Evaluation of the Community-based Child Protection Services in response to the Syria Refugee Crisis in Turkey (January 2016-January 2019)

Final Report

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Acronyms

ADAP	Adolescent Development and Participation (UNICEF Unit)
AFAD	Prime Ministry Disaster and Emergency Management Authority
ALP	Accelerated Learning Programme
AMP	Annual Management Plan
ASAM	The Association for Solidarity with Asylum Seekers and Migrants
ASDEP	Family Social Support outreach programme
BPRM	US State Department
CBT	Cognitive Behavioural Therapy
CCTE	Conditional Cash Transfer for Education
CEDAW	UN Convention on the Elimination of All Forms of Discrimination against Women
CEFM	Child early and forced marriage
CFC	Child-Friendly City
CFS	Child-friendly spaces
CIB	Child Intersectoral Board
CMT	Country Management Team
CO	Country Office
CP	Child Protection
CP	Country Programme
CPD	Country Programme Document
CPMP	Country Programme Management Plan
CPiE	Child Protection in Emergencies (UNICEF programme)
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSFE	Child Social and Financial Education
CSO	Civil Society Organization
CWD	Children with Disabilities
DCT	Direct Cash Transfer
DGMM	Directorate General of Migration Management
ECD	Early Childhood Development
ECE	Early Childhood Education
ECHO	European Union Civil Protection and Humanitarian Aid
EMDR	Eye Movement Desensitization and Reprocessing
ENOC	European Network of Ombudspersons for Children

ESSN	Emergency Social Safety Net
EQ	Evaluation Question
EU	European Union
EUTF	European Union Trust Fund
FGD	Focus Group Discussion
GAP	Southeast Anatolia Project
GBV	Gender-Based Violence
GoT	Government of Turkey
GSSC	Global Shared Services Centre
HACT	Harmonized Approach to Cash Transfers
HRBA	Human Rights-Based Approach
ICT	Information and Communications Technology
IMEP	Integrated Monitoring and Evaluation Plan
INGO	International Non-Government Organization
IOM	International Organization for Migration
ISAIS	Integrated Social Assistance Information System
JCC	Joint Consultative Committee
JP	Joint Programme
JSP	Joint Strategic Plan
KII	Key Informant Interview
LTA	Long-Term Agreement
MENARO	Middle East and North Africa Regional Office
MHPSS	Mental Health and Psychosocial Support
MoFLSS	Ministry of Family, Labour and Social Services
MoD	Ministry of Development
MoH	Ministry of Health
MoJ	Ministry of Justice
MoNE	Ministry of National Education
MoYS	Ministry of Youth and Sports
NDP	National Development Plan
NFE	Non-Formal Education
NGO	Non-Government Organisation
PBR	Programme Budget Review
PCA	Programme Cooperation Agreement
PSS	Psycho-social Support
REP	Remedial Education Programme

RET	Refugee Education Trust International
3RP	Regional Response and Resilience Plan (UN)
RRMRP	Regional Refugee and Migrant Response Plan
SASF	Social Assistance and Solidarity Foundations
SDG	Sustainable Development Goal
SOP	School Orientation Programme
STL	Support to Life
TESK	Confederation of Craftsmen and Tradesmen
TKV	Development Foundation of Turkey
TEC	Temporary Education Centre
TRC	Turkish Red Crescent Society
UASC	Unaccompanied and Separated Children
UNCT	UN Country Team
UNDCS	United Nations Development Cooperation Strategy
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency (United Nations High Commission for Refugees)
UNICEF	United Nations Children's Fund
UTP	Under temporary protection
VAC	Violence against Children
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

Evaluation Purpose

The evaluation assesses the community-based child protection services (CBCP) programme that UNICEF has been implementing in partnership with the Government of Turkey (GoT) and various NGOs in response to the Syria refugee crisis in Turkey. The evaluation is intended to serve both accountability and learning functions. It takes place approximately two-thirds of the way through the 5-year UNICEF Turkey Country Programme 2016-2020 and will inform next steps within the existing 5-year cycle while also contributing towards the preparation of the next Country Programme that will run from 2021. The scope of the evaluation is from January 2016 to January 2019.

Context

By 2019 Turkey hosted over 3.6 million Syrian refugees with temporary protection status, including more than 1.6 million children, and more than 369,000 registered asylum-seekers and refugees from other countries. About 142,000 (4%) of the Syrian refugees are in camps near the border (initially 21 camps, reduced to 13 by 2019)[1]. By 2015 about 11% of Syrians were in temporary centres in the Southeast. There was then a shift in population to the west of the country as people sought employment; since 2016, more than 95% of refugees reside in urban centres throughout the country. As it became clear that this was a protracted migration crisis, cohesion and integration in an already strained education and social welfare system presented new challenges. After years of displacement, refugee families in Turkey remain highly vulnerable, particularly in the areas of education and child protection. The Emergency Social Safety Net was launched and Turkish social welfare programme – the Conditional Cash Transfer for Education – was extended to refugee families and have helped alleviate the situation. However, recent assessments found that nearly 12% of Syrian refugees continue to live in extreme poverty, and 59% in moderate poverty[2]. The contraction in the Turkish economy in 2018 and associated inflation placed additional burdens in the struggle to provide for their families.

By late 2018 more than 280,000 vulnerable refugees, migrants and asylum-seekers accessed community-based protection services via a network of 74 UNICEF-supported child and adolescent friendly spaces and centres across the country. About 156,000 children were reached through community-based child protection services, and more than 90,000 participated in structured child protection or psychosocial support programmes. By the end of 2018, about 650,000 refugee children, nearly half of which are girls, were enrolled in formal education. Since the end of 2016, more Syrian children have been enrolled in Turkish public schools than in Temporary Educational Centres (TECs). Collaboration between the Ministry of National Education (MoNE) and UNICEF has contributed significantly to this achievement. Meanwhile, however, children's access to education may be impaired for other reasons. According to assessments made in 2017, nearly 67% Syrian refugees live below the poverty line and many in shelters with insufficient WASH facilities and inadequate protection against poor weather[3]. Perhaps as many as 400,000 Syrian children remain out of school[4] and face challenges such as lack of awareness about available services, language barriers, socio-economic obstacles, and dropout at the secondary school level.

[1] DGMM, http://www.goc.gov.tr/icerik6/temporary-protection_915_1024_4748_icerik

[2] World Bank, World Food Programme, Turkish Red Crescent: Emergency Social Safety Net Post-Distribution Monitoring Report, Round 1, 2018.

[3] World Bank and WFP, ESSN Pre-Assessment Baseline Results, May 2017; IOM, Shelter & Wash Assessment, October 2017

[4] Humanitarian Implementation Plan (HIP) Turkey (ECHO/TUR/BUD/2017/91000, Version 2, 13 November 2017

UNICEF Community-based Child Protection Programme

UNICEF's child protection programme has transitioned from an emergency-based model of service delivery to a model that recognises and strengthens resilience and national capacities. The community-based child protection programme is a service delivery model that focuses on providing multi-disciplinary services at the primary and secondary levels for vulnerable refugee children and their families. Throughout the years, UNICEF's emphasis has been on strengthening protection systems at national, provincial and district levels and increasing the coverage and quality of protection services, enhancing the development of the social service workforce, and promoting evidence-based policy advocacy.

UNICEF's community-based child protection programme encompasses a wide range of models that are delivered through child- and adolescent-friendly spaces; adolescent-friendly and girl adolescent centres, child and family support centres, outreach teams and specialized psychosocial support (PSS) teams. Each of these models includes mechanisms that foster community ownership. Since the onset of the emergency, the programme coverage has progressively expanded throughout Turkey and UNICEF is currently supporting over 80 programme locations through a vast network of government and non-government partners with a particular focus on reaching the most vulnerable refugee children and their families in the Southeast. Given the wide spectrum of services provided by UNICEF's community-based programme, the evaluation has focused on the delivery of psychosocial support services in child- and adolescent-friendly spaces and case management services and to a limited degree the counselling services provided in the centres, while other activities and services were taken note of but were not assessed as part of this evaluation.

Evaluation Scope & Method

The starting point for the evaluation was the agreement over key Evaluation Questions (EQs) to be addressed. The EQs are derived from three sources: (i) the programme Outcomes and Outputs as presented in the Country Programme 2016-2020; (ii) UNICEF's theory of change (ToC) with its original and inferred changes; and (iii) discussions and refinements that emerged from the inception phase.

Scope and Samples

Four (Gaziantep, Kilis, Sanliurfa, Istanbul) of the 16 provinces where UNICEF works were selected as case studies. In addition, the team visited a new site and partnership in Ankara just for observation. The specific sites where the key informant interviews (KIIs) and focus group discussions (FGDs) were conducted are outlined below; they cover a representative sample of locations, types of intervention, population density and the range of partners with whom UNICEF works.

The child protection in emergencies (CPiE) programme supports a range of services including PSS, case management, prevention of GBV, basic health and nutrition screening, hygiene promotion, and referral to government services, and community outreach and legal counselling. Not all these activities are offered by each centre. The evaluation gave particular emphasis to PSS provided in safe spaces, case management and referral service related to CP, with only occasional reference to the additional services on offer. However, the role of the centres as a 'one-stop' entry to a range of activities and services is acknowledged.

Methodology & Tools

Following a desk review of documents, a combination of KIIs, FGDs, observations and the results of an online survey have informed the evaluation. Methods for KIIs and FGDs in particular, were flexible and participatory. The evaluation chose to confine its FGDs to adolescents, parents and care workers. All methods used with children and adults were sensitive, confidential, and child-centred to ensure that the evaluation process was seen as an empowering experience for participants to express themselves candidly and fully.

A mixed method approach included:

(i) A review of existing documentation provided by UNICEF, including partnership agreements, data analysis (from UNICEF and partners), sitreps and annual reports;
(ii) KIIs with programme managers and implementers from UNICEF, NGOs and Government of Turkey (GoT);
(iii) KIIs with Ministry officials at the Ministry of Youth & Sports (MoYS), Ministry of Family, Labour & Social Services (MoFLSS), and municipal and local authorities in Istanbul, Gaziantep, Kilis and Sanliurfa;
(iv) FGDs at the centres[5] with mixed and disaggregated groups of beneficiaries;
(v) Online Survey to capture the perspectives of stakeholders – notably implementers - from the 12 provinces that the evaluation team could not visit in person.

Deliverables

The evaluation field work was undertaken in two phases: (1) In January 2019 the team covered primarily the KIIs with government, donors, TRC, NGO partners and UNICEF in Ankara, Istanbul, Gaziantep, Kilis and Sanliurfa; (2) In early February 2019,the team then conducted primarily focus group discussions, activity observations and a few further KIIs at community centres at the sampled site locations in Istanbul, Gaziantep, Kilis and Sanliurfa.

At the end of the second mission, on 11th February, a preliminary feedback and discussion took place with UNICEF. The final draft report was delivered to UNICEF in mid-March 2019. A presentation of findings, with an opportunity for verification and any final amendments to the report,was held with UNICEF and partners in mid 2019.

Limitations

The number of individuals arriving for FGDs, for instance, varied largely (ranging from 6-20 persons) across each location, although in all cases informative discussions took place. Whether they were representative is debatable: people were selected and invited by the Support Centre staff. The evaluation team provided selection criteria in advance, and in most cases, this was adhered to, but in some cases a rather mixed selection of people turned up for interview.

The evaluation team were not, however, under the impression that respondents were selected on the basis of providing a favoured impression of the services. The findings suggest an honest and mixed response to services provided. The evaluation team was not granted access to visit camps in Nizip on the second mission, and no FGDs took place in camps, other than a meeting with care workers and staff at Nizip 2 during the first mission. TRC staff preferred to be present during FGDs at all their centres, though they merely acted as observers.

Key Findings

1. CBCP relevance for the response to the Syria refugee crisis

Key Finding #1

UNICEF's CBCP programme has remained responsive and relevant to the changing environment and needs of a protracted refugee settlement in Turkey. It has acted as a catalyst for engaging multi-stakeholders, by working with Ministries and being instrumental in opening up the operating space for the NGO sector. Expanding rapidly over three years, there has been some limitation imposed by the capacity and geographical location of partners. However, at this stage, greater coverage is less of a priority than deeper engagement with existing partners

[5] We use this term generically to include the network of safe spaces, multi-disciplinary centres and mobile units managed by the partners in 16 provinces. They include: a) Child Friendly Spaces (CFS) and Adolescent Friendly Spaces (AFS) established as stand-alone structures in camps; b) CFS and AFS integrated as part of NGO and TRC Community-Centres; c) Girl and Youth Safe Centres; d) Child and Family Support Centres; and e) Mobile units for the provision of psycho-social care services.

in ensuring that CP services and PSS (a long-term intervention) are maintained at a high standard. In this complex and rapidly changing environment UNICEF's approach to strengthening social service infrastructure will need to manage perceptions of equity among stakeholders and continue to develop strategies for working with both NGOs and government partners.

Key Finding #2

UNICEF's approach of capitalising on existing NGO social service infrastructure (i.e. youth centres or family support centres) comes with advantages and disadvantages that require both practical and political navigation. Building on existing NGO resources has allowed for a more rapid response. Moreover, it ensured that services were more adapted to the specific language and cultural needs of refugees. Services offered through the programme are configured differently from those offered by national protection authorities, specifically the Social Service Centres. The complexity and scope of the Syria crisis, and the critical gaps in the coverage and quality of national protection services, including difficulties faced by refugee families in accessing state-run services due to language, cultural and other barriers, has made the establishment of additional service points even more important.

2. **Programme relevance to the needs of refugee girls and boys.**

Key Finding #3

UNICEF's response has encompassed both the transient and more settled Syrian population. With the shift away from camps, the focus has been on resilience and protection within primarily urban settings. Newly developed well-being indicators showed that approximately 64% of children reported an improved sense of social and emotional well-being following the PSS programme[6]. There are good practice examples of the response meeting the specific needs of girls and boys, such as for children on the move through the establishment of Child Friendly Spaces (CFS) at removal centres. The mobile centres have responded to the need for services not only within schools and communities but also within the seasonal labour force and for out of school children.

In so far, as the services rely on the capacities of implementing partners, responses have had varied quality. With its partners, UNICEF has established a robust monitoring system on outputs that has improved over the three years. However, obtaining results and learning on outcomes is still relatively new. Although the PCAs indicate in which group of children the primary focus lies, there remains the lack of a shared definition of vulnerability among partners. The definition of vulnerability may also change over time. For instance, out-of-school children have hitherto been a priority but as enrolment increases, the focus may shift to other CP cases.

3. **Programme relevance to 3RP and UNICEF CP.**

Key Finding #4

There is a very clear alignment between the CBCP programme, the UNICEF Country Programme and the wider aims of the inter-agency 3RP.

4. **Expected outputs and outcomes achieved to date.**

Key Finding #5

UNICEF has, with its partners, established a robust monitoring system on outputs that has improved over the three years. However, obtaining results and learning on outcomes is still relatively new. Where numerical targets were set (# of centres, # of children receiving support),

[6] COAR, 2018

these were exceeded in all cases, and UNICEF made a substantial contribution to the generic targets set by the 3RP. Although qualitative indicators (well-being) were only introduced in 2018 (and therefore no comparison over time has yet been possible), the evaluation recognises that these first indicators denote high levels of satisfaction among recipients.

5. **The ability of the monitoring system to capture results.**

Key Finding #6

An over-reliance on quantitative data, and the much-repeated contention among partners that UNICEF has concentrated too heavily on the demand for this, has sometimes obscured the more useful qualitative findings that may have emerged from the programme. Well-being indicators did not exist before 2018 and those developed since then have yet to be appropriately adapted to the context, including languages and age groups. Results from PSS occur over a longer period than a project cycle (and/or the annual funding cycle of partners) and require new skills in data collection and deeper understanding that meaningful changes in well-being take time that may be counter to funding cycles.

6. **Differences between partners and between delivery mechanisms.**

Key Finding #7

The dimension and complexity of the refugee crisis strained the capacity of national and provincial authorities to provide services, and service delivery modalities had to be expanded and include NGOs/CSOs. The levels of experience and training in CP have thus varied widely among partners. Before UNICEF's involvement ASAM was already experienced in refugee protection, extending its portfolio under the CBCP programme. TRC had less expertise in the area of protection, and their child protection capacity had to be further developed including in the areas of psycho-social support and care, identification of children at risk, referral and case management.

7. **Unintended effects.**

Key Finding #8

One of the positive effects of the CBCP recorded by the evaluation is in relation to the creation of spaces where children finally had time and space to just 'be children" - and the potential for families and children to mix with host Turkish communities. As expanded upon below, the evaluation also notes the linking up of various service providers (youth workers, psychologists, case workers, schools, legal aid, health workers etc.). The potential negative outcomes (harm) were centred on two main concerns: (i) the possible closure of the centre or curtailment of the programme due to funding (when those children enrolled require on-going attention and case management); and (ii) the lack of sufficient practical and meaningful professional supervision for inexperienced staff dealing with highly sensitive CP issues (such as sexual abuse, child marriage and child labour) including youth workers, case workers and psychologists.

8. **CBCP contribution to achieving wider access to protective services.**

Key Finding #9

The referral pathways between professionals within each centre have generally been strong including between youth workers, case workers and psychologists (in many instances also legal aid and health workers). Externally, partnerships with schools have been fruitful. These referral pathways and multi-sector relationships pose an important opportunity to strategically consider strategies for future systems strengthening endeavours. The evaluation acknowledges that it is beyond the scope and role of the centres to address the root causes

of child labour, but (as demonstrated by the CBCP) linkages and referral pathways (including multi-sector both within UNICEF and more broadly) might still be further strengthened to meet children's and families' needs holistically and perhaps make some inroads into preventing some of drivers and worst consequences of child labour.

9. Factors promoting or hindering programme effectiveness.

Key Finding #10

Factors promoting effectiveness:

- Eager, willing, dedicated staff.
- Work by UNICEF to institute standardized PSS and CP activities/ systems
- Innovative tailoring of programmes to demand
- Plurality of services offered in the centres including taking a multi-sector and holistic approach to meeting children and family's needs
- The role of centres as an interface between the refugee population and state services
- Centres promoting inclusion and resilience

Factors hindering effectiveness:

- Insufficient cooperation between centres and relevant government institutions.
- Fluctuating funds /short-term donor cycle
- Staff need training and supportive professional supervision (especially for conducting structured PSS and when providing individual counselling and in case management)
- Adolescents are not being sufficiently reached
- Harmful social norms
- The perennial issues and complexities of poverty which cannot all be addressed by UNICEF and other agencies

10. Innovations/good practice and learning that might be used elsewhere

Key Finding #11

In overcrowded schools, attention to individual cases is impaired, and teachers have welcomed the additional services provided by the CBCP centres, including the outreach capacity of mobile centres and their potential ability to reach children in communities where school non-attendance is common.

The Syrian refugee population has been highly mobile and the demand for a one-stop information and assistance centre is high. Opening the centres to the Turkish population in catchment areas has been particularly useful in terms of social cohesion. Linking this with municipality activities supporting adolescents will be particularly important.

11. Efficient use of staff, expertise, TA and resources

Key Finding #12

The evaluation found no evidence of inefficient use of human resources. However, a large percentage of staff in the centres (including youth workers, case workers and psychologists) are new graduates who, though keen and hard-working, have little experience and continue to demand supportive supervision and more context-specific training. Lack of sufficient practical and professional supervision – especially in regard to providing case management and structured PSS, individual counselling to children who have been abused and endured trauma is attributed to limited numbers of existing qualified and experienced personnel in-country. Burn-out was mentioned in some cases, compounded by the disincentive of feeling isolated with insufficient support resources. Some individual case workers reported having up to 200

cases they were dealing with. Ultimately this will affect the quality of their ability to respond to individual cases and monitor outcomes.

12. Optimal UNICEF engagement with partners.

Key Finding #13

Centres and geographic regions with the strongest relationship with the Ministry of Family, Labour and Social Services reported more efficient and effective work. It is highly dependent on context especially in regard to relationship with relevant government institutions. All partners have established case management referral pathways to government/statutory authorities, through which middle and high risk cases are regularly referred to government authorities. TRC has a particularly strong link with the relevant government institutions.

The more established organizations, such as ASAM and TRC appeared organized and focused in regard to the CP services and support and PSS activities offered and delivered. Centres with motivated and engaged staff also used innovative approaches that were aligned with the realities of the families they serve.

13. Sustainability

Key Finding #14

Despite the challenges in providing sufficient practical and professional supervision to a relatively inexperienced workforce in the centres, the CBCP has provided an opportunity to work with a young, enthusiastic workforce and build skills and capacity over time. This has the potential to be one of the greatest contributions to sustainability in terms of transferable skills acquired and could be an important lesson learned and consideration for future systems strengthening endeavours.

14. Coherence & Coordination

Key Finding #15

Sustainability and replicability will depend on enhancing the quality of services already on offer rather than expanding the number of centres. Where openings have presented themselves, UNICEF has effectively built relationships, particularly with municipalities in the SE where coordination has been more systematic. The bottlenecks appear to be mainly at strategic management level, hence the importance of redoubling efforts to assist local government in multi-sectoral planning. Greater engagement with GoT (ministerial and local) might include, for instance, joint work on outreach and case management between relevant government institutions and TRC/NGO partners to bolster trust between these institutions.

The centres currently serve approximately 70% Syrians and 30% non- Syrians. UNICEF-supported centres were established as a response to the Syria crisis and to fill a gap in service delivery for Syrians. On the other hand, the centres do assist where a Turkish child or their families need support and assist them to access government services. With community cohesion being frequently cited as a major issue, a balance has so far been maintained between the primary focus (Syrian population) and potentially increased demand from the Turkish population.

15. Application of HRBA

Key Finding #16

While recognising UNICEF's work in three targeted priority areas (child marriage, GBV and girls' secondary education), equity and gender issues within CBCP services and centres were not a major area of concern raised by KII respondents. However, gender was mentioned as a continued factor during FGDs. The needs of girls and boys are very different – this becomes even more crucial as they enter adolescence. Some partners were aware of, and responsive to gender issues. Some centres were responsive to the different needs of boys and girls by holding separate activities for girls and boys. Where some trepidation was expressed by parents over leaving their daughters at the centres, this could be overcome by increasing knowledge and trust.

Awareness raising on child rights provoked some negative responses from evaluation respondents. They were keen to point out the disconnect between this and the pressing economic and cultural realities that make child marriage and child labour necessary and to which programmes within the centres (and outreach) can have little impact. While addressing these systemic issues may extend well beyond UNICEFs mandate and realistic abilities, they must nonetheless inform programme approaches.

Lessons & Conclusions

The protracted nature of the Syrian war and the unprecedented number of refugee children in Turkey continues to require a large-scale and visible delivery of basic services. The shift towards resilience and sustainability has been the dominant narrative within the UNICEF's country programme, with community-based services being open to host communities as well as refugee children.

A key finding of this evaluation and the 2018 UNICEF internal review is the need to streamline internal coordination mechanisms to enable more systematic cross-sectoral work. Too often, the evaluation heard the circular argument that children's exposure to abuse, removal from school, child labour and child marriage were all related to economic pressure on families, and that the CBCP centres were dealing with symptoms rather than causes. UNICEF's global Strategic Plan 2018-2021 called for "cross-sectoral and multi-sectoral programming that responds holistically to children's needs". However, the individual CO programmes have yet to achieve optimal cross-reference and synergy.

The CBCP centres are a vital first port of call for the plethora of issues facing both the increasingly settled Syrian populations in urban areas and the more transient populations. The UNICEF programme itself does not need scaling up in terms of numbers of centres; rather, efforts should now concentrate on the quality and depth of services already in existence by providing further incremental training for partners already in the field. Additionally, it may be useful to tailor current activities to specific needs of girls, boys and adolescents. Moreover, opportunities for increased outreach and reaching the most vulnerable need to be found.

The CBCP programme presents useful evidence drawn from hands-on field work that, if coupled with the presentation of good practice and innovations, could become a compelling catalyst for furthering the work of GoT ministries and provincial authorities. Central to this must be multi-sectoral strategic planning and a clearly outlined strategy for how to better engage with GoT, particularly at provincial levels. This might include, inter alia, increased embedment of TRC/NGOs within local government and a 'shadow' system that invites government workers to accompany centre workers on all activities, including outreach.

UNICEF's collaboration with municipalities is a valuable entry point for sustained CBCP activities in the future. Referral pathways in case management have generally been strong, though it has been problematic to find synergy between NGO referrals and follow-up and national laws and standards which restrict sharing of case management data. UNICEF should continue to advocate and facilitate greater geographical coverage and transfer of skills/capacity between NGOs and government.

The CBCP centres offer a range of services from PSS, case management, GBV prevention, registration services, legal awareness and/or legal aid, and nutritional support. This is through a centre -based approach and outreach, though not all of these are offered in each centre. The evaluation has shown that the quality, effectiveness and sustainability of CBCP services through the centres vary considerably. The difficulty is that outcomes attributed to the services promoted by UNICEF have been based mainly on general observation and require a more rigorous and consistent manner of obtaining convincing data.[7] Monitoring has hitherto focussed on numbers of children reached, despite UNICEF having made significant efforts since 2018 to capture qualitative assessments of accrued benefits. Well-being indicators need to be tailored to the specific context and to the age group. Most importantly, the monitoring system needs to capture positive impacts over a longer timeline than is possible within annual funding cycles.

Uniformity in approach and consistency in training and re-training were still needed in many centres. Partners, particularly NGOs and municipalities, need support in using effective and safe PSS and counselling approaches. Notwithstanding the evident commitment of most of the staff, nearly all those interviewed expressed a strong need for on-going training in do-no-harm, evidence based structured PSS, and ongoing supportive professional supervision.

The evaluation recognises the importance of the CBCP centres both as a focal point for community activities and cohesion, and also as referral centres for children in need of additional assistance and protection. They should be retained, and the gains made so far should be built upon.

Broader lessons drawn from the evaluation include:

- The CBCP centres examined are often dealing with symptoms of a wider set of problems that includes child labour, child marriage and economic pressures. These challenges faced by all stakeholders.
- Several centres tailor activities in order to better reach adolescent girls and boys and meet their unique needs. Similarly, several centres including mobile units find creative solutions to diversify outreach efforts building trust with children and communities over time, reaching the more vulnerable and ultimately building capacity at the community level. These are examples of good practices and this learning can be shared and encouraged with other partners.
- Training partners in the production of strong outcome data with complementary narrative reports will help strengthen the context and specificity of the interventions.
- Understanding context and the changing needs of an increasingly integrated refugee population requires needs assessment at community level, not just of those who already access the CBCP centres. The most vulnerable are often those most difficult to reach. Partnership between NGOs and government entities in this respect would enhance the effectiveness and sustainability of all current programmes.
- Several of the CP services offered at the centres require follow-up and further counselling that goes beyond the project cycle. PSS, for example, is a process and may take several years to achieve a positive impact.

Recommendations

UNICEF – broad programme recommendations

- **UNICEF should focus on strengthening the quality of PSS and CP services (specifically life skills classes, structured Resilience activities, one on one counselling, referral mechanisms and case management), rather than increasing quantity of centres.** This should include enhanced training and supportive professional supervision for service

[7] Gurvinder Singh & Charlotte Tocchio, '*Child-friendly spaces: enhancing their role in improving learning outcomes'*, Forced Migration Review, Issue 60, March 2019 (forthcoming).

providers, greater attention to 'do no harm' evidence-based approaches and a stronger focus on reaching adolescents.

- **To reinforce the linkages between programme approaches on child labour/marriage, case management and PSS, and to continue to encourage a more holistic multi-sector approach to prevention and response including the role of the CBCP in wider systems strengthening efforts, UNICEF should (i) provide specific advice and training for centre staff on how to deal with issues arising from these; and (ii) find more systematic and practical ways of transferring learning across its own programme divisions to the benefit of partners.**

- **The CP programme should work more closely with UNICEF's Adolescent Development and Participation Unit (ADAP) to create new ways to reach adolescent girls and boys. This will require an approach that is unique to the Turkey context, rather than the application of a global tool without adequate adaptation and contextualization. An Adolescent Strategy for Turkey has already been developed but on-going effort is needed. A deeper gender analysis of existing programmes for adolescent girls and boys would also be useful to guide existing and future efforts.**

UNICEF – technical recommendations

- **To ensure that monitoring captures qualitative data, the M&E tools should be reconfigured to include the measurement of well-being.** UNICEF might, for instance, invest in developing unique, contextualized tools to measure well-being, rather than rely on a global tool that may not be relevant or appropriate to the target population.

- **A thorough review of the PSS modules should be undertaken (a) to ensure that they are fully contextualised to local situations, and (b) to expand and increase complementary focused lessons that teach stress reduction, emotional regulation, critical thinking and conflict resolution techniques.** Consideration should also be given to creating a parallel programme for parents to learn the same skills. Children will more likely integrate PSS tools and skills into their daily lives if their parents are also using and reinforcing such tools and skills.

- **UNICEF should continue to work on ensuring that "exposure" methods - where children are asked to think of disturbing situations - should not be used in the centres with Syrian refugee populations.** UNICEF has addressed this with the relevant partners, but it was still mentioned by some service providers. UNICEF might want to consider ensuring that there is a 'replacement' option of training and approaches, such as nondirective play therapy (for young children), and Cognitive Behavioural techniques (older children and youth). These tools are evidence based and have been thoroughly adapted for specific use with lay-practitioners in other contexts. Staff at centres receive training from a plethora of different organizations, including psychologist faculty at local Universities. While exposure method (EMDR) is used among the Turkish population, it should not be assumed that this is automatically safe to use with Syrian population whose daily lives are still in transition.

UNICEF – Partner recommendations

- **To increase outreach activities and encourage closer collaboration between service providers and local government, UNICEF should increase its effort to overcome current obstacles.**

- **As part of their technical assistance to MoFLSS and in an effort to align systems strengthening efforts, UNICEF should look closely at replicating the TRC and ASAM models of case management and information storage.** The MoFLSS is aware of these models and has been responsive to working more closely with ASAM particularly at provincial

levels. TRC already has a government endorsed role in case management, and this could present an opportunity for further building on their role to increase geographical coverage and capacity. It might include working with MoFLSS at the provincial level (and subsequently also transferring skills).

- **CBCP staff providing PSS support should receive additional training and retraining in the following:**

Suggested trainings for Youth Workers[8]	Suggested trainings in evidence based do no harm approaches for service providers
How to work with children & basic child development What is PSS Signs of children needing referral	Cognitive Behavioural Therapy Mindfulness Nondirective play therapy

[8] Service providers and youth workers mentioned wanting training for Youth workers on these topics. Since this is a participatory evaluation the language and a summary of training requests of those interviewed are included.

1. Context

Evaluation Purpose

This formative evaluation assesses the community-based child protection services (CBCP) programme that UNICEF has been implementing in partnership with the Government of Turkey (GoT), the Turkish Red Crescent (TRC) and various NGOs in response to the Syria refugee crisis in Turkey. The evaluation is intended to serve both accountability and learning functions. The accountability element relates to the fact that the CBCP programme accounts for approximately 80% of UNICEF's expenditure on child protection in the response to the Syria crisis in Turkey. The evaluation provides an independent assessment for UNICEF and its key donors. The learning element is important in that the evaluation has taken place approximately two-thirds of the way through the five-year UNICEF Turkey Country Programme 2016-2020 and will inform next steps within the existing five-year cycle while also contributing towards the preparation of the next Country Programme that will run from 2020. The scope of the evaluation is from January 2016 to January 2019.

The primary audiences for the evaluation are UNICEF in Turkey, its partners and national stakeholders (GoT ministries, and municipalities). Other intended users are managers and staff at the UNICEF Europe and Central Asia (ECA) and Middle East and North Africa (MENA) Regional Offices and Headquarters and others in UNICEF for whom the Syria refugee crisis response holds relevant lessons. It is also envisaged that the evaluation should be of use to donors, other UN agencies and development partners, especially those involved in the child protection sector.

Country Context

Turkey is an upper middle-income country that in 2019 hosted over 3.9 million Syrian refugees with temporary protection status, including more than 1.6 million children, and more than 369,000 registered asylum-seekers and refugees from other countries.[9] About 142,000 (4%) of the Syrian refugees are in camps near the border (initially 21 camps, reduced to 13 by 2019).[10] By 2015, about 11% of Syrians were in temporary centres in the Southeast of the country, followed by a significant movement of the population to the west of the country as people sought employment. Since 2016, more than 95% of refugees reside in urban centres throughout the country. As it became clear that this was a protracted migration crisis, responses began to adapt towards cohesion and integration which presents new challenges in an already strained education and social welfare system.

While Turkey has invested significant national resources to provide access to a wide range of services, the country is in the midst of an economic downturn. Gross Domestic Product (GDP) grew by 7.2% in the first quarter of 2018, but then slowed to 5.3% in the second quarter. With a relatively weak Turkish Lira, a further decline in GDP (1.6% in the third quarter) and high inflation (20.3% at year-end),[11] economic hardship inevitably worsened, particularly for those on the periphery, including refugees.

The EU-Turkey Statement of 2016 committed €6 billion in financial aid to Turkey for use by the Turkish government, in order to finance projects for Syrian refugees. The scope of this cooperation was agreed in November 2015 and March 2016, following the EU-Turkey Joint Action Plan agreed in October 2015. Significant additional funding to support Turkey was agreed by EU Member States, and the EU established the Facility for Refugees in Turkey (the Facility) in November 2015. The Facility is a mechanism to coordinate the mobilisation of EU resources – both part of the EU budget and additional contributions from Member States to assist Turkey in addressing the needs of refugees and host communities. Approximately half of this has already flowed into Turkey: 28% of the fund has covered

[9] (UNICEF) COAR, 2018

[10] DGMM, http://www.goc.gov.tr/icerik6/temporary-protection_915_1024_4748_icerik

[11] UNICEF Country Office Annual Report, 2018.

the costs of educating more than 635.000 Syrian children.[12] The Agreement offset some of the economic strain for Turkey, though there is a continued requirement for sustained international support.

Since the onset of the Syrian crisis in 2011, there has been transformational change in both the legal framework and the accepted responsibility of Turkish institutions governing Syrians in Turkey. With the influx of Syrians and the establishment of the camps along the border with Syria, the initial emergency aid was mostly run by the Disaster and Emergency Management Authority (AFAD), and Turkey has been successful in establishing and sustaining refugee camps to serve Syrian people. Amidst all the challenges facing Turkey in receiving this large number of displaced people, Turkey has established a strong framework through the Law on Foreigners and International Protection.[13] With the enactment of the new Law on Foreigners and International Protection, a new Turkish Government authority – the Directorate General of Migration Management (DGMM) – was created in 2014. In October 2014, temporary protection status was granted to Syrian refugees and Turkey has taken a number of policy-oriented steps to facilitate the process of integration refugees into the systems of the host country. Backed by a wide range of administrative circulars and directives, such measures cover issues from healthcare service to labour market integration, and from education to social services.

Following the mass inflow of Syrians into the country, new bodies were established specifically responsible for migration. The Migration Policy Council under the Ministry of Interior is now responsible for identifying and implementing migration policies and strategies in collaboration with the DGMM, the responsible body for the registration and protection of refugees. In 2018, a number of changes were made in the structure of the government with the adoption of the new presidential system. Key partners for the Turkey-UNICEF Country Programme underwent significant restructuring. The Ministry of Family and Social Policies was merged with the Ministry of Labour and Social Security to create a new Ministry of Family, Labour and Social Services (MoFLSS). However, each time a new institution is introduced into the system, the rest of the Government as well as external stakeholders, NGOs and UN bodies such as UNICEF have had to establish a new set of relationships, adapt to new mandates, and modify coordination arrangements. To add to this complexity, there are significant areas of decentralized decision making and responsibility at the provincial, district and municipality levels.

The refugee influx has created needs that outweigh the ability of the institutions to deliver. There are great pressures on infrastructure, health, education, protection and social welfare, particularly at the municipal level. Families run low on assets and may not have access to social support systems. Women, children and persons with specific needs, including persons with disabilities and the elderly are particularly affected.[14] The priorities are stark: capacity enhancement and support to key line ministries and local administrations, and the inclusion of Syrians into existing mechanisms and services.

Many children in Turkey, particularly those belonging to the most disadvantaged groups, are still vulnerable to violence, abuse, exploitation and neglect despite many government and NGO efforts. The mass influx of refugees has placed a heavy strain on the national child protection system, challenging the capacity of authorities and civil society organizations to effectively prevent and respond to child protection risks and violations. Some 400,000 Syrian children remain out of school and face difficulties such as a lack of awareness of available services, language barriers, socio-economic obstacles, and dropout at the secondary school level. Refugee and migrant children, particularly those out of school, are also acutely susceptible to numerous risks, including isolation, discrimination, and various forms of exploitation. Children's access to education may also be impaired for other reasons. According to assessments made in 2017, nearly 67% of Syrian refugees live below

[12] The EU Facility for Refugees in Turkey, https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/frit_factsheet.pdf, 2019

[13] "Law on Foreigners and International Protection" drafted by Ministry of Interior was adopted in General Assembly of the Parliament on 04.04.2013,

http://www.goc.gov.tr/files/files/law%20on%20foreigners%20and%20international%20protection.pdf.

[14] 3RP Regional Refugee Resilience Plan 2018-2019, https://data2.unhcr.org/en/documents/download/63168, p.6

the poverty line and many in shelters with insufficient WASH facilities and inadequate protection against poor weather.[15] As vulnerable families struggle to meet their basic needs, they are increasingly resorting to negative coping mechanisms – such as engaging in child labour and child marriage – instead of sending their children to school.

There is lack of data on number of working refugee children. Undoubtedly, though, child labour is one of the most significant child protection problems facing the Syrian refugee children in Turkey. Children are found working in exploitative and hazardous conditions, especially in industrialized areas of large cities. Child labour harms the mental, social, physical and psychological development of children. Problems in education and social protection are the main causes of child labour, where mechanisms that aid breaking the poverty cycle are not strong enough or not in place. Thus, more systematic and comprehensive social policies need to be provided and school support to children who have been out of education should be ensured. In 2017, Turkey adopted a new five-year national action plan to combat child labour and created new bodies to coordinate government policy on child labour and oversee implementation of the new action plan. In addition to this, in 2017, under the partnership of the MoFLSS, MoNE, TRC and UNICEF, the National CCTE Programme was extended to cover school-age refugee children residing in Turkey under temporary/international protection and in 2018 over 53,000 children were benefitted from this programme.

Similarly, early marriage remains a concern. Harmful cultural and traditional practices, coupled with lack of livelihood and self-reliance opportunities, perpetuate a situation of risk as many families see early marriage as the only way to secure a future for themselves and their children. According to estimates from the government, nearly 15% of refugee girls between 15 and 17 are married.[16] Government institutions led by the MoFLSS begun to work more systematically to combat child marriage among refugee and non-refugee children under a strategy adopted for 2018-2023. A UN joint programme led by UNICEF is ongoing to support these efforts.

Children with disabilities are among the most vulnerable. According to the Needs Assessment report for the preparation of an enhanced EU support to Turkey on the refugee crisis of June 2016, the proportion of children and disabled people among the Syrian refugees is higher than in the Turkish population. Information and language barriers have prevented Syrians from using some of the public services available for people with disabilities.

According to MoFLSS, there were 14,214 children (both Turkish and Syrian) in residential care at the end of 2018. This included 1,632 children receiving temporary residential rehabilitation in various types of Child Support Centres for children under protective and supportive measures. There were 16,809 adopted children and 5,289 living in foster families.[17] Turkey continued to make good progress on alternatives for children deprived of parental care. Minimum standards are in force, but there is room for further professionalisation in the child care system and improvements in arrangements for all groups of children living permanently or temporarily without parental care. These might include an effective legal guardianship system, a national Best Interest Determination mechanism, more capacity for children with additional needs such as CWDs and refugee children, and increased monitoring. Irregular migrants, including children who are intercepted with their families, are given the opportunity to apply for protection in Turkey, but they also risk deportation, and in certain cases may be placed in administrative detention pending deportation.

There are concerns about the lack of alternatives to administrative detention for children and their families, the rights and services for those in detention, and the need for proper age assessment. Unaccompanied minors are taken into care by MoFLSS, but there are needs for additional professional capacity, legal guardianship and non-residential care options. MoFLSS intends to increase the number of foster families. In 2018, together with the MoFLSS, UNICEF supported the national child protection system by enhancing existing service models while developing new ones to address ongoing gaps in

[15] World Bank and WFP, ESSN Pre-Assessment Baseline Results, May 2017; IOM, Shelter & Wash Assessment, October 2017

[16] Syrian Women in Turkey, AFAD, https://www.afad.gov.tr/upload/Node/17935/xfiles/afad-suriye-kdn_eng_1_.pdf p.27, 2014

[17] MoFLSS,https://www.ailevecalisma.gov.tr/uploads/chgm/uploads/pages/istatistikler/2018-5c62a51c75b1f.pdf,2018

coverage. These included: self-inspection systems for child care homes; new psychosocial support care programmes for unaccompanied and/or separated children; and support to the temporary foster care system.[18]

While the situation of unaccompanied children is of concern and requires policy advice, advocacy and training, it can be argued that the more serious systemic protection problem facing Syrian children is the high rate of Post-Traumatic Stress Disorder. A 2013 study by Bahcesehir University in Turkey was among the first to document the extremely high rates of PTSD among Syrian refugee girls and boys living in Southeast Turkey. They found that 45% of Syrian refugee children experienced PTSD symptoms, more than 10 times the rate observed in other children around the world.[19]

Through the partnership with MoFLSS, UNICEF's child protection programme has transitioned from an emergency-based model of service delivery to a model that recognises and strengthens resilience and national capacities. The emphasis has been on strengthening protection systems at national, provincial and district levels and increasing the coverage and quality of protection services, enhancing the development of the social service workforce, and promoting evidence-based policy advocacy. UNICEF has supported MoFLSS to strengthen the capacity of the Social Service Centers through the Programme for Supporting Social Service Centers (SSCs) and Family Social Support Programme (ASDEP). The focus has been on improving identification, assessment, referral and case management where these services were initially instigated under pressure with a huge caseload and the lack of human resources capacity.

Table 1. Refugee children statistics over three years (approx. figures)

Year	Total refugees	Total child refugees	No. reached through CBCP services	No. of refugee children enrolled in formal education
2016	2.8m Syrian 0.29m Other	1.4m	167,000	490,000
2017	3.4m Syrian 0.3 Other	1.6m	150,000	600,000
2018	3.55m Syrian 0.32 Other	1.7m	156,000	650,000

Source: (UNICEF) COARs – 2016-18

Development of UNICEF's Community-Based Child Protection programme

In child protection UNICEF's emphasis in Turkey has been on supporting a more holistic system strengthening approach in order to improve national prevention and protection responses to violence, abuse, and exploitation of children, inclusive of family strengthening.

The space for UNICEF operational engagement in the early stages of the crisis was initially confined to the camps. Since 2013 UNICEF has been partnering with the Turkish Red Crescent Society (TRC) for the establishment of CFS in camps. The establishment of CFS in camps proved to be an optimal way of providing inclusive psychosocial support to children, given the growing size of the population and the lack of child-appropriate services. Alternative options (e.g. providing counselling services) were analysed by UNICEF child protection staff in the early days of the Syrian influx. The CFS

[18] UNICEF Turkey Humanitarian Situation Report December 2018

[19] Özer S, Şirin S, Oppedal B (2013) Bahçeşehir study of Syrian refugee children in Turkey. https://www.fhi.no/globalassets/migrering/dokumenter/pdf/bahcesehir-study-report3.pdf . Accessed 11 June 2017

methodology was selected in the likelihood that the number of Syrian children would increase in the camps where except for schools no alternative safe spaces were available for children to interact with their peers, to gather for play and for learning. In addition to providing psychosocial support services, CFS aim to play an important protective and supportive function for children for it offered a 'soft' mechanism for the early identification of child protection concerns. This in turn provided UNICEF with opportunities to raise the awareness of local governmental authorities (e.g. AFAD camp management, district directorates of MoFLSS, etc.) on emerging protection issues. As local government authorities were facing limited institutional capacity, this offered UNICEF opportunities to more broadly build the capacity of national and local institutions on the set up of specific and "emergency-sensitive" child protection systems to prevent and respond to emerging protection issues.

In 2015, Turkey faced unprecedented large refugee flows in urban areas in the Southeast, which led to a shift in the government's refugee response to a non-camp approach. The use of the CFS methodology in host communities proved to be more difficult and had limited reach, especially for girl adolescents and children with disabilities and in mobilizing family and community supports and systems. The integrated operational model promoting the interaction between schools and CFS was used at the early stages of the response to the extent possible and needs to be boosted, given that the education system could ensure wider protection coverage in the medium- and long-term at least. The selection of the adolescent empowerment and participation methodology – already positively tested and used within the regular programme to engage youth volunteers in CFS – was extremely relevant not only in responding to psychosocial support needs but also in preventing serious child protection incidents.[20]

To overcome the limitations of the CFS methodology, the child protection emergency response started exploring service models which could address the needs of refugee children and their families and allowed for rapid scale up in host communities. Given the particularities of the Turkish context, a centre-based model concomitant with outreach mobile teams was selected as the service model of choice. Subsequently, the PSS programme was developed into a multi-disciplinary child protection programme integrating components that focus on increasing the resilience of children, families and their communities. As of 2016, UNICEF programmatic engagement in the refugee response gradually expanded through partnerships with national and international organizations in host communities, covering 19 provinces across the country, the majority of which are located in the Southeast. The expansion of the programme has led to the establishment of community-based child protection (CBCP) services based on UNICEF's approach to child protection in emergencies (CPiE).[21]

UNICEF's current Country Programme started in 2016. The budgetary increase from USD56.7 million in 2015 to USD103.7 million by the end of 2016 was also reflected in the establishment of 53 new posts.[22] By the end of 2018 UNICEF's expenditure reached USD181 million, with a staff of 122. Over these three years UNICEF has pursued a strategy of strengthening national programmes and systems to serve vulnerable Turkish and refugee children, with emphasis on prevention. This included family support and parent education programmes aimed at enhancing their ability to access existing services, PSS services and resource centres that offer information and referral services. Through a wide network of community-based partners, UNICEF was able to reach over 150,000 vulnerable children with child protection services by the end of 2017.

Through the partnership with the Ministry of Family, Labour and Social Services (MoFLSS), UNICEF's child protection programme has transitioned from an emergency-based model of service delivery to a model that recognises and strengthens resilience and national capacities. The MoFLSS has been strengthening the capacity of its Social Service Centres to manage child protection cases and is gradually scaling up the provision of outreach programmes to identify, assess and refer cases of refugee children and their families in need of protection to specialized services.

[20] See report: An Independent Evaluation of UNICEF's Response to the Syrian Refugee Crisis in Turkey, 2012–2015

[21] This is set out in the 2008 Child Protection Strategy and the 2010 Core Commitments for Children in Humanitarian Action (CCCs).

[22] UNICEF, 2016 Country Office Annual Report.

Significant developments in 2017 included a new work-plan with DGMM that foresaw capacity building to promote child-centred migration management policy. A new partnership with Kilis Municipality supported education and child protection services as well as a special focus on the reduction of child marriage. It is worth noting that Kilis Municipality was the first local authority to accept direct funding from UNICEF; subsequently, others have followed. An agreement was signed with the Kirikhan Social Assistance and Solidarity Foundation (SASF) to provide cash-based winter assistance opened up potential new collaboration with other SASFs.

In the three years covered by the evaluation (2016-18) the total Turkey Country Office budget has increased from $97m to $155m (for CBCP the allocated budgets were $29m in 2017 and $26.5m in 2018) with a commensurate rise in staff numbers from 97 to 143. This said, maintaining these levels of funding is by no means guaranteed, requiring UNICEF to continually consider how current investments will impact on future community-based child protection services.

UNICEF Turkey's Community-Based Child Protection Programme[23]

Based on UNICEF's approach to child protection in emergencies, UNICEF's community-based child protection programme is a service delivery model that focuses on providing multi-disciplinary services at the primary and secondary levels for vulnerable refugee children and their families. The community-based child protection programme is connected to components of the national child protection system in several ways, including through referral of individual cases to specialized statutory authorities, information dissemination, capacity building and to some degree coordination by central government in certain provinces in Turkey. The benefit of the community-based programme was that it allowed for immediate action at grassroots level following the Syria crisis, while efforts to strengthen the national system to effectively prevent and respond to child protection concerns was ongoing.

UNICEF's community-based child protection programme encompasses a wide range of models that are delivered through child- and adolescent-friendly spaces; adolescent-friendly and girl adolescent centres, child and family support centres, outreach teams and specialized PSS teams. Each of these models aims to include mechanisms that foster community ownership to some level but volunteering in the Turkey context is regulated and remains a challenging concept. Common functions undertaken by each of these models include the free provision of psychosocial support activities for children, awareness raising, including on GBV, and mobilisation within the spaces and within communities around child protection concerns and child rights; adolescent engagement opportunities, including through adolescent committees; parenting education programmes; identifying risks and protection concerns; preventing and responding to concerns and taking action to address these including through external referral to other parts of the system; and promoting child rights. Furthermore, the centres offer counselling services ranging from legal aid and assistance, to individual and group or family counselling. In addition, in the aftermath of the emergency, these models were used to address the immediate needs of refugee children and their families through the distribution of non-food items and winter support. The services are delivered by both professional and lay staff. All service models are underpinned by the principle of inclusion (rather than over-targeting sensitive groups in a manner that could potentially discriminate and exclude them in communities) and the promotion of the wellbeing of refugee children. Through a wide network of community-based partners, UNICEF has reached more than 150,000 children in each of the three years covered by the evaluation.

While each centre operates slightly differently, the centres visited have CP/PSS Programmes that follow a specific framework, established by UNICEF Turkey, which is aligned with international guidelines in best practices in Mental Health and Psychosocial Support (MHPSS) and case management. Given the wide spectrum of services provided by UNICEF's community-based programme, the evaluation has focused on the delivery of psychosocial support services in child- and adolescent-friendly spaces and case management services and to a limited degree the counselling

[23] The information in this section was gleaned from the hand-out, "Community-based child protection and psychosocial support in Turkey"

services provided in the centres, while other activities and services were taken note of but were not assessed as part of this evaluation.

Children are initially identified through a variety of outreach activities and and/or in centres, including:

- CFS/AFS activities in centres
- CFS/AFS in camps
- Child and Family Support Centres
- Girls Safe Centers and Adolescent-Friendly Centers
- Outreach teams
- Specialized mobile teams
- Partnerships with schools and municipalities

The vulnerability of each child is screened and placed into one of three categories: low, medium or high risk.

If a child is determined to be *Low Risk*, they are given access to basic services and security, including hygiene kits, social protection schemes and other services. Some that are low risk may also be referred for structured PSS.

If a child is determined to be of *Medium Risk,* they are given community family supports including referral to wider services and case managements as necessary and referred either to structured PSS (for example, general Children and Youth Resilience structured group activities targeting all children), or focused specialized PSS (tailored Children and Youth Resilience group activities for particular target groups). Structured PSS aims to maintain well-being and also includes parenting classes. Based on what was reported by parents in FGDs these parenting classes are often awareness raising activities around child marriage and child labour. Focused PSS is PSS delivered by a trained psychologist or family counsellor at an NGO.

If a child is assessed and determined to be of *High Risk*, she or he is given access to case management and specialized mental health services such as individual counselling from a psychologist or other service provider at the centre, and/or referred to a government child protection services (CPS) agency. High Risk children also have access to structured PSS delivered by a trained service provider at the centre.

A Chronology of CBCP Progress

2015 There was an increase in access to PSS and GBV services in host communities that included the expansion of Child Friendly Spaces (including Girls Safe Spaces). There was a strengthening of the systems of support, including the School Orientation Programme (SOP) for unaccompanied and separated children. Voucher assistance and non-food items were provided for host families. Training for frontline workers increased and the parenting programme in camps was rolled out. By August 2015 there was increasing pressure from Europe to respond to the migration crisis, with an emphasis on children on the move, while simultaneously a greater number were crossing the border from Syria. The regional Refugee and Migrant Response Plan (RMRP) was initiated following the large-scale population movements registered throughout Europe in 2015. **At this stage there were 20 CFS in Temporary Accommodation Centers & 4 centres in Host Communities (36 locations).**

2016 There was a further increase in access to PSS, GBV and CP services in host communities plus the introduction of Mobile CFS, Adolescent Friendly Spaces; Child and Family Support

Centers and outreach teams and an improvement of the referral of children in need of specialized support. Adolescent and youth engagement programmes were expanded with efforts towards early identification and safe referral. The parenting programme to host communities with MoFLSS and NGO partners and the voucher assistance to vulnerable families was expanded. **At this stage there were CFS in 23 Temporary Accommodation Centers and 14 centres in Host Communities (60 locations).**

2017 There was a further increase in access to PSS, GBV and CP services in host communities, including the expansion of CFS in GAP (Southeast Anatolian Project) Centers, Mobile CFS, Adolescent Friendly Spaces; Child and Family Support Centers and outreach teams. Informal collaboration with schools and municipalities expanded to formal relationships including in Istanbul, Adana, Izmir and Gaziantep through attaching CP personnel to support CP interventions. A child protection component was added to the workplan of MoYS and CP teams were established in MoYS Youth Centers. The Child and Youth PSS Resilience programme was rolled out, aiming to standardize structured PSS. Efforts were made to develop a behavioral screening tool for children to build a body of data on the impact of PSS interventions. There was a transition to cash-based assistance as part of case management CP services. A new unit - ADAP –took over the adolescent and youth portfolio, and early identification and safe referral mechanisms were integrated in MoYS Youth Centers. **At this stage there were 13 CFS in Temporary Accommodation Centers & 30 centres in Host Communities (72 locations).**[24]

2018 A new programme was initiated with MoYS in 35 Youth Centres across 25 provinces to improve the identification of refugee and Turkish adolescents with protection concerns delivered through a team of CP personnel. Together with DGMM, 5 Child Friendly Spaces in removal centres were established. UNICEF and ASAM expanded the scope of their partnership; case management and outreach teams were established within ASAM centres in the cities of Adana, Bursa, Gaziantep, Istanbul, Mersin and Kayseri. UNICEF renewed its partnership with the Kilis Municipality to expand essential multi-sectoral services to refugee children. By the mid-year there were:

- 35 MoYSP Youth Centers
- 6 GAP CATOMs and Child Development Centers;
- A network of 61 Child and Adolescent Safe Spaces and 2 mobile units in Temporary Accommodation Centers and host communities;
- 2 Girls Safe Centers and 2 Adolescent Friendly Centers;
- 6 Child and Family Support Centers;
- 2 Child and Youth Centers;
- 4 Case Management Outreach Offices;
- Over 15 Mobile Outreach teams.

[24] The rolling work plan was signed with the Municipality of Kilis, which includes interventions to provide PSS care services to vulnerable Turkish and refugee children and adolescents as well as identification and assessment of protection risks through outreach activities.

Figure 1.a. Map of all UNICEF services location in Turkey per refugee population

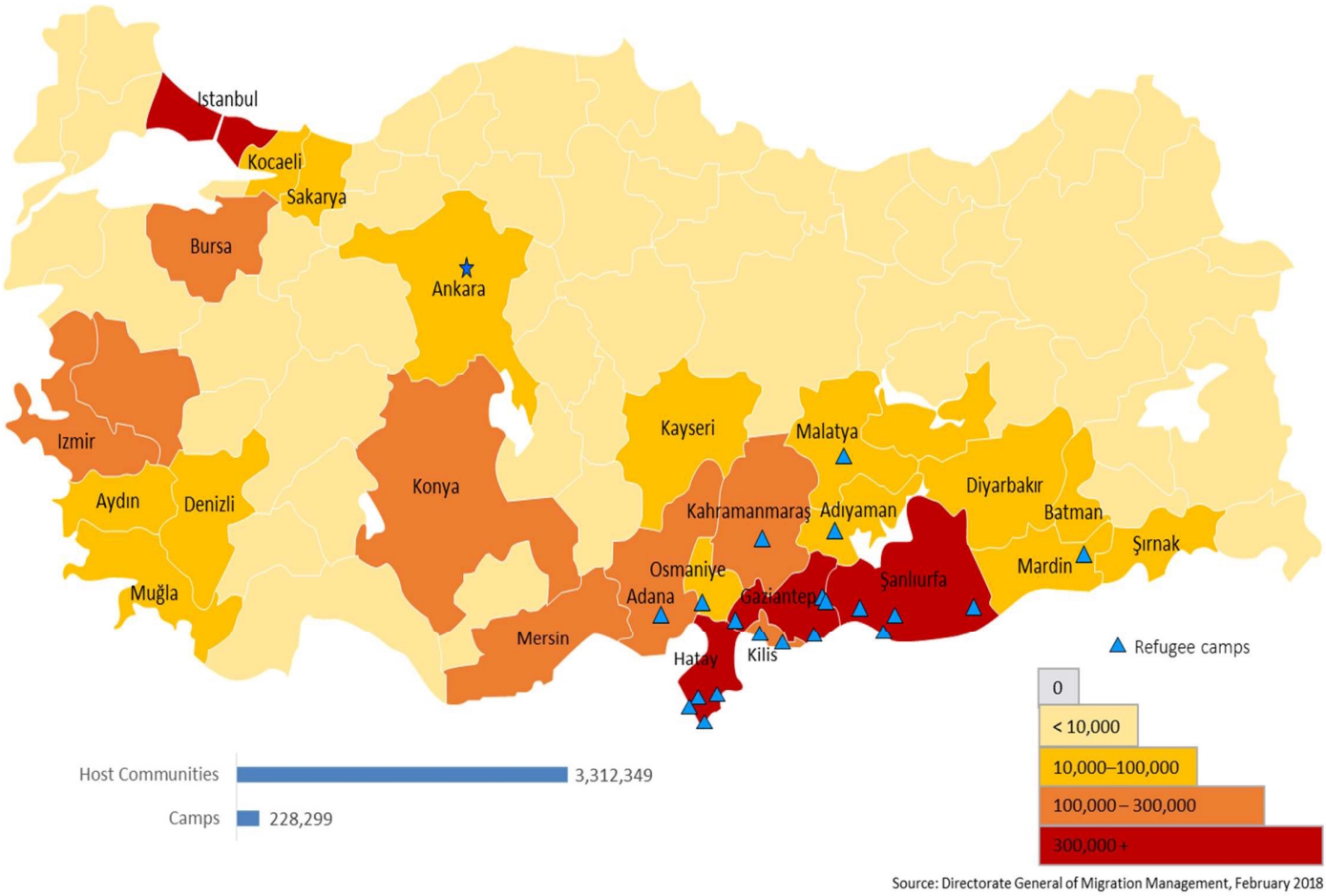
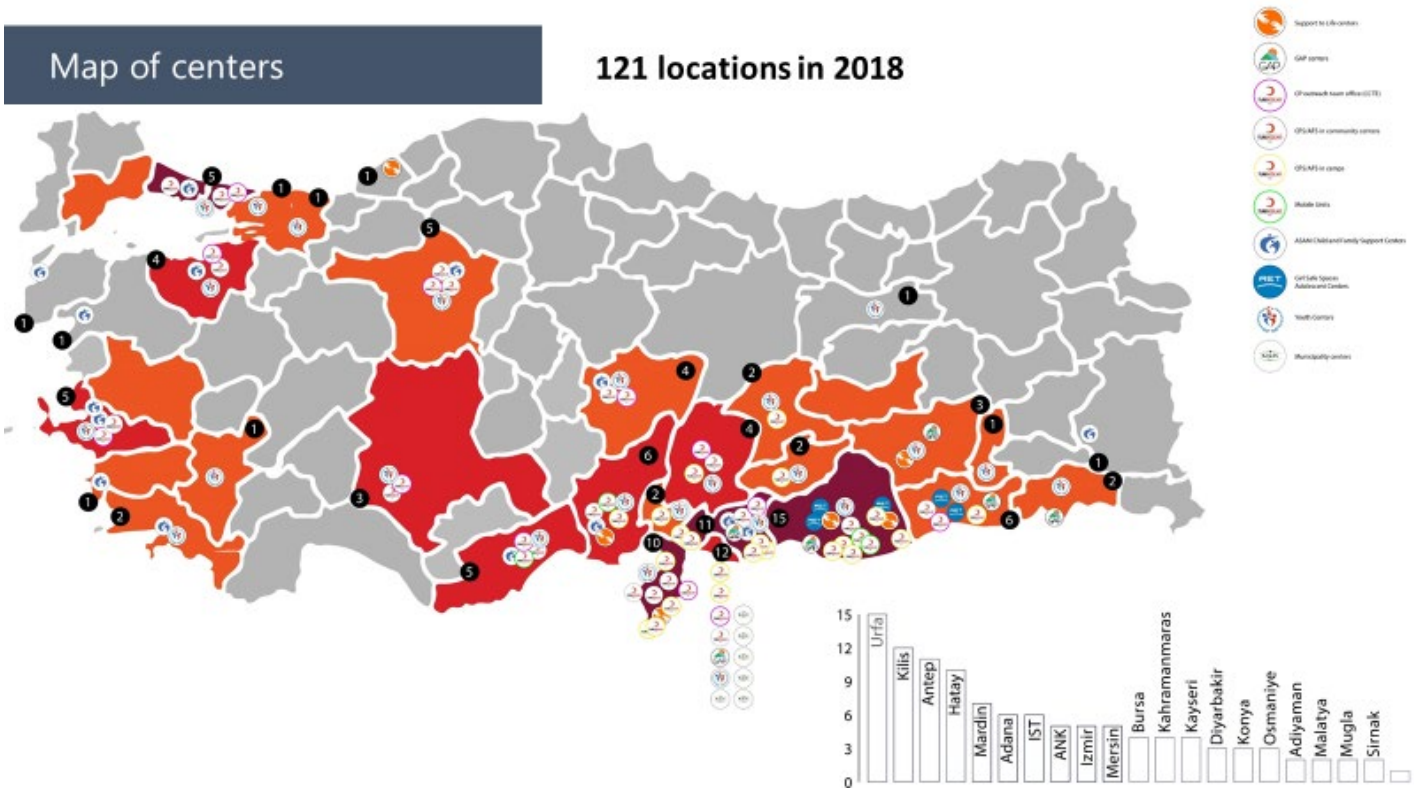


Figure 1.b. Map of all UNICEF services locations in Turkey



Child Protection within the wider UNICEF Country Programme

Within the Regional Refugee and Resilience Plan (3RP) framework, UNICEF plays a leading role in child protection. The child protection programme component of the Country Programme targets various groups of vulnerable children who are at risk of being left behind due to a range of protection concerns. It contributes to SDG 5 (Gender Equality), 10 (Reduced Inequalities) and 16 (Peace, Justice and Strong Institutions). Turkey has a strong tradition of delivering on State responsibilities through extensive public service networks. The longstanding cooperation between UNICEF and the ministries of MoFLSS, MoJ and other national institutions focuses on further strengthening national child protection systems for child care and justice for children, with the aim of serving all children living in Turkey, including refugee children. Since 2015, under the Protection Working Group, UNICEF has led the Child Protection Sub-Working Group (CPWG) at National and Sub-national levels. It guides and leads on the provision of quality of CBCP interventions, including improving identification and referral of at-risk children.

UNICEF's work focuses on improving child care systems, supporting refugee children in need, elimination of child marriage, building capacity to combat child labour and improving the system for justice for children and increasing access to redress mechanisms.

Child care systems

UNICEF is currently supporting the MoFLSS in strengthening the capacity of the Social Service Centers through capacity building programmes designed to enhance the relevance and effectiveness of the case management process. In addition, to ensure the provision of critical child protection services to both vulnerable Turkish and refugee population, UNICEF is supporting the MOFLSS in expanding the ASDEP (national outreach programme) to an additional 15 provinces with a high number of refugees.

In 2018, UNICEF and MoFLSS collaborated on further improvements in the national child care system. In order to strengthen the case management process, an analysis of case management practices was conducted and an operating model for the First Assessment Centres was developed. 320 staff were trained on specialized child protection.

Compliance with quality assurance mechanisms in MoFLSS residential facilities for children without parental care was strengthened through the implementation of self-assessment standards in 172 facilities. Regular dialogues are also taking place with the MoFLSS to expand the quality and coverage of family-based care options, including for UASC. Investments are also being made to expand foster care and introduce temporary/emergency foster care, for both Turkish and non-Turkish children in need of care and protection.

MoFLSS and UNICEF also collaborated in the development of the ANKA programme[25], with 193 frontline workers being trained. The Psychosocial Support Guidebook and the correspondent Training Programme were reviewed and 238 staff of the MoFLSS, MoH, AFAD and the TRC were trained as trainers. In order to support the development of capacity for the new national protection outreach programme (ASDEP), which is expected to extend the coverage of child protection services for both Turkish and refugee children, an assessment of training needs was conducted for 1,160 ASDEP personnel and an action plan was agreed to strengthen and standardize the ASDEP case management system and tools.

[25] A psycho-social care programme specifically designed to address the needs of UASC in temporary residential care facilities

Supporting refugee children in need

In consideration of the specific child protection needs of refugee children and vulnerable Turkish children living in the same communities, the services delivered by the national systems are complemented by community-based services which are analysed in this report.

The child protection component of the extension of the Conditional Cash Transfer for Education (CCTE) programme to refugees was fully operational in 15 provinces and in 2018 reached 53,561 refugee children (49% girls), including 4,853 refugee children (43% girls) with medium or high protection risk who were referred to specialized services. This component complements the cash transfer component of the CCTE–both implemented in collaboration with the MoFLSS, MoNE and TRC. Moreover, UNICEF worked in partnership with the DGMM and civil society partners to better meet the needs of children and families on the move through Turkey.

Support for eliminating child marriage

UNICEF in Turkey works with the government, local administrations and civil society organizations to support policy making, implementation, quality service provision and monitoring of programmes to prevent, combat and respond to cases of child marriage.

In 2018, at the policy level UNICEF provided technical support to the MoFLSS for the development of the 'National Strategy Document and Action Plan for Combating Early and Forced Marriages'. National capacity for improved and harmonised case management was enhanced through the dissemination of the Guidelines for Service Providers on the Prevention of Child Marriage, developed by UNICEF in 2017, to 1,900 service providers from government institutions and NGOs. The 'UN Joint Programme on the Elimination of Child, Early and Forced Marriage (CEFM)' was initiated under the leadership of UNICEF and with the participation of UN Women, UNFPA, UNHCR and IOM. This programme takes a multi-sectoral approach to the challenge of eliminating child marriage. So far, over 1,000 service providers, including MoFLSS staff, NGO frontline workers and teachers have been reached with capacity building programmes. Strategies were also designed to promote positive social norms and behavioural change at community level.

Building capacity to combat child labour

In 2018, UNICEF continued to contribute to efforts to combat child labour through a multi-sectoral strategy involving capacity development, support to services for families at risk and evidence generation and advocacy in partnership with employer associations, municipalities, NGOs and other UN agencies. The Child Labour Technical Group established by UNICEF and ILO developed a toolkit for identifying, preventing and responding to cases of child labour among Turkish and refugee children, which will be disseminated among different entities working with children. Training was provided to 355 MoFLSS labour inspectors, all 81 deputy provincial directors of National Education, 320 coordinator teachers and 1,500 members of the Confederation of Craftsmen and Tradesmen. Two studies on child labour, particularly in agriculture, were finalized.

Improving the system for justice for children

UNICEF works to ensure that every child who comes into contact with the law as victim, witness or perpetrator is adequately protected. Together with the Government of Turkey, judiciary, independent human rights institutions and civil society organizations, UNICEF in Turkey works to strengthen the justice and independent monitoring mechanisms to realize children's right to access to justice.

In 2018, UNICEF continued to cooperate with the MoJ and civil society organizations to enhance child-friendly procedures in the justice system. In order to expand the use of alternatives to detention, the probation framework for children and young people was strengthened through the development of a new risk assessment tool empowering probation officers to better assess the needs of children and serve them through supportive intervention programmes. Extensive training was provided, the availability of specialized services for children in probation was mapped, and integration of the development assessment system into the national judicial information management system was ensured to guarantee sustainability and facilitate monitoring of the results. As a result of the

collaboration with MoJ and the Child Protection Centers Support Society, the capacities of over 1,000 judges, public prosecutors, court experts and clerks for implementing child-sensitive proceedings were enhanced. Awareness was raised among judges, public prosecutors, lawyers, and social workers concerning the purpose and use of the child-friendly judicial interview rooms introduced earlier with UNICEF support. In November, the MoJ issued a circular on the specialized interview processes concerning sexual offences against children, which reaffirms that children's testimony should be taken only once in the entire judicial process, and that child-friendly judicial interview rooms should be used as required.

Increasing access to redress mechanisms

With the Ombudsperson's Institution (OI), UNICEF contributed to developing new mechanisms for managing and investigating complaints, and enhanced systems to improve access for children to the institution. In October, the OI formally adopted a new Child Rights Strategy developed with the technical support of UNICEF which includes specific goals for improving the implementation of the Convention on the Rights of the Child, raising awareness in society, and strengthening the capacity of staff to respond to individual cases.

2. Methodology and Approach

Evaluation purpose, approach & scope

The evaluation has assessed the CBCP programme that UNICEF has been implementing in partnership with the GoT, TRC and various NGOs in response to the Syria refugee crisis in Turkey. It is intended to serve both accountability and learning functions. It took place approximately two-thirds of the way through the five-year UNICEF Turkey Country Programme 2016-2020 and was intended to inform next steps within the existing cycle while also contributing towards the preparation of the next Country Programme that will run from 2021.

Evaluation Objectives (from the Terms of Reference)
The main objectives of this evaluation are to: • Assess the relevance, efficiency, effectiveness, coherence, sustainability of the programme under evaluation and its alignment to the HRBA, including from the equity and gender perspectives; • Identify and document potential innovations and lessons learnt in relation to the implementation modalities of the community-based child protection services programme, considering the country context and UNICEF's comparative advantage; • Provide recommendations to inform the programming for the response to the Syria crisis in the child protection sector for the coming years, in particular for 2019 and 2020 that are the last two years of the Turkey-UNICEF Country Programme 2016-2020.

The evaluation covers the three-year period from 2016-2018.[26] At a national and sub-national level, it was informed of progress, successes and shortcomings of the programme by interviews with key government, TRC and NGO staff. Essentially, this was a theory-based qualitative evaluation that triangulated data and findings issued by UNICEF and partners. It was an opportunity to create a 'storyline' over three years while probing stakeholders on positive and negative aspects of the CBCP portfolio. The evaluation included a selection of field sites where implementers and beneficiaries were interviewed.

The Community-based Child Protection programme covers a wide range of responses and issues facing particularly (but not exclusively) refugee children in Turkey. In this evaluation the significant focus was on the psychosocial support (PSS) elements of the CBCP, incorporating wider and other elements as they arose. Often these were in the context rights awareness raising, for example around the problems of children working rather than being in school, rather than examining interventions designed specifically to address such rights.

First, summary data was obtained for all three years from UNICEF partners' reporting from the 16 provinces covered by the programme. The evaluation did not intend to verify this data; rather, it supplements the data with in-depth interviews and FGDs within a limited sample of field sites to test whether the objectives and assumptions of the programme have been realised, and where possible to discern potential (or realised) outcomes. The sample sites covered most of the key CBCP activities – the centres managed by the implementing partners and the activities and services offered by them. It covered four of the 16 provinces, and a selection of sites within those four. As a purposive sample

[26] Noting that qualitative data collection extends into early 2019.

it was not intended to be statistically valid as such; the primary purpose here was to obtain qualitative data to supplement and confirm the findings reported by partners while also adding a first hand reportage on the progress of the programme. The disaggregated number of children, parents and staff interviewed is presented in Annex 1.

Those partners and implementers not visited by the evaluation had an opportunity to 'self-evaluate' their activities through an online survey distributed to stakeholders in the remaining 12 provinces. The questionnaire produced was open ended, allowing respondents to bring important issues to the fore. Again, this was an opportunity for critical (and confidential) appraisal of CBCP progress. 26 respondents' views were recorded.

Finally, to ensure that the evaluation was a participatory learning exercise, the findings were presented and reviewed by UNICEF and partners at a workshop in Ankara after the draft report was issued. This final report reflects additional observations from this consultation.

Stakeholders and Partners

The following is the list of major partners – GoT and NGOs – with whom UNICEF has a Work Plan (for government) and a Programme Cooperation Agreement (NGOs).

Work Plans with Government authorities:

1. Ministry of Family, Labour and Social Services
2. Ministry of Justice
3. Ministry of Youth and Sport
4. Ministry of National Education
5. Directorate General of Migration Management
6. Ombudsman Institution
7. Union of Turkish Bar Association
8. Gaziantep Municipality
9. Kilis Municipality
10. Izmit Municipality
11. Yuregir Municipality
12. GAP Administration

PCAs with NGOs

1. Turkish Red Crescent Society
2. ASAM
3. RET
4. Support to Life (STL)
5. CARE International (only until 2017)
6. COKMED / Child Protection Centers Support Society
7. International Children's Center
8. TKV

Evaluation implementation and management

Inception & 2-stage field work

Following a tendering process and preliminary discussions between IODPARC and UNICEF an Inception visit to the UNICEF Country Office in Ankara took place from 19-21 November 2018 and included three (of five) team members led by the Team Leader. The visit was confined to discussions with UNICEF staff who provided briefings on the Country Programme as a whole and on the relevant elements for the evaluation – child protection, social policy, education, and M&E.

The first of two field missions took place from 3-12 January 2019 with KIIs being undertaken with UNICEF staff, NGO partners, TRC and Government in Ankara, Istanbul, Gaziantep, Kilis, Nizip and Sanliurfa. Three team members (Team Leader, national Country Expert and national Target Group expert) participated. The purpose here was to acquire an institutional overview and assessment of how the CBCP programme unfolded, and to ask stakeholders what they considered to be its key strengths and weaknesses. Since some of these KIIs took place in the centres, ad hoc activity observation was also occasionally possible.

The second mission took place from 28th January to 11th February. This entailed primarily FGDs in the centres with parents, children and care workers. However, additional KIIs were also undertaken in Ankara. All five team members (Team Leader, CP expert, PSS expert, national Country expert and national Target Group expert) participated at several stages of the mission. This second mission was concluded with a verbal feedback on findings with UNICEF team in Ankara.

Programme Objectives and Theory of Change

Outcomes & Outputs

The June 2016 Country Programme Document has four Outcomes. The CBCP programme is contained primarily within the first of these Outcomes. The composite Outcome and associated Output for the CBCP programme are as follows:

Outcome 1: By 2020, the education, child and social protection and health systems, NGOs, communities and families provide vulnerable children with increasingly inclusive opportunities to realize their rights to protection, education, development and participation

Output 1.C. By 2020, the child protection system, including the PSS services, has increased capacity to detect, refer, assess, prevent and manage cases of children in need of protection

Output 1.C is further broken down into a specific set of services and activities (below). CBCP focuses on ***restoring, strengthening and mobilizing family and community support systems*** in order to support child and family well-being in humanitarian settings by providing contextually appropriate, multi-layer systems of support that build on existing resources. It aims to do this through:

- Expanding access to quality and integrated CP services including prevention, assistance and specialized service delivery through national and local institutions;
- Psychosocial support programmes for all children affected in parallel with tailored PSS services for those most in need;
- Mobilization of family and community support networks and community messaging;
- Early identification and safe referral of children at risk;
- Standardisation of Child Protection and GBV Case Management;
- Outreach activities to raise awareness on rights and entitlements and connect the people in need of available services.

Theory of Change

The May 2017 "Updated Programme Note" outlines the most recent theory of change pertaining to the child protection component. This is reproduced in Annex 3. In terms of accountability and mapping progress to date, the evaluation will take this as a starting point. In particular, progress towards Outcomes will be explored. We note that much of the data provided by partners is on Outputs[27] (numbers, etc) and a summary and analysis of these Outputs has largely rested with UNICEF staff and presented in narrative form in SITREPs and periodic reports.

New Emphases

The aims of the CBCP programme have not changed substantially, but context has evolved quite rapidly since 2016 in terms of numbers and, most importantly, the decision of the GoT to integrate Syrian children fully into the national education system and to extend its protection services. There has therefore been a shift from providing temporary services – including emergency assistance – to promoting a strategy that progressively integrates interventions into national services. At the same time, there has been some change in the nature of protection issues arising. In the initial emergency phase, as new arrivals from war-torn Syria were registered, there was an understandable emphasis on the traumas associated with war, family losses and/or separation, and dislocation. This is still the case, but for relatively fewer cases. Eight years on from the onset of the conflict, a new generation of children, many of whom were raised in Turkey, have a different set of issues they face on a daily basis. Economic hardship combines with challenges of integration and social cohesion; child labour becomes a coping mechanism, and child marriage (including offering a bride to Turkish families) provides some degree of financial stability.

Evaluation Matrix

The starting point for the evaluation is the Evaluation Matrix that frames the key generic Evaluation Questions (EQs) to be addressed. The EQs are derived from three sources: (i) the programme Outcomes and Outputs as presented in the Country Programme 2016-2020; (ii) the theory of change (ToC) with its original and inferred changes, the latest of which is in Annex 3; and (iii) discussions and refinements emerging from the inception phase.

Following OECD-DAC criteria, the EQs cover not only results but also relevance and cohesion/coordination, picking up the themes pertinent to changes occurring at national level. The full Evaluation Matrix is in Annex 4. The EQs are supplemented by a series of targeted questions addressed in the KIIs and FGDs to the various stakeholders from programme recipients to implementers and policy makers. Some of these disaggregated questions were open ended to allow for a wider discussion.

Evaluation Criteria

The evaluation followed the OECD-DAC criteria, plus an additional Human Rights Based Approach criterion. Although all criteria were covered, the particular emphasis of the evaluation was on effectiveness, deriving evidence from primary data gathered from a combination of KIIS and FGDs, supplemented with information gathered from the online survey.

Evaluation Questions

The EQs were informed by the Evaluation Matrix (Annex 4) formulated in the Inception phase. Almost all EQs were covered as expected; the only exception was EQ18 (on protection of staff/beneficiaries in the centres/workplaces themselves). In the cases of TRC, GAP and Gaziantep/Kilis Municipality – and to a lesser extent NGO partners - this EQ was considered to be outside of the scope of the

[27] The exception is the Well-being indicator which is considered to be an Outcome.

evaluation and was not answered by most interviewees. However, the sub-questions on equity, gender and complaints mechanisms were acceptable.

3. Evaluation Methods & Tools

Mixed Methods

A combination of document review, KIIs, FGDs, observations and the online survey informs the evaluation. Methods for KIIs and FGDs in particular have been flexible and participatory, especially true when working with children. The team used engaging probing questions that built upon participants' responses. All methods used with children and adults were highly sensitive, confidential, and child-centred to ensure that the evaluation process was seen as an empowering experience for KII and FGD participants to express themselves fully and candidly .

A mixed method approach included:

(i) A review of existing documentation provided by UNICEF, including partnership agreements, data analysis (from UNICEF and partners), sitreps and annual reports.
(ii) Key Informant Interviews (KIIs) with programme managers and implementers from UNICEF, NGOs, and Government of Turkey (GoT). The EQs were based on the set of questions outlined in Annex 5.
(iii) KIIs with Ministry officials at the Ministry of Youth & Sports (MoYS), Ministry of Family & Social Policies (MoFLSS), and municipal and local authorities in Istanbul, Gaziantep, Kilis and Sanliurfa.
(iv) Focus Group Discussions (FGDs) at the centres[28] with mixed and disaggregated groups of beneficiaries.
(v) Online Survey to capture the confidential perspectives of stakeholders – notably implementers - from across the 16 provinces to include those from the 12 provinces that the evaluation team did not visit in person.

Sample Sites

Four provinces (Gaziantep, Kilis, Sanliurfa, and Istanbul) from the 16 where UNICEF works were selected. In addition, the team visited a new site and partnership in Ankara just for observation. These were suggested by UNICEF and selected through the following criteria:

1) The CBCP programme has been based in these provinces over the three years covered by the evaluation;
2) The sites encompass the different centres and services provided;
3) They represent the densest populations of Syrian refugees, and the geographic and socio-economic diversity of the provinces;
4) They cover urban and peri-urban areas, including areas where camps are still located;
5) The majority of UNICEF partners operate in these areas.

Locations within the four provinces

During the inception period the team was able to select, with assistance from UNICEF, the following site locations where KIIs and FGDs would be carried out. The criteria were based on covering the full selection of partners, a representative range of activities, and the likelihood of reaching a range of programme participants including parents, adolescents and carers.

[28] We use this term generically to include the network of safe spaces, multi-disciplinary centres and mobile units managed by the partners in 16 provinces. They include: a) Child Friendly Spaces (CFS) and Adolescent Friendly Spaces (AFS) established as stand-alone structures in camps; b) CFS and AFS integrated as part of TRC Community-Centres; c) Girl and Youth Safe Centres; d) Child and Family Support Centres; and e) Mobile units for the provision of psycho-social care services.

Table 2: Site locations

Partner	Province	Location	Model	Additional information
MoYS	Ankara	Ankara	New partnership	Just for observation – partnership focuses on child protection interventions
TRC	Gaziantep	Şahinbey	CFS integrated in Community Centre	PSS, identification and referral, adolescent's engagement
TRC	Gaziantep	Nizip-2	CFS in Temporary Accommodation Centre	PSS, identification and referral, adolescent's engagement
GAP/TKV	Sanliurfa	Sanliurfa	Agency HQ in Sanliurfa	KIIs with agency staff
ASAM	Gaziantep	Duztepe	Child and Family Support Center	PSS, case management adolescent's engagement, outreach, awareness raising and parenting
ASAM	Gaziantep	Sehitkamil	Child and Family Support Center	PSS, case management adolescent's engagement, outreach, awareness raising and parenting
TRC	Istanbul	Sultanbeyli	CFS integrated in Community Centre	PSS, identification and referral, adolescent's engagement
TRC	Istanbul	Bağcılar	CFS integrated in Community Centre	PSS, identification and referral, adolescent's engagement
ASAM	Istanbul	Fatih	Child and Family Support Center	PSS, case management adolescent's engagement, outreach, awareness raising and parenting
TRC	Kilis	Merkez	CFS integrated in Community Centre	PSS, identification and referral, adolescent's engagement
GAP/TKV	Kilis	Killis	----------	PSS, early identification and referral
ACPU	Kilis	Topcuoglu	Municipality centers	PSS; outreach, soft identification and referral, Adolescent engagement
TRC	Sanliurfa	Akçakale	Mobile Unit	PSS, identification and referral, awareness raising
GAP	Sanliurfa	Suruç	CATOM	PSS, early identification and referral
Support to Life	Sanliurfa	Haliliye	PSS, identification and referral focusing on child labour	child labour focus
RET International	Sanliurfa	Haliliye/Sulaymaniyah	Girls Safe Space. Activities: PSS, Case Management, legal counselling and CP &GBV awareness raising, youth empowerment	Education activities were included in September 2018
RET International	Sanliurfa	Harran	Adolescent Friendly Centres: Activities: PSS, Case Management, legal counselling and CP &GBV awareness raising, youth empowerment.	Education activities were included in September 2018

Discussion Groups

Focus Group Discussions: Group discussions were a core element of the assessment as they were intended to provide beneficiary-level perspectives on the relevance and functioning of the CBCP Programme. Group discussions were held with adolescent boys, adolescent girls, female and male caregivers and volunteers/case workers implementing the programme. The process was essentially the same for each group. In all FGDs there was a dual focus on community members' perceptions of the current and potential impact of the programme on the everyday lives and well-being of children and families.

Volunteers/Case Workers: group discussions were conducted with volunteers/case workers from select NGOs and CBOs who were directly involved in providing child protection services to children and families. Respondents were selected based on the title/position they hold.

Adolescents: In each consultation site, groups of girls and boys were identified and invited to participate in a group discussion. Participants were between the ages of 13 and 17 (though a few were younger[29], reflecting a diversity of socio-economic statuses and cultural diversity where possible.

Parents/Caregivers: In each consultation site, groups of mothers/female caregivers and fathers/male caregivers, those with children under 18 years, were identified and invited to participate in a group discussion.

In selecting participants, the centres were asked to ensure that "hard-to-reach" and marginalized community members were included as far as possible. This was not always possible since essentially the participants were self-selected based on those who attend the centres. However, care was taken to ensure that selected community participants (mothers and fathers) did not play a role as community leaders.

Key Informant Interviews: Semi-Structured Interviews (SSIs) were conducted at the national and regional levels. In the centres this included implementing agency staff (managers, youth workers, psychologists, social workers). The purpose here was to gather information about the number and types of child protection cases they dealt with, the process for intervention planning and decision-making, the nature and quality of services provided to children and families, and mechanisms for information management and accountability. In some cases, respondents were asked to recount a recent child protection case they have handled, in order to generate illustrative case stories of how the programme is functioning.

Evaluation Tools

The following tools were used as guidelines; they were used (or not) and adapted to the particular respondent groups.

Tools	Audience
Case Stories: Without naming any names, can you please describe, step by step, a child protection case that you managed/ are aware of in the last 12 months. Prompt, as necessary, to elicit more details about: ❑ How the case was discovered / reported ❑ What steps were taken for assessment and intervention planning ❑ Who the child/family was referred to and what services were provided; ❑ Do you think the interventions were successful, and why/ why not?	KII / Case Worker FGD Volunteers/ Caseworkers FGD Adolescents boys/ girls

[29] The evaluation team did not itself select participants; this was left to the Support Centre. In some cases, younger children turned up with siblings or parents and were included in the discussion.

❑ How is the child doing today? ❑ Do you that the child and family were satisfied or dissatisfied with the actions taken**?**	FGD Caregivers male/ female
The 'H' Assessment is a simple monitoring and evaluation tool to explore the strengths (or successes) and weaknesses (or challenges) of any initiative/ group/ process and to suggest action ideas to improve the same. However, the groups were often quite large, so the evaluators stuck to just key questions. The objectives are to: - Explore the strengths or successes of children's groups or initiatives. - To explore the weaknesses or challenges of children's groups or initiatives - To share action ideas to improve children's groups or initiatives ❑ Make a "H" shape on large flipchart paper. ❑ In the left-hand column draw a happy face, in the right-hand column a sad face and below the middle "H" bar draw a light bulb (to represent 'bright ideas'). ❑ In groups (of same age children, young people, or men/ women) enable the participants to fill in the chart accordingly: What are the strengths (or successes) of your children's group or initiative? What are the weaknesses (or challenges) of your children's group or initiative? ❑ What ideas/ suggestions do you have to improve / strengthen your children's group or initiative? ❑ If the activity has been undertaken with different groups of participants enable each group to present their 'H' assessment and facilitate wider discussion on the findings: ❑ What are the key benefits and challenges of the programme? ❑ What are the key action ideas to strengthen the programme and children's protection? ❑ How can these action ideas be put into practice?	FGD Adolescents boys/ girls FGD caregivers male/ female
Preference Ranking on activities/ services as part of the programme, or in identifying needs and priorities (undertake separately with different age groups of girls and boys).	FGD Adolescents boys/ girls FGDs Caregivers male/ female
Stories of Most Significant Change: Dialogue and individual drawings to illustrate stories of 'most significant change' that have been brought about through children's initiatives (for example, to child/ family/ community / nation – child's choice). Development and sharing of individual stories and collective dialogue to identify stories of significant change that they would like to use to illustrate the value and impact of services/ the programme.	FGD Adolescents boys/ girls

Analysis Approach and Triangulation

All KIIs and FGDs were recorded on paper and/or electronically, including the written responses from the online survey. In each KII, interviewees were assured of confidentiality and asked not only to respond to questions, but also to share their own recommendations. The collation of responses was then done by the evaluation team. Where a similar point/finding occurred frequently, this was recorded as 'key finding'; where a comment was specific to one set stakeholders only (or an individual) this was recorded as such, though without names. Triangulation was assured by having the same set of questions for each sub-set of respondents, even though a degree of flexibility allowed a free flow of discussion to take place.

Data Protection and Ethical Considerations

The nature of the country data collection was envisaged to be qualitative and managed through existing relationships with UNICEF and wider stakeholders. The evaluation process maintained high standards of data protection and ethical principles throughout.

- Formal ethical approval for research was sought and gained to ensure that participation of adults and children in the data collection were appropriately and sensitively management. A detailed ethical protocol and guidance for using participatory tools accompanied the methodology.
- All internal documents provided to the team by UNICEF and other stakeholders have been held in confidence and not distributed beyond the team members.
- Informed consent was sought from all participants. Participants in the evaluation were informed of the purposes of their participation, that it was voluntary, and how the team would use the data that they provide. They would have opportunities to provide follow up information or clarifications after their participation.
- Limited and carefully manged participation of children (primarily adolescents) included facilitated discussions using age and context-appropriate participatory methodologies. These were conducted with the safety, privacy and protection of children as the paramount principle. The evaluation team followed UNICEF Procedures for Ethical Research Involving Children.
- IOD PARC team members abided by UNICEF's child protection policies and IOD PARC's Code of Conduct, a copy of which was provided alongside the inception report.

Evaluation Constraints and Limitations

In retrospect sub-question 3.1 of the Evaluation Matrix may have misunderstood some aspects of the programme. It asks: "To what extent has the CBCP programme contributed to mitigating issues such as child labour and child marriage as part of the Regional Protection Framework?" The CBCP programme is able neither to directly address, nor to mitigate, these issues. Only through PSS and case management can the consequences of these infringements of child rights be partially addressed. In retrospect, the evaluation accepts that the sub-question was misconceived and therefore is not addressed as such.

Arranging the full range of KIIs and FGDs was complex and inevitably included some curtailing of ambitions. The number of individuals arriving for FGDs, for instance, varied largely (ranging from 6-20 persons) across each location, although in all cases informative discussions took place. Whether they were representative is a point open for debate: people were selected and invited by the Support Centre staff. The evaluation team provided selection criteria in advance, and in most cases, this was adhered to, but in some cases a rather mixed selection of people turned up for interview.

The evaluation team were not, however, under the impression that respondents were selected on the basis of providing a favoured impression of the services. The findings suggest an honest and mixed response to services provided, including sometimes unrealistic expectations of what the centres were able to offer.

The evaluation team was not granted access to visit camps in Nizip on the second mission, and no FGDs took place in camps, other than a meeting with care workers and staff at Nizip 2 during the first mission. TRC staff preferred to be present during FGDs at all their centres, though they merely acted as observers. It was not apparent that this caused socially biased responses due the openness of participants and the fact that they provided mixed (positive and negative) feedback of participants but neither can zero social bias be confirmed.

The online survey was distributed to 70 individuals (deemed a workable number by the evaluation) from which 26 responded, though some responses were incomplete.

Departures from the TOR

Departures from the ToR were minimal, and for the most part discussed and accepted during the Inception phase and reflected in the methodology. The methodology gave particular emphasis to conducting FGDs and KIIs in the centres and therefore the evaluation was weighed approximately 60/40 in favour of stakeholder/recipient opinions on the services on offer (i.e. on effectiveness/efficiency issues), with the remaining proportion on the wider issues of relevance, sustainability, coherence and coordination. The only constraint to fully realising the scope presented in the ToR was that responses to the online survey were supposed to be across the 16 provinces where the CBCP programme is undertaken. In the event, the response rate was lower than expected and covered only about half of these.

4. Findings

Relevance

(i) CBCP relevance for the response to the Syria refugee crisis.

EQ 1	Is the community-based child protection services programme relevant for the response to the Syria refugee crisis given the country-context? How did the programme evolve over time and adapt to changes in the programme environment?

Key Finding #1

UNICEF's CBCP programme has remained responsive and relevant to the changing environment and needs of a protracted refugee settlement in Turkey. It has acted as a catalyst for engaging multi-stakeholders, by working with Ministries and being instrumental in opening up the operating space for the NGO sector. Expanding rapidly over three years, there has been some limitation imposed by the capacity and geographical location of partners. However, at this stage greater coverage is less of a priority than deeper engagement with existing partners in ensuring that CP services and PSS (a long-term intervention) are maintained at a high standard. In this complex and rapidly changing environment UNICEF's approach to strengthening social service infrastructure will need to manage perceptions of equity among stakeholders and continue to develop strategies for working with both NGOs and government partners.

Key Finding #2

UNICEF's approach of capitalising on existing NGO social service infrastructure (i.e. youth centres or family support centres) comes with advantages and disadvantages that require both practical and political navigation. Building on existing NGO resources has allowed for a more rapid response. Moreover, it ensured that services were more adapted to the specific language and cultural needs of refugees. Services offered through the programme are configured differently from those offered by national protection authorities, specifically the Social Service Centres. The complexity and scope of the Syria crisis, and the critical gaps in the coverage and quality of national protection services, including difficulties faced by refugee families in accessing state-run services due to language, cultural and other barriers, has made the establishment of additional service points all the more important.

UNICEF has been instrumental in expanding CBCP services and in promoting space for NGO roles within them. CBCP centres for the most part did not exist prior to 2015, and UNICEF opened a window of opportunity for their expansion. AFAD (Disaster and Emergency Management Authority) had hitherto been solely responsible for refugees, with line ministries (first MoNE, then MoFLSS and MoYS) recently taking on responsibility for protection issues in the last three years. The evolution has been important. Some ministries (notably the newly formed MoFLSS) were initially less equipped to run the necessary services and UNICEF responded by championing the idea of working with NGOs in the newly formed centres and introducing training and course materials.

The scale of the CBCP programme is impressive, but geographically limited. Community-based services supported by UNICEF are spread across 32 provinces. Within 24 of these provinces UNICEF supported PSS programmes in 74 safe spaces in 2018, reaching about 90,000 children (51% girls)[30]. With about 1.2 million school-aged Syrian children in Turkey and a current total UNICEF beneficiary reach of about 156,000 (PSS plus other services), the CBCP is a contribution that reaches only 13% of the target population. Of course, the figure is only indicative; not all school age children would wish

[30] In addition, trained child protection staff began to identify and assess vulnerable Turkish and refugee children in youth centres located in 25 provinces as a result of a new partnership with the MoYS.

to participate in CBCP activities, and there are many other providers of similar services. It does, nevertheless, show a high level of need far beyond the current provision.

There are historical reasons why CBCP activities are located in set places: donors, including UNICEF, initially simply chose the limited number of partners already established in locations where there was a large Syrian population. Furthermore, Temporary Accommodation Centers (camps) are located in areas selected by GoT; UNICEF had hence no choice but to establish CFS in locations where camps had been established This constraint over choice of partners was amplified by the closure of some INGOs and the necessity to work with a remaining corpus of Turkish NGOs (ASAM, STL, COKMED, ICC), parastatal bodies (GAP/TKV), the TRC and responsive Municipalities (Gaziantep, Kilis). After the end of the partnership with CARE in 2016, the remaining INGO partner with a field programme was RET. Since then, the UN-administered Working Groups have evolved – and UNHCR has undertaken a useful cross-sectoral mapping of services in the country - but this legacy prevails.

Scaling up the programme would present additional challenges. If the quest is for a more holistic approach towards vulnerability mapping and response, UNICEF would be tied to the larger agencies (ASAM, TRC) that have both the capacity and outreach. If smaller Syrian CBOs are enrolled in the process, the identification and administration of such a network would have to be outsourced because UNICEF itself would not have the administrative capacity to manage a large number of small contracts.

Needs within the refugee population change fairly rapidly. The centres provide a much-needed response to gaps in services that, in dealing with the Syrian refugee population, is complementary to the services provided by the Government. Questions still arise as to why UNICEF has not had greater engagement with, for example, the 230+ MoFLSS social centres. Their Social Service Centres are designed to focus on families and provide holistic/integrated approaches to addressing risks and vulnerabilities, rather than specifically focussing on children. With the ASDEP programmes UNICEF is strengthening the capacity of its Social Service Centres for child protection case management and outreach programmes. At the time of the evaluation field works, the MoFLSS centres could not yet cover all the needs of the Syrian population, and UNICEF is confident that the centres it supports fill gaps in the government's response and capacity. Nevertheless, the situation (and its perception) requires regular review to ensure that the charge of creating "parallel structures" (voiced by some government officials interviewed by the evaluation) are countered.

MoNE and MoH have demonstrable successes in dealing at scale with the refugee influx, albeit within an over-subscribed and strained infrastructure. As a relatively new ministry, MoFLSS, by contrast, has yet to develop a clear policy from the top, an issue reiterated several times in interviews with local government representatives. On numerous occasions the evaluation heard that case referrals to government bodies (notably MoFLSS) could not be traced by NGOs (i.e. was not permitted)[31], but that informal information from the family concerned suggested long delays and in some cases a less than satisfactory outcome from the family's perspective.

The Family Social Support Programme (ASDEP) service model, which is intended to provide social services and assistance in a holistic manner to families in need, is included in the Annual Programme of the Presidency for 2019. It aims to ensure that more vulnerable families will be reached by social services, including child protection. UNICEF's new programme partner MoYS has 35 Youth Centres across 25 provinces and a large outreach capacity to potentially reach vulnerable children. The potential exists for future programming and training within Social Services Centers (SSCs), Family Support Teams (ASDEP) and MoYS Youth Centers[32].

UNICEF's work with civil society requires constant reinforcement and advocacy. If it is a question of addressing specific needs for which TRC, NGOs and others have demonstrably greater capacity, a sequential strategy would include: (i) child protection mapping and assessment including the identification of needs; and (ii) an organisation development (OD) assessment of who the most

[31] This is standard practice in case management but is challenging given the relationships the NGOs have with the beneficiary population especially in terms of expectations of follow-up.

[32] This activity is included in the Rolling Work Plan 2018/2019 signed between UNICEF and the MOFLSS.

appropriate partner(s) would be, coupled with a recurring level of training and OD of the partners with less capacity.

Such an ideal strategy may not be possible for several reasons. First, neither household surveys nor CP case management are allowed outside of government supervision.[33] There have been exceptions, negotiated with local authorities. ASAM, and TRC for instance, reported that they have built a strong level of accountability with local communities and evidenced their ability to support children and families. This was confirmed by the evaluation's FGD findings.

Second, although many of the centres depend on UNICEF funding, their raison d'être is often broader than the more focussed objectives of the UNICEF programme. GAP, for example, has 69 centres in the Southeast, initially set up primarily as women's vocational and community centres. When UNICEF introduced its PSS pilot in 2018 it was mainly with the children of parents already attending other courses. The module-based PSS activities are thus an add-on. Likewise, the Kilis Municipality's Women's Centre, supported by UNICEF for the last 2 years, has four other donors and has 40 teachers, with 28 supported by UNICEF.

Third, CP case management has not been consistently or comprehensively implemented and there are significant skill differences between partner agencies. For example, although they had a long-standing presence in communities, the TRC had little previous experience specifically on CP prior to the UNICEF programme. There has been a beneficial link made between PSS and case management, and TRC is well placed to extend its services in this respect. ASAM, by contrast, already had refugee protection experience and increased its CP capacity through the CBCP programme, even though their reporting system required strengthening. In terms of community access GAP has a demonstrable advantage over others, even though their emphasis has been on women.

(ii) Programme relevant to the needs of refugee girls and boys.

EQ 2	To what extent is the programme relevant for the needs of refugee girls and boys in Turkey? How did the programme evolve over time and adapt to the evolving needs of refugee girls and boys?

Key Finding #3

UNICEF's response has encompassed both the transient and more settled Syrian population. With the shift away from camps, the focus has been on resilience and protection within primarily urban settings. Newly developed well-being indicators showed that approximately 64% of children reported an improved sense of social and emotional well-being following the PSS programme[34]. There are good practice examples of the response meeting the specific needs of girls and boys, such as for children on the move through the establishment of Child Friendly Spaces (CFS) at removal centres. The mobile centres have responded to the need for services not only within schools and communities but also within the seasonal labour force and for out of school children.

In so far as the services rely on the capacities of implementing partners, responses have had varied quality. With its partners UNICEF has established a robust monitoring system on outputs that has improved over the three years. However, obtaining results and learning on outcomes is still relatively new. Although the PCAs indicate in which group of children the primary focus lies, there remains the lack of a shared definition of vulnerability among partners. The definition of vulnerability may also change over time. For instance, out-of-school children have hitherto been a priority but as enrolment increases, the focus may shift to other CP cases.

The output data demonstrates an increasing commitment to recognise and respond to the evolving needs of a protracted situation where refugee populations are no longer a temporary phenomenon.

[33] At national level, outside of GoT only TRC is officially recognised as having permission to undertake CP case management.

[34] COAR, 2018

Prior to 2016 the camps were the focus of attention, but the shifting demographic meant that by 2017 UNICEF was working closely with MoFSP and partners to provide CP and PSS services not only in 19 camps but also 11 host communities in 17 provinces. 117,699 refugee children were identified with protection needs and referred to relevant social services; of these, 27,483 children received specialized services. In addition, 69,709 children received regular, structured PSS. UNICEF also scaled up and strengthened its adolescents and youth programme, expanding partnerships to reach 125,796 Syrian and Turkish young people with social cohesion and empowerment activities[35].

By 2018, the proportion of refugees living in temporary accommodation centres (camps) had fallen to 4%. Given the strong national capacities and leadership in responding to the crisis, UNICEF's strategic approach has been to work closely with national authorities in recognising the humanitarian-development nexus with its resilience agenda that focusses primarily urban-based families living amidst the Turkish population. The CBCP services supported by UNICEF through a network of safe spaces, community centres, outreach services and mobile teams now covered 32 provinces. About 91,000 children (51% girls) benefitted from structured psychosocial support (PSS) programmes in 74 safe spaces in 24 provinces.

Through other child protection services, 65,226 refugee children were identified and assessed (including 1,966 CwDs), of whom 47,276 were referred to specialized care services. Other services delivered included parenting education programmes, legal assistance, assessments and referrals for CwDs, and emergency cash assistance.

A comprehensive needs assessment has never been conducted, and this lack of baseline information is further impaired by high levels of mobility within the Syrian population. The centres are located in the areas of highest Syrian population density, but the catchment area can also extend to districts where there are no such facilities (i.e. people travel into the town to access the services). Whether or not an NGO has introduced a regular outreach programme, has depended very much on the capacity of the implementing agency. It has tended to be quite ad hoc, although the risk of duplication is minimal because the catchment population is significant.

UNICEF has responded well to the fact that much of the Syrian population is transient. In 2018 UNICEF worked in partnership with the Directorate General of Migration Management (DGMM) and civil society partners to better meet the needs of children and families on the move through Turkey. Five child-friendly spaces were established in removal centres benefiting 2,659 boys and 2,390 girls and UNICEF-supported outreach teams identified and assisted a total of 6,492 children on the move to access protection services, including legal and psychosocial counselling[36]. Transient populations are also those that seek seasonal labour. In Yüregir, where seasonal migrant child labour and social inclusion were identified as key priorities, municipal community centres' staff and teachers received UNICEF training on child rights, child labour and working with vulnerable children in 2018.[37]

There is yet to be a common definition of 'vulnerability', and hence, despite risk assessments having been carried out, there is a rather disparate selection of priority activities. The selection of vulnerability is based very much on the capacities of the partners. The criteria are set clearly for RET's case management procedures and incorporated to their SOPs. By contrast, in Kilis, for example, UNICEF has developed a vulnerability scoring to be used by outreach teams of the municipality, and is aware of how many people can be reached per month based on the capacity and outreach of the municipality partner, but how 'vulnerability' is defined was not clear from the evaluation interviews undertaken.

"*Child labour is still one of the greatest challenges due to the economic situation of the families that give them no option but to send their children for work*" ASAM centre Gaziantep.

[35] COAR, 2017

[36] COAR, 2018. P.11

[37] COAR, 2018

(iii) Programme relevance to 3RP and UNICEF CP

EQ 3	3. To what extent is the programme relevant for the achievement of the objectives of the 3RP and the Turkey-UNICEF Country Programme 2016-2020?
Key Finding #4 There is a very clear alignment between the CBCP programme, the UNICEF Country Programme and the wider aims of the inter-agency 3RP.[38]	

Over the three-year period UNICEF has responded to two inter-related crises: the Syria refugee protracted crisis and the refugee and migrant crisis in Europe. Turkey continues to host the largest number of refugees in the world. At the same time, Turkey is a transit country for refugees and migrants on the move toward Europe, with people crossing by sea and land from Turkey to Greece. Both responses are managed in coordination with other UN agencies within the framework of the Regional Refugee and Resilience Plan (3RP) and the Regional Refugee and Migrant Response Plan (RRMRP).

UNICEF's response to the Syria refugee crisis was initially managed as a stand-alone programme, but since 2015 – and even more so with the onset of the new Country Programme cycle in 2016 - the response has become mainstreamed across all programmes. The focus has shifted towards strengthening national systems for education, child protection and social protection, ensuring that these systems become more resilient and are better able to reach vulnerable Turkish children as well as refugee children. Even in those programme components still specifically targeted towards refugee children, the protracted nature of events requires mainstreaming these into existing structures, including the national service structures managed by the GoT.

UNICEF has participated actively in all relevant national and sub-national coordination mechanisms, providing co-leadership of the Education Working Group (WG), the Child Protection Sub-WG, the Southeast Turkey Education WG and the Southeast Child Protection Sub-WG. In line with 3RP priorities, the shift towards resilience and sustainability has been reflected in UNICEF's country programme, with community-based services being open to host communities as well as refugee children. The Country Programme outcomes contribute to the refugee crisis response in four of the six Sectors set out by 3RP: Education, Protection, Basic Needs and Health. The placement of CBCP within the Outputs/Outcomes set for the Country Programme is outlined in the section above titled 'Programme Objectives'.

[38] However, Sub-question 3.1 of the Evaluation Matrix asks: "To what extent has the CBCP programme contributed to mitigating issues such as child labour and child marriage as part of the Regional Protection Framework?" The CBCP programme is able neither to directly address, nor to mitigate, these issues. Only through PSS and case management can the consequences of these infringements of child rights be partially addressed. In retrospect, the evaluation accepts that the sub-question was misconceived.

Effectiveness

(i) Expected outputs and outcomes achieved to date.

EQ 4	To what extent has the CBCP achieved the expected outcome and output level results to date?

Key Finding #5

UNICEF has, with its partners, established a robust monitoring system on outputs that has improved over the three years. However, obtaining results and learning on outcomes is still relatively new. Where numerical targets were set (# of centres, # of children receiving support), these were exceeded in all cases, and UNICEF made a substantial contribution to the generic targets set by the 3RP. Although qualitative indicators (well-being) were only introduced in 2018 (and therefore no comparison over time has yet been possible), the evaluation recognises that these first indicators denote high levels of satisfaction among recipients.

To some extent is has been necessary to 'read behind' generic data to understand how and if CP targets have been met. For example, the 3RP data sheet for 2017 indicates that there was a 92% achievement rate for "children participating in structured, sustained child protection or psycho-social support programmes" (115, 225 reached over a target of 124,650). UNICEF's contribution to this was substantial through its funding for the centres.

Table 3 presents data drawn from the Country Office Annual Reports over the three-year period. Comparative data over this period is not always possible, because new sets of measurements were introduced as the programme and the M&E system expanded. For example, the disparity between the baseline on PSS attendance in mid-2016 and what was apparently achieved by the end of the same year is stark. The evaluation can only assume that the anomaly is due to partners submitting very different sets of data. This may also be due to the fact that they were reporting activities, rather than children reached. Because of this, and other double reporting anomalies issues, UNICEF updated the M&E system/IMS systems of partners. UNICEF also provided technical support in obtaining more accurate data.

Most of the data concern output numbers (attendance, etc) requested from partners; in fact, it is only the last indicator in the table that begins to measure qualitative outcomes from 2018. It should be noted that the programme operates in an environment with no possibility of needs assessments and data collection in general. Under these circumstances, the fact that this indicator has been measured after advocacy and trust building is, in fact, progress. UNICEF is attempting to improve the monitoring system and expanding the range of results measured.

Table 3 : Data drawn from UNICEF Annual Reports 2016-18

	2016	2017	2018
Centres	28 CFS (including 2 mobile CFSs) 6 AFS 5 multi-disciplinary Child and Family Support Centers	55 safe spaces	74 safe spaces in 24 provinces.
Number of children who attended structured PSS programmes	86,905	69,709	91,000 children (51% girls)

Those identified with protection needs and referred to relevant social services	--	117,699 (75,940 without the e-voucher distribution)	65,226
Individuals who received legal support and counselling	33,817 (19,019 girls; 14,798 boys)	1,848 individuals[39]	15,014 individuals --
Number who accessed external specialized services	14,614	27,483	47,276
Number of children reached by mobile units provided PSS in 14 TECs and 1 removal centre	--	5,898	6,839
Percentage of children who said their well-being improved as a result of PSS activities			64%

Evidence from the focus group discussions in the evaluation revealed that children and families largely perceive the centres in a positive light. In some geographic locations, centres were perceived as children's only "happy" place where they can find someone to talk about "anything". For many children and families, the centres were described as the first time their children were allowed to safely play and act like children.

Parents' responses were largely positive, though some families associate the centres with social welfare; inevitably then with this misperception, some families had complaints about lack of financial assistance, presenting individual requirements and problems that were beyond the scope of UNICEF's and outside the centre's role and purpose. Many felt that the CBCP programme focussed too much on children as individuals and not sufficiently on a family-centred approach. Parents of children with special needs (medical and disabilities) continued to receive assistance (including translation, financial, legal) through the centres for which they were very grateful. However, some parents were dissatisfied by the shifting funding (and regulations) that changed the support they received at the centres. For example, some centres were no longer able to provide financial assistance for particular medications for children.

In several instances the evaluation found parents were unaware of the CP support and services and PSS activities within the centres. For example, many parents said that they have "no one" to go to for help with a child protection risk. Despite an increased knowledge that there exists a government agency dedicated to child protection, perceptions on what constitutes violence, abuse, exploitation and neglect are not necessarily aligned and as a result cases may also go unreported. A fear of reporting was also cited, and a general distrust that their rights will truly be respected by authorities. Also, some parents said that they do not trust that the same rights and rules promised to Turkish citizens apply to them.

Some parents expressed that some of the awareness raising activities regarding of children's rights were out of touch with reality: "You teach my child about human rights [child labour], while I can't even afford food for them."

Despite some challenges and room for improvement, the majority sentiment was that centres and the UNICEF sponsored activities have been a positive and, in some cases, considered a vital lifeline to

[39] The word "individuals" is used, as children did not receive direct counselling, but rather their parents did, and it is hoped that children then receive indirect benefit.

beneficiaries. Many centres are the first and only places to provide essential CP services and PSS support.

(ii) The ability of the monitoring system to capture results.

EQ 5	To what extent is the programme's monitoring system suitable to measure its results?

Key Finding #6

An over-reliance on quantitative data – and the much-repeated contention among partners that UNICEF has concentrated too heavily on the demand for this - has sometimes obscured the more useful qualitative findings that may have emerged from the programme. Well-being indicators did not exist before 2018 and those developed since then have yet to be appropriately adapted to the context, including languages and age groups. Results from PSS occur over a longer period than a project cycle (and/or the annual funding cycle of partners) and require new skills in data collection and deeper understanding that meaningful changes in well-being take time that may be counter to funding cycles.

The current monitoring system focuses on numbers, missing the qualitative outcomes of the services provided. Some important and effective work is thus being under-reported, and not captured by the current monitoring system. Currently, qualitative data is captured via checklists on monitoring visits and then mentioned in the narrative of reports, however there is room for improvement. While there has been good progress in M&E efforts since 2015, especially given the challenges and rapid changing nature of the context, greater attention to the quality of interventions and outcomes for children and families is required, UNICEF should also be cognisant of the fact that genuine mental health and PSS improvements occur over longer time periods than those captured in annual project cycles. The current monitoring system may not measure important incremental changes.

The current tools being used related to the Well-being Indicator needs to be adapted to the Turkey context. Standardised global tools (for example, the Save the Children resilience tools and other standardized tools designed for different settings, such as the *Strengths and Difficulties Questionnaire*) used to measure pre and post well-being of individual children are not perceived as appropriate for use at CBCP centres. Based on staff feedback, there is a need to tailor the language and length of the monitoring tools used. Staff will need training in how to interview children (including in age-appropriate ways depending on the age of the child) and families with these tools, with the application being built into an individual's schedule and workflow.

Staff feedback on challenged of the Well-Being Indicator Surveys:

- Language is awkward and not necessarily relatable to the Syrian population coming into contact with the centres
- The survey is too long;
- The survey is time consuming and burdensome to families and those doing the interviews
- Some staff said they did not have adequate training in how to give interviews/obtain the information
- The time it takes to administer such a (perceived to be lengthy) survey is not built into work schedules

The evaluation also notes that many pre and post tests are available only in either Turkish or Arabic (but not both), creating barriers to measuring pre and post well-being.[40] Measuring the well-being of younger children is especially not well catered to in the current monitoring system. Some staff report that the language in the well-being survey is not familiar to beneficiaries, and in some cases not

[40] November 2017, *Assessment of Psycho-Social Support Implementation and Capacity of UNICEF partners in Southeast Turkey.*

understood. They also report that the tool in general is difficult to administer – because it is too long, there is not time in their schedule, and the language is not relevant to the context. It is recommended that the tool be contextualized, and/or a specific well-being tool be made for the Turkey context (rather than using a global tool). Additionally, those who administer the tool will need more training in how to use it. Staff will need time built into their schedule to administer the tool. UNICEF and partners may also want to consider innovative child-centred methods to track progress of children, including understanding from children how they define their own well-being.

(iii) Differences between partners and between delivery mechanisms.

EQ 6	**Is there any difference in terms of the effectiveness of the various delivery mechanisms of community-based CP services (different partners in different locations and spaces/centres/units deliver a different combination of services)?**

Key Finding #7

The dimension and complexity of the refugee crisis strained the capacity of national and provincial authorities to provide services and service delivery modalities had to be expanded and include NGOs/CSOs. The levels of experience and training in CP have thus varied widely among partners. Before UNICEF's involvement ASAM was already experienced in refugee protection, extending its portfolio under the CBCP programme. By contrast, TRC had less expertise in the area of protection, and their child protection capacity had to be further developed including in the areas of psycho-social support and care, identification of children at risk, referral and case management.

In general, there is consistency across partners in their approach to CP and PSS; however, this needs continued strengthening. The larger and more established organizations demonstrate greater uniformity in their operations with respect to CP and PSS. Despite not having prior CP experience, the TRC has strong community relations and a sanctioned relationship with government, with institutional links that confer an advantage. By contrast, NGO partners that lack direct links to the government are at a disadvantage; particularly because they have difficulty referring CP cases. The evaluation found the challenge to be very context and region-specific, depending largely on the capacity and willingness of local authorities. There is the perception among some NGO partners that relationships with government agencies will take time to build. Others had a different perspective and saw the high level of demand in government services as the main reason cases referred to them were not always followed up.

Several organizations seek creative and tailored service delivery for adolescent boys and girls. Notwithstanding the services on offer, due to scheduling conflicts, long commutes, and other factors, some groups, in particular adolescent girls and boys, have not made use of the centres. Several respondents noted that the activities that take place in the centres are more geared towards younger children and the perception that the centres are 'day care' centres. Most centre staff reported that reaching adolescent girls is problematic as they are less likely to be allowed by their parents or guardians to visit the centres. They remarked that in general, there is a belief that adolescents are adults and that the centres/courses are not for them. Although some initiatives were taken to meet children within their communities at convenient times, the evaluation found that targeting of activities to specific groups and needs was largely happening on an ad hoc basis.

Several organizations such as ASAM and TRC took it on themselves to offer PSS activities on weekends to reach children engaged in child labor, or to increase outreach activities in communities at times that would be more appropriate for working children. Oftentimes, this would be on the initiative of individuals working within a designated centre or mobile unit. Other centres' staff decided that they would have increased participation of girls if activities were separated by sex. While this was not standard practice, it demonstrates the ability to see a need and modify activities to better tailor activities on an ongoing basis.

Likewise, it appears that there is a need for PSS activities separated by sex – as well as PSS modules that are more tailored to the different needs of girls and boys. Again, this is particularly true as children transition into adolescence. The establishment of Girls Safe Spaces whereby centres are exclusively providing services and activities to girls is described by respondents as a positive initiative especially in areas where girls are less likely to be allowed to attend by their families if boys are present. Increasing outreach capacity is likely to continue to mitigate the issue of not adequately reaching adolescent girls and boys – both in meeting them at times that are convenient, tailoring content to meeting their needs within their communities, reaching out of school children and identifying vulnerable children and families in need.

Standardized structured PSS tools, such as the Child and Youth Resilience Programme are a good start, but more needs to be done to contextualise these and make them more relevant to the Syrian population. Some partners are using the Save the Children Child and Youth Resilience Programme series of PSS modules, and much work has been done by UNICEF to implement these programmes since 2017. TRC has its own modules which were also reviewed. In both cases, the evaluation found that although the modules are a significant and promising start, more could be done to increase the quality and relevance of these global tools. Some staff reported that they are grateful to have access to a standardized tool, but there are a few concerns. Some service providers report that the actual modules are very lengthy and "dense", with a lot to cover in a short period of time, and children start losing interest. Some staff reported that it is hard to read from the manual while facilitating. It is also too much to memorize. When UNICEF first started integrating the Child and Youth Resilience Programme tools into the centres, Save the Children was providing training, unfortunately that training was discontinued due to Save's changing status in Turkey.

While Save the Children no longer offers training to those in Turkey using the Resilience modules, centre staff appear to be making a genuine effort to use the standardised approach. However, there is room for improvement. Some service providers reported that it would also be helpful to have more substantive and/or complementary sessions on certain topics that are most needed by Syrian refugee children. These topics include stress management, emotional regulation, critical thinking skills and communication skills. While the current global tool does cover these topics, the actual time allotted to each topic is brief. Additionally, in order for children to truly integrate new knowledge, skills and attitudes, practice and re-learning is required.

While UNICEF is striving to ensure that all partners shift to "resilience" models of PSS, there are still RET manuals and modules in circulation among some partners that include some methods that potentially could do harm. UNICEF is aware of this and has worked with the Ministry of Family and Social Policies Psychosocial Support Handbook and disseminated appropriate materials. The issue in question in regard to individual counseling in the RET PSS manuals provided in February 2019 are techniques which include asking children to recall distressing moments. This was a method mentioned by service providers during FGDs with other groups. A 2017 UNICEF report recommended ceasing to use this specific manual since the counseling methods are outdated, not contextualized, and have the potential to do harm.[41] While UNICEF is supporting RET to use the global resilience tools, NGOs are also partnering with other training institutions (for example, universities) that use similar recall methods. This issue is addressed in more detail below in the section on unintended impacts.

UNICEF is already aware of these issues and helping support change, but the fact remains that such exposure methods were mentioned in some FGDs with service providers. The RET PSS manual provided to the evaluation team in February 2019, also included these exposure methods.

A summary of strengths and suggestions to improve modules is in the chart below.

[41] November 2017, *Assessment of Psycho-Social Support Implementation and Capacity of UNICEF partners in Southeast Turkey.*

Table 4: Suggested improvements to current structured PSS tool (frequently based of the Save the Children's Children and Youth Resilience Modules)

Promising aspects	Opportunities to strengthen
Modules have different tracks that can be tailored to the needs of audiences There are standardized M&E tools. The M&E tools are a 'good start' and are positive in that they have partners thinking in terms of measuring wellbeing and change over time. It teaches those who are facilitating the value of standardization The Save the Children modules used to come with access to training from Save the Children (that training has since ended) UNICEF has created a foundation in developing and rolling out many of the structured group PSS activities Existence of Life Skills curriculum (in theory, Life Skills should accessible to wider audience, and implemented more often than structured PSS/Save the Children global Resilience tool)	Form a review committee to further contextualize the modules Hire a technical expert to expand on topics that are in demand (for example, stress reduction, critical thinking, self-awareness, emotional regulation, nonviolent communication, conflict resolution) Create and administer a parallel series for parents so that they understand and reinforce the same concepts at home (note: this is different than 'parenting lessons') Provide supportive professional supervision and on-going training to those who are facilitating Offer classes for just girls, just boys, at times and places that are convenient and realistic to beneficiaries Infuse tools with of do no harm counselling methods, CBT, mindfulness, and non-directive play therapy. Avoid potentially harmful practices that encourage individuals to 'retell' a trauma story. Life skills programme exists; however, it was not brought up by FGDs, parents or service providers as a useful tool used to reach a wider audience and build resilience. Also, Life skills curriculum was requested for review, but never provided to the evaluation team. It is not known if the Life Skills curriculum is accessible for use.

The quality of service delivery is highly variable and dependent on the skills, training and motivation of the facilitator. This was reported in a 2017 monitoring exercise of how PSS is being implemented,[42] and confirmed in FGDs and KIIs. The evaluation found that uniformity in approach and consistency in training and re-training were still needed in many centres. The staff acknowledges this themselves. Because different professionals have diverse academic backgrounds, work experiences and exposure to prior trainings, the PSS approach has not been uniform. This difference in approach and training is especially magnified the more individualized the services and the higher the need of children. For example, when a child has suffered abuse and/or trauma, the individual counseling they receive may not be at all effective, and might even have the potential to do harm, if the service provider does not have adequate training and professional supportive supervision.

Some staff reported that they are working without training. This might be due to staff turn-over and the fact that many trainings take place on specific dates that do not coincide with when someone is hired. Some service providers reported that some youth workers facilitating activities in CFS/AFS miss signs of abuse and neglect (identification of children at risk) and in general "do not know how to work with children." On-going support and deeper training are clear needs.

TRC has a unit in their Gaziantep office which is responsible for content development for the modules used in CFS/ AFS and Mobile Units. This unit was established mid-2018 and has recently become

[42] November 2017, *Assessment of Psycho-Social Support Implementation and Capacity of UNICEF partners in Southeast Turkey.*

operational. A consultancy team was hired to contextualise specific PSS modules. Discussions to share these practices and organise joint trainings/workshops with other partners are ongoing.

Tailoring PSS materials (depending on the needs of the given community) is a positive ability of some of the partners. This also meant the centres were able to tailor content on an ongoing basis. The evaluation found this to be innovative good practice that was not yet being shared across other agencies despite openness to do so.

Great efforts have been made to standardise approaches and centres generally have adapted to meet the requirements of their specific population. However, PSS is a process, not a physical place. Some parents and groups of children misunderstand CFS/AFS to be day care facilities, and they were not always clear what their actual purpose was. When referencing CFS/AFS parents and children often mentioned recreation activities, as well as their desire for more lessons in sports. When probed, it was not clear if there was a mental health or PSS benefit of such recreational activities. As mentioned earlier, the evaluation team was also told that some of the youth workers who supervise CFS/AFS did not have any training in working with children, so it is unclear how there would be a mental health or PSS benefit if those supervising and facilitating have no training, or little understanding of these issues including in identifying children at risk.

(iv) Unintended effects.

EQ 7	To what extent has the programme led to unintended effects (positive or negative)?

Key Finding #8

One of the main positive effects of the CBCP recorded by the evaluation is in relation to the creation of spaces where children finally had time and space to just 'be children' – and the potential for families and children to mix with host Turkish communities. The evaluation also notes the linking up of various service providers (youth workers, psychologists, case workers, schools, legal aid, health workers etc.) which has enabled a multi-sector approach – these relationships appear to continue to grow and develop. The potential negative outcomes (harm) were centred on two main concerns: (i) the possible closure of the centre or curtailment of the programme due to funding (when those children enrolled require on-going attention and case management); and (ii) the lack of sufficient practical and meaningful professional supervision for inexperienced staff dealing with highly sensitive CP issues (such as sexual abuse, child marriage and child labour) including youth workers, case workers (case management) and psychologists.

The timeline required for achieving and measuring the positive impact inferred from the courses is considerably longer than the funding window open to promote these courses. The risk of suddenly losing funding adds stress in an already uncertain situation; Given the lack of multi-year funds available to UNICEF to support the Syrian Crisis response, some centres may be at risk of closure. This causes anxiety among staff who worry that the children and families they are building trust with will suddenly and without notice be left without support. For some, these centres are the first and only place they have been safe to "be a child", as some parents and youth workers remarked. Likewise, if children are receiving counselling or structured PSS and those activities are suddenly terminated this can potentially put a child's well-being at risk. Relationships and trust, which are critical in effectively addressing child protection and PSS, are being slowly built by staff at the centres, something that takes time.

Building trust within communities can sometimes incur dilemmas. "*We're obliged to report child marriage to police, but in doing so the Syrian families know it's us reporting so some will stop their girls to come to our centre*" - NGO administrator, Gaziantep.

Partners need support in using effective and safe PSS and counselling approaches. As reinforced elsewhere[43], continued efforts are needed to ensure that "exposure" methods - where children are asked to think of disturbing situations – are replaced with child-centered methods. Exposure methods have the potential to do more harm than good, especially if used by inexperienced counselors. Methods that are present focused, and evidence-based, such as CBT should be expanded. While UNICEF has made efforts to replace these methods with the Save the Children resilience modules, staff at 2 different NGOs mentioned using exposure methods. This may be due to the fact that organizations other than UNICEF are providing MHPSS support and training. For example, it was reported that a local university is training some psychologists to use exposure method, Eye Movement Desensitization and Reprocessing (EMDR)[44], While EMDR is widely used among the Turkish population, it should not be assumed that the same is appropriate for use with Syrians who are still in transition and living in unsafe conditions.[45] While UNICEF has made efforts to limit use of exposure methods, this effort can be enhanced by providing more training and support regarding do no harm adapted tools and methods.

Written survey results also reveal that more service providers have an interest in learning play therapy which is an appropriate method to use with young children. Play therapy that is genuinely therapeutic and "does no harm" is often referred to as "non-directive play therapy"; it is not simply playing games or engaging in recreational activities with children. UNICEF might look into providing training and materials for play therapy (for young children), in addition to CBT (older children and youth).

Lack of training and professional supervision can potentially cause harm. The evaluation's online survey responses and FGDs/ KIIs with service providers highlighted the limitations in regular and ongoing professional supervision. For example, when staff were asked if they understood how to use evidence-based CBT in individual or small group counseling situations, many said that the only training given was in their psychology bachelor's degree programmes. Many centres are using CBT "adapted" methods without their staff having trained in CBT. In some cases, the centres did not know if their staff were suitably qualified to deliver structured PSS activities. UNICEF Turkey has stated that since 2017 family counselors at Al-Farah have training in non-directive play therapy, more staff want training and support to use this method. While UNICEF has provided training and support – the opinion of those interviewed is that much more is needed. The effect of lack of ongoing training and professional supportive supervision was magnified and increased staff anxiety and stress among staff when tasked with provided individual counseling to children and youth who had been severely traumatized and/or abused.

Similarly, professional supervision is a key component of quality case management. Given the large numbers of cases, case workers in the centres are dealing with professional supervision and support is critical. While most organizations have some degree of supervision in place,it was noted by nearly all staff that the ratio of supervisors was insufficient. Insufficient numbers of supervisors for youth workers, social workers and psychologist is attributed to limited numbers of qualified and experienced professionals in the Turkey context.

[43] A 2017 UNICEF TCO *Assessment of Psycho-Social Support Implementation and Capacity of UNICEF partners in Southeast Turkey*'s review of RET's PSS Manual indicated the following: "Having children talk about bad memories provokes trauma, and might cause symptoms after 2-3 days. However, the children might not be aware of the source of the symptoms therefore it requires close investigation. In Palestine, despite the fact that professional and experienced psychologists acted as implementers, post tests showed that the sessions triggered the trauma, and symptoms in post-test outnumbered the ones in pre-test. Implementation of the manual stopped upon the results. Whether RET has similar results and/or plans is unknown.".

[44] Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories in American clients. As part of that they ask clients to 'relive' their traumatic experience, while the therapist leads them through eye movements. Evidence to support its effectiveness is mixed and depends on context and training. Clients are supposed to be "safe" for a substantial amount of time while undergoing this treatment. It is not meant for clients who continue to be exposed to trauma.

[45] Living in a safe condition, and not undergoing current trauma is an ideal prerequisite to EMDR.

(v) CBCP contribution to achieving wider access to protective services.

EQ 8	To what extent has the programme played a role in reducing bottlenecks and barriers for refugee girls and boys to fulfil their rights at large, not only the right to live in a protective environment?

Key Finding #9

The referral pathways between professionals within each centre have generally been strong including between youth workers, case workers and psychologists (in many instances also legal aid and health workers). Externally, partnerships with schools have been fruitful. These referral pathways and multi-sector relationships pose an important opportunity to strategically consider strategies for future systems strengthening endeavours. The evaluation acknowledges that it is beyond the scope and role of the centres to address the root causes of child labour, but (as demonstrated by the CBCP) linkages and referral pathways (including multi-sector both within UNICEF and more broadly) might still be further strengthened to meet children's and families' needs holistically and perhaps make some inroads into preventing some of drivers and worst consequences of child labour.

There have been consistent and thorough linkages and referral pathways established between the services providers within the centres, notably between the youth workers/PSS staff, the psychologists and the case/social workers and, in some instances, health workers and schools. In the centres visited by the evaluation the different sector staff worked closely together referring cases to each other as necessary and frequently developing complementary plans and follow-up for children and families. The challenge will now be how to harness and replicate the expertise and experiences gained in the centres, and extend it to a national CP system, even if the individuals move on. There appears to be a "promising start" in regard to capacity (skills, willingness, operational referral pathways) in the centres and mobile units. An important consideration will be how to capitalize on the capacity, linkages and referral pathways that has resulted from the CBCP to bolster future systems strengthening endeavours and continue to build on this momentum.

The majority of centres visited demonstrated strong links and partnerships with local schools – both in visiting schools to conduct activities and also in following up with schools on individual cases that may have been identified in the CFS/ AFS/ mobile unit. Issues addressed between the school and CFS/ AFS / mobile units included children in need of care and protection, children experiencing bullying in school, and trying to find solutions for children that had dropped out of school to be able to go back.

The UNICEF-supported element of CBCP has, however, been 'behind the loop' with respect to the most commonly cited issues of child labour and child marriage. Staff and beneficiaries spoke the language of 'integration' that belied the rather siloed structure of the UNICEF country programme. The evaluation was aware of UNICEF's sizeable efforts on child labour/marriage within other CO programmes, but their link with the CBCP programme is not always apparent. In the FGDs and KIIs child labour was one of the most commonly raised issues of concern, with several interlocutors stating that they would welcome UNICEF guidance on how to deal with both (i) prevention of children being taken out of school for employment; and (b) protection issues at the workplace for children employed in the informal sector.

The linkage between these and other CP issues raised in the centres is indisputable, but centre staff seemed ill-equipped to deal with them. During data collection, centre staff and beneficiaries frequently stated that one-off awareness raising activities about child marriage and child labour were "not enough" and "insufficient in content". Clearly this encompasses more fundamental economic and cultural root causes, but a more sophisticated and integrated programme response is needed, particularly since it touches on HRBA issues across all UNICEF programmes.

(vi) Summary of effectiveness issues

EQ 9	What are the main factors that have promoted or hindered the effectiveness of the programme? What are the key lessons learnt from the implementation of the programme so far?

Key Finding #10

Factors promoting effectiveness:

- Eager, willing, dedicated staff.
- Work by UNICEF to institute standardized PSS and CP activities/systems.
- Innovative tailoring of programmes to demand.
- Plurality of services offered in the centres including taking a multi-sector and holistic approach to meeting children and family's needs.
- The role of centres as an interface between the refugee population and state services.
- Centres promoting inclusion and resilience

Factors hindering effectiveness:

- Insufficient cooperation between centres and government
- Fluctuating funds /short-term donor cycle
- Staff need regular training and supportive professional supervision (especially for conducting structured PSS and when providing individual counselling and in case management)
- Harmful social norms
- Adolescents are not being sufficiently reached.
- The perennial issues and complexities of poverty which cannot all be addressed by UNICEF and other agencies

Factors promoting effectiveness:

- The evaluation found strong evidence of an eager, willing and dedicated staff.
- UNICEF has worked to institute a standardized approach to PSS activities and case management systems. These include UNICEF's standardized CP processes, forms and work to determine and triage risk.
- An encouraging start has been made at cross sectoral cooperation between CP centres and schools.
- There has been some innovative tailoring of programmes to particular circumstances. For example, in several centres there were separate activities for boys and girls as needed. Transport was provided, particularly to those in more remote areas. For working children, activities were in some centres conducted at weekends or in the evenings.

Factors hindering effectiveness:

- With most responses from centre staff and local government, the evaluation found a degree of caution due to insufficient information sharing on provided services between the two entities. This is not insurmountable; it often points to a mutual ignorance of the activities and approaches of the respective parties that could be mitigated through a closer working relationship.
- Fluctuating funds and the donor cycle of funding is not commensurate with realities and needs on the ground, and this can produce delays in activities or, in extreme cases, a curtailment of activities.
- Staff need training and supportive professional supervision, especially in regard to case management, structured PSS and individual counselling.

- More cooperation between CP and ADAP is needed to address perceived gaps in what is seen as relevant programming for adolescent girls and boys (it was reported in FGDs that adolescents are not being reached by the centres).
- Harmful social norms such as child marriage and child labour along with perception in Syrian community that adulthood starts at puberty.
- The grave realities of poverty which impacts everything from ability to access the centre, to school attendance to child labour to child marriage; there are no quick, simple solutions to complex problems.

(vii) Innovations/good practice and learning that might be used elsewhere.

EQ 10	Are there any good practices/innovations emerging from the programme that could be relevant for application in other contexts?

Key Finding #11

In overcrowded schools, attention to individual cases is impaired, and teachers have welcomed the additional services provided by the CBCP centres, including the outreach capacity of mobile centres and their potential ability to reach children in communities where school non-attendance is common.

The Syrian refugee population has been highly mobile and the demand for a one-stop information and assistance centre is high. Opening the centres to the Turkish population in catchment areas has been particularly useful in terms of social cohesion. Linking this with municipality activities supporting adolescents will be particularly important.

Building relationships with schools has been very positive, but a further expansion of CP-education partnership is required. The relationship with schools provides opportunities to reach more children while also providing support to children and families needing additional support through the centres, or vice versa (or potentially other service providers). It can also contribute to building the capacity of teachers, school counsellors and school administrators both on detection and referral on children and families in need of services and support and PSS. Perhaps most importantly, the long-term sustainable advantage will be to bolster capacity within existing structures in the community. Again, linkages with UNICEF's education programme are crucial, yet were not immediately apparent to the evaluation in the centres/schools visited.

Although good practices from other contexts may be relevant to Syrian children in Turkey, it is better practice to design and develop a specific PSS counselling package, including curriculum, facilitator's manual, student workbook, and M&E tools specific to the Turkey context. Several NGOs have sought creative solutions to include 'hard-to-reach' out of school, working children or young mothers; for instance, meeting them at different hours or at weekends when they are not working, or through more outreach activities. These efforts, albeit time consuming, were described as very positive (from both community respondents and service providers). They demonstrate the importance of developing relationships over time and finding practical solutions in, for instance, areas with high numbers of working children or more conservative areas.

Mobile Units have been a promising innovation. Their establishment has been a positive step in increasing outreach capacity in underserved areas, and mobile units work closely with local schools, for instance in Sanliurfa where the services were cited as very positive synergy between TRC and schools. The demand for increased outreach is high and capacity to meet this is low; there are not enough mobile units and time spent in respective locations is relatively short.

The demand for increased outreach capacity was high. In marginalised, underserved areas this would also include building capacity within communities themselves. Most interviewees remarked that quality over quantity was important focusing on fewer areas, but more intensively so as to build

relationships and trust, understand the specific needs of a given community, develop a contextually appropriate and specific approach, and work towards increasing coverage and sustainability over time.

> *"…the centre and activities need to be more embedded in the community and reaching families. Ultimately parents are the first to provide protection to their children, so by better reaching them and the community children will be better protected."*
> Youth worker, Urfa

Table 5 presents a brief summary of findings in relation to components of the CBCP programme other than PSS (which is covered extensively in the text). Some of these (e.g. GBV) allude to other UNICEF programmes with which greater coordination may be required.

Table 5: Summary of findings from CBCP components (other than PSS)

Component of CBCP Programme	Promising aspects	What needs strengthening
Parenting classes	Parents seem eager to partake in parenting classes UNICEF recognizes importance of helping children via helping parents	Awareness programmes as primary focus need diversification Need for deeper, on-going parenting classes (for example, classes that parallel what children learn via life skills and structured PSS)
Individual counselling	Children have access to specialized support and treatment through the centres Referral pathway to get counselling is consistent	Many staff do not have adequate training and/or supportive professional supervision to deliver effective individual counselling
Adolescent engagement activities	There is an Adolescent Strategy that was created specifically for Turkey Much has been done to contextualized UNICEF's Adolescent Kit	In the field, it is widely perceived by adolescents and parents that there are "no programmes" for adolescents
GBV Prevention	Awareness raising and structured PSS activities on GBV exist and are regularly facilitated at the centres	This approach may not adequately address GBV in this context

Efficiency

(i) Efficient use of staff, expertise, TA and resources.

EQ 11	How efficiently did UNICEF and its partners use resources (staff, expertise, resources) in the CBCP programme?

Key Finding #12

The evaluation found no evidence of inefficient use of human resources. However, a large percentage of staff in the centres (including youth workers, case workers and psychologists) are graduates who, though keen and hard-working, have little experience and continue to demand supportive supervision and more context-specific training. Lack of sufficient practical and professional supervision especially in regard to providing case management and structured PSS and individual counselling to children who have been abused and endured trauma is attributed to limited numbers of existing qualified and experienced personnel in-country. Burn-out was mentioned in some cases, compounded by the disincentive of feeling isolated with insufficient support resources. Some individual case workers reported having up to 200 cases they were dealing with. Ultimately this will affect the quality of their ability to respond to individual cases and monitor outcomes.

Overwhelmingly staff identified additional training as their main need. This is also related to staff burn out; the need for supportive supervision, training and contextualized tools. The lack of materials, resources etc. was not the issue; rather, it was a matter of application and appropriate usage of what already exists -the need for more practical experience in the workforce.

> *"It doesn't matter how many degrees you have if you have no basis or support for practical experience"* – psychologist in one centre.

Staff commented on how much time was spent on monitoring and reporting requirements. In addition, the focus on numbers in reports meant that organizations said they felt a pressure to keep identifying and introducing new groups of beneficiaries. Most staff expressed a desire to working with fewer sets of beneficiaries, but over a longer-term in order to build relationships and ensure a quality programme (effective PSS requires time). The observation may reflect the staff's own M&E capacity, and/or staff being overburdened by an already full schedule and being pulled in several different directions.

> *"The project doesn't allow for follow-up or working with children intensively over time because of always having to count 'unit numbers' [reporting requirements focused on numbers and meeting targets]. We try to adopt different approaches to continue to integrate children into our programmes over the longer-term, so they don't just stop receiving support. Sometimes we try to do these more actively and be present in the community. But sometimes it feels like a machine reeling out numbers rather than one working with vulnerable human beings."* NGO staff, Urfa

(ii) Staffing issues within the work context

Staff burn out impacts the quality of work and has driven turnover. Burn out and the need for staff self-care was reported in nearly every meeting (and the online survey) with service providers. Table 6 reiterates many of the issues raised above but is worth repeating in this context.

Table 6: cited reasons for staff burnout

Lack of supportive professional supervision
Lack of appropriate training
Large caseloads
Language barriers
Frustrations over lack of government follow through on CP cases
Disconnect between awareness raising campaigns and reality
Frustration that the monitoring system is primarily about numbers

(iii) Optimal UNICEF engagement with partners.

EQ 12	**To what extent are the different approaches (different combinations of services by different NGO partners in different locations and spaces/centres/units) comparable in terms of efficient delivery of service?**
Key Finding #13 Centres and geographic regions with the strongest relationship with the Ministry of Family, Labour and Social Services reported more efficient and effective work. It is highly dependent on context especially in regard to relationship with government. All partners have established case management referral pathways to government/statutory authorities, through which middle and high risk cases are regularly referred to government authorities. TRC has a particularly strong link with government. The more established organizations, such as ASAM and TRC appeared organized and focused in regard to the CP services and support and PSS activities offered and delivered. Centres with motivated and engaged staff also used innovative approaches that were aligned with the realities of the families they serve.	

(iv) Comparison of CFS, AFS, mobile units, centres in terms of efficiency and delivery of services.

CFS and AFS does not equal PSS. The evaluation draws on other global evaluations to emphasise the crucial point that recreational activities and what sometimes appears to be little more than day care cannot be equated with genuine PSS. While some centres use CFS more like day care, others use it as a space to run structured PSS activities and for detection and referral of children. During visits to centres, some CFS and AFS were not in use. For many of these children the CFS/AFS is the only space that they have to play and feel safe. That has value, but it would be misguided to think that by simply providing a space children's well-being and outcomes will improve. As noted previously, many parents and children described the CFS/ AFS as day care centres, in part this could be attributed to not having sufficient knowledge of activities undertaken in the CFS/ AFS. However, several services providers from some of the smaller NGOs also noted that the majority of activities in the CFS/ AFS were centred on recreational activities with a lesser focus on structured PSS activities. This may be indicative of insufficient capacity to undertake structured PSS activities.

A series of global studies indicate that while CFS has a tangential impact on a child's well-being they have very little impact on PSS and CP.[46]

As noted previously, mobile units were identified as a very valuable source of bolstering outreach capacity though capacity currently remains low both in terms of numbers of mobile units and time

[46] https://www.wvi.org/united-nations-and-global-engagement/publication/child-friendly-spaces-structured-review-current

spent in each respective location. The establishment of safe spaces for girls was also identified as a promising practice to also reach girls especially in areas where they were unlikely to be allowed to attend mixed groups.

Sustainability

EQ 13	To what extent is the programme sustainable? What are the opportunities for and risks to the sustainability of the CBCP programme?

Key Finding #14

Despite the challenges in providing sufficient practical and professional supervision to a relatively inexperienced workforce in the centres, the CBCP has provided an opportunity to work with a young, enthusiastic workforce and build skills and capacity over time. This has the potential to be one of the greatest contributions to sustainability in terms of transferable skills acquired and could be an important lesson learned and consideration for future systems strengthening endeavours.

UNICEF has been working with Government counterparts to improve child protection by addressing structural challenges of the existing systems. In 2016, UNICEF continued to work with MoFSP (now MoFLSS) to improve quality assurance mechanisms for alternative care services. UNICEF supported the rollout of self-assessment systems for residential care institutions in all 81 provinces and trained 3,406 staff to use them. Consultations were held to guide the formulation of Minimum Standards for Care Services for CWDs, setting regulatory measures for care facilities. Meanwhile, UNICEF, MoFSP and the Prime Minister's Office prepared Standard Operating Procedures to strengthen policies and programmes for UASC, elaborating preventive and remedial actions, and made preparations for their implementation. A gradual engagement with the Directorate General for Migration Management under Ministry of Interior (DGMM) led to the drafting of a rolling work plan that became operational from 2017. However, there is still a need to advocate with MoFSP and the DGMM concerning the need to strengthen identification, age-assessment, family-tracing, and care options.

UNICEF's support to the CBCP centres has enabled a new generation of support workers to enter the sector. The enthusiastic young workforce of care workers (including case workers, psychologists, youth workers etc.) in the centres comprises individuals who have to a large extent chosen this as a career path. Many of them prefer to stay within the TRC or NGO institutions for several reasons: (a) the centres present opportunities for hands-on experience and acquired knowledge and expertise in dealing with children; (b) TRC and NGOs are flexible institutions that allow for professional development; and (c) salaries are generally higher in NGOs.

Scaling up the CBCP programme is not the answer. Although there may be an argument for opening new centres in places where the Syrian population has grown, the evaluation found a greater demand for depth rather than breadth in developing the programme further. The key challenge is to enhance the quality of services and staff in existing centres while using these centres as a catalyst for government-led services. The centres currently serve approximately 70% Syrians and 30% non-Syrians. The proportion is good, but since community cohesion is cited as a major issue, they must be increasingly promoted as being open to Turkish as well as Syrian children.

One risk associated with the CBCP programme is in raising expectations, and perhaps also in exacerbating issues around social cohesion. The evaluation heard complaints from the small number of Turkish citizens attending the centres that in general the Turkish population felt that local resources and facilities unfairly favoured Syrians. Conversely, some interviewees felt that the centres had had a positive influence on integration in the community by opening up to all nationalities. Local government responses to social cohesion tended to be defined in terms of joint activities – sports and arts – and in finding and funding the infrastructure necessary for this. Indeed, several national and local government officials interviewed by the evaluation suggested that most of child protection issues were

directly attributable to lack of Syrian integration, and the solution was to create more opportunities for social cohesion.

With an uncertain and short-term funding landscape, the sustainability of the CBCP programme has added urgency. Advocating and providing technical assistance support for the integration of CBCP activities into ministry and municipality programmes and budgets is an obvious first step. Beyond this, UNICEF should explore with the more experienced partners who do not depend solely on UNICEF funding what their potential is for stand-alone programming. Linking these with the private sector might also be explored.

Coherence & Coordination

EQ 14	**To what extent does the CBCP programme add value to other services provided by government or UN?**
EQ 15	**Does the CBCP programme facilitate synergies and avoid overlaps with the interventions of other partners (Government entities, UN, NGOs, other relevant actors) in the refugee crisis response in the (child) protection sector?**
EQ 16	**To what extent has the many donor/evaluation/ monitoring missions created additional transactional costs for partners on the ground?**

Key Finding #15

Sustainability and replicability will depend on enhancing the quality of services already on offer rather than expanding the number of centres. Where openings have presented themselves, UNICEF has effectively built relationships, particularly with municipalities in the SE where government-led coordination has been more systematic. The bottlenecks appear to be mainly at strategic management level, hence the importance of redoubling efforts to assist local government in multi-sectoral planning. Greater engagement with GoT (ministerial and local) might include, for instance, joint work on outreach and case management between government and TRC/NGO partners to bolster trust between these institutions.

The centres currently serve approximately 70% Syrians and 30% non- Syrians. UNICEF-supported centres were established as a response to the Syria crisis and to fill a gap in service delivery for Syrians. On the other hand, the centres do assist where a Turkish child or their families need support and assist them to access government services. With community cohesion being frequently cited as a major issue, a balance has so far been maintained between the primary focus (Syrian population) and potentially increased demand from the Turkish population.

UNICEF has participated in all relevant national and sub-national coordination mechanisms, providing co-leadership of the Education Working Group (WG), the Child Protection Sub-WG, the Southeast Turkey Education WG and the Southeast Turkey Child Protection Sub-WG. UNICEF has also been closely partnering with WFP to ensure a strong coordination between the ESSN and the CCTE.

UNICEF is one of few agencies well-placed to influence policy and approaches of the GoT. A new partnership developed in 2017 with the DGMM opened up TA in capacity building to promote the centrality of the best interest of the child in migration management policy.[47] For CBCP, MoFLSS is the key counterpart agency, and the referral body for case management. To date, the advocacy and training within MoFLSS has been in relation to: PSS in emergencies; Residential Care Centres administered by the ministry; Parenting; Child Marriage Prevention and Response; and recently, child

[47] The evaluation has not been made aware of the results of this.

protection for Social Service personnel.[48] In 2018, to strengthen the case management process, UNICEF conducted an analysis of case management and is currently defining with the MoFLSS a road map to review specific aspects of the case management process and strengthen gate keeping mechanisms.[49] The challenge has been to support the expansion of protection services in communities with a high concentration of refugees in a time effective manner, given the short-term funding available to the sector. Looking ahead, though, this is where greater effort should be expended from 2019 onwards.

A perception expressed by the MoFLSS in Ankara is that UNICEF spends a great deal of energy trying to develop quantity/quality indicators for what is a relatively small programme. They told the evaluators that with limited funding UNICEF might have greater impact on, for example, improving data and knowledge of child labour and/or technical assistance programmes for MoFLSS. The evaluation judges that this is not an 'either-or' choice, but notes that PSS and CP, as understood by government, is of less concern to them now than it was three years ago. The key issues now are around education and social cohesion. Meanwhile, UNICEF's partnership with the Ministry of Youth and Sports (MoYS) has been fruitful; trained child protection staff began to identify and assess vulnerable Turkish and refugee children in youth centres located in 25 provinces.

The CBCP programme presents opportunities for a holistic integrated approach to CP that would inform GoT's strategy in the future. UNICEF's important work on advocacy and strategic development with national and provincial government is complementary and commensurate with the field experience and knowledge derived from CBCP centres. In 2018 UNICEF began collaboration with the Union of Municipalities of Turkey, ensuring availability of tools and trainings to a wide range of municipalities across the country using an online platform. To date, UNICEF has worked on multi-sectoral workplans with four municipalities. However, although working through local government presents many advantages, there are challenges:

(i) The bureaucratic process required of local government to directly address issues such as child marriage and child labour, for instance, are onerous. They include legislative apparatus, a regulatory framework, inspection staff, formal petitions, etc. – and many of these provisions are not – especially in the current economic climate – budgeted for.

(ii) Because in most municipalities Syrian refugees are not recognised as a distinctive caseload, the only available options are to either absorb them under existing budget lines and activities or to depend on external funds and NGOs to identify – and fund – targeted populations of concern.

(iii) The Kilis Municipality centres (14, of which UNICEF funds 7) report that some important provisions are not budgeted for and so are provided through external (international) assistance; but this has predominantly been earmarked for Syrians alone.

(iv) Recruiting qualified staff to work in town such as Kilis is a constant and seemingly irresolvable problem. In particular, the lack of Arabic-speaking staff is a challenge.

> *"We refer cases needing specialized services to MoFLSS, Unfortunately, we cannot follow-up these cases because they are not allowed to share any information."* - Nizip camp CFS

Building trust requires a more concerted effort to include GoT in the operational aspects of the programme. Embedding NGO staff in municipalities (ASAM in the municipality of Avcilar (Istanbul), for example) has proven successful, but the evaluation saw little evidence of a concerted effort to invite

[48] UNICEF has introduced quality assurance compliance mechanisms in MoFLSS residential facilities for children without parental care in 172 facilities. Here, guidelines and training modules have been developed for the Child Development Programme. There has also been collaboration with the ministry over the ANKA programme, a psychosocial support and life skills development programme for children in residential care.

[49] According to the COAR 2018, the new UNICEF Psychosocial Support Guidebook and the correspondent Training Programme were also reviewed and 238 staff of the MoFLSS, MoH, Disaster and Emergency Management Presidency (AFAD) and the Turkish Red Crescent were trained as trainers.

and include GoT staff in activities within the CBCP centres. efforts to promote involvement of government officials in outreach could be increased.

Application of HRBA

EQ 17	**To what extent has the Human Rights Based Approach (and, in this framework, the equity focus and gender mainstreaming) been applied in the programme?**
EQ 18	**How are staff and beneficiaries protected from any potential individual abuse that may occur within the work context?**

Key Finding #16

While recognising UNICEF's work in three targeted priority areas (child marriage, GBV and girls' secondary education), equity and gender issues within CBCP services and centres were not a major area of concern raised by KII respondents. However, gender was mentioned as a continued factor during FGDs. The needs of girls and boys are very different – this becomes even more crucial as they enter adolescence. Some partners were aware of, and responsive to gender issues. Some centres were responsive to the different needs of boys and girls but holding separate activities for girls and boys. Where some trepidation was expressed by parents over leaving their daughters at the centres, this could be overcome by increasing knowledge and trust, however the long-term shift in how girls and boys are limited, is a societal change that will take more time and effort.

Awareness raising on child rights provoked some negative responses from evaluation respondents who were keen to point out the disconnect between this and the pressing economic and cultural realities that make child marriage and child labour necessary and to which programmes within the centres (and outreach) can have little impact.

UNICEF's response in Turkey is firmly conceptualised from a rights-based approach as evidenced in its Country Programme Document 2016-2020, and subsequent annual reports. The evaluation question specifically asks about the extent to which the HRBA has been applied to the community-based child protection programme, and within this specifically how the equity focus and gender mainstreaming has been applied. UNICEF's recent 2018 annual report note that as an upper middle-income country with well-established public infrastructure, Turkey "has substantial capacities to uphold child rights and, indeed, to contribute to child rights beyond its borders".[50] Within a context of relative economic prosperity, the major issue, however, is inequality within the population, with particular impacts on children with disabilities, children who work, children without parental care, children in contact with the law, and children who are refugees. The community-based child protection programme focussed significantly on refugee children, but also includes children from host communities in some activities as part of social cohesion initiatives. Within the human rights-based approach, very different issues face girls and boys. Important efforts have been made to target the needs and specific issues of girls, but there was less visibility of the needs of boys in programme documentation and in interviews and focus group discussions.

The evaluation recognises UNICEF's three targeted gender priority areas under Outcome 3 of the Country Programme, while mainstreaming gender in the remaining CP outcomes. The three cross-sectoral priorities include ending child marriage, addressing gender-based violence in emergencies, and advancing girls' secondary education. A three-year joint UN programme on child marriage began in 2018 under the leadership of UNICEF with the participation of four other UN agencies. This aims to strengthen the policy environment and local institutional capacities to address child, early and forced marriage more effectively, and will address the negative social norms which help to sustain and perpetuate the practice in 12 provinces.

Through partner NGOs, UNICEF supported the provision of multi-disciplinary services for at-risk girls and GBV survivors targeting both refugee and Turkish girls. Two "Girls Safe Spaces" in Mardin and

[50] UNICEF, Country Programme of Cooperation 2016-2020, Annual Report 2018 Executive Summary,

Sanliurfa have been supported. These spaces provide girls at risk and survivors of gender-based violence (GBV) with counselling, tailored PSS, legal counselling and referrals. They have reached 8,082 Syrian and Turkish girls and women (78% of them girls) with structured and community-supported activities. Moreover, 29,050 individuals (65% of them girls) have participated in community-based interventions for the prevention and mitigation of GBV.

In the centres, gender considerations were usually limited to deciding when to segregate girls and boys. Some partners are having girls or boys only courses, but it is for them to decide when to do so and in many instances is determined by what is most appropriate and realistic in a given location. However, staff and parents were cognisant of the differences in expectations of girls and boys, and particularly the reasons that adolescents did not attend the centres. It was mentioned in FGDs that girls might stop attending the centres during adolescence due to being kept home due to perceived safety issues, getting married, and being required to do domestic work in the home. Boys on the other hand were, in some areas, reported to stop participating in PSS activities around age 12, when they are often expected to work to help support their families.

In addition to targeting the specific needs of girls, there is another consideration which the Country Programme Document highlighted: In order to measure progress towards child rights with equity, additional information that is more frequent, comparable and disaggregated by gender, geography and disadvantaged groups, should be generated, including through better use of existing databases and surveys.[51] The child protection programme was diligent about disaggregating data by sex and age, and there were other categories of disaggregation that allowed UNICEF to demonstrate that it had reached out-of-school children, children with disabilities, refugee status, particularly vulnerable groups such as girls and women who were affected by gender-based violence. Given UNICEF's recent strategy on data, there is the potential for more sophisticated collection and/or use of data to further the rights of children in Turkey.[52]

An opportunity to deliver on Article 12 of the CRC.[53] There is an opportunity to facilitate the participation of children and young people in the tailoring of well-being measures, to ensure that their understanding of well-being is incorporated into future tools. This may also open up an opportunity to engage with adolescents, especially boys, who are generally absent from the centres to find out what is important to them and how to make the centres relevant to them.

Raising awareness of children's rights issues highlighted tensions. These tensions were twofold: that centres were not practically able to respond to issues such as child labour and early marriage, and parents' frustrations that awareness of child rights did not put food on their table. This is a very typical HRBA tension in the most pressing priorities of a populations are not necessarily those of a rights-focussed programme. There is a risk to a programme's credibility if it is not seen to be addressing the population's needs. This situation has frequently occurred when organisations have implemented approaches to address harmful cultural practices which communities may even be ambivalent towards, but the practices are not high on their list to dismantle when meeting survival needs are the priority. There was evidence that this scenario was beginning to be played out among some of the refugee communities in Turkey. During the course of the evaluation, many children, parents and service providers expressed frustration at the discourse on 'rights' through awareness raising initiatives undertaken through the centres, especially on issues such as child labour and child marriage. Respondents underscored that such awareness raising initiatives sought oversimplified solutions to complex problems and a compliance approach was not sufficient. As noted previously, it is outside of the remit and ability of the CBCP to 'solve' such problems. Clearly this encompasses more fundamental economic and cultural root causes. But a more sophisticated and integrated

[51] UNICEF, Country Programme Document, 2015, E/ICEF/2015/P/L.19

[52] UNICEF, Data for Children, From Insight to Action: Using data to drive results, November 2017

[53] Article 12 of the Convention of the Rights of the Child, is the right for a child to be heard, and has been broadly conceptualized as "participation". This term has evolved and is now widely used to describe ongoing processes, which include information-sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are taken into account and shape the outcome of such processes. See CRC General Comment 12 (2009)
https://www.refworld.org/docid/4ae562c52.html

programme response is needed, particularly since it touches on HRBA issues across all UNICEF programmes. The CBCP presents opportunities to build on this through the already established multi-sector linkages and referral pathways, seeking to meet children and family needs more holistically.

5. Lessons & Conclusions

One would assume that in an upper middle-income country such as Turkey UNICEF's added value would be in 'upstream' strategies likely to influence an already adequately financed, committed and equipped government. Yet the protracted nature of the Syrian crisis and the unprecedented number of refugee children in Turkey continues to require large-scale and visible delivery of basic services. In line with 3RP priorities, the shift towards resilience and sustainability has been the dominant narrative within UNICEF's country programme, with community-based services being open to host communities as well as refugee children. Although beyond the scope of this evaluation, the link between CBCP and economic stress is unavoidable, and it is important to recognise UNICEF's engagement with national systems to quickly scale up support to vulnerable families (for example, through the extension of the Conditional Cash Transfer for Education to refugees).

In 2018 UNICEF undertook an internal review process. A key finding – and one confirmed by this evaluation – was the need to streamline internal coordination mechanisms to enable more systematic cross-sectoral work. Too often, the evaluation heard the circular argument that children's exposure to abuse, removal from school, child labour and child marriage were all related to economic pressure on families, and that the CBCP centres were dealing with symptoms rather than causes. The answer lies in approaching target groups of children (in particular adolescents) in a more integrated manner that involves a wider range of potential stakeholders. UNICEF's global Strategic Plan 2018-2021 called for "cross-sectoral and multi-sectoral programming that responds holistically to children's needs". The individual CO programmes, however, have yet to achieve optimal cross-reference and synergy.

The evaluation was convinced that the centres are a vital first port of call for the plethora of issues facing both the increasingly settled Syrian populations in urban areas and the more transient populations. Apart from providing potentially valuable services, they have enabled a new generation of support workers to enter the sector and become a valuable human resource for the future. However, the UNICEF programme itself does not need scaling up; rather, efforts should now concentrate on the quality and depth of services already in existence by providing better training for partners already in the field. Additionally, it may be useful to tailor current activities to specific needs of girls, boys and adolescents. Moreover, new opportunities for scaling up outreach and identifying vulnerability need to be found.

The CBCP programme presents useful evidence drawn from hands-on field work that if coupled with the presentation of good practice and innovations could become a compelling catalyst for furthering the work of GoT ministries and provincial authorities. Central to this must be multi-sectoral strategic planning and a clearly outlined strategy for how to better engage with GoT, particularly at provincial levels. This might include, inter alia, increased embedment of TRC/NGOs within local government involving government workers to accompany centre workers on all activities, including outreach.

Notwithstanding budgeting and bureaucratic constraints, UNICEF's collaboration with municipalities is a valuable entry point f0r sustained CBCP activities in the future. Referral pathways in case management have generally been strong, though it has been problematic to find synergy between NGO referrals and follow-up and the government's restrictions on sharing case management data.

The CBCP centres offer a range of services from PSS, outreach, case management, GBV prevention and response, registration services, legal awareness and/or legal aid, and nutritional support. This is through a centre-based approach and through outreach, though not all these are offered in each centre. The evaluation has shown that the quality, effectiveness and sustainability of CBCP services through the centres vary considerably, a finding backed by other research.[54] The report gives particular attention to PSS, noting that this is a process, not a physical place. The difficulty is that outcomes attributed to the services promoted by UNICEF have been based mainly on general observation and

[54] World Vision (2015) Evaluation of Child Friendly Spaces

require a more rigorous and consistent manner of obtaining convincing data.[55] Monitoring has hitherto focussed on numbers of children reached, despite UNICEF having made significant efforts since 2018 to capture qualitative assessments of accrued benefits. Well-being indicators need to be tailored to the specific context and to the age group. Most importantly, the monitoring system needs to capture positive impacts over a longer timeline than is allowed within annual funding cycles.

Uniformity in approach and consistency in training and re-training were still needed in many centres. Partners – particularly NGOs and municipalities - need support in using effective and safe PSS and counselling approaches. Notwithstanding the evident commitment of most of the staff, nearly all those interviewed expressed a strong need for on-going training in do-no-harm, evidence based structured PSS, and ongoing supportive professional supervision. Finally, the evaluation recognises the importance of the CBCP centres both as a focal point for community activities and cohesion, and also as referral centres for children in need of additional assistance and protection. They should be retained, and the gains made so far should be built upon.

Broader lessons drawn from the evaluation include:

- The CBCP centres examined are often dealing with symptoms of a wider set of problems that include child labour, child marriage and economic pressures. These challenges face all stakeholders. UNICEF's other country sectoral programmes that contribute to addressing these issues are not yet sufficiently integrated, resulting in some frustration from stakeholders (recipients and partners) over the lack of information exchange and advice.
- Several centres tailor activities in order to better reach adolescent girls and boys and meet their unique needs. Similarly, several centres including mobile units find creative solutions to diversify outreach efforts building trust with children and communities over time, reaching the more vulnerable and ultimately building capacity at the community level. These are examples of good practices and this learning can be shared and encouraged with other partners.
- Training partners in the production of strong outcome data with complementary narrative reports will help strengthen the context and specificity of the interventions.
- Understanding context and the changing needs of an increasingly integrated refugee population requires needs assessment at community level, not just of those who already access the CBCP centres. The most vulnerable are often those most difficult to reach. Partnership between NGOs and government entities in this respect would enhance the effectiveness and sustainability of all current programmes.
- Several of the CP services offered at the centres require follow-up and further counselling that goes beyond the project cycle. PSS, for example, is a process and may take several years to achieve a positive impact.

[55] Gurvinder Singh & Charlotte Tocchio, '*Child-friendly spaces: enhancing their role in improving learning outcomes'*, Forced Migration Review, Issue 60, March 2019 (forthcoming).

6. Recommendations

The following recommendations are, presented in order of priority and in each of the two categories. For the most part, they can be implemented immediately with a view to being reviewed/evaluated in a summative evaluation of the Country Programme in 2021.

UNICEF – broad programme recommendations

- **UNICEF should focus on strengthening the quality of PSS and CP services (specifically life skills classes, structured Resilience activities, one on one counselling, referral mechanisms and case management), rather than increasing quantity of centres.** This should include enhanced training and supportive professional supervision for service providers, greater attention to 'do no harm' evidence-based approaches and a stronger focus on reaching adolescents.
- **To reinforce the linkages between programme approaches on child labour/marriage, case management and PSS, and to continue to encourage a more holistic multi-sector approach to prevention and response including the role of the CBCP in wider systems strengthening efforts, UNICEF should (i) provide specific advice and training for centre staff on how to deal with issues arising from these; and (ii) find more systematic and practical ways of transferring learning across its own programme divisions to the benefit of partners.**
- **The CP programme should work more closely with UNICEF's Adolescent Development and Participation Unit (ADAP) to create new ways to reach adolescent girls and boys. This will require an approach that is unique to the Turkey context, rather than the application of a global tool without adequate adaptation and contextualization. An Adolescent Strategy for Turkey has already been developed but on-going effort is needed. A deeper gender analysis of existing programmes for adolescent girls and boys would also be useful to guide existing and future efforts.**

UNICEF – technical recommendations

- **To ensure that monitoring captures qualitative data, the M&E tools should be reconfigured to include the measurement of well-being.** UNICEF might, for instance, invest in developing unique, contextualized tools to measure well-being, rather than rely on a global tool that may not be relevant or appropriate to the target population.
- **A thorough review of the PSS modules should be undertaken (a) to ensure that they are fully contextualised to local situations, and (b) to expand and increase complementary focused lessons that teach stress reduction, emotional regulation, critical thinking and conflict resolution techniques.** Consideration should also be given to creating a parallel programme for parents to learn the same skills. Children will more likely integrate PSS tools and skills into their daily lives if their parents are also using and reinforcing such tools and skills.
- **UNICEF should continue to work on ensuring that "exposure" methods - where children are asked to think of disturbing situations - should not be used in the centres with Syrian refugee populations.** UNICEF has addressed this with the relevant partners, but it was still mentioned by some service providers. UNICEF might want to consider ensuring that there is a 'replacement' option of training and approaches, such as nondirective play therapy (for young children), and Cognitive Behavioural techniques (older children and youth). These tools are evidence based and have been thoroughly adapted for specific use with lay-practitioners

in other contexts.[56] Staff at centres receive training from a plethora of different organizations –including psychologist faculty at local Universities. While exposure method EMDR is used among the Turkish population, it should not be assumed that this is automatically safe to use with Syrian population whose daily lives are still in transition – and safety remains an issue.

UNICEF – Partner recommendations

- **To increase outreach activities and encourage closer collaboration between service providers and local government, UNICEF should increase its effort to overcome current obstacles**
- **As part of their technical assistance to MoFLSS and in an effort to align systems strengthening efforts, UNICEF should look closely at replicating the TRC and ASAM models of case management and information storage.** The MoFLSS is aware of these models and has been responsive to working more closely with ASAM particularly at provincial levels. TRC already has a government endorsed role in case management and this could present an opportunity for further building on their role to increase geographical coverage and capacity. It might include working with MoFLSS at the provincial level (and subsequently also transferring skills).
- **CBCP staff providing PSS support should receive additional training and retraining in the following:**

Suggested trainings for Youth Workers[57]	Suggested trainings in evidence based do no harm approaches for service providers
How to work with children & basic child development What is PSS Signs of children needing referral	Cognitive Behavioural Therapy Mindfulness Nondirective play therapy

[56] For example, tools developed specifically for UNRWA Gaza's Community Mental Health Programme and UNICEF Palestine's efforts in Gaza

[57] Service providers and youth workers mentioned wanting training for Youth workers on these topics. Since this is a participatory evaluation the language and a summary of training requests of those interviewed are included.