care	25,487	33,180	76.8%	

100%

Vaccination services are part of an extended immunisation programme, which has been implemented by the MoH for Syrian refugees as well as for host communities since 2011. As of June 2020, support to the MoH has enabled the provision of over 4 million vaccination doses to Syrian infants and pregnant women (i2.1.2.2).<sup>91</sup> Between January and June 2020, an additional 453,930 vaccination doses were provided to Syrian infants. This represents a 13% increase since December 2019. Syrian infants receive free vaccinations in accordance with the current national immunisation schedule of the MoH to protect them from vaccine-preventable diseases.

Progress in Ante-Natal Care (ANC) service delivery to women of reproductive age (15-49) has been also significant with over 2.6 million ANC consultations conducted to-date (i2.1.2.3). The current progress is 17% higher (representing 375,553 new ANC consultations) than the 2.2 million reported in December 2019.

The total (cumulative) number of refugees who had received Facility-supported mental health and psychosocial support services (PSS) was 630,633 in June 2020 (i2.1.2.5). This is an increase of 56,375 (approximately 10%) since December 2019. The target value has been adjusted upwards to 278,960 due to the replanning of ECHO-funded Actions. A majority of the beneficiaries were female. Referrals to PSS services are provided by medical professionals working in MHCs or through outreach services. Low levels of awareness of MHPSS services and inability to effectively navigate access to them continue to persist amongst the refugee population. Over the reporting period and in preparation for the increased focus on MHPSS under the follow-on project SIHHAT has continued to recruit psychologists and social workers to work in Migrant Health Centres. This will enable the MHCs to provide MHPSS services across all SIHHAT-supported provinces in 2021 following the completion of a number of ECHO-funded Actions implemented by NGOs.

Feedback from IPs and review missions indicate that gaps persist in the scope and reach of MHPSS services provision - gaps which the SIHHAT II Action (and others supported by the Facility) are aiming to address. The current focus was found to be largely on serious mental health issues whilst the coverage was far less than that required to reach the large number of people in need of mental health services. The majority of refugees are at great risk of developing mental health disorders including depression, anxiety, post-traumatic stress (PTSD) and in need of preventative PSS and counselling at the primary health-care and community levels.<sup>92</sup> These services are presently all the more essential given the psycho-social impacts of COVID-19 on vulnerable populations including the refugees.

<sup>91</sup> During Q2/2019, SIHHAT informed SUMAF that after their meetings with the MoH Vaccine Preventable Diseases Department, they had changed the indicator reported from 'Number of infants vaccinated' (meaning: completing their vaccination schedule – according to the RF indicator definition) to 'Number of vaccination doses provided'. MoH was of the view that reporting 'Number of vaccination doses provided' instead of 'infants vaccinated' was a more suitable indicator to track the scale of the service provided and was more feasible to report than the number of infants who had completed their vaccination schedule. They have already submitted their historical data for the number of vaccine doses provided.

<sup>92</sup> Sinem Akgul et al. Mental Health of Syrian refugee adolescents: how far have we come; the Turkish Journal of Pediatrics 2019: 61

Finally, the Facility supported 25,487 refugees (the target was 33,180) to receive specialised treatment in the area of Physical Therapy and Rehabilitation (PTR), provided by five NGOs (indicator i2.1.2.6 in Table 6 above). This value represents a 16% increase over the December 2019 figure (21,945). The proportion of male beneficiaries was higher than that for females (54% versus 46%) and about 15% of the beneficiaries were children between the ages of 5 and 17. The majority (67%) of services were taken up by patients with disabilities. Specialised treatment in the area of Physical Therapy and Rehabilitation is an area that requires more capacity building once it is transferred to GoT to ensure sustainability.

## 4. SOCIO-ECONOMIC SUPPORT

The Turkish economy had been experiencing a moderate recovery towards the end of 2019 following three quarters of contraction due to the 2018 shocks. Whilst the overall annual growth rate by the end of 2019 was 0.9% the economy expanded by 4.5% in the first quarter of this year.

The second quarter, however, saw a strong contraction in economic activity caused by the COVID-19 pandemic. According to a Reuters poll of economists the economy is now expected to contract by about 4.3% this year – the first annual contraction since the 2009 financial crisis,<sup>93</sup> and then to expand again by approximately 4.5% in 2021 (depending on how the COVID-19 situation evolves).

Probably the biggest impact of COVID-19 has been on the labour market, with the largest impact being on informal employment as this has not benefitted from the employment protection measures introduced by the government. The shock to local labour markets has affected both Turkish and Syrian workers, and impacted living standards, resulting in the adoption of a range of household coping mechanisms. A phone-based survey<sup>94</sup> conducted in 12 provinces<sup>95</sup> in May 2020 of over 3,000 Turkish and Syrian adults indicated the following:

- The impact of the crisis on Syrian workers was much greater than that on host community workers. Over 36% of Syrian respondents reported having been dismissed or obliged to take unpaid leave during the March-June 2020 period, compared to approximately 12% of Turkish citizens.
- Approximately 70% of respondents said that their work was affected, with a consequent loss of income.
- The impact on women's employment appears to have been much greater than that for men.
- The South-Eastern provinces were more affected than other provinces – particularly Hatay, Şanlıurfa and Mardin.
- The construction sector was one of the worst affected sectors – which is a sector which uses a lot of informal Syrian labour.
- The shutdown severely affected household incomes. Eighty-eight percent of Syrian households suffered a loss of income as a result of the COVID-19 mitigation measures whilst approximately 50% of Turkish citizens were affected.

Other (smaller) surveys have confirmed the finding that a very large proportion of refugee household economies have been negatively impacted by the partial shut-down of the economy in the second quarter of this year.<sup>96</sup>

During the reporting period two more Tranche II-funded Actions became operational – both of which were in line with the Facility's Socio-Economic Support Priority Area strategy (summarised in Figure 12 below). The strategy has four main components:

- Provision of cash transfers and material support to help poor refugee families meet their basic needs.
- Supporting beneficiaries (refugees and host communities) to be able to find work more easily and supporting labour market institutions to be more effective in making local labour markets work.
- Promoting entrepreneurialism and the establishment and expansion of micro and small enterprises by the target beneficiaries (refugees and host communities).

<sup>93</sup> Reuters Business News – July 24<sup>th</sup> 2020. The median forecast in a July 21-23 survey of 42 economists in and outside the country was for a contraction of 4.3% in 2020, with drops in the second and third quarters of 12.2% and 3.1% respectively.

<sup>94</sup> Şenay Akyıldız - TEPAV Evaluation Note. June 2020. The survey was conducted using Vocational Certification applicants as respondents – as part of the Facility-funded Mahir Eller project implemented by TOBB with TEPAV. Six percent of the survey respondents were women.

<sup>95</sup> Adana, Bursa, Gaziantep, Hatay, İstanbul, İzmir, Kayseri, Kilis, Konya, Mardin, Mersin and Şanlıurfa

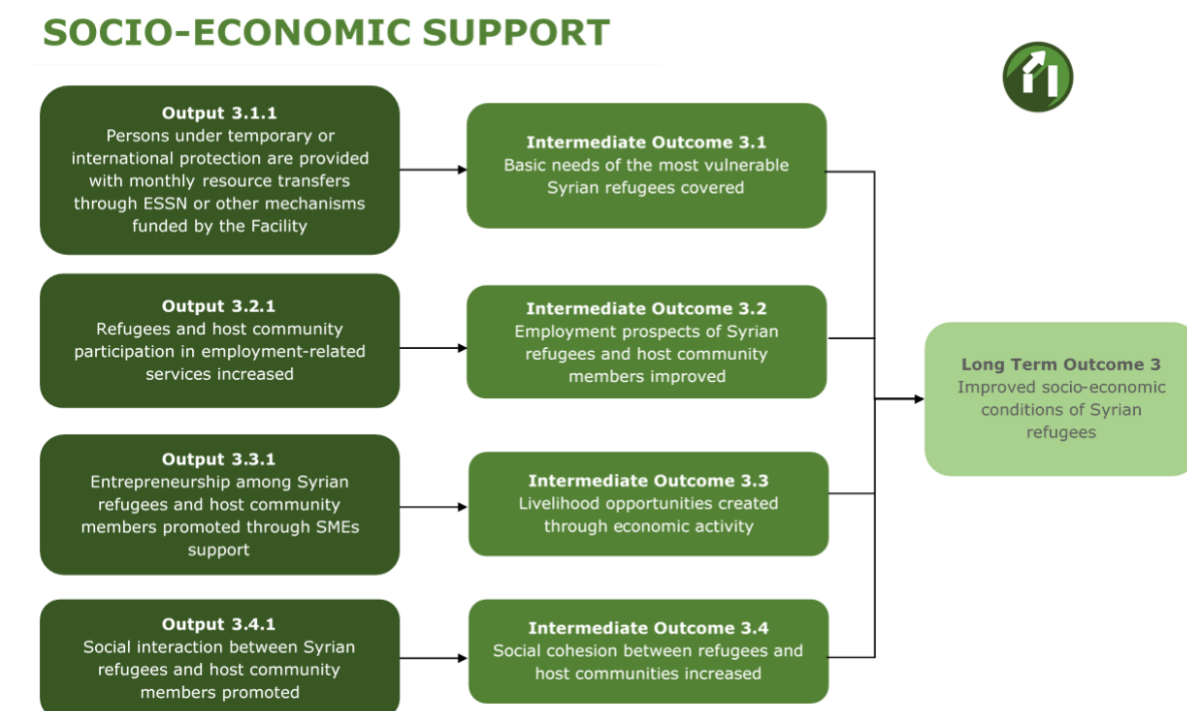
<sup>96</sup> a) Psycho-social effects of COVID-19 in the framework of MHPSS needs of Syrian refugees in Turkey. Dünya Doktorları. July 2020 – study found 89% of 123 respondents reported negative impact on income generation. b) Relief International" Impact of the COVID-19 outbreak on Syrian Refugees in Turkey. April 2020.



- Supporting both the refugee and host communities to be able to better understand and interact effectively with each other in order to ensure social cohesion.

Each of the four strategy areas has an intermediate outcome and the four together are intended to achieve the long-term or overall outcome of improved socio-economic conditions of the target beneficiaries.

**Figure 12: Facility’s Intervention Logic in the Socio-Economic Support Priority Area**



The following section summarises the progress made by the Facility (up to June 2020) in achieving the outputs contributing to these outcomes.

The COVID-19 pandemic has had a serious impact on the progress made under the socio-economic support priority area over the period from March to June 2020. The closure of the Public Education Centres (PECs) and all other teaching venues led to a suspension of many vocational training courses as well as life skills training and Turkish language training. The home-based working and other restrictions implemented by government departments had an effect on certain essential bureaucratic procedures such as the review and approval of tenders and the issuance of work permits.<sup>97</sup> The sudden slow-down in the construction sector only affected one Action significantly – the equipping of Technical and Vocational high schools and Vocational Education Centres.

### Output 3.1.1 – ‘Persons under temporary or international protection are provided with monthly resource transfers through ESSN or other mechanisms funded by the Facility’

According to an analysis conducted in 2019 by the World Bank and WFP<sup>98</sup> of the data collected under the ESSN programme 76% of beneficiaries were ‘poor’<sup>99</sup> and 24% were ‘extremely poor’.<sup>100</sup> An additional 12% lived above but very close to the poverty line. The report analysed the overall performance of the ESSN

<sup>97</sup> Action-level Covid-19 Impact Report – Third Round. SUMAF. August 2020.

<sup>98</sup> Vulnerability and Protection of Refugees in Turkey. Findings from the roll-out of the largest humanitarian cash assistance program in the world. WB; WFP 2019 (See Chapter 5 - Page 20).

<sup>99</sup> Defined as having a budget below 284 TRY per person per month.

<sup>100</sup> Defined as having a budget below 165 TRY per person per month.

programme (the largest humanitarian cash assistance programme in the world) and found firstly that it manages to cover two-thirds (66%) of the poor refugees (meaning that one third of the poor is missed), and secondly that one quarter of its beneficiaries are non-poor. It concludes that the unconditional targeted cash transfer programme shows a relatively good coverage and targeting performance when compared to similar programmes elsewhere in the world. It also found that one of the key reasons for this good performance was the quality of collaboration between the MoFLSS, TRC and WFP.

### Progress To-Date

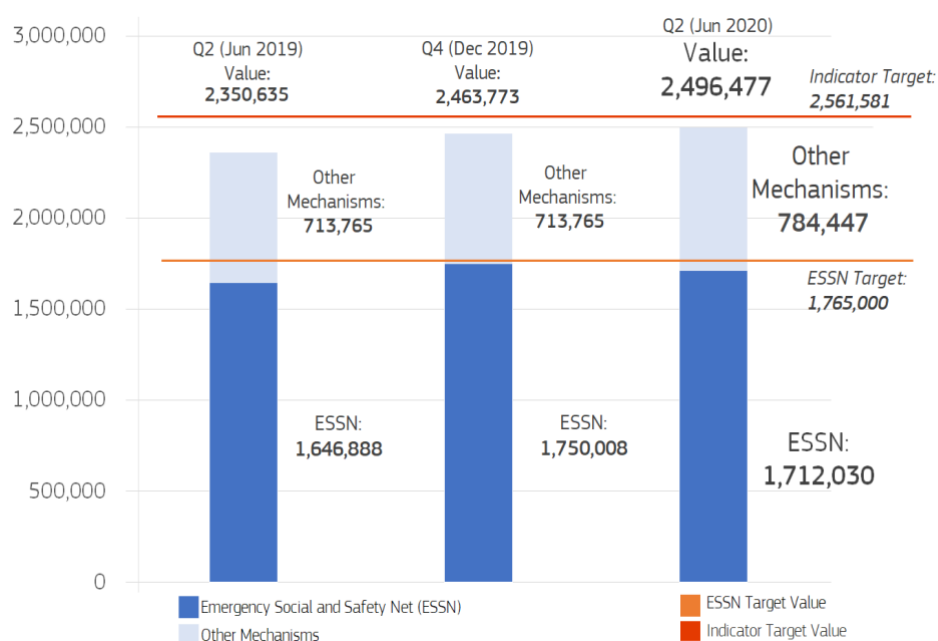
The target for indicator i3.1.1.1 (*Number of persons under temporary or international protection receiving monthly resource transfers through ESSN or other mechanisms*) was adjusted downwards by 60,200 persons during the second quarter of 2020 with the implementation of the ESSN III Action.<sup>101</sup> With the reduced target the level of target achievement has increased from 99.8% to 101%. The number of recipients of ESSN stood at 1,712,030 by the end of Q2 2020, which is about 38,000 people less than that reported in the previous report (see Figure 13 below). This was caused by technical problems with the data management system (the Integrated Social Assistance Information System) which supports the benefits distribution system. These problems reportedly resulted from changes introduced to the system to enable emergency assistance to be provided in response to the COVID-19 situation.

**Table 7: Output 3.1.1 – Progress Against Targets**

Output Indicator	Indicator Value	Target Value	% Progress
i3.1.1.1 - Number of persons under temporary or international protection receiving monthly resource transfers through ESSN or other mechanisms	2,496,477	2,561,580	97.5%

100%

**Figure 13: Indicator i3.1.1.1 - Value and Target (Snapshot indicator)**



The ability of the cash transfers to meet beneficiary households' basic needs deteriorated further since the last report. According to WFP's quarterly monitoring report (for Q4 2019-Q1 2020) the cost of living for ESSN beneficiaries (as measured by the Minimum Expenditure Basket or MEB) has continued to increase. This has probably been accentuated by the depreciation of the Turkish Lira during the first half of this

<sup>101</sup> The update was requested by ECHO in April and approved by the FS.

year.<sup>102</sup> The Minimum Expenditure Basket cost had risen to 480 TRY by Q1 2020 from a cost of 331 TRY in Q4 2018.<sup>103</sup> As reported in previous reports, the ability of refugees to meet their basic needs improved from mid-2017 to mid-2018<sup>104</sup> but has substantially deteriorated since then. By the end of 2018, the number of ESSN beneficiaries unable to meet their basic needs had increased to 58% and the latest data for Q1 2020 shows that it had increased further to 75%. WFP's CVME 5<sup>105</sup> survey (technically supported by the World Bank) found that the multi-dimensional poverty index<sup>106</sup> of surveyed refugees had not changed from Q4 2018 to Q1 2020 but for ESSN beneficiaries it had risen from 38% to 43%. For female-headed households (all refugees) it had risen from 60% to 66%.

Incurring debt is one of the most common coping strategies of economically stressed households. According to the CVME 5 survey more households (53%) were in debt compared to the same period one year earlier (49%). The vast majority (86%) were incurring debt to meet their essential needs (food, rent, utilities, some health costs). Most of the borrowing was from friends and family. Another coping strategy is sending children (under 15) to work, often including withdrawing them from school to do so. The same survey found that 13% of boys and 3% of girls under 15 were working. This was more pronounced in female-headed households.

Given that the economic conditions had been difficult for a large part of 2019, the effects of the COVID-19 pandemic on local economies seriously aggravated an already very difficult situation. To help alleviate the additional suffering caused by the pandemic various types of additional support were provided by ECHO-funded Actions to a total of 70,682 beneficiaries by the end of June 2020 (the target set for this one-off support is 160,624 beneficiaries<sup>107</sup>). Additionally, an extra 500 TRY per ESSN beneficiary was provided by the ESSN III programme at the end of Q2 2020 in order to help address the severe crisis in refugee incomes.<sup>108</sup>

### Output 3.2.1 – ‘Syrian refugees and host community participation in employment-related services increased’

Over half of the refugees in Turkey are of working age between 15-59<sup>109</sup> and the number of “active working age” Syrian refugees between 15-64 is estimated to be over 2 million.<sup>110</sup> Of these it is estimated that approximately one million were working before the COVID-19 pandemic.<sup>111</sup>

According to MoFLSS the number of work permits issued to Syrians in 2018 was 34,573.<sup>112</sup> As this includes both refugees and non-refugees one can estimate that the number of Syrian refugees is likely to be in the vicinity of 30,000. The official number of work permits issued to Syrian refugees (SuTPs) in 2019 is not available but is reported to be approximately 93,000.<sup>113, 114</sup> Despite the lack of clarity concerning the exact numbers, it is clear that fewer than one in ten working refugees are working in the formal sector. The remaining (more than 90%) are working in the informal sector, often for much less than the minimum wage, and with no social security benefits or other protections. The overall objectives of the Facility's investments in the area of employability are firstly to get as many of these informal workers into the formal sector as

<sup>102</sup> The Lira depreciated by just over 15% against the Euro from January to the end of June 2020.

<sup>103</sup> WFP – CVME 5 Report. The WFP ‘COVID-19 Pandemic in Turkey’ (April 2020) report shows that there was no significant change in the cost of the MEB from January to April 2020.

<sup>104</sup> In Q2 2017 46% of beneficiaries were unable to meet their basic needs. This dropped to 36% in Q2 2018). CVME 5 (June 2020).

<sup>105</sup> WFP's Comprehensive Vulnerability Monitoring Exercise. CVME5 was conducted in late 2019/early 2020.

<sup>106</sup> This considers living conditions, food security, education, health and income.

<sup>107</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20CVME3%20Multidimensional%20Poverty%20Index\\_May2019.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20CVME3%20Multidimensional%20Poverty%20Index_May2019.pdf)

<sup>108</sup> Food and Agriculture Organisation of the United Nations (FAO); Turkey, Syrian Refugee Resilience Plan 2019-2020

<sup>109</sup> A second top-up of 500 TRY was provided in July 2020.

<sup>110</sup> Food and Agriculture Organisation of the United Nations (FAO); Turkey, Syrian Refugee Resilience Plan 2019-2020

<sup>111</sup> Dr. M. Murat Erdogan, Syrian Refugees in Turkey, September 2019, TAGU-Turkish German University; [www.kas.de/tuerkei](http://www.kas.de/tuerkei)

<sup>112</sup> TEPAV Policy Note N202029 June 2020. Data from 2018.

<sup>113</sup> Source: (<https://ailevecalisma.gov.tr/media/31746/yabanciizin2018.pdf>). No updated data has been published by MoFLSS.

<sup>114</sup> World Bank. Project Appraisal Document – Support to Transition to Labor Market for SuTPs and Turkish Citizens (August 2020)




<sup>115</sup> This figure is not official and may be a cumulative value since 2016, meaning that it may include up to 3 work-permits issued to one worker (for each year of employment).

possible, and to get previously unemployed people (many of whom were receiving ESSN support) into the labour market.

### Progress To-Date

The latest progress data obtained up to the end of June 2020 is summarised in Table 8 below:

**Table 8: Output 3.2.1 – Progress Against Targets**

Output Indicator	Indicator Value	Target Value	% Progress	
i3.2.1.1 - Number of Syrian refugees and host community members who participated in employability skills training programmes	42,492	38,820	109.5%	
i3.2.1.2 - Number of Syrian refugees and host community members who benefitted from employment related services	55,364	55,420	99.9%	
i3.2.1.4 - Number of Syrian refugees who completed a Turkish language course outside the formal education system	20,061	54,330	36.9%	

100%

In terms of improving beneficiary employability levels progress has been less than originally expected due to the COVID-19 situation. An additional 3,639 people obtained skills training (vocational skills; employment related ‘soft skills’; skill certification etc.) (i3.2.1.1) and an additional 7,978 obtained support in accessing the labour market (skills assessment; vocational guidance etc.) (i3.2.1.2).

Although a number of Actions report having moved some of their trainings to an online format some report that most of their target beneficiaries do not have adequate access to smartphones or computers and internet data to be able to benefit from these.<sup>115</sup> Information obtained from SUMAF monitoring missions indicates how difficult it is for refugee household members to be able to follow online teaching programmes.<sup>116</sup>

The ability and willingness of employers to take on-the-job trainees has also been negatively impacted and the awareness-raising and outreach activities of several Actions (aimed at recruiting both employers to take trainees and also to recruit potential trainees) have been affected by the inability to hold meetings, round-tables, presentations etc. The Vocational Qualifications Authority suspended all vocational testing and certification for April and May and when activities restarted they did so at a slower pace due to the social distancing precautions.

The reports from the IPs<sup>117</sup> implementing the employability development Actions indicate that apprenticeship programmes have been badly affected partly because employers have been affected and are therefore less available to engage in such programmes, and partly because apprentices are preferring to seek work where they can earn more to support their families. Additionally, apprentice recruitment outreach activities have been affected. One IP reported a drop of over 40% in the number of apprenticeships it supports.

Although the PECs restarted physical classes in late June they did so with only 50% of the capacity (i.e. class sizes) they had before the crisis due to social distancing measures. IP reports also mention the increased level of out-of-province mobility of the refugees provoked by an urgent need to seek work.

As explained in the previous report the number of Syrian refugees and host community members who participated in Cash for Work programmes (i3.2.1.3) has not registered any progress because the relevant IP has agreed with ISKUR and the EUD to divert the resources allocated for this to increasing the number of beneficiaries placed in on-the-job training programmes.

The number of people completing a Facility-supported Turkish language course (i3.2.1.4) reached 20,061, an increase of 3,557 since the last report. Again, this is much less progress than was expected. The Action

<sup>115</sup> Whilst the WFP CVME 5 (June 2020) found that 88% of refugee households had access to a smartphone only 59% had internet access. The level of access of women-headed households is significantly less than this.

<sup>116</sup> SUMAF Ad-Hoc monitoring mission of PIKTES Action – July 2020

<sup>117</sup> This information is based on an analysis of summary COVID Impact monitoring reports submitted to the EUD in July 2020.

teams mostly report the ability to still achieve their target beneficiary numbers provided that the Actions' implementation periods are extended in duration, mostly by 6 to 12 months. A range of IPs have been exploring how to move their language courses to an online format, and the blended learning courses developed over the last two years under one Facility-funded Action have reportedly helped MoNE in this area. However, the delivery of online language teaching requires skills, experience and tools which the IPs would need to develop, and the very serious issue of access to technology and affordable internet could only be resolved through heavy investment on the part of the Facility or the GoT.

ISKUR reported that the level of target beneficiary registration on their online system to obtain employment support services dropped considerably during the period from March to June. Partly as a result of this the level of skills assessment and counselling provided by ISKUR dropped. The number of Syrian refugees registered with ISKUR (with support from the Facility) (i3.2.1.5) stood at 13,427 by the end of Q2 of 2020, up 1,956 from 11,471 since the end of December 2019.

### Output 3.3.1 – ‘Entrepreneurship among Syrian refugees and host community members promoted through SMEs support’

Micro, small and medium-sized enterprises have been particularly negatively affected by the COVID-19 crisis in Turkey as in all industrial economies. One survey of 780 enterprises conducted in April of this year found that 80% of SMEs were substantially impacted by the pandemic.<sup>118,119</sup>



Although it only constitutes a relatively minor part of the currently active portfolio, several Actions financed by the Facility involve the provision of seed funding grants, training and advisory services to enterprises to expand their operations or for new enterprise start-ups. Most entrepreneurs froze their investment processes with the onset of the pandemic, preferring to wait and see how the situation would evolve. This situation came on top of the previous delays in the implementation of key Action activities in this area. As the approaches taken in these Actions often involve associating established Turkish entrepreneurs and companies with the supported entrepreneurs (in funding, advisory or business partnership arrangements) the crisis in the business sector has had knock-on effects on the level of availability and engagement of these people and companies.

A number of new Facility Actions supporting entrepreneurs and enterprise development became operational during 2020, but are still in their inception phases. Other Actions are due to come on-stream in the coming months. Their contributions to the updated Facility Results Framework indicators will be reported upon in the next Facility Monitoring Report.

#### Progress To-Date

The latest progress data obtained up to the end of June 2020 is summarised in Table 9 below:

**Table 9: Output 3.3.1 – Progress Against Targets**

Output Indicator	Indicator Value	Target Value	% Progress	
i3.3.1.1 - Number of SMEs that benefited from coaching	925	1,310	70.6%	
i3.3.1.2 - Number of SMEs that received Facility financing (e.g. financial incentives, micro-grants)	247	740	33.4%	 100%

The number of SME that benefitted from coaching support (i3.3.1.1) provided by the Facility increased from 539 at the end of 2019 to 925 at the end of June 2020, representing a 72% increase since the last reporting figure, which is very positive. The number of SMEs that received Facility financing (i3.3.1.2) stood at 247,

<sup>118</sup> Either suspending operations or suffering a reduction of 50% or more of their income.

<sup>119</sup> Survey on Impact of COVID-19 on Enterprises and Needs. Business for Goals Platform (TÜRKONFED, TÜSİAD and UNDP) – April 2020.

up from 152 at the end of December 2019), which is also good progress. However still only about 33% of the contracted Actions' collective target has been reached. The COVID-19 induced freeze on enterprise investments (mentioned above) partially explains the lack of greater progress.

As mentioned above there have been some significant delays in putting in place the necessary enterprise financing and advisory services, which is why currently only 34% of the target has been achieved. Whilst there are unlikely to be requests for reductions in Action overall output delivery targets many of the Actions in this priority area are either currently seeking or intend to seek implementation period extensions of between 6 to 12 months.

### Output 3.4.1 – ‘Social interaction between Syrian refugees and host community members promoted’

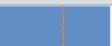
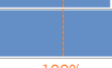
As mentioned in the previous Facility Monitoring Report the issue of the level of inter-community understanding, tolerance and collaboration/support between local host communities and refugee communities has become more critical in several of the high refugee-concentration provinces. It is well known that such issues boil up in times of economic contraction, when competition for jobs or support programmes and services becomes more severe, and when the psychological pressures of managing household and family budgets become more acute. Added to this in the last six months are the mental pressures caused by the COVID-19 situation.

The Facility funds a number of organisations (both governmental and non-governmental) to support cross-community understanding, dialogue and collaboration. Work involves media-based communications to raise awareness of specific issues, local public education events and social and cultural events. Unfortunately, during the period from March to June all awareness-raising activities involving presentations, round-tables, community outreach activities etc. were also suspended, as were all social and cultural events aimed at improving social understanding and cohesion.

#### Progress To-Date

The latest progress data obtained up to the end of June 2020 is summarised in Table 10 below:

**Table 10: Output 3.4.1 – Progress Against Targets**

Output Indicator	Indicator Value	Target Value	% Progress	
i3.4.1.1 - Number of supported operational community centres	51	30	170.0%	
i3.4.1.2 - Number of refugees and host community members who participated in social cohesion activities	507,397	173,230	292.9%	

No significant further increase in the number of supported operational community centres (i3.4.1.1) was expected during the last six months as the full planned number had already been achieved by the time of the last report, and the actual progress in this area has been much better than originally planned. The number of centres actually established has been high, reflecting the impact which such centres have had on the lives of the targeted beneficiaries. The impact has been particularly high on the quality of life of Syrian refugee women as the centres are used not only to conduct educational and vocational training activities but are also safe places where women can meet each other and exchange information and forms of practical support. They are also places where advice can be given by centre workers and referrals made to facilitate their access to services (education; health; legal; local government etc.) and to resolve specific problems they may have (e.g. psychological; legal; financial etc.). The temporary closure of these centres during the March to June period withdrew a critical support from these women just as their personal and family circumstances considerably worsened. As mentioned under the Health section of this report the increase of psychological illnesses amongst the refugee community has reportedly increased dramatically.

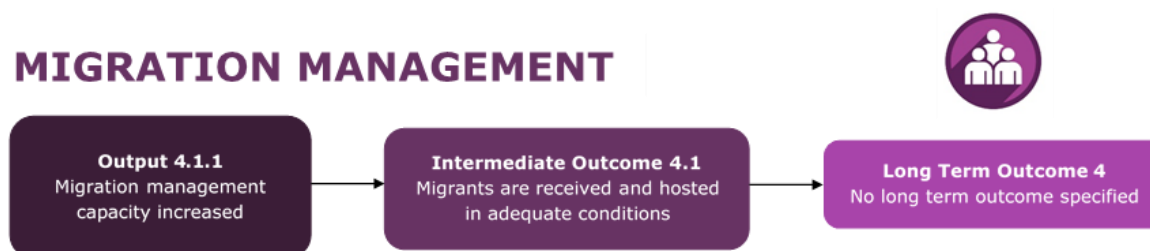
The number of refugees and host community members who participated in social cohesion activities (i3.4.1.2) was reported to have increased by approximately 50,000 over the first six months of the year despite the onset of the COVID-19 restrictions. This is apparently explained by the fact that one of the Facility's Actions which focuses on social cohesion support rapidly moved to the on-line conduct of group interaction and educational activities once the movement restrictions came into force.



## 5. MIGRATION MANAGEMENT

The intervention logic underpinning the Facility’s migration management support to Turkey is summarised in Figure 14 below. The intended intermediate outcome of the strategy is ensuring that: ‘Migrants are received and hosted in adequate conditions.’ This outcome relates mostly to irregular migrants apprehended within Turkey and returnees from third countries. The basic aim of the Facility in this Priority Area has been to strengthen the government’s efforts in ensuring the safe and dignified treatment of irregular migrants.




**Figure 14: Facility’s Intervention Logic in the Migration Management Priority Area**



### Progress To-Date

The latest progress data obtained up to the end of June 2020 is summarised in Table 11 below<sup>120</sup>:

**Table 11: Output 4.1.1 – Progress Against Targets**

Output Indicator	Indicator Value	Target Value	% Progress	
i4.1.1.1 - Number of persons who received training on migration related topics	2,989	1,750	170.8%	
i4.1.1.3 - Number of removal centres established and operational (Completion Ratio of Removal Centre in Çankırı)	100.0%	100.0%	100.0%	
i4.1.1.4 - Number of migrants receiving assistance while hosted in removal centres	325,589	110,000	296.0%	

During the reporting period one IP (a national NGO) delivered trainings to the staff of several municipalities in concepts of migration, protection (including child protection), SGBV response, social cohesion and social assistance mechanisms in Turkey. The trainings also covered good case practises among municipalities in the country. Additionally, the NGO delivered some face-to-face trainings in the first quarter of the reporting period on refugee-host community social cohesion aspects to the staff of selected Provincial Departments of Migration Management.

No other activities have been conducted with Facility support in the area of Migration Management during the last six months (since the previous FMR). The major Action supporting the DGMM ended in December 2019 so the values for the three indicators (i4.1.1.2; i4.1.1.3; i4.1.1.4) have not changed.

<sup>120</sup> No additional charts for the Migration Management priority area have been included in the annexes to this Facility Monitoring Report given that all activities of the Facility in this area have now been completed.

## 6. NOTE ON INDICATORS AND DATA

### Cumulative and Snapshot Indicators

The Facility's RF collects and reports data for indicators in two different ways – either as 'cumulative' indicators or 'snapshot' indicators. A 'cumulative' indicator reports the cumulative value or running total of the indicator since the start of the Facility. Hence, any additional progress made during a reporting period is added to the previous total in order to generate the new cumulative total. A 'snapshot' indicator reports the current value at a particular point in time within a specific reporting period (e.g. the number of people currently benefitting from ESSN cash transfers at the end of June 2020).<sup>121</sup> The value of a snapshot indicator may rise and fall from reporting period to reporting period, but only the current value for the selected reporting period is reported, irrespective of the historical values. The main body of this report presents cumulative indicators in the output tables for each Priority Area. These output tables compare the cumulative progress of each indicator against their long-term targets, expressing the progress in percentage terms. In contrast, snapshot indicators are presented individually as graphs, which compare their reported values for several quarterly reporting periods. An exception to this approach is made when dealing with snapshot indicators which are reported annually or as a percentage (e.g. i1.1.1.7: Percentage of CTE children regularly attending school at the end of the year). Additionally, each individual indicator is presented in further detail in the annexes, and includes disaggregation information (e.g. age group, province or gender).

### Quality of Data Reported by IPs

Given the wide range of IPs reporting to the Facility and the breadth of types of activity being funded, the reporting system needs to manage a very large number of data sources and consequently the accuracy of the results can vary, as these are dependent on the quality of the underlying data supplied by the IPs, over which the Facility Secretariat has only limited control. Factors that can affect data availability, reliability, and comparability include the nature of data collection tools and processes used by IPs as well as the level of consistency of their implementation.

The Action monitoring missions which are conducted every six or twelve months by SUMAF for DG NEAR-managed Actions include the conduct of Data Quality Assessments (DQAs) for selected Action indicators including those which are contributing to Facility RF indicators. These assessments review the data recording and reporting instruments and processes used by the Action at the primary field-level collection point as well as the data checking, aggregation and analysis processes used prior to the sharing of the final aggregate numbers with SUMAF. Where feasible, a sample of actual reported data are checked against the original recording templates/reports used on the ground (e.g. attendance at awareness-raising sessions; beneficiaries of coaching services etc.). The conduct of DQAs constitutes a new type of project review for most of the Facility's IPs and the methodology has been regularly updated by SUMAF. It is summarised in the SUMAF Monitoring Manual.<sup>122</sup>

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<sup>121</sup> This reporting type is used for some indicators where there is a danger of 'double-counting' the same – for example where the same person may be counted in multiple time-periods (e.g. enrolled students).

<sup>122</sup> See Data Quality Assessment chapter of the SUMAF Monitoring Manual Version 4 (April 2020).

## ANNEX 1: FACILITY RESULTS FRAMEWORK INDICATOR LIST<sup>1</sup>

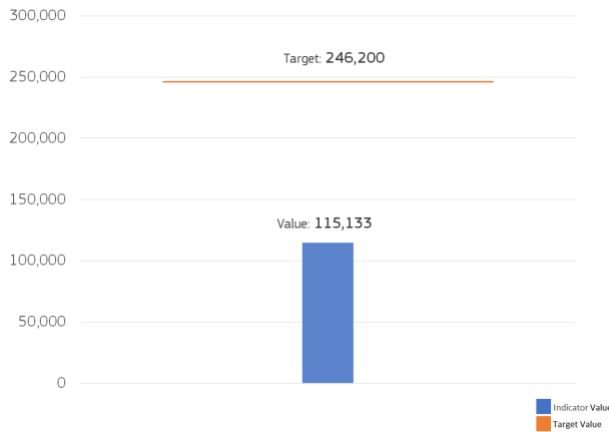
i1.1.1.1	Number of refugee and host community children enrolled in Early Childhood Education (ECE) programmes.....	38
i1.1.1.2	Number of Syrian refugee children enrolled in Turkish language classes.....	39
i1.1.1.3	Number of refugee children and youth enrolled in non-formal education .....	40
i1.1.1.4	Number of Syrian refugee children and youth who completed back-up and catch-up classes.....	41
i1.1.1.5	Number of Syrian refugee children enrolled in Arabic language classes .....	42
i1.1.1.6	Number of refugee children enrolled in school receiving Conditional Cash Transfers for Education (CCTE).....	43
i1.1.1.8	Number of Syrian refugee children and youth registered for transportation services.....	44
i1.1.1.9	Number of higher education scholarships granted to Syrian refugee students .....	45
i1.2.1.2	Number of educational personnel trained .....	46
i1.2.1.3	Number of educational personnel receiving salaries and/or incentives.....	47
i1.2.2.1	Number of existing schools upgraded in standards .....	48
i1.2.2.2	Number of schools constructed (Cumulative indicator).....	48
i1.2.2.2a	Percentage of key implementation steps completed in the construction of schools .....	49
i2.1.1.1	Number of health workers receiving salaries .....	50
i2.1.1.2	Number of MoH physicians per 10,000 population .....	51
i2.1.1.3	Number of MoH hospital beds per 10,000 population.....	51
i2.1.1.4	Number of MoH intensive care units per 10,000 population.....	52
i2.1.1.5	Number of community mental health centres providing services .....	52
i2.1.1.6	Number of health workers trained .....	53
i2.1.2.1	Number of primary healthcare consultations provided to refugees.....	54
i2.1.2.2	Number of vaccination doses provided to Syrian infants.....	55
i2.1.2.3	Number of Ante-Natal Care (ANC) consultations .....	56
i2.1.2.4	Number of pregnant women who received a minimum of one ANC consultation.....	57
i2.1.2.5	Number of refugees who received mental health and psycho-social support services.....	58
i2.1.2.6	Number of refugees who received specialised treatment in the area of post-operative and rehabilitative care ..	59
i3.1.1.1	Number of persons under temporary or international protection receiving monthly resource transfers through ESSN or other mechanisms.....	60
i3.2.1.1	Number of Syrian refugees and host community members who participated in employability skills training programmes.....	61
i3.2.1.2	Number of Syrian refugees and host community members who benefitted from employment related services..	62
i3.2.1.4	Number of Syrian refugees who completed a Turkish language course outside the formal education system...	63
i3.2.1.5	Number of Syrian refugees registered with ISKUR .....	64
i3.3.1.1	Number of Small and Medium-sized Enterprises (SMEs) that benefitted from coaching .....	65
i3.3.1.2	Number of SMEs that received Facility financing (e.g. financial incentives, micro-grants) .....	66
i3.4.1.1	Number of operational community centres supported .....	67
i3.4.1.2	Number of refugees and host community members who participated in social cohesion activities .....	68

<sup>1</sup> Excluding output indicators where no progress has been reported yet.

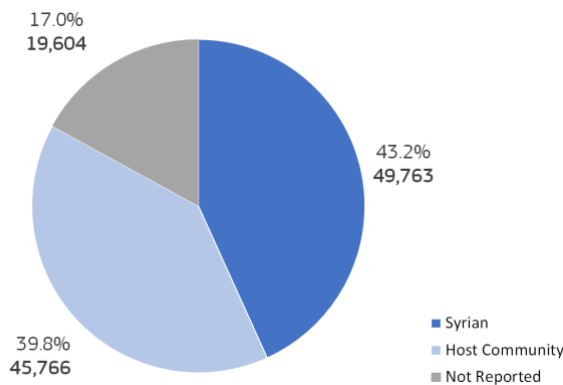
## ANNEX 2: EDUCATION SECTOR INDICATORS

### i1.1.1.1 Number of refugee and host community children enrolled in Early Childhood Education (ECE) programmes

**Figure 1: Indicator i1.1.1.1 - Value and Target (Cumulative indicator)**

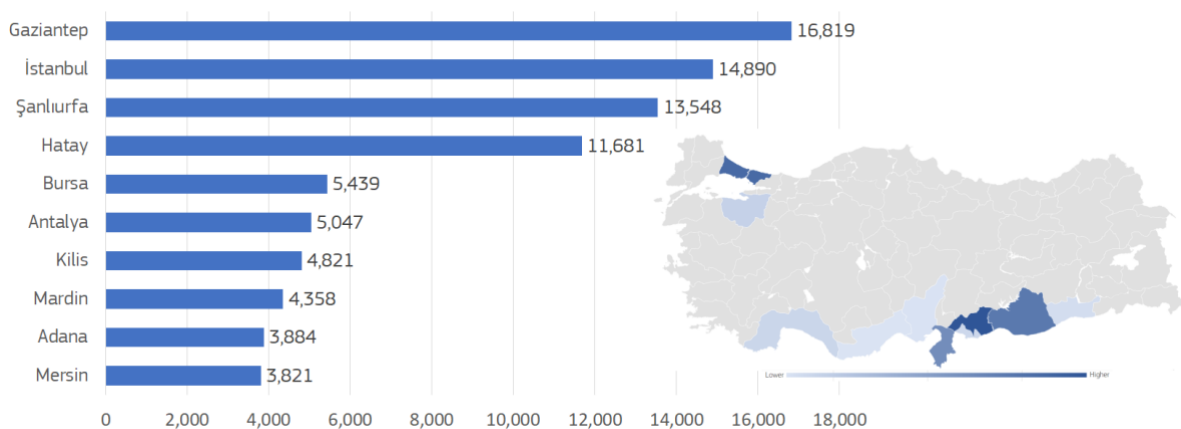


**Figure 2: Indicator i1.1.1.1 – Nationality**



- By the end of June 2020, a total of 115,133 children (47% of the target) had benefitted from the ECE programmes.
- According to the gender-disaggregated data, an equal proportion of male and female children have benefitted from the ECE programmes.
- Figure 2 shows that 43% of the children enrolled in ECE programmes were Syrian, and 40% were host community children. The nationality of the remaining children was not reported.
- ECE under PIKTES is a two-month summer course programme. During the reporting quarter (January – June 2020), no progress was reported because the course could not take place due to the COVID-19 pandemic.
- As shown in Figure 3, the top five provinces where the majority of children benefitted from the ECE programmes include Gaziantep (16,819 beneficiaries), followed by Istanbul (14,890), Şanlıurfa (13,548), Hatay (11,681), and Bursa (5,439). All these provinces have a high density of Syrian refugees.

**Figure 3: Indicator i1.1.1.1 - Value by Province\* and Geographical Distribution**

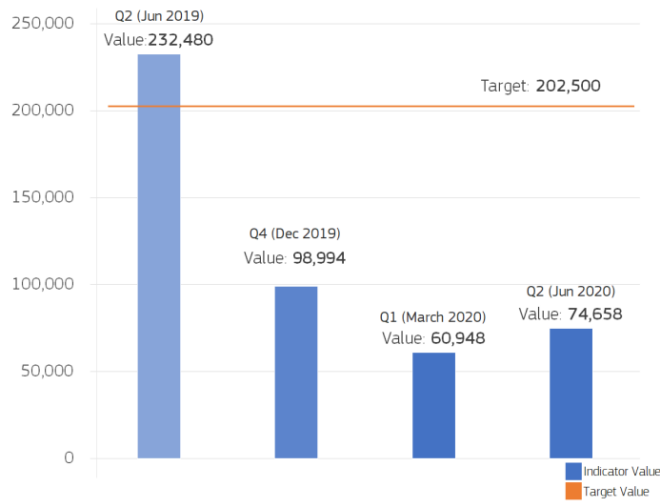


\* Excludes 3.541 children where the province was not reported.

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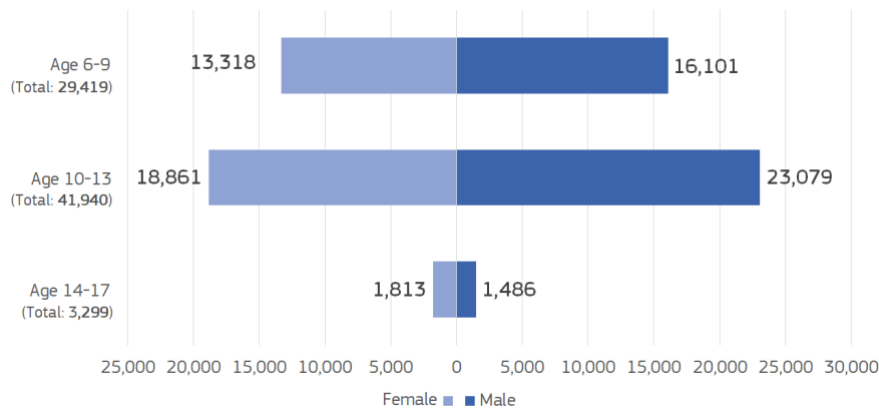
### i1.1.1.2 Number of Syrian refugee children enrolled in Turkish language classes

**Figure 4: Indicator i1.1.1.2 - Value and Target (Snapshot indicator)**



- During the last quarter of the reporting period (Q2/2020), 74,658 students were enrolled in Turkish language courses.
- When compared the progress from the reporting period with the previous quarters, a steep decline is shown. This is due to a large number of children having gained the level of Turkish language necessary to join their regular school programmes and the rest having been enrolled in year-long Adaptation Classes (focused on Turkish Language teaching).
- According to gender-segregated data, 54% of the beneficiaries were male, whilst 47% were female (see Figure 5).
- According to age and grade segregated data, very few (4%) upper-secondary level students enrolled in Turkish classes compared to the lower secondary (56%) and primary (39%) levels.
- The majority of the beneficiaries were from the high-refugee concentration provinces such as Istanbul (15%), Gaziantep (13%), and Eskişehir (7%).

**Figure 5: Indicator i1.1.1.2 - Value by Age and Gender**



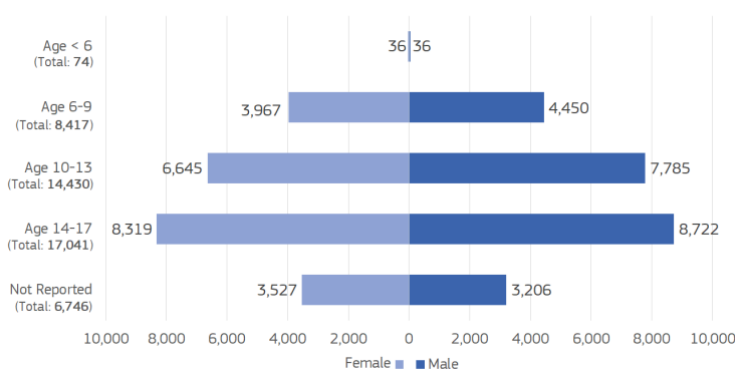
### i1.1.1.3 Number of refugee children and youth enrolled in non-formal education

**Figure 6: Indicator i1.1.1.3 - Value and Target (Cumulative indicator)**



- At the reporting cut-off date (Q2/2020), a total of 46,708 children and youth were enrolled in non-formal education courses/programmes. The current progress represents 91% of the overall target, with an increase of 14% as compared to the last reporting period (December 2019).
- According to the gender-segregated data, slightly more male students than female (52% vs 48%) are enrolled in non-formal education.

**Figure 7: Indicator i1.1.1.3 – Value by Age and Gender**

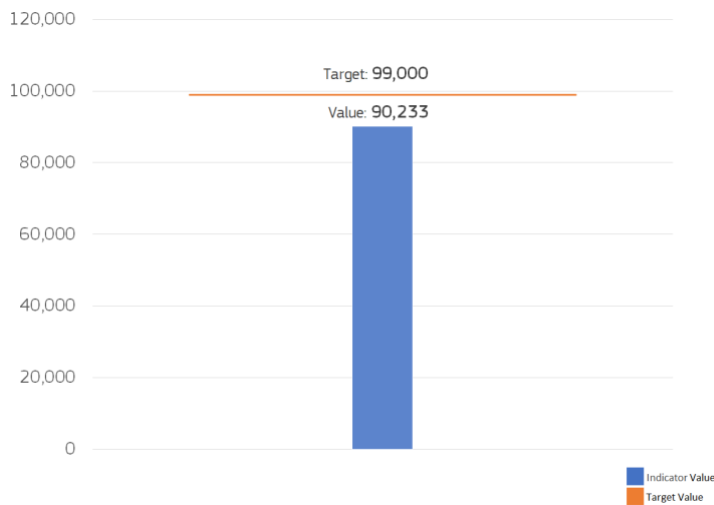


- The majority of beneficiaries of non-formal education (36%) were between the ages of 14–17, followed by 31% in the age group of 10–13 years. The remaining are either between 6–9 years or the age groups above 18.
- Syrian refugees living in 24 provinces benefited from the Facility-funded non-formal education programmes. The highest number of beneficiaries were in Hatay and Şanlıurfa (15% each), followed by Istanbul (11%), and Gaziantep (9%) due to the high concentration of Syrian refugees in these provinces.

\* \* \* \* \*

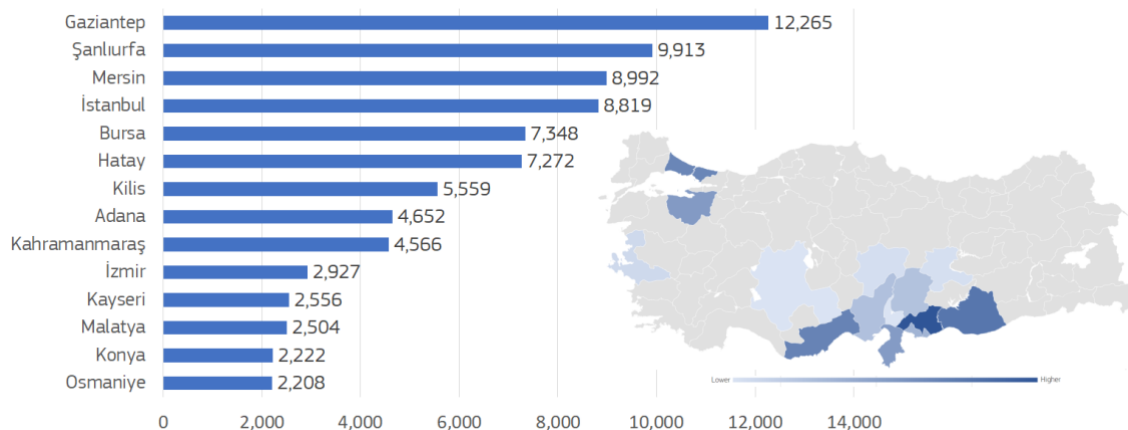
i1.1.1.4 Number of Syrian refugee children and youth who completed back-up and catch-up classes

**Figure 8: Indicator i1.1.1.4 - Value and Target (Cumulative indicator)**



- By the end of June 2020, a total of 90,233 children completed back-up and catch-up classes. The current progress represents 91% of the overall target. During this reporting period, there was an increase of 13% from the last reporting period (December 2019).
- According to the gender-segregated data, 48% male, and 47% female students benefited from the back-up and catch-up classes. For the remaining 5% of beneficiaries, gender-disaggregated data were not available.
- In June 2020, the proportion of back-up and catch-up classes were 61% and 39%, respectively.
- Province-wise progress for the indicator is presented in Figure 9, below.

**Figure 9: Indicator i1.1.1.4 - Value by Province\* and Geographical Distribution**



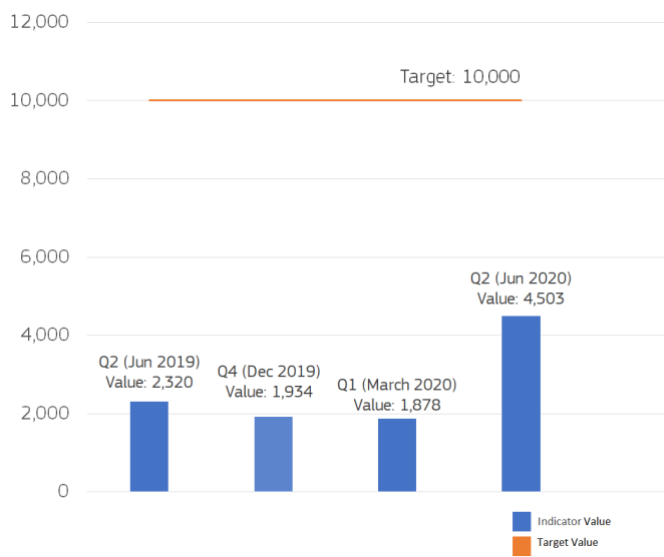
\*Only provinces with a value > 2,000

\* \* \* \* \*



i1.1.1.5 Number of Syrian refugee children enrolled in Arabic language classes

**Figure 10: Indicator i1.1.1.5 - Value and Target (Snapshot indicator)**



- In Q2/2020, an increase of 140% (compared to Q1/2020) was registered for Syrian children enrolled in Arabic language classes. MoNE provided Arabic classes through EBA-TV and YouTube as an emergency response to COVID-19. Moreover, MoNE’s DG Religious Education also delivered Arabic education through the EBA digital platform and TRT-EBA TV. It is worth noting that for some platforms, it was not possible for MoNE to report ‘unique’ beneficiary students; therefore, the increase can also be attributed to poor data quality.
- Although the reported progress is likely inflated, the current progress is only 45% of the target.
- Gender-segregated data for Q1/2020 shows that 55% of the beneficiary students were female and 45% male.
- According to age-segregated data for Q1/2020, the majority (80%) of the beneficiaries were between the age of 6 and 9 years, followed by 16% in the 10-13 and 4% in the 14-17 age groups.

\* \* \* \* \*

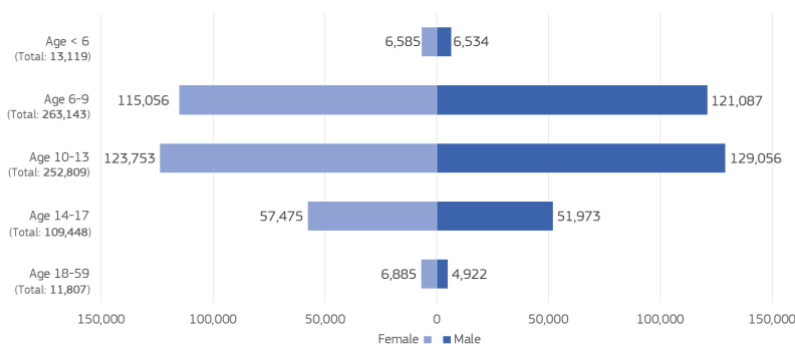
### i1.1.1.6 Number of refugee children enrolled in school receiving Conditional Cash Transfers for Education (CCTE)

**Figure 11: Indicator i1.1.1.6 - Value and Target (Cumulative indicator)**



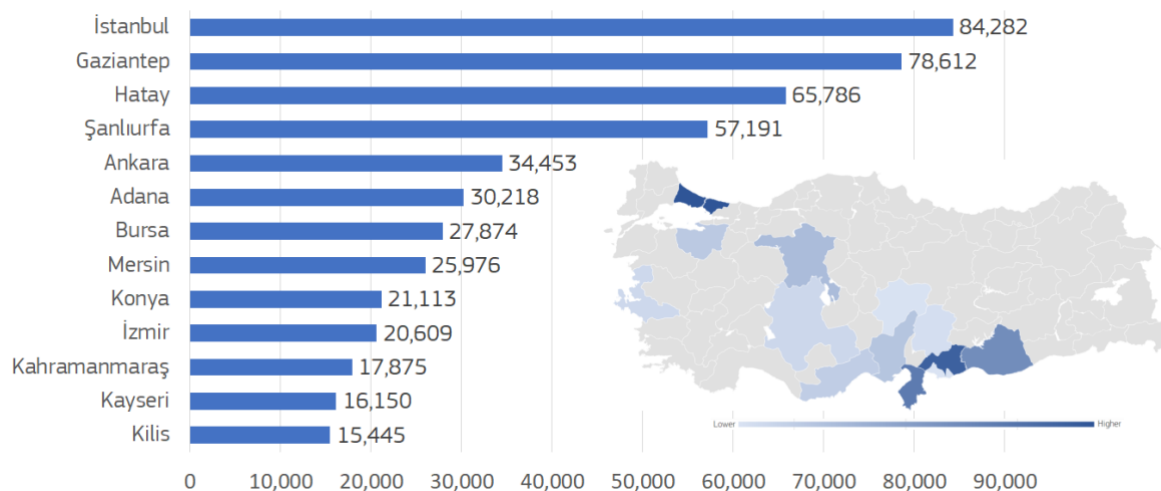
- As of June 2020, the families of 623,326 children had received cash transfers through the CCTE scheme since its launch in 2017. During the reporting period (January – June 2020), families of an additional 61,310 children benefited from the programme.
- According to gender-segregated data, an equal proportion of male (50%) and (50%) female children benefited from the cash transfer programme. The gender-segregated data by age-group (grade) is presented in Figure 12.

**Figure 12: Indicator i1.1.1.6 - Age Pyramid**



- The largest number (41%) of children (benefitting from the CCTE) were in the lower-secondary school level (ages 10 to 13), whilst 38% of the beneficiaries were in the primary grades (between 6 and 9 years). Furthermore, 18% of the beneficiary children were in upper secondary (between 14-17), and the remaining are either children less than six years or those above 18.
- Province-wise CCTE beneficiaries are presented in Figure 13, below.

**Figure 13: Indicator i1.1.1.6 - Value by Province\* and Geographical Distribution\*\***



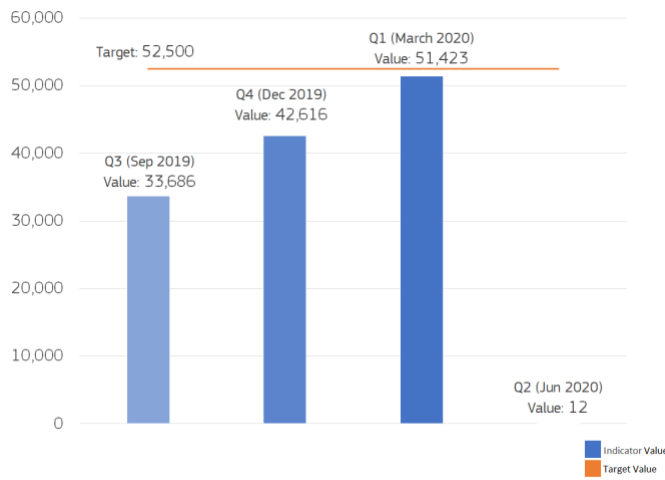
\*Only provinces with a value > 10,000

\*\*The CCTE programme has a nationwide reach covering all 81 provinces. Only the provinces with the highest concentration are shown on the map.

\*\*\*\*\*

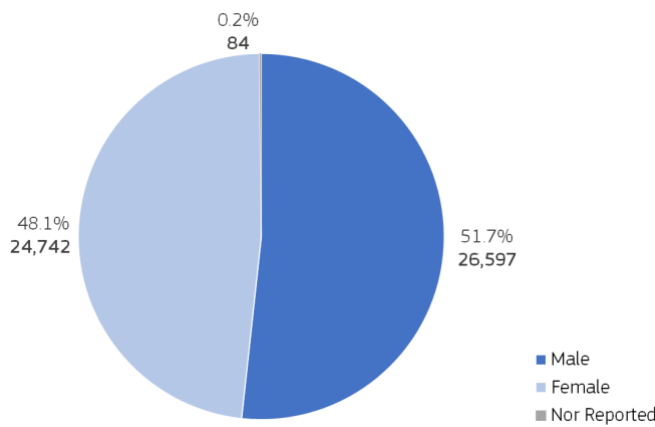
i1.1.1.8 Number of Syrian refugee children and youth registered for transportation services

**Figure 14: Indicator i1.1.1.8 - Value and Target (Snapshot indicator)**



- Due to the closing of schools in March 2020, the transportation services were halted. Only a very limited number (12 students) benefited from transportation services during the last quarter (Q2/2020) of the reporting period.
- Nevertheless, a significant increase (21%) was registered in Q1/2020 as compared to Q4/2019 (last reported figure). This increase mainly was due to PIKTES scaling up its implementation.
- According to grade-segregated data for Q1/2020 (chart not available), the majority (35%) of the transportation services were provided to children in primary schools, followed by children in lower secondary school (32%), and upper secondary schools (29%).

**Figure 15: Indicator i1.1.1.8 – Gender Distribution**

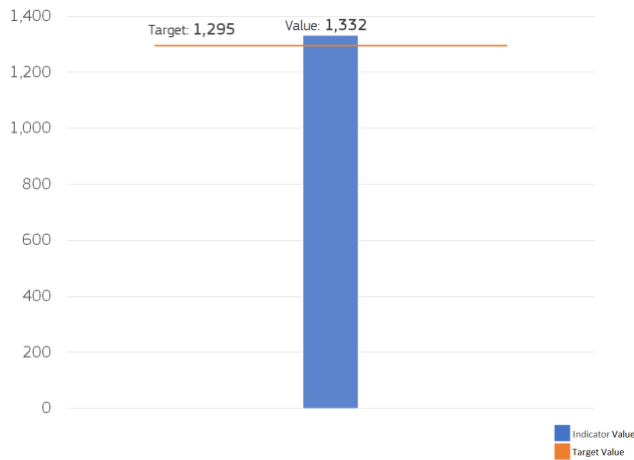


- As shown in Figure 15, in Q1/2020, slightly more female students (52%) used transportation services than male students (48%).
- According to province-wise segregated data for Q1/2020, transportation services were provided to refugee children in 18 provinces.
- The three provinces where the highest number of students benefited from the transportation services in Q1/2020 were Istanbul (34%), Gaziantep (26%), and Mersin (8%).

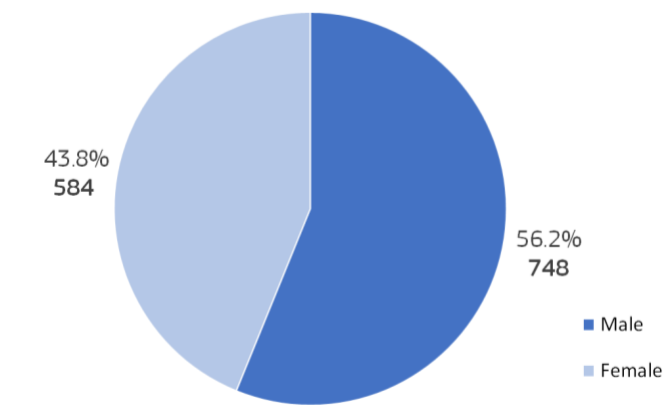
\* \* \* \* \*

### i1.1.1.9 Number of higher education scholarships granted to Syrian refugee students

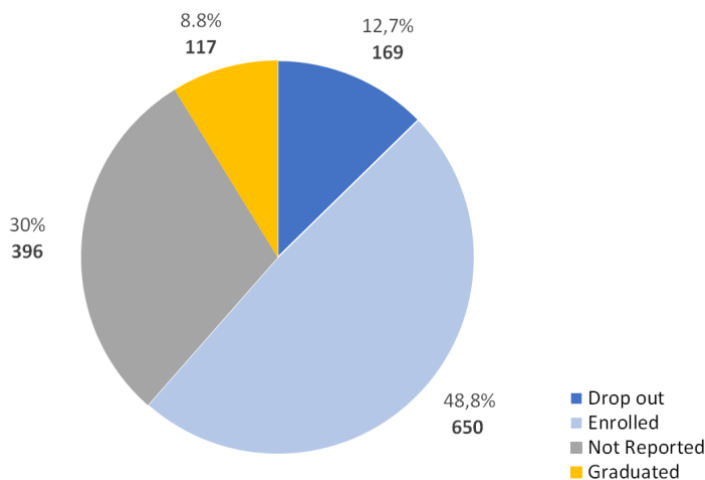
**Figure 16: Indicator i1.1.1.9 - Value and Target (cumulative indicator)**



**Figure 17: Indicator i1.1.1.9 – Disaggregation by Gender**

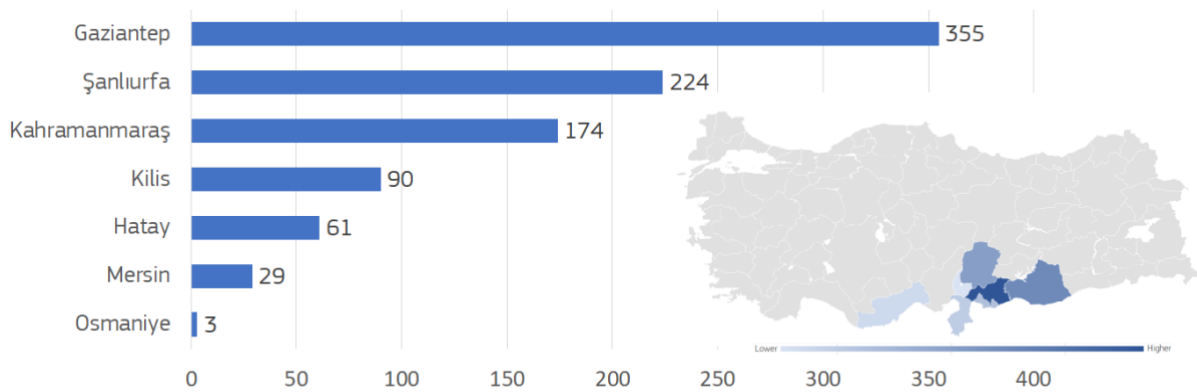


**Figure 18: Indicator i1.1.1.9 -Ratio of drop-out, graduation and enrolment**



- By June 2020, a total of 1,332 higher education scholarships (for both Bachelor’s and Master’s degrees) were awarded to Syrian refugee students. This represents an overachievement by 3% of the overall target.
- According to gender-segregated data, 56% of the beneficiary students were male, whilst 44% were female.
- A total of 19 students with disabilities benefited from the higher education scholarship programme.
- As shown in Figure 18 (below), 49% of the scholarships were the active beneficiaries – meaning that they were enrolled in higher education programmes as of Q2/2020; 9% of the scholarship beneficiaries had graduated; 13% had dropped-out, and the status of the remaining 30% was not reported.
- As shown in Figure 19 (below), the highest number of scholarships were awarded to students studying in universities in Gaziantep (355 in total) followed by Şanlıurfa (224), and Kahramanmaraş (174).

**Figure 19: Indicator i1.1.1.9 - Value by Province and Geographical Distribution**

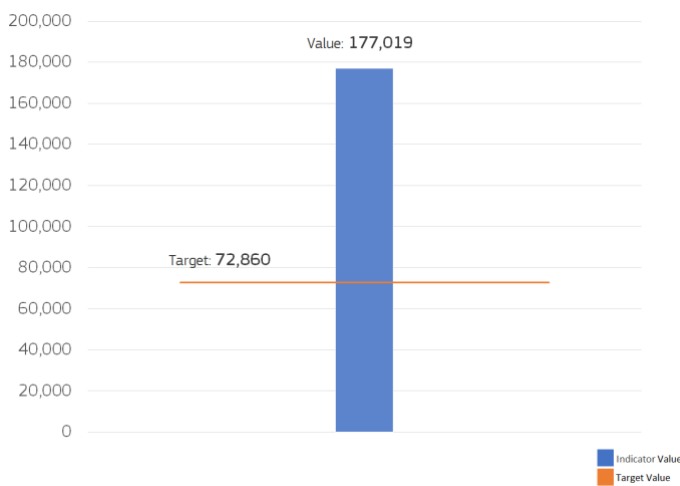


\*396 Not Reported

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### i1.2.1.2 Number of educational personnel trained

**Figure 20: Indicator i1.2.1.2 - Value and Target (cumulative indicator)**

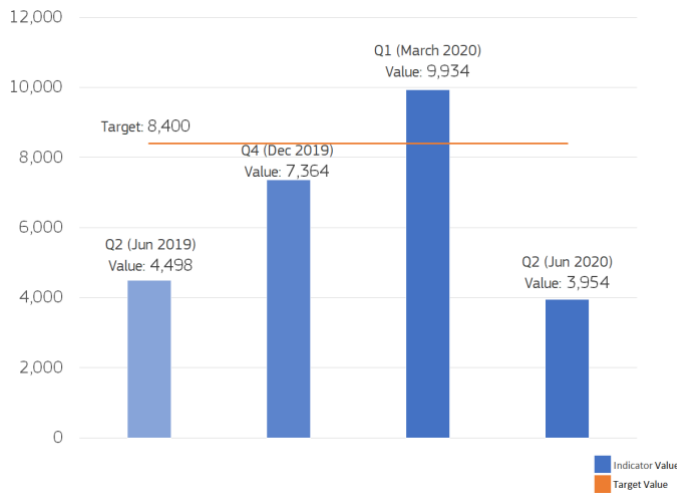


- As of June 2020, a total of 177,019 educational personnel were trained with Facility support. This includes teachers, Turkish and Arabic language trainers, guidance counsellors, pre-school teachers and school administrators.
- According to gender-segregated data, 52% of the beneficiary teachers were male, whilst 45% were female. The gender of the remaining 3% of the beneficiary teachers was not reported.

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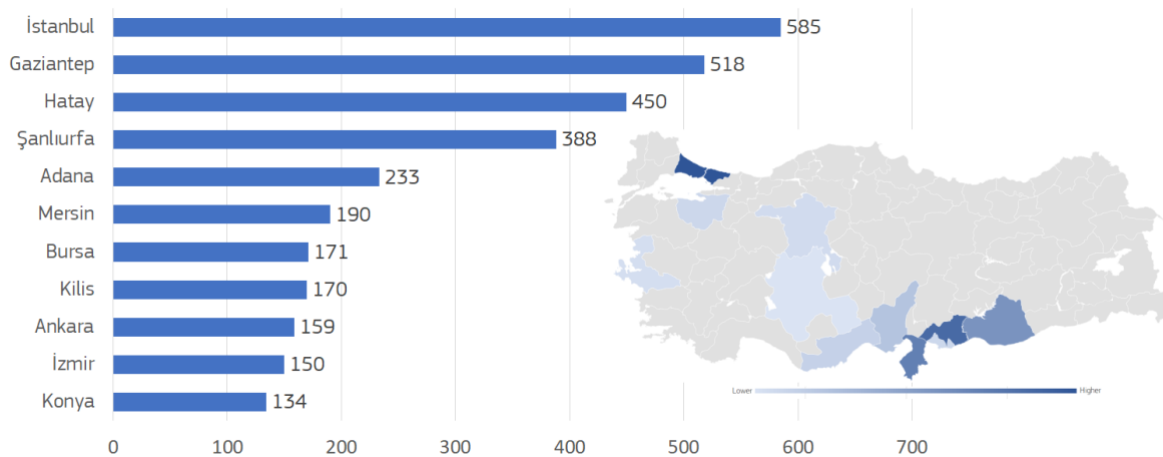
### i1.2.1.3 Number of educational personnel receiving salaries and/or incentives

**Figure 21: Indicator i1.2.1.3 - Value and Target (Snapshot indicator)**



- As shown in Figure 21, except for the last quarter (Q1/2020), a gradual increase can be seen in the number of educational personnel receiving salaries and/or incentives from the Facility since June last year (2019). The surge was due to the commencement of new Actions (such as PIKTES) as well as an increase in educational services for refugee children.
- Q2/2020 reported a significant fall due to the cancellation of catch-up and back-up classes because of the COVID-19.
- According to gender-segregated data, the majority (66%) of the teachers were female.
- Figure 22 (below) shows the provincial breakdown of education personnel receiving salaries and/or incentives.

**Figure 22: Indicator i1.2.1.3 - Value by Province\* and Geographical Distribution**



\*Only provinces with a value > 134

\* \* \* \* \*

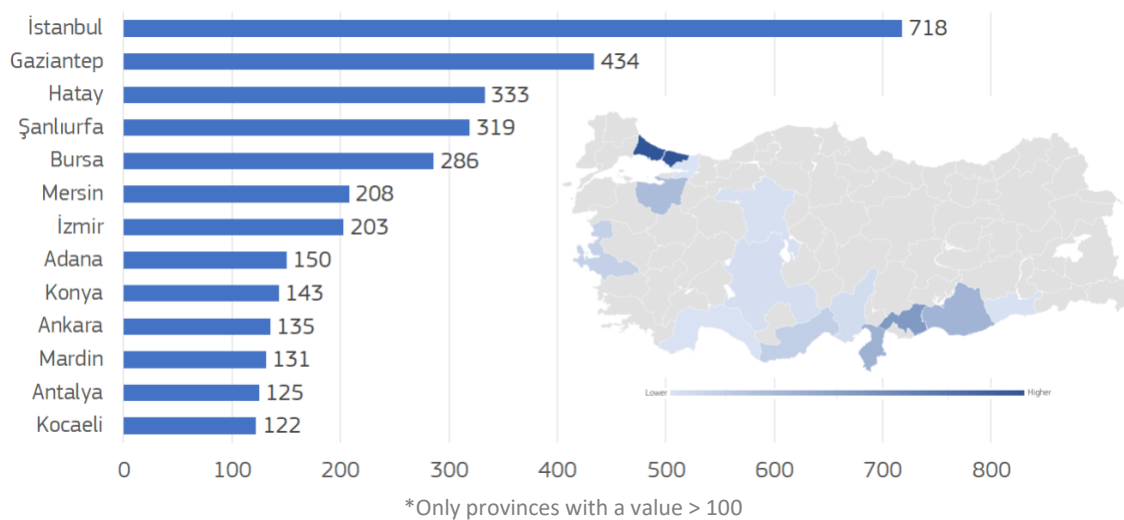
### i1.2.2.1 Number of existing schools upgraded in standards

**Figure 23: Indicator i1.2.2.1 - Value and Target (cumulative indicator)**



- By June 2020, a total of 3,902 schools had been upgraded in standards in 20 high refugee concentration provinces.
- The majority (77%) of the upgraded schools were pre-primary schools.
- No progress was achieved for the indicator during the reporting period (January – June 2020). This was mainly as a result of the COVID-19 pandemic.
- Figure 24 (below) shows province-wise progress for the indicator.

**Figure 24: Indicator i1.2.2.1 – Value by Province\* and Geographical Distribution**



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### i1.2.2.2 Number of schools constructed (Cumulative indicator)

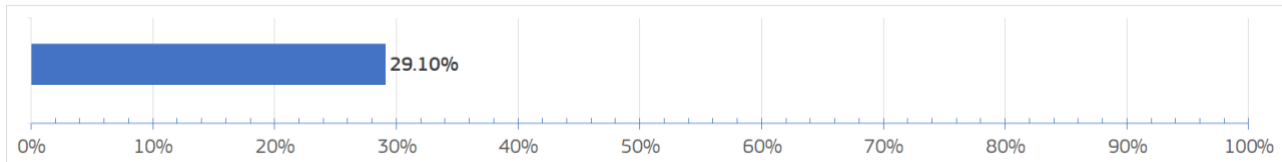
- The Facility aims to support the construction of 360 school facilities (including both solid structures and prefabricated units).
- During the reporting period (January – June 2020), the number of new schools constructed increased to 40 from 28 (progress reported in December 2019).



### i1.2.2.2a Percentage of key implementation steps completed in the construction of schools

- To monitor the progress of construction, a set of key implementation steps were identified, and a sub-project (individual construction project) completion process sub-indicator (i1.2.2.2a – see below) was created.<sup>124</sup> This shows the average current level of completion of the key implementation steps in the construction of schools. This value was 29% by the cut-off date.

**Figure 25: Indicator i1.2.2.2a - Percentage of key-implementation steps completed**

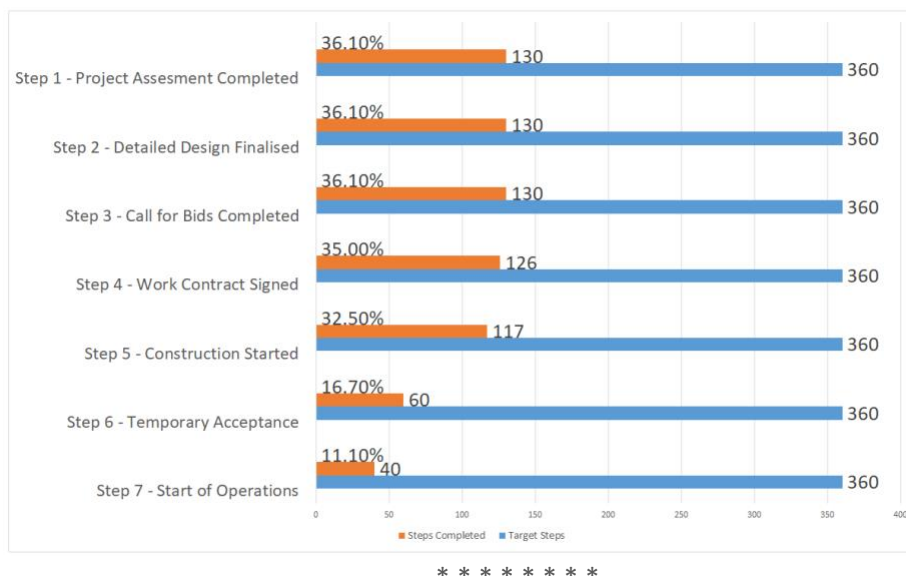


- As mentioned above, currently 40 schools are fully constructed, furnished and are in use.
- As shown in Figure 26, a total of 60 constructions (28 prefabricated and 32 solid structure) are at the penultimate step in the process (i.e. having their temporary acceptance certificates issued) following which they will be handed over to MoNE so they can be used. The other 260 schools (including the 180 being funded under Tranche II) are in the preparation, design or construction phases.

**Figure 26: Table of Implementation Steps Completed**

Type	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
Prefabricated	50	50	50	50	46	28	28
Solid Structure	80	80	80	76	71	32	12
<b>Total</b>	<b>130</b>	<b>130</b>	<b>130</b>	<b>126</b>	<b>117</b>	<b>60</b>	<b>40</b>

**Figure 27: Implementation Steps Completed**



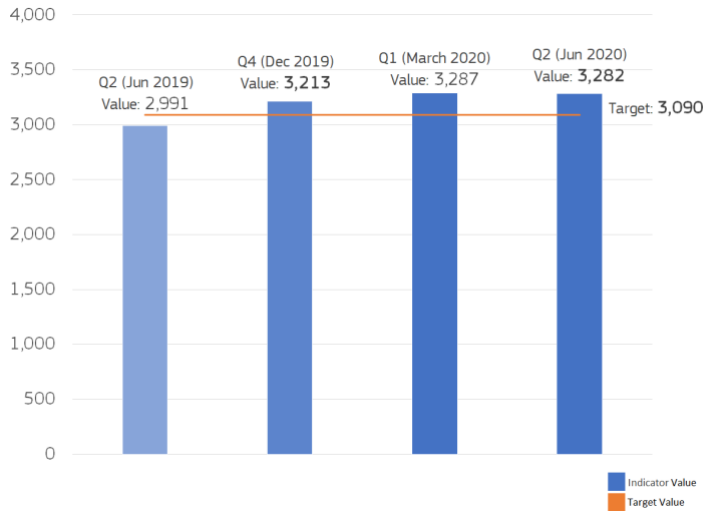
\* \* \* \* \*

<sup>124</sup> This is a process indicator calculated on the basis of identified key implementation steps. Each of the steps has an equal weight. Depending on the number of steps completed at the time of reporting against the Facility RF indicators, a percentage value is calculated to report on progress in implementation. Key implementation steps are: 1 - Project assessment being completed; 2 - Detailed design being finalised; 3 - Call for bids documents for the recruitment of companies for works completed; 4 - Signing of the work contracts finalised; 5 - Construction activities started; 6 - Construction completed and temporary acceptance certificate issued; 7 - Start of Operations (including installation of equipment and rendering them operational, and training of users) and - when applicable - Accreditation of the Facility. The calculation of the percentage of the key implementation steps is as follows: For each implementation step, the total number of completed structures (both prefabricated and solid) are calculated. Then the total number of structures is divided by the total target and multiplied by 100 to arrive at the progress percentage.

## ANNEX 3: HEALTH SECTOR INDICATORS

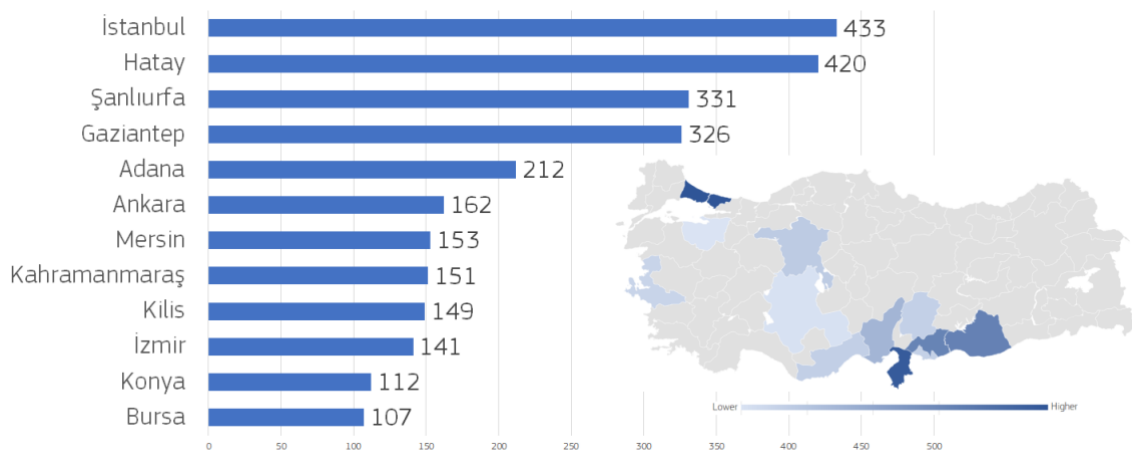
### i2.1.1.1 Number of health workers receiving salaries

**Figure 28: Indicator i2.1.1.1 - Value and Target (Snapshot indicator)**



- In June 2020 a total of 3,282 health workers were receiving salaries (funded by the Facility). This included doctors (700), midwives and nurses (nearly 1,000), auxiliary staff (400), bilingual patient guides (over 1,100) and others (over 50).
- Trend analysis for the last year shows a gradual increase in the value for the indicator. Moreover, the current progress exceeds the target number of 3,090 health workers having received financial support.
- The majority (67%) of the healthcare workers receiving salaries were male; 33% were female.
- As shown in Figure 29 (below), the majority of healthcare workers receiving salaries were in Istanbul (433), Hatay (420), Şanlıurfa (331), and Gaziantep (326).

**Figure 29: Indicator i2.1.1.1 - Value by Province\* and Geographical Distribution**

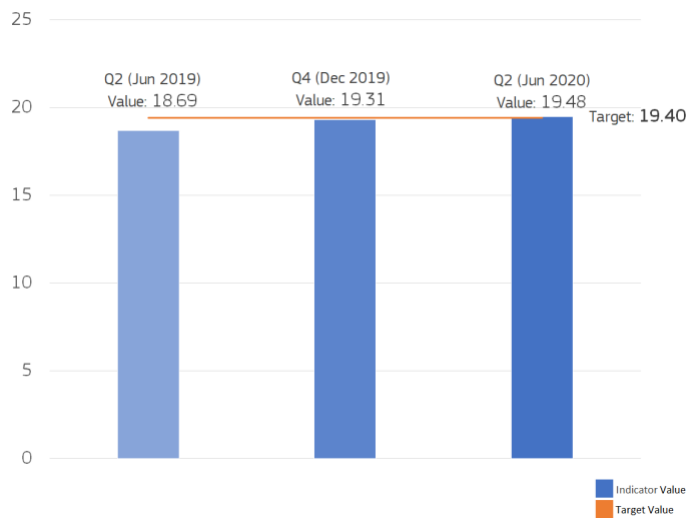


\*Only provinces with a value > 100

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### i2.1.1.2 Number of MoH physicians per 10,000 population

**Figure 30: Indicator i2.1.1.2 - Value and Target (Snapshot indicator)**

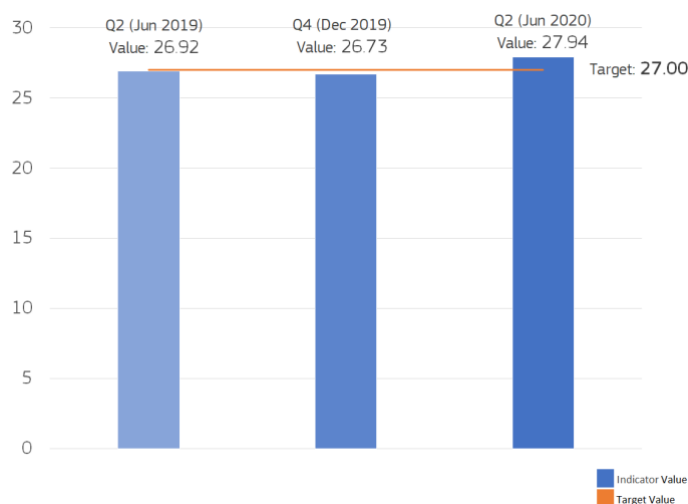


- During the reporting period (January – June 2020), there were 19.48 MoH doctors per 10,000 population in the Facility supported provinces. The reported value is in line with the target set for the indicator, i.e. 19.40 doctors per 10,000 population. The Facility’s health workforce investments, alongside the Turkish Government’s own investments, have contributed to increasing the health workforce to respond to the healthcare needs of the population in Turkey.
- As shown in Figure 30, the value for the indicator remains stable (with a slight improvement) during the past year.

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### i2.1.1.3 Number of MoH hospital beds per 10,000 population

**Figure 31: Indicator i2.1.1.3 - Value and Target (Snapshot indicator)**



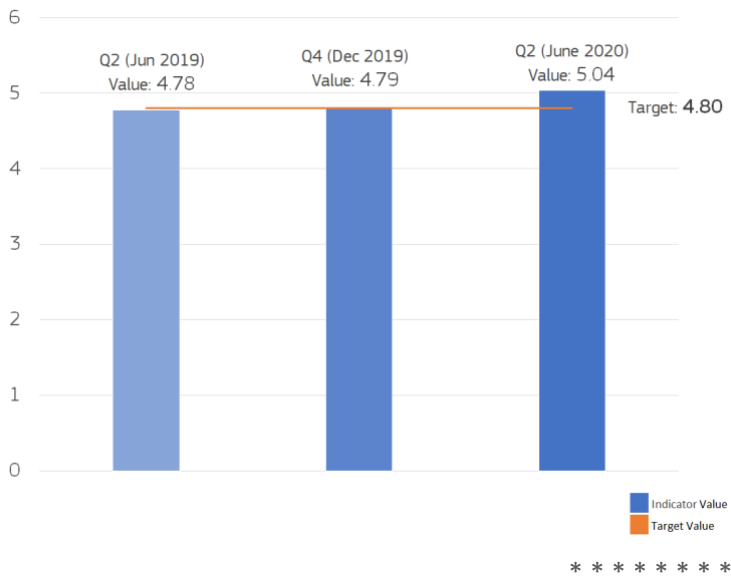
- As shown in Figure 31, the ratio of MoH hospital beds to population is at 28 per 10,000 population in high refugee concentration provinces. The current value is slightly above the target of 27 hospital beds per 10,000 population. A gradual improvement can be seen for the indicator over the past one year. This can be attributed to the Facility investment in health.

indicator)

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### i2.1.1.4 Number of MoH intensive care units per 10,000 population

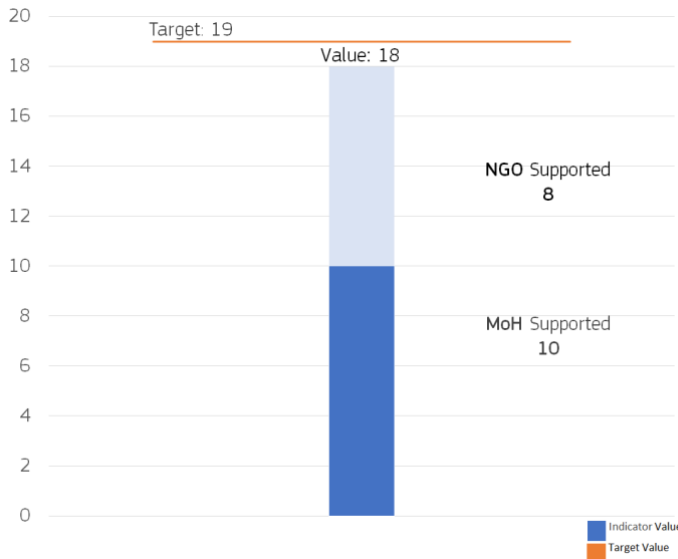
**Figure 32: Indicator i2.1.1.4 - Value and Target (Snapshot indicator)**



- In June 2020, the ratio of ICU to population stands at 5 per 10,000 population. The current progress is slightly above the target of 4.80 ICU per 10,000 population.

### i2.1.1.5 Number of community mental health centres providing services

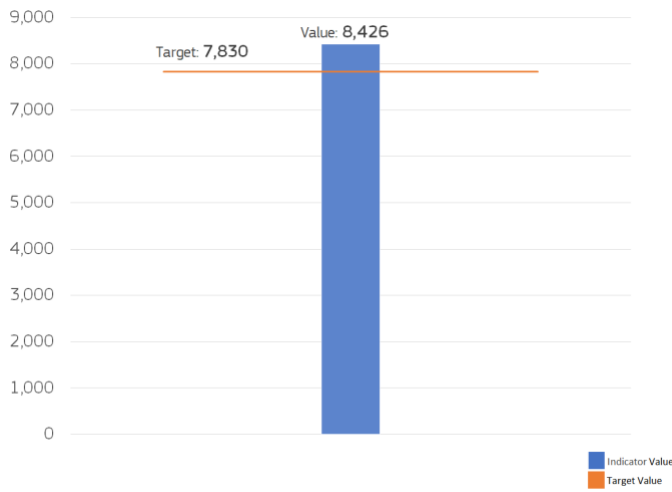
**Figure 33: Indicator i2.1.1.5 - Value and Target (Snapshot indicator)**



- The Facility has a target of supporting the establishment of 19 CMHCs and mental health clinics. As of June 2020, a total of 18 centres were operational and providing services to Syrian refugees and host community members. During the current reporting period, one new CMHC was made operational.
- The centres consist of both MoH-operated CMHCs and NGO-operated mental health clinics.
- The MoH-CMHCs are located in nine provinces with a high number of Syrian refugees. Two of the centres are in Istanbul, and one each in Hatay, Gaziantep, Bursa, Adana, İzmir, Kilis, Mardin and Şanlıurfa.

i2.1.1.6 Number of health workers trained

**Figure 34: Indicator i2.1.1.6 - Value and Target (Cumulative indicator)**

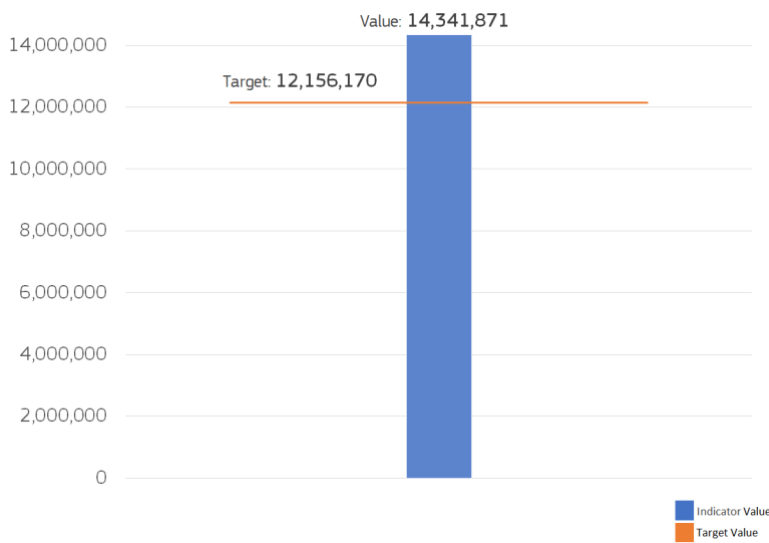


- By June 2020, a total of 8,426 health workers (including doctors, midwife/nurses and bilingual patient guides) were trained with Facility support. This was an increase of 626 (8%) in the number of health workers trained since the last reporting period, surpassing the target of 7,830.
- According to the gender-segregated data, 62% of the training beneficiaries were male, while the remaining 38% were female.
- The current progress is an overachievement by 8% as compared to the target.

\* \* \* \* \*

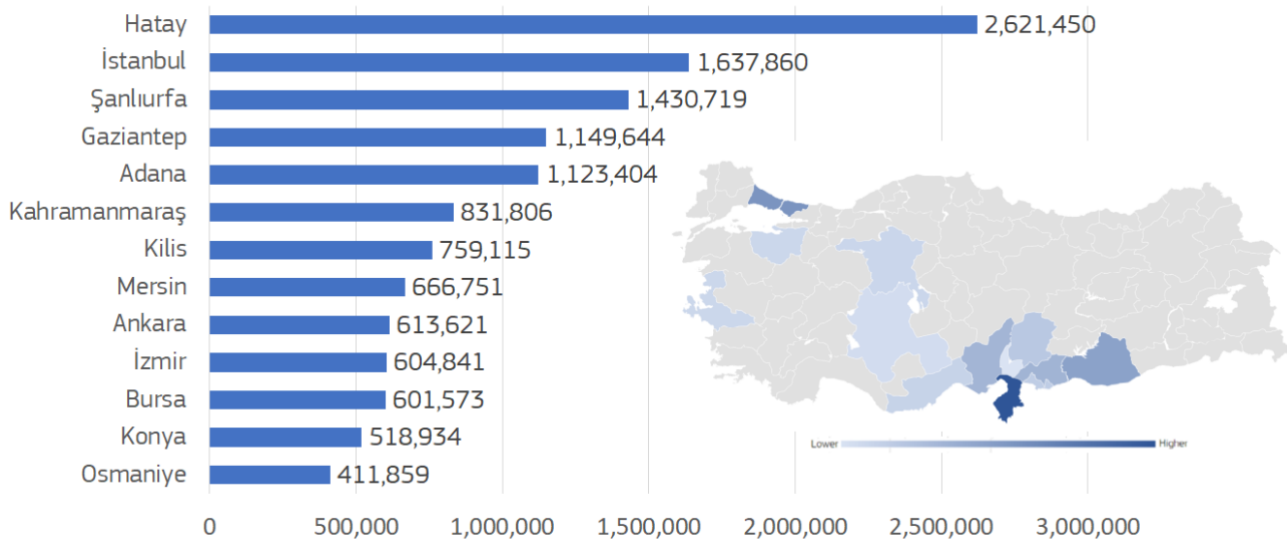
i2.1.2.1 Number of primary healthcare consultations provided to refugees

**Figure 35: Indicator i2.1.2.1 - Value and Target (Cumulative indicator)**



- By June 2020, the Facility had supported the delivery of over 14.3 million Primary Health-Care (PHC) consultations to refugees (99% Syrian, and 1% non-Syrian), overachieving its target by almost 18% and an increase of more than 2 million from December 2019.
- The majority (60%) of the consultations were provided to female patients.
- According to age-segregated data, nearly one-third (32%) of the consultations were provided to infants/children age between 0–2 years, followed by adults age 21–39 years (21%), and 10% of the consultations were provided to children in the age-group 3–5 years.
- The geographical distribution of PHC consultations by province correlates with the presence of the refugee population, with Hatay in particular, accounting for over 2 million PHC consultations. The province-wise PHC consultations are shown in Figure 36, below.

**Figure 36: Indicator i2.1.2.1 - Value by Province\***

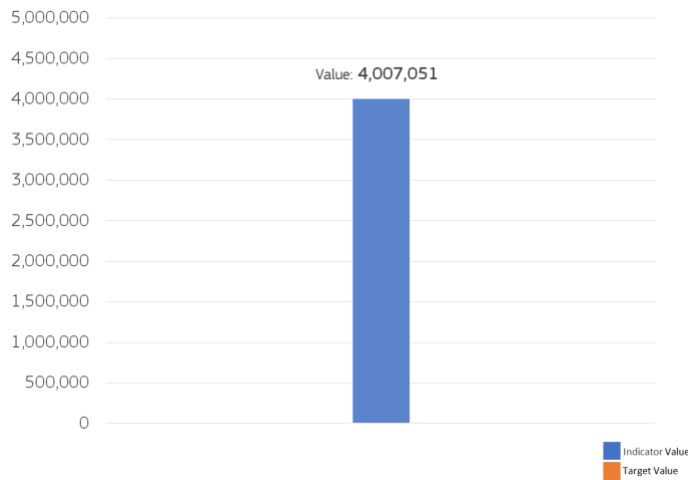


\*Only provinces with a value > 400,000

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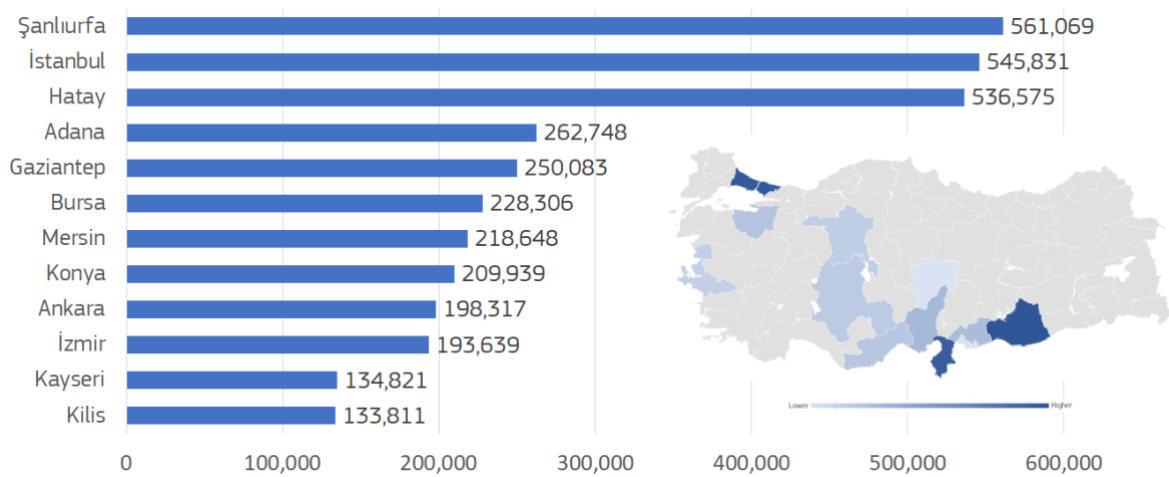
i2.1.2.2 Number of vaccination doses provided to Syrian infants

**Figure 37: Indicator i2.1.2.2 – Value (Cumulative indicator)**



- As of June 2020, over 4 million vaccination doses were provided to Syrian infants with Facility support.
- During the last six months (January to June 2020), an additional 453,930 vaccination doses to Syrian infants were reported. This represents a 13% increase as compared to the last reporting period (December 2019).
- The provincial breakdown of vaccination doses is presented in Figure 38, below.

**Figure 38: Indicator i2.1.2.2 - Value by Province\***



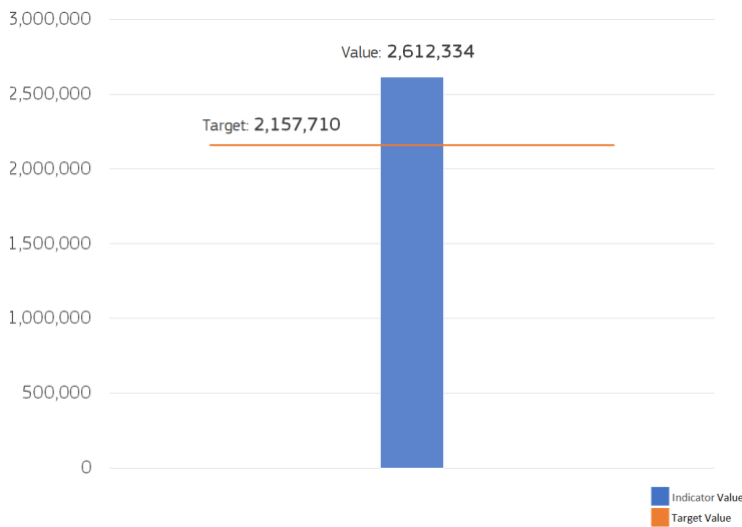
\*Only provinces with a value > 100,000

\* \* \* \* \*



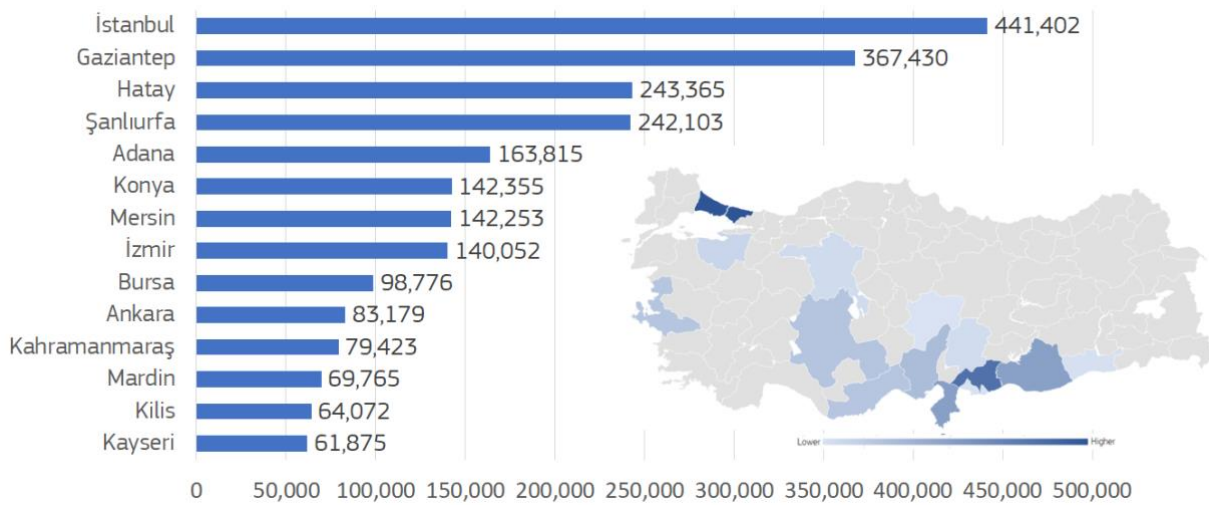
### i2.1.2.3 Number of Ante-Natal Care (ANC) consultations

**Figure 39: Indicator i2.1.2.3 - Value and Target (Cumulative indicator)**



- By June 2020, the Facility has supported the provision of more than 2.6 million ANC consultations to pregnant women.
- The current progress is 17% higher than the previously reported progress in December 2019. Between January and June 2020, a total of 375,553 new ANC consultations were reported.
- Figure 40 (below) provides a provincial breakdown of ANC consultations.

**Figure 40: Indicator i2.1.2.3 - Value by Province\* and Geographical Distribution**



\*Only provinces with a value > 60,000

\* \* \* \* \*

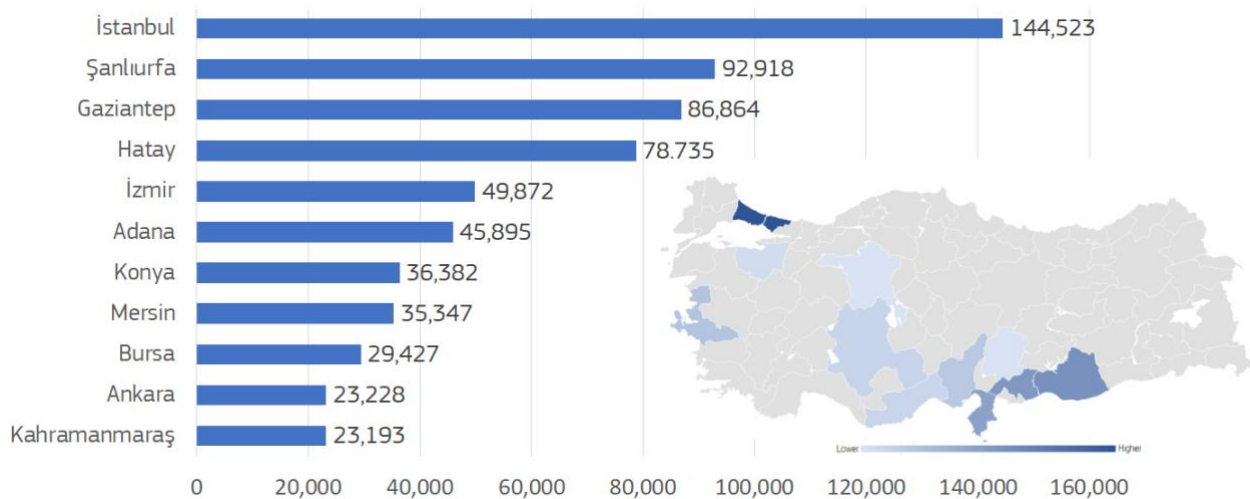
#### i2.1.2.4 Number of pregnant women who received a minimum of one ANC consultation

**Figure 41: Indicator i2.1.2.4 - Value and Target (Cumulative indicator)**



- As of June 2020, a total of 776,217 women received a minimum of one ANC consultation.
- The current progress shows an increase of 19% (124,254 new women) attended Facility supported ANC consultations.
- As shown in Figure 41, the indicator target has been exceeded by 46%.
- The geographical distribution (Figure 42) shows that İstanbul, Şanlıurfa, Gaziantep and Hatay are the provinces with the highest number of women who have received a minimum of one ANC consultation with Facility support.

**Figure 42: Indicator i2.1.2.4 - Value by Province\* and Geographical Distribution**

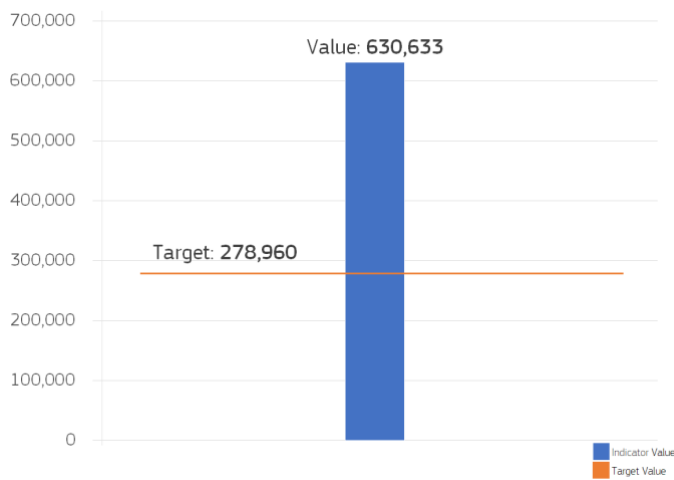


\*Only provinces with a value > 20,000

\* \* \* \* \*

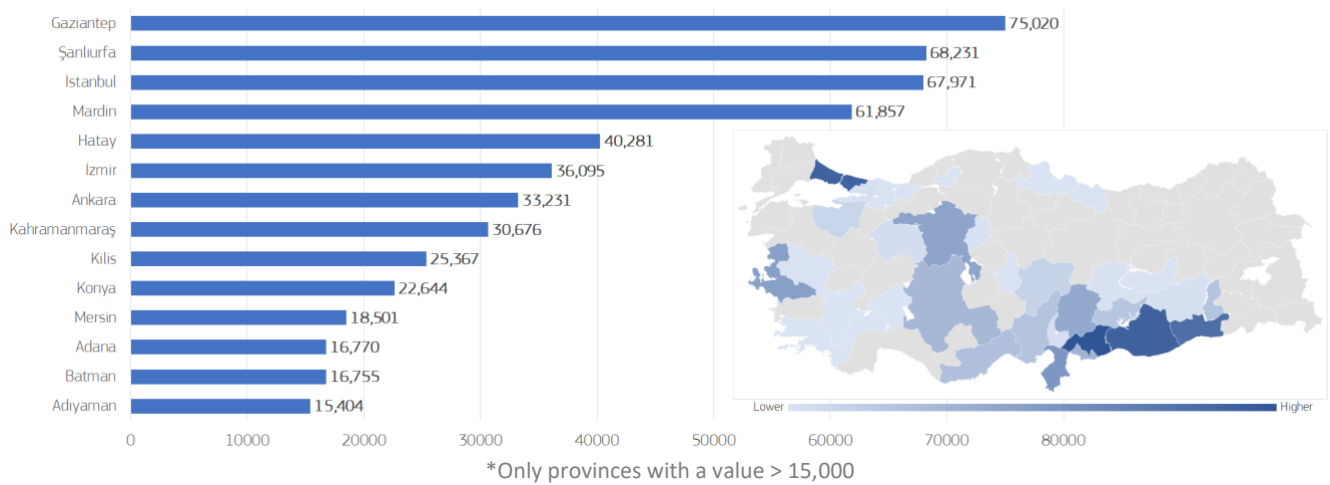
i2.1.2.5 Number of refugees who received mental health and psycho-social support services

**Figure 43: Indicator i2.1.2.5 - Value and Target (Cumulative indicator)**



- By June 2020, a total of 630,633 refugees had benefitted from Facility-funded Mental Health and Psycho-Social Support (MHPSS) services.
- An additional 63,472 host community also benefitted from MHPSS.
- A large majority (58%) of the beneficiaries were women, whilst 32% were male. For 10% of beneficiaries, gender-segregated data was not reported.
- According to age-segregated data, 37% of the beneficiaries were between the age of 18–49 years, whilst 30% were in the age group of 5–17 years
- Figure 44 (below) shows province-wise beneficiaries.

**Figure 44: Indicator i2.1.2.5 - Value by Province\* and Geographical Distribution**

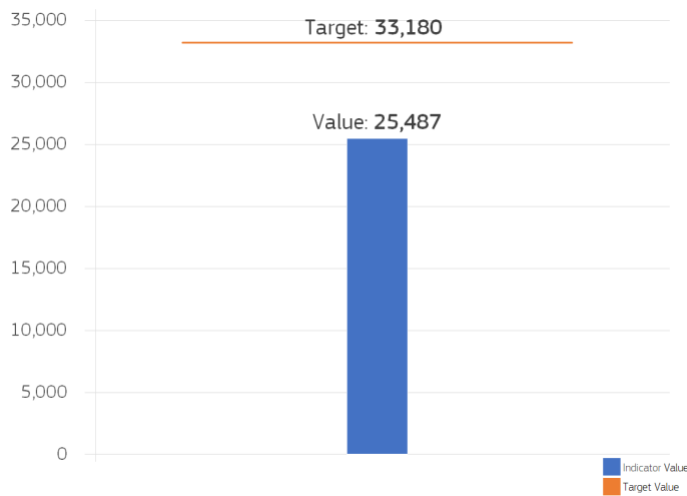


\* Excludes 65,445 refugees where the province was not reported.

\* \* \* \* \*

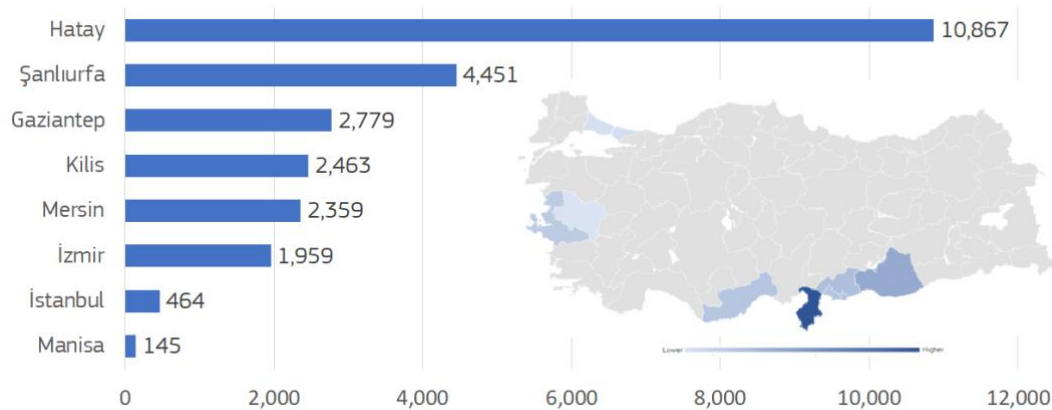
i2.1.2.6 Number of refugees who received specialised treatment in the area of post-operative and rehabilitative care

**Figure 45: Indicator i2.1.2.6 - Value and Target (Cumulative indicator)**



- As of June 2020, a total of 25,487 refugees had benefitted from specialised treatment in the area of post-operative and rehabilitative care. This represents an increase of 16% from the previously reported figure (21,945) for December 2019.
- The ratio of male (54%) beneficiaries was slightly higher than female beneficiaries (46%).
- According to age-segregated data, half of the beneficiaries (51%) were adults (age between 18 and 49 years); 22% of the total beneficiaries were 50 years old and above; whilst 15% were children age between 5 and 17 years.
- The majority (67%) of the services were taken up by patients with disabilities.
- Province-wise beneficiaries are shown in Figure 46.
- The large value for Hatay province is accounted for by the fact that there is a concentration of PTR centres there.

**Figure 46: Indicator i2.1.2.6 - Value by Province and Geographical Distribution**

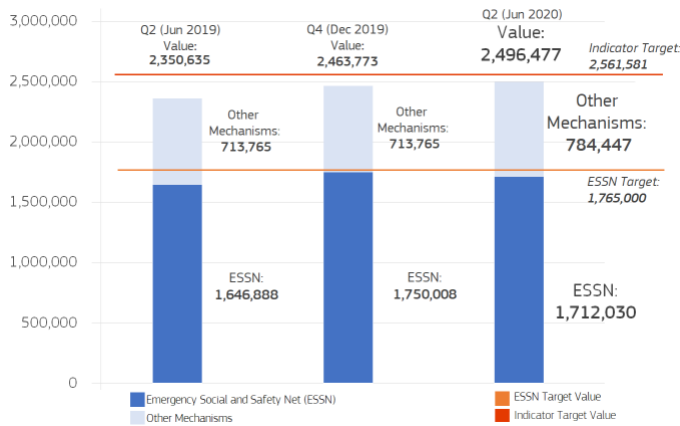


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## ANNEX 4: SOCIO-ECONOMIC SUPPORT SECTOR INDICATORS

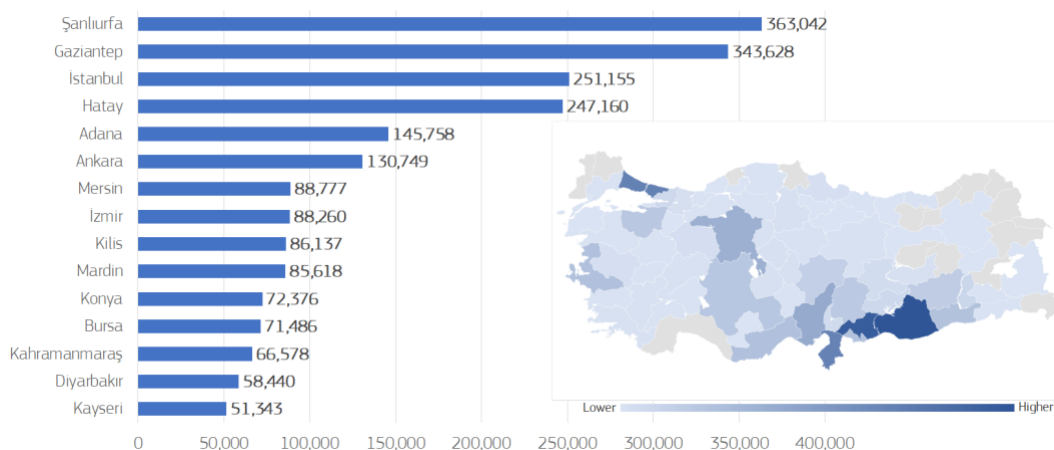
### i3.1.1.1 Number of persons under temporary or international protection receiving monthly resource transfers through ESSN or other mechanisms

**Figure 47: Indicator i3.1.1.1 - Value and Target (Snapshot indicator)**



- In June 2020, a total of 1,712,030 received monthly cash transfers through ESSN.
- Additionally, 784,447 refugees have benefitted from other resource transfer mechanisms.<sup>125</sup> Combining the two types of assistance together a total of over 2.49 million refugees have benefitted from the assistance during the reporting period (January – June 2020).
- To help alleviate the suffering caused by the pandemic, various types of additional support were provided by ECHO-funded Actions to a total of 70,682 refugees.
- According to gender-segregated data, 47% of the beneficiaries were female, and 46% were male (7% did not report on gender data). Over 40,000 of the total beneficiaries reported a disability.
- According to age-segregated data, just over half (53%) of the total beneficiaries were below 17 years of age, whilst 40% of the beneficiaries were between the age of 18 and 50 years. The majority (91%) of the beneficiaries were Syrian nationals.
- The provinces with the highest concentration of beneficiaries are shown in Figure 48 below.

**Figure 48: Indicator i3.1.1.1 - Value by Province\* and Geographical Distribution\*\***



\*Only provinces with a value > 50,000

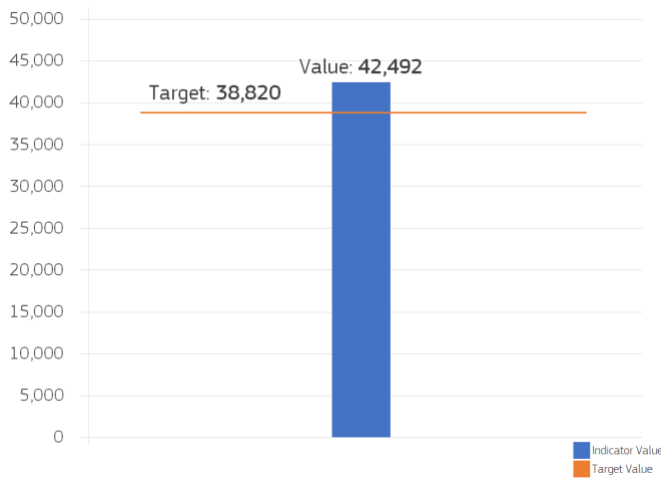
\*\*The map reflects the provinces with the highest concentration of beneficiaries of ESSN as well as other mechanisms.

\*\*\*\*\*

<sup>125</sup> 'Other mechanisms' refers to one-off or seasonal assistance including COVID-19 support packages.

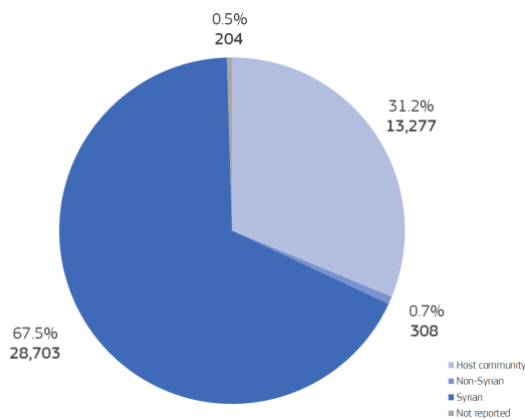
### i3.2.1.1 Number of Syrian refugees and host community members who participated in employability skills training programmes

**Figure 49: Indicator i3.2.1.1 - Value and Target (Cumulative indicator)**



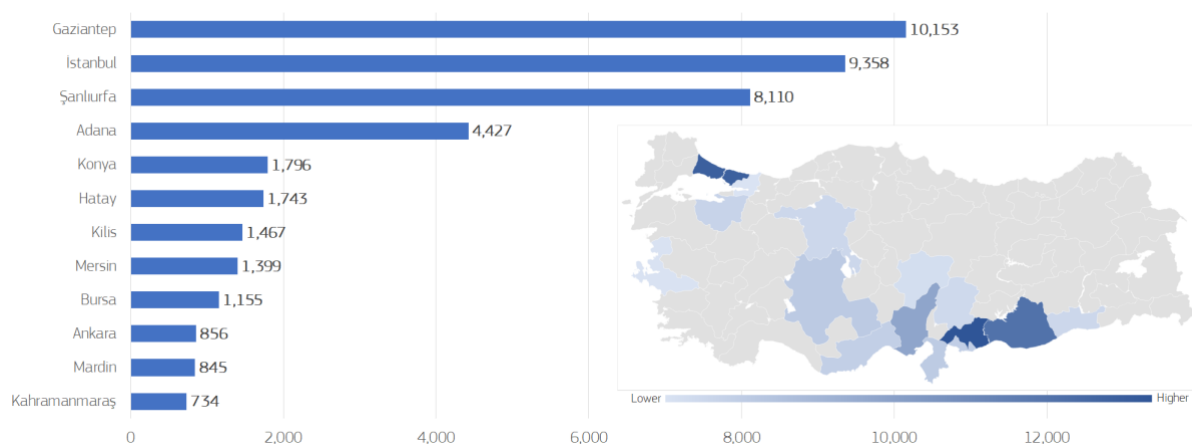
- As of June 2020, a total of 42,492 individuals had benefitted from employability skills trainings (since the start of the Facility). The current progress represents an overachievement of 10% of the overall target for the indicator.
- During the reporting period (January – June 2020), an additional 3,639 people participated in skills trainings.
- According to gender-segregated data, 55% of the beneficiaries were female.

**Figure 50: Indicator i3.2.1.1 - Value by Nationality**



- As shown in Figure 50, over two-thirds (68%) of the beneficiaries were Syrian refugees, whilst 31% (over 13,000) were from the host community.
- The activities have so far been concentrated in 12 provinces, all with a high refugee population (see Figure 51, below).

**Figure 51: Indicator i3.2.1.1 - Value by Province\* and Geographical Distribution**

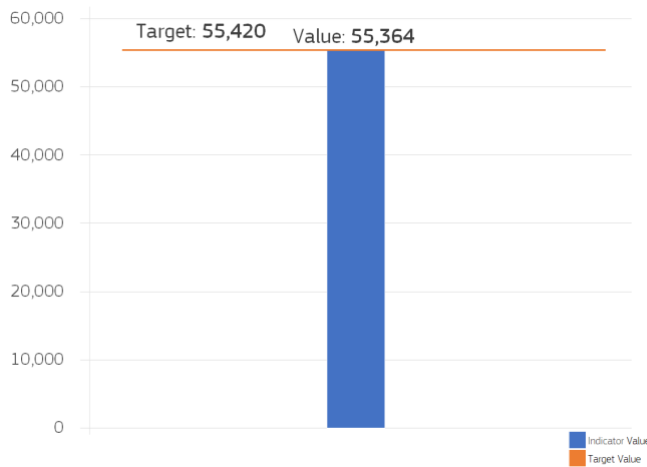


\*Only provinces with a value > 500

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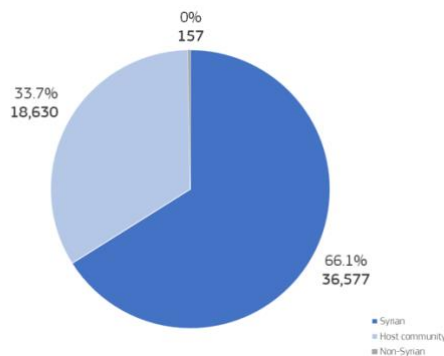
### i3.2.1.2 Number of Syrian refugees and host community members who benefitted from employment related services

**Figure 52: Indicator i3.2.1.2 - Value and Target (Cumulative indicator)**



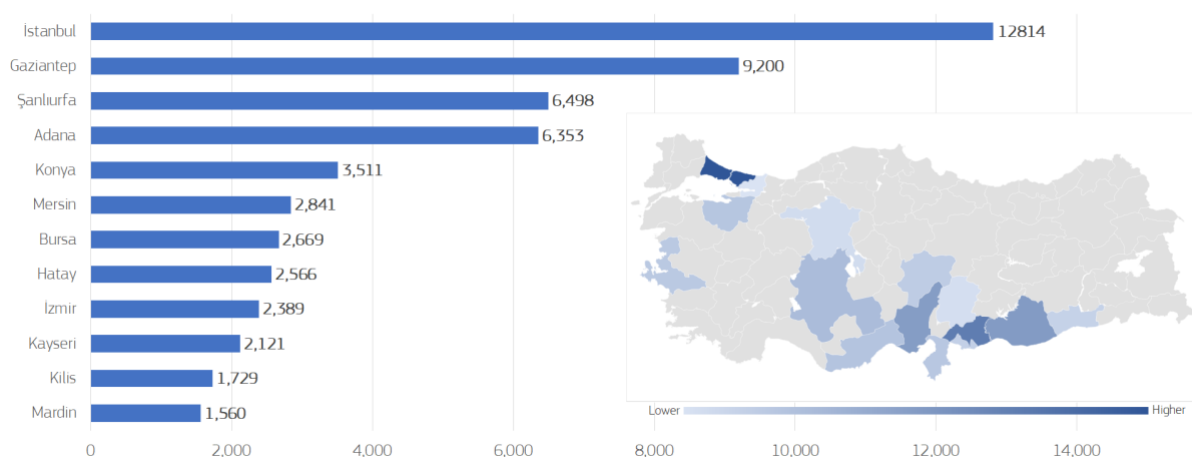
- By June 2020, a total of 55,364 refugees and host community members obtained support in accessing the labour market (skill assessment; vocational guidance, etc.).
- During the reporting period (January – June 2020), an additional 7,978 benefited from the employment related service, which accounted for an increase of 16%.
- According to gender-segregated data, 77% of the beneficiaries were male, and 23% were female.

**Figure 53: Indicator i3.2.1.2 - Value by Nationality**



- As shown in Figure 53, over two-thirds (66%) of the beneficiaries of employment related services were Syrian refugees, and 33% were host community members.
- The activities have so far been concentrated in 12 provinces (see Figure 54 (below)).

**Figure 54: Indicator i3.2.1.2 - Value by Province\* and Geographical Distribution**



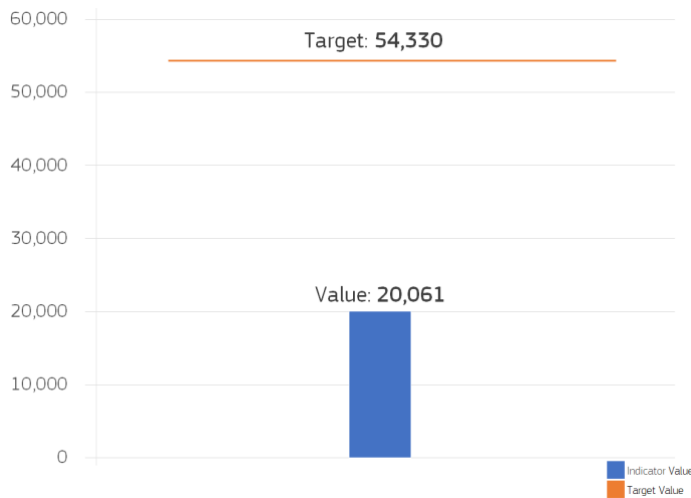
\*Only provinces with a value > 1,000

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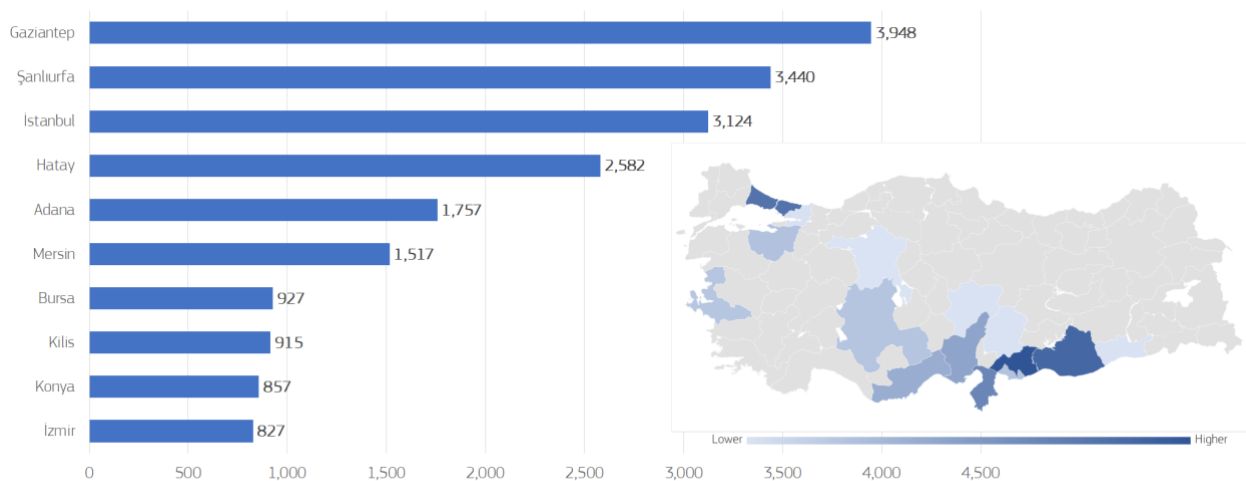
### i3.2.1.4 Number of Syrian refugees who completed a Turkish language course outside the formal education system

**Figure 55: Indicator i3.2.1.4 - Value and Target (Cumulative indicator)**



- By June 2020, a total of 20,061 Syrian refugees completed Turkish language courses, an increase of 3,557 (22%) since the last report in December 2019. The reported progress is only 37% of the overall target.
- According to the age-segregated data, 76% of the beneficiaries were between 25 and 59 years of age, while 18% were between 18 and 24 years of age.
- As per gender-segregated data, over two-thirds (68%) of the beneficiaries were female, whilst 28% were male. Gender-segregated data for 4% were not reported.
- The majority of the beneficiaries were living in ten provinces (see Figure 56 below).

**Figure 56: Indicator i3.2.1.4 - Value by Province\* and Geographical Distribution**

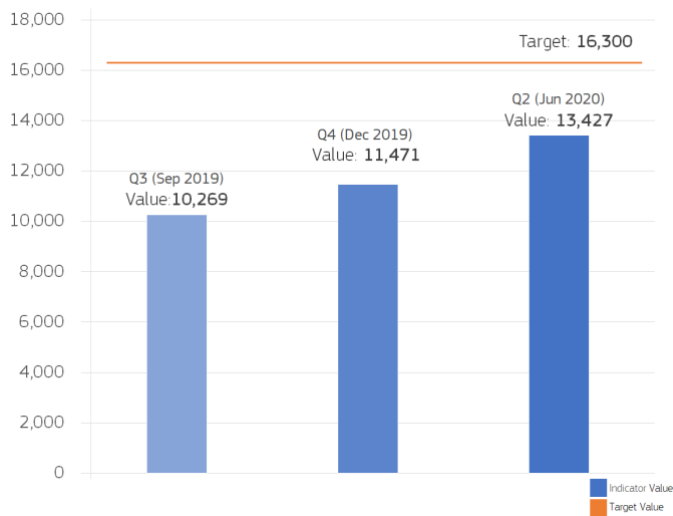


\*Only provinces with a value > 800

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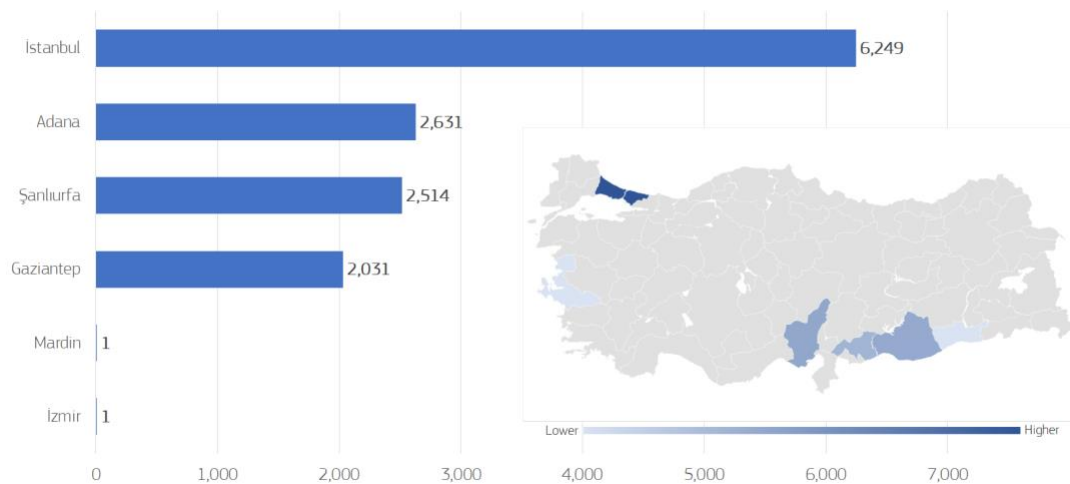
### i3.2.1.5 Number of Syrian refugees registered with İŞKUR

**Figure 57: Indicator i3.2.1.5 - Value and Target (Cumulative indicator)**



- By June 2020, a total of 13,427 refugees were registered with İŞKUR with Facility support. A gradual increase in progress for the indicator can be seen over time.
- According to gender-segregated data, the majority (75%) of the beneficiaries were male whilst 25% were female.
- As shown in Figure 58 (below), the majority of the beneficiaries were registered in provinces such as Istanbul, Adana, Şanlıurfa and Gaziantep.

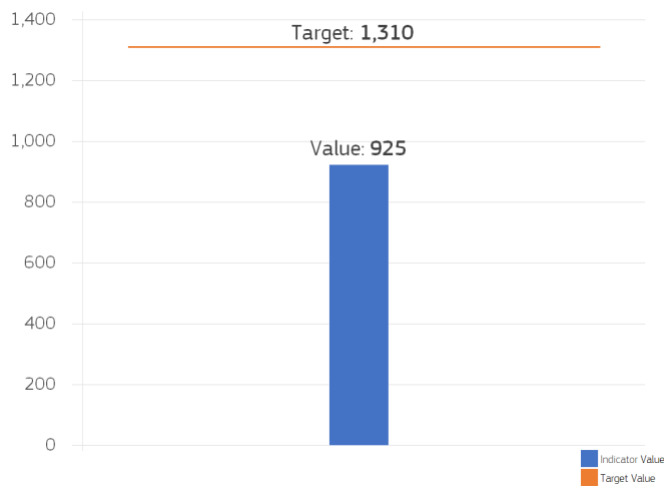
**Figure 58: Indicator i3.2.1.5 - Value by Province and Geographical Distribution**



\* \* \* \* \*

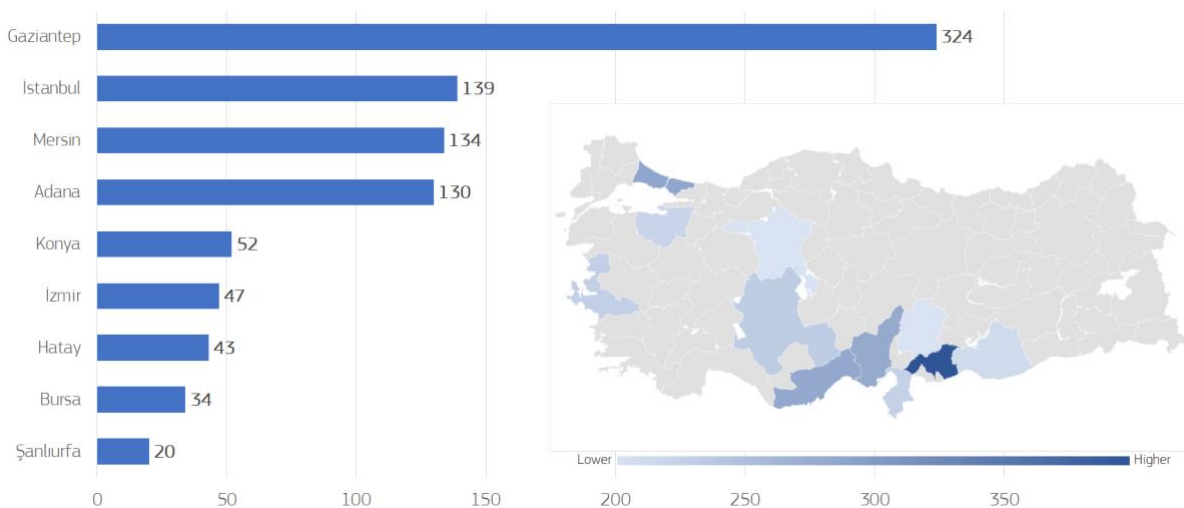
### i3.3.1.1 Number of Small and Medium-sized Enterprises (SMEs) that benefitted from coaching

**Figure 59: Indicator i3.3.1.1 - Value and Target (Cumulative indicator)**



- By June 2020, a total of 925 SMEs benefitted from Facility-supported coaching services. During the reporting period ((January – June 2020), a total of 386 new SMEs were provided with coaching services, representing a 72% increase since the last reported progress in December 2019.
- Syrian refugees own 60% of the supported SMEs, whilst host community members own 39%.
- Figure 60 (below) shows the province-wise beneficiary SMEs.

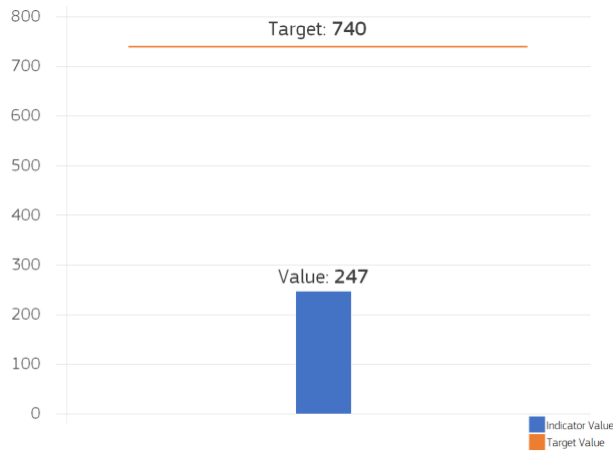
**Figure 60: Indicator i3.3.1.1 - Value by Province and Geographical Distribution**



\* \* \* \* \*

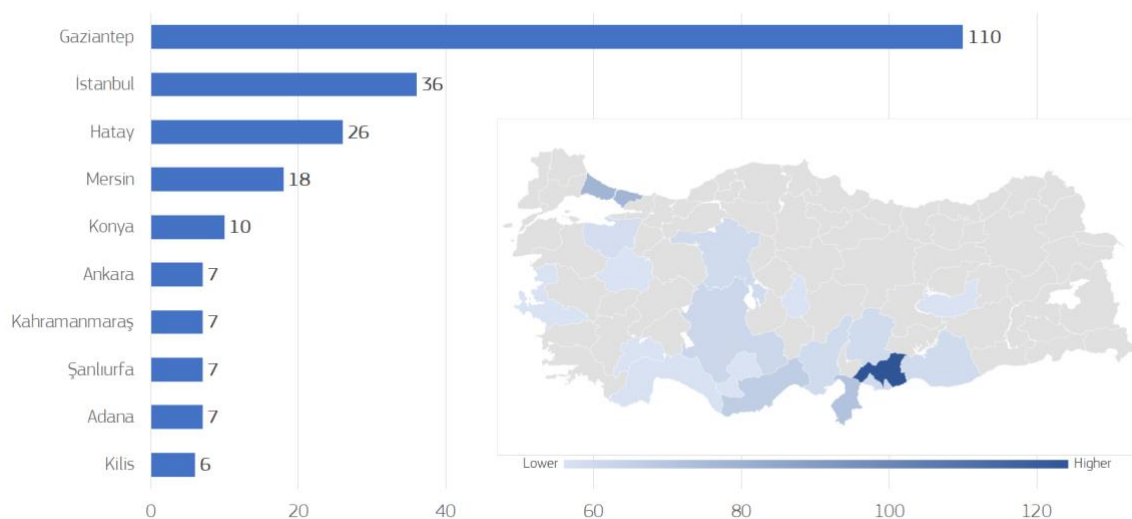
i3.3.1.2 Number of SMEs that received Facility financing (e.g. financial incentives, micro-grants)

**Figure 61: Indicator i3.3.1.2 - Value and Target (Cumulative indicator)**



- By June 2020, a total of 247 SMEs received Facility financing since the start of the Facility. The current progress represents 28% of the target.
- During the reporting period (January – June 2020), a total of 95 new SMEs received Facility financing.
- Figure 62 (below) shows the province-wide distribution of beneficiary SMEs.

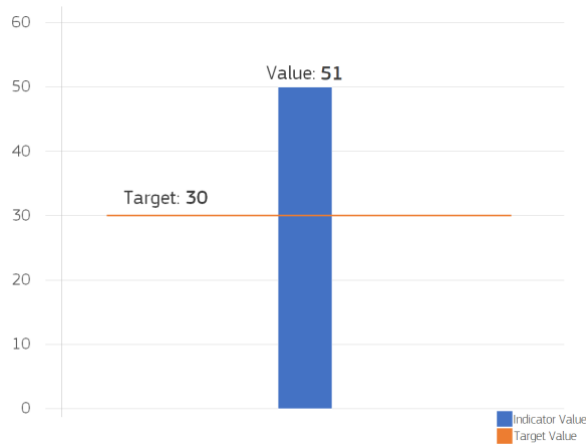
**Figure 62: Indicator i3.3.1.2 - Value by Province and Geographical Distribution**



\* \* \* \* \*

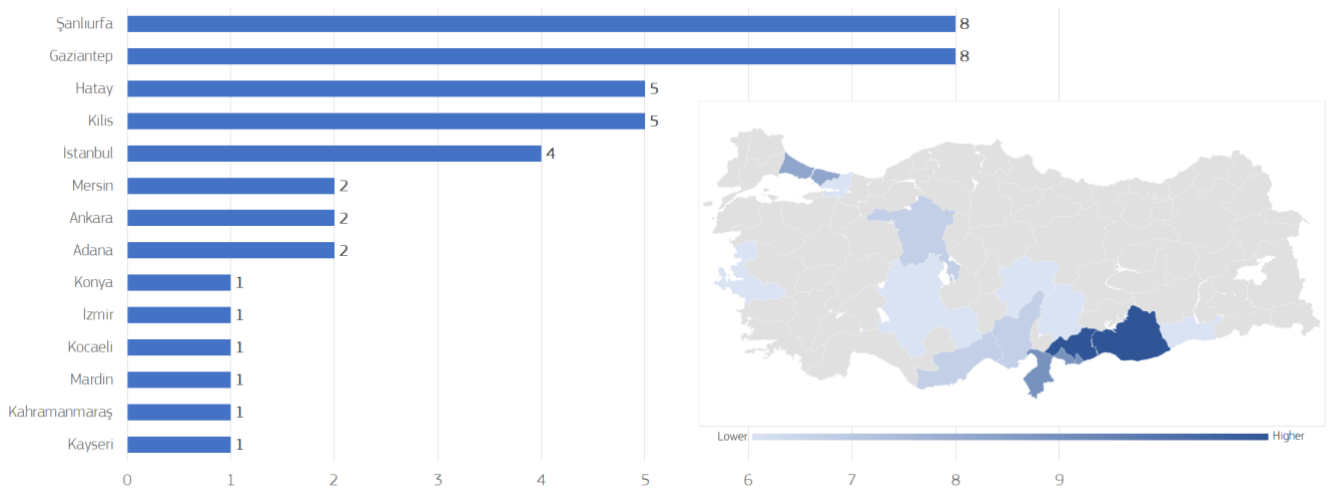
### i3.4.1.1 Number of operational community centres supported

**Figure 63: Indicator i3.4.1.1 - Value and Target**



- A total of 51 operational community centres were being supported by the Facility at the end of June 2020.
- The current progress shows an overachievement by 70% against the target.
- The number of centres actually established has been high, reflecting the impact which such centres have had on the lives of the target beneficiaries.
- Figure 64 (below) shows the provinces where the centres were established.

**Figure 64: Indicator i3.4.1.1 - Value by Province\* and Geographical Distribution**

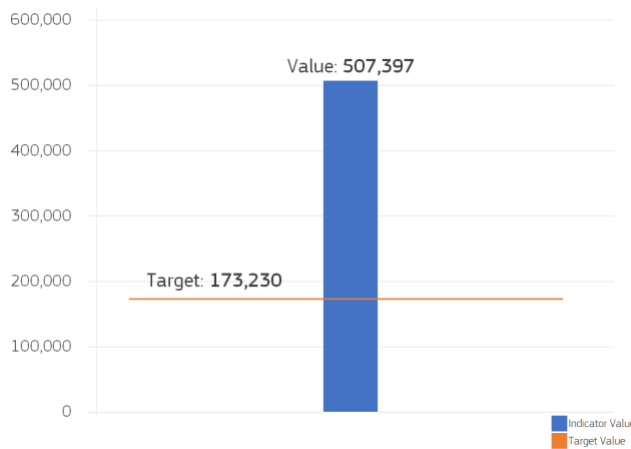


\*Province disaggregated data for nine centres was not available within this reporting period.

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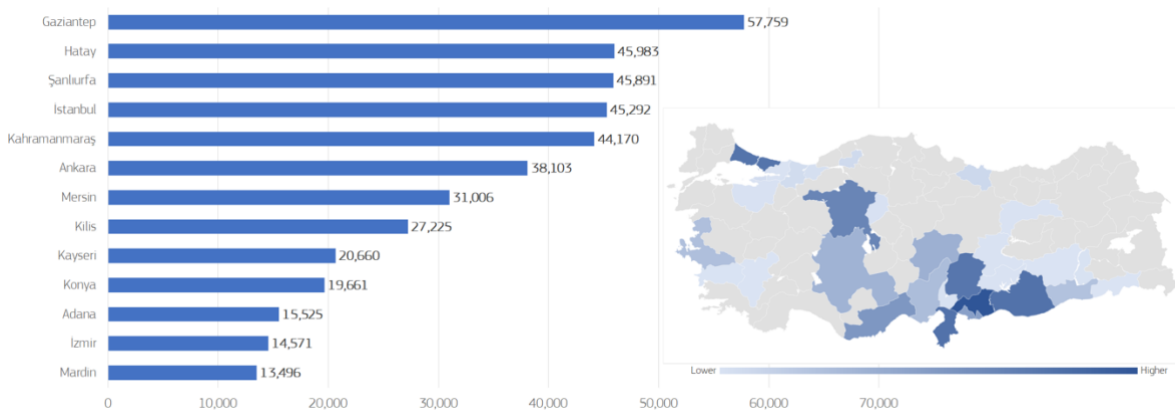
### i3.4.1.2 Number of refugees and host community members who participated in social cohesion activities

**Figure 65: Indicator i3.4.1.2 - Value and Target (Cumulative indicator)**



- By June 2020, over 500,000 refugees and host community members had participated in social cohesion activities, representing a 11% increase compared to the previously reported figure in December 2019.
- There were marginally more female than male participants (45% vs 42%) (where gender data was reported).
- 46% of participants were Syrian refugees; 6% were of other nationalities, and 35% were from the host community (13% not reported).
- Figure 66 below shows the break-down of participation by province.

**Figure 66: Indicator i3.4.1.2 - Value by Province\* and Geographical Distribution**



\*Only provinces with a value > 5,000

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