Final Evaluation of IRC-Maya Response: DEC Türkiye -Syria Earthquake Appeal

Final Report

Swathi Gokulan

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STOOS Consulting would like to extend its gratitude to the International Rescue Committee (IRC) for the opportunity to evaluate the impact of their MHPSS and protection interventions in Türkiye and for their collaboration and guidance throughout the evaluation process. We also thank Maya Vakfı for their support in facilitating access to project information and participants. Finally, we are deeply grateful to the clients, who shared their experiences and insights regarding the services they received ,to inform this evaluation to support future programming.

About the IRC

The International Rescue Committee (IRC) is a global humanitarian organization dedicated to providing life-saving assistance and long-term support to people affected by crisis and conflict. In Türkiye, the IRC works to address the needs of refugees and vulnerable host communities through targeted interventions in health, protection, and livelihoods.

About Maya Vakfı

Maya Vakfı is a Türkiye-based organization specializing in psychosocial support and protection services for children and their families. With expertise in trauma-informed approaches, Maya Vakfı provides holistic care to promote resilience and well-being among vulnerable populations.

About STOOS Consulting

STOOS Consulting is a consultancy firm specializing in monitoring and evaluation, research, and capacity building across humanitarian and development sectors. Based in the MENA region, STOOS operates in Türkiye, Syria, Iraq, and beyond, providing tailored solutions to advance program effectiveness and accountability.

Acronyms

CHS	Core Humanitarian Standards
DEC	Disasters Emergency Committee
FGD	Focus Group Discussion
IPA	Individual Protection Assistance
IRC	International Rescue Committee
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability, and Learning
MHPSS	Mental Health and Psychosocial Support
MSC	Most Significant Change
NGO	Non-Governmental Organisation
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
PSS	Psychosocial Support

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Executive Summary

In response to the 2023 earthquake in Türkiye, the International Rescue Committee (IRC) implemented a one-year project (November 2023–October 2024) with funding from the Disasters Emergency Committee (DEC) to address critical mental health and protection needs among affected children and caregivers in Adıyaman, Hatay, and Şanlıurfa. The project is part of Phase 2 of DEC's Türkiye- Syria Earthquake Appeal, which prioritized a recovery response in Türkiye while the earlier Phase 1 was focused on emergency response. For this project, the IRC partnered with the Maya Vakfı —recognized for its strong local networks and MHPSS (Mental Health and Psychosocial Support) expertise—to implement integrated child protection and MHPSS activities. The project targeted children, adolescents, and caregivers from both host and refugee communities living in container cities and informal camps in the targeted provinces. It aimed to address urgent and evolving psychosocial and protection needs following the earthquake by providing art-based structured group psychosocial support sessions (PSS), individual counseling, positive parenting sessions, and Individual Protection Assistance (IPA) and referrals to specialized MHPSS and protection services.

STOOS Consulting conducted this final evaluation over the period from October 2024 - January 2025 to assess the project's performance and overall results. The evaluation focuses solely on the MHPSS and child protection project implemented by Maya Vakfı under the overall DEC-IRC partnership. It aims to assess the full implementation period of the IRC-Maya project from November 1, 2023, to October 30, 2024, across Adıyaman, Hatay, and Şanlıurfa in Türkiye.

The evaluation follows the OECD-DAC criteria of Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability, alongside the Core Humanitarian Standards (CHS) on Quality and Accountability. A mixed-methods approach was adopted with both qualitative and quantitative data collection methods including desk review, beneficiary surveys, focus group discussions (FGDs), in-depth interviews with beneficiaries and remote key informant interviews (KIIs) with IRC and Maya staff. All primary data collection was conducted remotely. A purposive non-random sampling approach was utilized, constrained by challenges in direct beneficiary access. The key findings from the evaluation and related recommendations are summarized below:

Key Findings

Relevance

The project's overarching goal of supporting earthquake-affected children and caregivers living in container cities and camps remained highly relevant, particularly in addressing urgent psychosocial needs. While the MHPSS interventions such as structured group PSS sessions, individual counselling, positive parenting and MHPSS referrals support directly tackled critical service gaps for underserved communities, the child protection activities were less relevant in its approach to addressing the specific child protection risks or threats faced by displaced children. The protection referral support was relevant and much-needed for caregivers and families to avail services like legal aid, but the individual protection assistance (IPA) provided items that were more in line with general emergency assistance such a food support, market support etc rather than more specific protection support such as dignity kits, solar lamps, awareness-raising on protection threats, children's rights etc., that would more directly link to improved safety and security outcomes for children.

The MHPSS components were timely and well-aligned with the emotional and psychological needs of both children and caregivers facing trauma, grief, and the daily stress of displacement and living in harsh conditions. Participants appreciated the structured PSS sessions for their adaptability and age-appropriateness, and for being refined throughout implementation based on participant feedback. When it became apparent during the first quarter of implementation that caregivers attending parenting sessions also needed psychosocial support for their own well-being before needing parenting guidance, the sessions were redesigned to include personal well-being and PSS components. In addition, due to the low participation of male caregivers in the initial phase of implementation of the parenting sessions, outreach strategies were adapted to reach more male caregivers by holding sessions at tea houses and near mosques with the support of local community leaders. Maya Vakfı's role as an implementing partner was especially relevant due to its recognized MHPSS expertise, established local networks, and strong credibility in the field. Moreover, the referral services successfully connected beneficiaries with specialized mental health care, further bolstering the project's relevance.

By contrast, the protection component—which included Individual Protection Assistance (IPA) and referrals—had limited success in addressing child protection threats in a direct or sustained way. While IPA distributions were beneficial in covering immediate commodity needs such as food, groceries, clothing, or medical support, they did not clearly translate into child protection outcomes such as improved safety or security . Further, the scope and type of services provided under IPA was also not clearly defined in the project's design or initial budget. This lack of clarity on the scope of the IPA was was also highlighted by key informants. Similarly, although the protection referrals facilitated access to important services like health, education, and legal assistance, the explicit link between this support and the project's broader child protection objectives was not evident in either the project's design or its practical implementation.

Efficiency

Although the project achieved its overall targets, significant disparities emerged in how effectively different components were delivered. Mental Health and Psychosocial Support (MHPSS) activities, such as structured PSS sessions and positive parenting workshops, benefited from Maya's local expertise and strong community ties. These interventions were implemented on schedule, surpassed beneficiary targets, and received positive feedback, as shown by beneficiary accounts and project reporting. The individual counselling and MHPSS referrals mechanism also achieved its stated targets and met community needs, but faced efficiency issues such as implementation delays due to bureaucratic hurdles, staffing shortages and staff burnout. The child protection component, particularly the IPA, experienced significant delays. A critical oversight in the initial budget meant that IPA lacked a dedicated budget line, and subsequent funding approvals only arrived late in the project cycle, compressing all IPA distribution into the project's final month. This left minimal time for beneficiary follow-up, tailoring support, or correcting course.

Financial and operational hurdles also hindered overall implementation. Delayed disbursement of the initial payment tranche from IRC to Maya due to administrative delays, staff turnover and prolonged vacancies in key positions like project coordinators and psychologists, logistical difficulties in commuting to new sites, and the absence of a centralized project manager and clear delineation of roles and responsibilities within the partnership between the IRC and Maya, all contributed to inefficiencies. Despite these obstacles, both the IRC and Maya staff demonstrated adaptability and dedication, ensuring that vital MHPSS services continued. Strengthening organizational management, clarifying budget allocations early on, and investing in targeted capacity-building on financial and administrative management would have contributed to more efficient implementation of the project.

Effectiveness

The project's MHPSS activities effectively addressed the emotional well-being of children and caregivers, earning wide praise for their ability to build resilience, confidence, and coping strategies as they navigate complex emotions in the aftermath of the disaster. Group sessions combined creative methods—drawing, singing, role-playing—with systematic psychoeducation to help younger children express emotions and teenagers handle stress. Participatory methods and targeted engagement through age-appropriate activities, translator support, and supportive facilitators—ensured high satisfaction and inclusive engagement. Feedback from focus group discussions (FGDs) with children and surveys with caregivers revealed positive outcomes in emotional expression and regulation, social engagement, and family relationships. Notably, 99% of surveyed caregivers reported their children were satisfied with the group PSS sessions, with 53% "very satisfied" and 46% "satisfied". All surveyed caregivers believed the sessions were accessible to both girls and boys and all respondents also acknowledged the facilitators' effectiveness in ensuring children felt safe and engaged during sessions Trauma-informed parenting sessions were particularly effective, integrating caregiver well-being and leading to improved parent-child relationships. Participants reported practical applications of new parenting skills, reduced reliance on punitive disciplining approaches, increased confidence, and the creation of supportive environments for sharing and learning.

While the MHPSS component demonstrated positive outcomes child protection activities faced several challenges that limited its overall effectiveness. Although the project surpassed targets for Individual Protection Assistance (IPA) distributions, the delayed implementation of IPA and one-time in-kind support, which was largely food and market support, was not as effective in ensuring safety, dignity and security among beneficiaries. The absence of a formal tracking system for referrals meant it was hard to gauge how beneficiaries accessed specialized services like mental health care or legal aid, and how these cases were followed up on by Maya. Key informants noted that greater capacity-building in child protection, stronger referral follow-up, and better alignment of budgets earlier on would have boosted overall effectiveness in this domain.

However, both MHPSS and protection elements did deliver immediate benefits to vulnerable communities, who expressed high levels of satisfaction with both MHPSS and protection support. Caregivers reported improved relationships at home and greater emotional resilience among children, while in-kind support and referrals did address basic needs for families. With better planned and more focused child protection measures and a stronger referral mechanism, future projects could harness the same strengths in MHPSS to create a more integrated and consistently effective intervention.

Impact

Overall, the project achieved significant positive outcomes for both children and caregivers. The MHPSS interventions demonstrated especially strong impact improving emotional well-being, enhancing coping skills, and fostering healthier family relationships. While the child protection component also yielded some results, the relatively low participation of protection beneficiaries in the evaluation meant its overall impact could not be assessed in-depth.

01 Strong MHPSS Impact

- **Improved Emotional Well-Being:** Children reported reduced stress, stronger social interactions, and heightened self-confidence. Caregivers observed less disruptive behavior and noted that children managed anger and anxiety more effectively. Among surveyed caregivers whose children received MHPSS services (n=134), 75% reported improved social interaction and communication, 72% observed better emotional control, 67% noted increased confidence and resilience, and 51% reported reduced signs of trauma or stress.

- **Family Bonding and Positive Parenting:** Of caregivers who attended positive parenting sessions (n=89), 91% reported improved trust, 88% noted better communication, and 48% expressed a deeper understanding of their child's needs. It was also observed by caregivers that the sessions helped shift parenting styles away from punitive approaches toward greater empathy and open communication. Many caregivers remarked on stronger trust and more thoughtful discipline.

- **Broader Mental Health Awareness:** The project contributed to a shift in attitudes toward mental health support, with project staff observing an increased willingness among caregivers to seek professional help, thereby reducing cultural stigmas associated with mental health issues.

02 Mixed Effects on Child Protection

- **Individual Protection Assistance (IPA):** Limited survey responses (n=15) from beneficiaries who received IPA indicated that 47% felt the support "very much" addressed their children's immediate needs or risks, while 53% felt it "mostly" did. However, staff noted that the delayed implementation and one-time nature of in-kind support limited its ability to contribute towards long-term safety and security. While households appreciated support such as e-vouchers and essential goods, the late implementation and lack of specialized child protection follow-up reduced potential long-term safety benefits.

- **Staff Capacity and Coverage:** Key informants highlighted gaps in Maya's technical background in child protection, pointing to a missed opportunity for deeper impact if more formal capacity-building and tighter follow-up mechanisms had been in place.

03 Gender-Differentiated Impact

- **Empowering Adolescent Girls:** Through targeted interventions (e.g., Skills for Psychological Recovery), girls reported feeling more confident, vocal, and capable of changing not just their own circumstances but those within their communities.

- **Involving Fathers and Male Caregivers:** Fathers learned to better manage work and family-related stress and adopt more supportive roles within the household, contributing to improved family dynamics

04 **Staff Burnout:** The project's implementation placed significant psychological and physical demands on staff, leading to burnout and strain. Factors contributing to this included frequent travel to project sites, the emotional toll of working with vulnerable populations, staff shortages, and a lack of formal duty of care mechanisms to support staff well-being. While the project was able to surpass its targets for several indicators, the implementation process was marked by high staff turnover and delayed services. Addressing staff burnout is crucial for maintaining the quality, continuity and effectiveness of mental health services.

Sustainability

While the project's MHPSS interventions are considered to leave a lasting impact on both children and caregivers—evidenced by strong improvements in coping skills, emotional well-being, and family dynamics—its long-term impact on protection outcomes is less assured. Nearly all surveyed caregivers believed that children would continue drawing on the emotional regulation and communication methods taught in group PSS sessions and trauma-informed parenting workshops. Many parents intend to keep applying the new, less punitive approaches they learned, and overall, beneficiaries credit the project with contributing to sustainable improvements in their mental health and family relationships.

However, the sustainability of protection activities faced challenges. In-kind support through IPA provided mostly short-term relief. Key staff also cited the lack of a formal exit or transition strategy, raising concerns about service continuity and weak linkages to local and national systems. Although project staff mentioned that they provided service maps and contact information of service providers to beneficiaries, many beneficiaries remained uncertain about where to seek similar assistance in the future.

To strengthen sustainability, staff emphasized the need for capacity-building among local professionals, more rigorous planning for handover, and tighter integration between MHPSS and child protection. Ultimately, the project established a solid foundation of resilience and practical skills, but would have benefited from clearer transitional arrangements, stronger referral networks, and additional efforts to empower local actors to maintain and build on the progress achieved.

Recommendations

01   **Strengthen Project Design**

- Update needs assessments regularly to align with evolving community priorities, particularly in identifying specific child protection threats and selecting the most appropriate modalities

- Involve both technical and field staff, as well as community representatives, in planning to ensure that budgets, workplans, and activities fit local realities.

- Clearly define all activities, outcomes, and the necessary resources to avoid mid-project improvisations.

- Assess partner capacity in advance and consider feasibility of capacity-building components in project design to ensure optimal implementation. This could include capacity-building on technical areas, administrative aspects, financial management etc.

02   **Enhance Child Protection Response**

- Establish a clear child protection framework with well-defined referral pathways and accountability measures.

- Link Individual Protection Assistance (IPA) to specific child protection outcomes (e.g., safe transport to services, dignity kits) rather than just basic needs.
  Integrate child protection topics—like reporting mechanisms and safety planning—directly into MHPSS group sessions to highlight the connection between well-being and protection.

03   **Improve MHPSS Effectiveness**

- Expand referral mechanisms for specialized mental health support, ensuring reliable follow-up and adequate counseling staff.

- Tailor sessions to participants' preferences (e.g., shorter sessions, gender-segregated options) and regularly collect feedback.

- Work with community leaders and social networks to reduce stigma and boost awareness of advanced counseling options.

04   **Streamline Efficiency and Resource Use**

- Assign a single project coordinator who oversees both technical and administrative tasks, ensuring decisions are made quickly and cohesively.

- Schedule frequent budget reviews to detect and correct potential under- or overspending before it becomes critical.

- Mitigate staff turnover disruptions by formalizing handover documents and face-to-face briefings for incoming staff.

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05 Boost Accountability and Monitoring

- Appoint dedicated staff to handle complaints and feedback, and publicize clear channels (posters, flyers, phone, social media).

- Develop a robust M&E plan with trained personnel so that feedback loops directly inform real-time program improvements.

06 Promote Sustainability and Local Capacity

- Plan exit strategies from project inception, mapping out service continuity and referral pathways for post-project support.

- Offer trainings in trauma-informed care and child protection for government staff, NGO workers, and community volunteers to anchor these services locally.

- Forge strong partnerships with municipal authorities and community groups to extend the project's reach and help integrate its services into existing systems.

07 Prioritize Staff Well-Being and Duty of Care

- Incorporate debriefing sessions and mental health support for staff, especially those with long commutes and high emotional workloads.

- Maintain adequate staffing levels prevent burnout and continuity of services. Introduce structured supervision and flexible scheduling to reduce fatigue and support staff retention.

Introduction

Background

The International Rescue Committee (IRC) contracted STOOS on October 20, 2024, to conduct a final evaluation of activities implemented by the Maya Vakfı under Phase 2 of the Disasters Emergency Committee (DEC)-funded Türkiye-Syria Earthquake Appeal. This evaluation seeks to provide an independent assessment of the project's performance, outcomes, and alignment with objectives.

The IRC and Maya-implemented project, titled *"Integrated Emergency Support for Earthquake-Affected Populations in Türkiye",* focused on delivering child protection and mental health and psychosocial support (MHPSS) services to earthquake-affected children and caregivers across Adıyaman, Hatay, and Şanlıurfa provinces. TPhase 1 of the overall DEC Earthquake Appeal response addressed immediate needs following the earthquake, while DEC Phase 2 transitioned to a recovery-focused response. The IRC-Maya project under Phase 2 of the appeal was initially planned for implementation from August 1, 2023, to July 31, 2024, but delays in operational and budgetary readiness led to an adjusted implementation timeline of November 1, 2023 to October 31, 2024. Its overarching goal is to provide integrated mental health and protection services to children and caregivers, addressing trauma-related needs while mitigating protection risks.

The IRC partnered with the Maya Vakfı to implement activities aimed at improving resilience and addressing protection and mental health risks among children and caregivers from both host and refugee communities. The intervention strategy comprises the following key components:

- **Mental Health and Psychosocial Support (MHPSS):** Delivery of structured group PSS sessions, individual counseling, and parenting/psychoeducation activities along with referrals for specialised MHPSS needs

- **Child Protection:** Provision of individual protection assistance (IPA) through in-kind support and external referrals.

The project provided services in three affected provinces: Adıyaman, Hatay, and Şanlıurfa, targeting both Turkish host community members as well as Syrian refugees. The services were provided in facilities ranging from container cities to temporary accommodation centers, each presenting unique logistical and contextual challenges, including harsh environmental conditions, mobility of populations, and social tensions.

Project Description

Appeal Title	DEC Turkiye-Syria Earthquake Appeal
Project Number	GB-CHC-1062638-TSE23
Duration	1-Nov-2023 to 30-Oct-2024
Primary Sectors	MHPSS, Child Protection
Donor	DEC - Disasters Emergency Committee
Implementing Partner	Maya Vakfı/ Maya Foundation
Project Locations	**Adıyaman:** Gölbaşı, Besni, Çelikhan and Adıyaman city centre. **Şanlıurfa:** Eyyübiye, Haliliye and Karaköprü. **Hatay**: Samandağ, Antakya and Kırıkhan
atGoal	To enhance resilience and address mental health and protection risks among earthquake-affected children through a holistic approach combining direct support to children with caregiver engagement.
Project Activities	**Outcome A: Earthquake-affected populations have access to quality essential health services to prevent and reduce excess mortality and morbidity.** **Output A3.1.3 - A3.3.3**: Earthquake-affected people have access to MHPSS services to cope with the consequences of shocks. ● **Activity 1: Structured Psychosocial Support (PSS) Group Sessions** for 1,200 children aged 5-12 using trauma-focused creative arts therapy ● **Activity 2**: **Establish new or utilize existing referral pathways** for children with specific mental health conditions. ● **Activity 3: Individual counseling** for 96 clients delivered by clinical practitioners. ● **Activity 4: Psychoeducation and trauma-informed parenting sessions** for 1,200 caregivers including parent-child activities **Outcome C: The safety and dignity of populations affected by the earthquake are protected** **Output C1.2.1 - 1.2.3**: Earthquake-affected women, children, and elderly have access to individual protection assistance. ● **Activity 1**: **Individual Protection Assistance (IPA)** for at-risk children and young people provided through in-kind support to 480 caregivers. ● **Activity 2: Strengthen referral pathways** for legal, social, and basic services, ensuring safe, identification and referrals through regular service mapping

Evaluation Purpose and Scope

This evaluation covers the full implementation period of the Maya Vafki project, spanning from November 1, 2023, to October 30, 2024, across targeted locations in Adıyaman, Hatay, and Şanlıurfa provinces in Türkiye. Its primary aim is to assess to what extent the project met its stated goals as well as its overall performance and results. The evaluation also serves as an accountability mechanism to the project's funder (DEC), implementing organizations (the IRC and Maya Vakfı), and the communities they serve. The evaluation objectives are to:

01   **Assess Project Achievements and Outcomes:** Determine the impact of the project activities on the targeted earthquake-affected population and verify whether intended results (e.g., improved psychosocial well-being and protection outcomes) were realized.

02   **Examine Core Humanitarian Standards (CHS):** Evaluate how thoroughly Quantity and Accountability principles were integrated throughout the project lifecycle, gauging the alignment of interventions with CHS commitments.

03   **Evaluate Collaborative Partnerships:** Analyze the effectiveness of joint efforts between the IRC and local partners, identifying any gaps or opportunities that influenced project outcomes.

04   **Identify Challenges and Lessons Learned:** Document significant problems encountered, extract key lessons for refining future project design, and propose strategies for strengthening partnerships.

05   **Serve as an Accountability Tool:** Provide stakeholders with a transparent account of the project's performance, enabling informed decision-making for future initiatives.

Evaluation Questions

The evaluation will address the questions below, framed around the OECD-DAC criteria of Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability. It will also assess the project's adherence to Core Humanitarian Standards (CHS), as seen below:

OECD-DAC Criteria	Evaluation Questions	Relevant CHS Commitment
Relevance *Is the intervention doing the right things?*	-To what level did the project address the community and individual needs of the targeted community? -How well did the project adapt to contextual changes? -How well did the project adapt and improve its strategies based on feedback and lessons learned during implementation? -How did community participation and accountability influence the project's design and implementation?	CHS Commitment 1: People affected by crisis can exercise their rights and participate in actions and decisions that affect them. CHS Commitment 7: People affected by crises can access support that is continually adapted and improved based on feedback and learning. CHS Commitment 2: People affected by crisis can access timely and effective support in accordance with their specific needs and priorities.
Coherence *How well does the intervention fit?*	-Did the project build internal compatibilities and synergies within IRC Türkiye Country Program and with partners? -How did the project build interlinkages with other projects in the area? What is the added value? How did the project align with broad humanitarian interventions in Turkiye?	CHS Commitment 6: People affected by crisis can access coordinated and complementary support
Effectiveness *Is the intervention achieving its objectives?*	-To what extent did the project achieve its intended results? -How effective were the mechanisms, strategies, and approaches used during the implementation of the project? -How effective were the partnerships with the local NGOs? -What was the tangible progress/improvement that could be achieved through a multi-sectoral approach? -How effective was the mechanism for community members to safely report concerns and complaints, and how were they addressed? -Did the staff and volunteers demonstrate competence, respect, and effective management throughout the project?	CHS Commitment 2: People affected by crisis can access timely and effective support in accordance with their specific needs and priorities. CHS Commitment 5: People affected by crisis can safely report concerns and complaints and get them addressed. CHS Commitment 7: People affected by crises can access support that is continually adapted and improved based on feedback and learning. CHS Commitment 8: People affected by crisis interact with staff and volunteers that are respectful, competent, and well-managed.

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Efficiency *How well are resources being used?*	-Were the required resources (human, financial, and operational) for both IRC and partners in place and sufficient to implement the project activities and achieve the output targets on time? -How did the partnership modality contribute to efficient project delivery? -What internal and external factors affected the project progress in achieving the targets/ objectives and what external factors have led to delays in some activities launching?	CHS Commitment 9: People affected by crisis can expect that resources are managed ethically and responsibly.
Impact *What difference does the intervention make?*	-Which project activities contributed most to positive changes for the targeted population? -Were there any unintended positive or negative effects? -How well did the activities contribute to the project outputs and to what extent has the theory of change for each output been achieved? -Are there examples/ case studies of this change from project beneficiaries?	CHS Commitment 2:People affected by crisis can access timely and effective support in accordance with their specific needs and priorities. CHS Commitment 3: People affected by crises are better prepared and more resilient to potential crises. CHS Commitment 4: People affected by crisis can access support that does not cause harm to people or the environment.
Sustainability *Will the benefits last?*	-What is the likelihood that the project's outcomes will continue beyond the project duration? -Did the partnerships approach contribute to sustainability of the intervention? -Did the project promote long-term capacity building and resilience? -What are the key lessons, that IRC and partners can draw from the intervention?	CHS Commitment 3: People affected by crisis are better prepared and more resilient to potential crises.

Methodology

Conceptual Framework

The evaluation employed a mixed-methods approach, integrating qualitative and quantitative data collection methods to comprehensively assess the project's performance against its objectives. The methodology was guided by the Most Significant Change (MSC) approach that relies on qualitative insights from beneficiaries to understand their lived experience and perceptions of change as a result of the intervention. The evaluation questions are guided by the OECD-DAC criteria—Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability—while also aligning with the Core Humanitarian Standards (CHS) on Quality and Accountability.

Methods and Sampling

The evaluation used the following methods:

01 **Desk Review:** A thorough review of key project documents was conducted, including proposals, monitoring and progress reports, and indicator tracking tables, which provided insights into project implementation and supported the design of primary data collection tools.

02 **Surveys:** Surveys were conducted remotely with 154 beneficiaries. These primarily included caregivers who participated in positive parenting sessions and caregivers whose children had participated in group psychosocial support (PSS) sessions. There were also a few caregivers whose children received individual counselling, referral services and IPA support. All surveys were conducted via phone.

The original sampling plan, as proposed in the inception report, aimed to achieve a statistically significant sample size by targeting 508 surveys, distributed proportionally across provinces and sub-districts, with balanced representation of gender and community type (Turkish residents/Syrians under Temporary Protection). This approach was designed to ensure robust and representative data collection. However, during the inception phase, several constraints related to beneficiary access and consent processes emerged that significantly impacted the implementation of this sampling plan. The final sample consisted of 152 respondents who had provided consent. The final survey distribution was as follows:

Category	Subcategory	Sample size	Percentage
Sector	MHPSS	149	98%
	Child Protection	18	11.8%
Gender	Female	111	73%
	Male	41	27%
Location	Hatay	130	85.5%
	Şanlıurfa	12	7.9%
	Adıyaman	10	6.6%

Residential Status	Syrians under Temporary Protection (SuTP)	149	98%
	Turkish residents	3	2%

03 Focus Group Discussions (FGDs): Seven (7) online FGDs were conducted with Syrian beneficiaries including children and caregivers, focusing on their experiences with MHPSS services.

Participant Group	Locations[1]	Gender	Number of FGDs
Syrian children (age 5-12)	Adiyaman, Hatay	Mixed	2 (1 per province)
Syrian children (age 13-18)	Adiyaman, Hatay	Mixed	2 (1 per province)
Syrian Care givers	Hatay, Sanliurfa, Adiyaman,	Female, Female, Male	3 (1 per province)

04 Key Informant Interviews (KIIs): Eight (8) KIIs were conducted with IRC and Maya staff to gather detailed information on project design, implementation, and challenges. However, staff turnover and project closure limited access to some key personnel including field staff affecting the depth of the information collected.

#	Interviewed Key Informant	Organization
1	Partnership Manager	IRC
3	Child Protection Senior Manager	IRC
4	MEAL Manager	IRC
5	Programme Coordinator/Protection	Maya
6	Senior Field Officer	Maya
7	Senior MHPSS Officer	Maya
8	Clinical Director	Maya

06 Case Studies: Three (3) qualitative narratives were developed from three beneficiary interviews to illustrate the program's impact on individuals and families.

Sampling Approach

Due to challenges in obtaining direct access to beneficiaries, the sample was non-random and limited to those who responded to online consent forms circulated by Maya. As a result:

● Most respondents were Syrian refugees; only three Turkish beneficiaries participated.

● Representation across different project components, including individual counseling and protection services, was limited, as the majority of respondents were group PSS beneficiaries

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1   Focus groups will be randomly assigned to sub-districts within each province while ensuring that all sub-districts are covered.

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Study Limitations

Several challenges impacted the evaluation process and overall analysis, including:

- **Sampling constraints:** The original sampling plan for the beneficiary surveys aimed for a statistically significant sample size distributed proportionally across project locations, balanced by gender and residential status of respondents. However, due to limited participation in the survey, the final sample limits the ability to generalize findings to the broader beneficiary population.

- **Limited Beneficiary Access**: Maya was unable to provide beneficiary contact details due to data sharing policies. Additionally, beneficiaries had not consented to be contacted by a third party for evaluation purposes. These factors hindered the survey deployment process, reducing the potential sample and restricting the external evaluation team's ability to randomly sample beneficiaries or ensure representation across important demographics like gender, nationality (Turkish/Syrian), and project activity type (MHPSS vs. protection services).

- **Remote Data Collection**: All data collection was conducted remotely due to the project's conclusion, which constrained engagement with beneficiaries and field staff. Consent forms for the survey were also distributed via phone, but the low response rate limited the pool of potential participants. This method may have excluded individuals without phone access or those less responsive to phone communications.

- **Staff Turnover**: High turnover at Maya and the IRC limited access to key informants, reducing insights into specific aspects of project implementation.

- **More Focus on PSS Activities**: Data predominantly reflected group PSS beneficiaries, with limited input from those who accessed individual counseling or protection services, affecting the comprehensiveness of findings on these components.

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Findings

Relevance

01 Provision of Mental Health and Psychosocial Support (MHPSS)

The MHPPSS component of the project was highly relevant to the identified needs of earthquake-affected children and their caregivers. It served to address critical gaps in MHPSS needs for vulnerable communities in underserved locations. The selection of Maya Vakfı to implement the MHPSS activities was also very relevant as they are well-recognized MHPSS actors in Türkiye with the required expertise and local networks. Their extensive reach and expertise were instrumental in providing services to communities in sites that would otherwise not receive these services.

Key informants from Maya noted that the initial design and budget for the project included support for emergency needs like psychological first aid, convenience food and water. However, when Maya began implementation, needs had evolved from addressing immediate survival to managing post-trauma challenges and long-term psychosocial well-being. Maya's field-based insights led to adjustments in activities to reflect the evolving needs of affected communities. For instance, resources initially allocated to basic needs were redirected to better address psychosocial support priorities. The partnership between the IRC and Maya demonstrated adaptability in this aspect.

The MHPSS activities offered vital support in addressing the profound stress and trauma faced by communities in the aftermath of a disaster. The group services such as the structured PSS sessions, and psychoeducation/positive parenting activities were particularly appreciated for their relevance to the emotional and psychological well-being of both children and caregivers. Living in container cities and camps for over a year, communities continue to grapple with trauma from the immediate impact of the earthquake—including the loss of family members, homes, and livelihoods—while enduring highly stressful conditions such as prolonged displacement, overcrowding, lack of privacy, resource scarcity, and uncertainty about their future. These temporary shelters, though providing necessities, are not equipped for long-term habitation, compounding the psychological strain on residents. Beneficiaries and project implementers agreed on the critical importance of the MHPSS activities, noting that no other actors were providing similar services in the sites where they resided, making it more relevant in managing the stress and trauma experienced by these communities.

Structured PSS group sessions, psychoeducation, and positive parenting activities were particularly appreciated. Children and caregivers noted that these interventions directly addressed their emotional and psychological needs. Survey results highlighted the relevance of these activities:

- **Outreach and Participation:** 47% of respondents learned about the sessions through Maya's outreach, while 33% were informed by friends and family, and 19% through social media.

- **Engagement:** Most children participated once a week (64%), while 28% attended twice weekly.

- **Caregiver Satisfaction:** 54% of caregivers strongly agreed, and 46% agreed that the sessions met their children's social and emotional needs.

- **Age Appropriateness**: 64% of caregivers found the sessions "very appropriate" for their child's age, with 35% considering them "mostly appropriate."

- **Culture Relevance**: 64% of caregivers found the sessions "very appropriate" for their cultural and community context, with 36% finding them "mostly appropriate."

FGDs with children revealed that the MHPSS activities were strongly aligned with their needs. Children, aged 5-12, mentioned that they enjoyed and benefited from activities like drawing to express emotions, role-playing to understand their peers and family, and discussing their aspirations. The focus on emotional expression, social skills, and coping mechanisms directly addresses common psychological and social challenges faced by this age group in such contexts and were tailored to suit the development stage of the children. For adolescents in the 13-17 years age group, FGD participants highlighted the relevance of activities that focused on emotional expression and regulation, team work-based activities and sessions addressing bullying. A few participants felt sessions were too long or lacked sufficient variety across sessions, suggesting a need for shorter and more engaging formats.

The inclusion of individual counseling and referral services for specialized MHPSS needs within the program design was highly relevant and aligned with the broader goals of addressing the psychosocial well-being of beneficiaries. These services were designed to provide individual or specialized support for individuals facing severe emotional distress or mental health concerns complementing group-based interventions. Although only a limited number of beneficiaries were reached and surveyed (one for each service) by the evaluation team, responses indicate that these interventions were relevant and much needed for those who accessed them. The project set a target of 96 beneficiaries for individual counseling over a 12-month period. This target, as observed by a few key informants and beneficiary insights, did not adequately account for the higher needs observed, particularly for a year-long initiative. While project staff mentioned that there were relatively few cases requiring specialized MHPSS referrals, they also highlighted factors such as insufficient outreach, limited community awareness, and strained staff capacity that could have contributed to the low targets and uptake of individual counselling and referral services. Adjustments to the project design, such as scaling up individual counseling targets and integrating more robust awareness-raising components both within the group interventions as well as through external channels, would have helped better identify beneficiaries requiring specialized support.

The psychoeducation and trauma-informed parenting sessions were perceived to be highly relevant, with all participants from the caregiver survey and FGDs agreeing that the topics covered were aligned with their needs. These sessions were adapted throughout implementation to better suit caregivers' needs. In the initial sessions, it became evident that parents and caregivers needed support for their own mental health and emotional well-being before addressing parenting skills. In response, PSS and well-being components were incorporated into the sessions to provide holistic support to caregivers, making the intervention more aligned with their realities. The session content was adjusted to focus more on topics like privacy, bullying, and trauma—critical themes identified through direct engagement with caregivers. Outreach by Maya was the primary channel for engagement (47%), followed by friends and family (33%), and social media (20%). A significant 71% of caregivers reported being directly consulted in the selection of session topics, reflecting a participatory approach.

Were you or any other caregivers consulted regarding the selection of topics for the sessions?
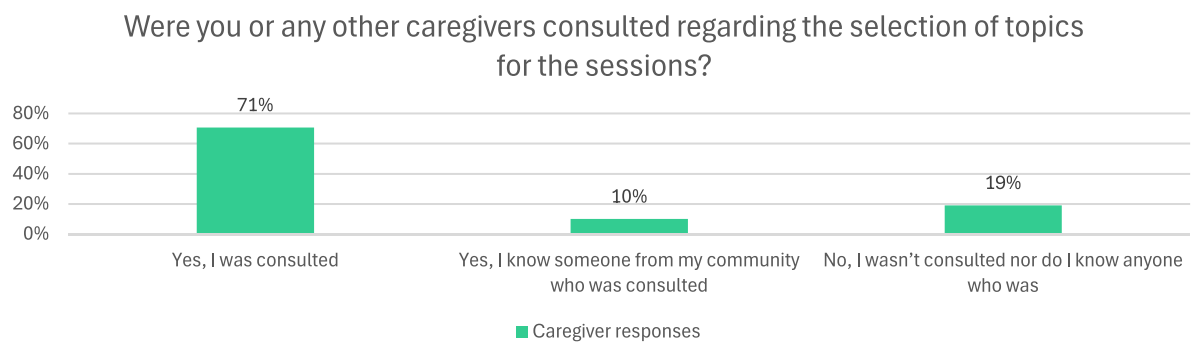
Low male participation in these sessions was identified as a key challenge, largely due to societal norms, work schedules, and cultural preferences. To address this, the project adapted by organizing gender-segregated sessions and increasing outreach to engage male caregivers. In the final quarter of project implementation, efforts included holding sessions in male-dominated spaces like teahouses and mosques and involving male psychologists to create a more accessible environment. Community leaders, such as mukhtars and imams, were also engaged to encourage male participation. These adjustments demonstrate how the project remained responsive to evolving needs and challenges, ensuring that its design and implementation addressed both immediate and long-term needs of the target population. By adapting session content and programming strategies, the project strengthened its relevance and inclusivity across diverse community contexts.

02   Provision of Individual Protection Assistance (IPA) and protection referral services

The IPA component was significantly delayed due to its late inclusion in the budget, leading to its rushed implementation during the last month of the project. While beneficiary needs were identified earlier on an individual case by case basis, the delay meant that some requests might have been met by other actors or were no longer relevant by the time of distribution, as observed by one key informant. Out of 152 surveyed households, only 15 (10%), who received in-kind assistance for individual protection support for their children, could be reached by the evaluation team. The majority of the 15 beneficiaries received food support (40%), followed by market vouchers (27%). All respondents reported that the IPA met their children's immediate needs with 47% stating "Yes, very much" and 53% saying "Yes, mostly."

As per the project proposal (DEC Türkiye-Syria Earthquake Appeal - Phase 2 Narrative Plan), the IPA was designed to provide in-kind assistance that helps mitigate protection threats for children. The exact type of assistance or needs identification process for this component was not specified in the proposal and this aspect related to the relevance of IPA to address child protection threats or needs was not clearly elucidated in the project documentation or through the key informant interviews for this evaluation. From the survey responses and the project narrative reports, much of the IPA focused on market support for food, groceries, stationary etc., which, while essential, are not inherently child protection-focused. There was also some focus on transportation support, but it was not clear how this support was used through the project documentation and beneficiary responses. The delayed rollout of the IPA due to administrative and budgetary challenges may have likely influenced the type of assistance provided, favoring general basic needs assistance over targeted protection interventions. This was also noted as administrative oversight in the project and budget design process, impacting the IPA's ability to meet specific child protection needs faced by communities displaced by the earthquake. In such contexts, children are particularly vulnerable to abuse and exploitation due to factors like overcrowding, lack of privacy, disrupted family structures, and limited access to education.   While the IPA provided some relief to households, its delayed implementation and focus on general assistance limited its relevance to child protection outcomes.

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The IRC and Maya's referral support was relevant in addressing issues related to access to education, healthcare, and psychosocial support for vulnerable children, which may have contributed towards a safer environment for them. Although the evaluation team could not reach many beneficiaries who received protection referral and/or case management services (only 4 out of 152 survey respondents received such services), the narrative report and limited survey feedback suggest that beneficiaries received relevant support through the referral process facilitated by Maya. By actively engaging with key stakeholders such as the Ministry of National Education and Social Services Centers, Maya ensured that children at risk of dropping out of school or facing protection risks received the necessary support..

The evaluation revealed that the project design could have focused more on legal aid and awareness raising on these critical aspects. The individualized protection assistance, that relied on real-time identification of needs during project implementation, may have not been the most relevant modality for an organization like Maya that was implementing child protection support for the first time. A more targeted and planned approach to identifying child protection needs in the project design phase would have helped better tailor support to the distinct child protection risks. For example, in addition to general in-kind assistance, the project could have provided standardized support items —such as dignity kits, solar lamps, — or awareness raising on child protection threats and available services, that directly mitigate threats like abuse and exploitation. Such a modality would also offer a systematic way to monitor beneficiary satisfaction. While Maya's participation in Protection cluster meetings helped expanded its network and visibility, more effective engagement with the child protection sub-clusters could have facilitated a more tailored risk assessment and the development of clear referral pathways, ensuring that children at risk receive timely and focused support.

The project's relevance was rooted in its focus on addressing the psychosocial and protection needs of earthquake-affected communities. While delayed implementation and budgetary challenges affected certain components, the program demonstrated significant adaptability. Lastly, participant satisfaction with the project was high, with 97% reporting being either very satisfied or satisfied with the support received. This demonstrates that the interventions resonated well with the needs and expectations of the community.

Efficiency

The project successfully achieved its overall planned targets; however, several factors contributed to inefficiencies in planning, coordination, and implementation, which affected the timeliness and delivery of activities, particularly within the child protection component. In contrast, the MHPSS component was implemented more efficiently, benefiting significantly from Maya's strong contextual knowledge and local expertise. Structured psychosocial support (PSS), individual counseling sessions, psychoeducation, and positive parenting activities were delivered on time and reached more beneficiaries than initially targeted. The collaboration between the IRC and Maya on the MHPSS component was highly effective, with Maya's strong community relationships and outreach capabilities contributing to the successful delivery of these activities.

Conversely, the child protection component faced significant delays, particularly in the implementation of Individual Protection Assistance (IPA). A major challenge was the delayed approval of the IPA budget. While the original proposal included IPA as in-kind assistance, no corresponding budget line was allocated for this activity. This oversight was only addressed during the final quarter of the project. Although a no-cost extension and amended budget provided additional time, the prolonged budget approval process compressed IPA implementation into the project's final month. This left limited time for follow-up and tailored support to beneficiaries.

Key informants noted that the first funding installment was delayed, arriving only after the project started. which disrupted the initial implementation timeline, as resources were not immediately available. It also impacted the recruitment of key staff and the procurement of materials, leading to further operational challenges.

In the final quarter, the IRC and Maya also had to navigate changing financial and operational demands as the project faced the risk of underspending. The original £ 768,372 budget was reduced to £629,746, as Maya's absorption capacity proved insufficient. This reduction was partly influenced by staffing gaps and currency exchange rate fluctuations in Türkiye, where the exchange rate rose from 25 Turkish Liras (TRY) per GBP at the time of budgeting to nearly 45 TRY per GBP during implementation. While this effectively doubled the budget's local purchasing power, IRC and Maya struggled to adapt spending plans in a timely manner.

High staff turnover on both teams, including critical roles like project coordinator, finance coordinator, and psychologists, further hindered efficiency. Staff changes disrupted continuity and institutional memory, as replacements often joined mid-project with limited understanding of the initial design and early implementation. Several key positions also remained vacant, which meant that a few staff were juggling different roles and responsibilities, and this also contributed to underspending of project funds. Maya's staff also faced challenging physical and psychological conditions in field locations, which contributed to turnover. Logistical challenges further exacerbated delays, particularly in remote sites far from Maya's operational hubs in Hatay and Urfa. Long travel times and staff fatigue impeded service delivery and strained resources.

A key efficiency issue identified in the overall project governance structure was the absence of a dedicated project manager role from the IRC to oversee all aspects of the project. While technical leads were assigned for MHPSS, child protection, M&E, and partnerships, the lack of centralized coordination hindered oversight, delayed decision-making, and affected the overall timeliness of activities. Within Maya, a single focal point was responsible for technical, administrative, and financial oversight, as well as staff management—a workload that proved unmanageable and resulted in key gaps in budget management.

Operational challenges also arose in specific locations, such as Adıyaman, where the absence of a local office required staff to commute daily. This further strained resources, delayed activities, and impeded the timely achievement of some project targets. Additionally, Maya and the IRC also faced various bureaucratic hurdles in obtaining permits from local authorities to operate in certain sites, which further delayed operations.

Despite these challenges, the project team demonstrated adaptability and dedication, ensuring that core services were delivered. Maya's local expertise enabled the efficient implementation of the MHPSS component, which was well-received by beneficiaries. However, inefficiencies in the child protection component, particularly in IPA, highlighted the need for improved coordination, more realistic budgeting, and targeted capacity-building for Maya in areas like child protection, financial management and administrative operations.

Effectiveness

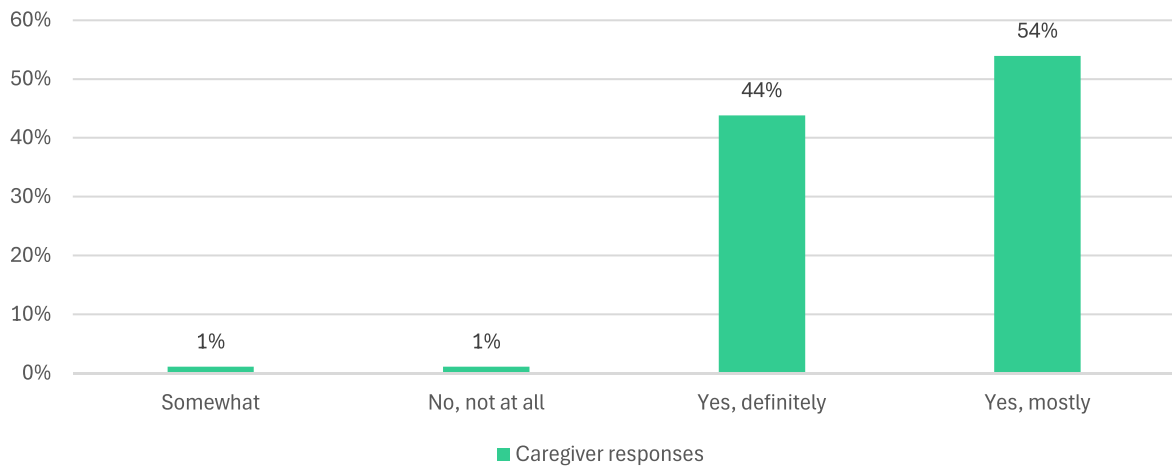### 01   Provision of Mental Health and Psychosocial Support (MHPSS)

The PSS sessions proved to be highly effective in equipping both younger children (6–12 years old) and adolescents (13–17 years old) with tools to manage their emotions, improve their coping strategies, and build confidence. The sessions were widely regarded as supportive, engaging, and effective across both age groups. Feedback from focus group discussions (FGDs) with children and surveys with caregivers indicated positive outcomes in terms of emotional expression and regulation, social engagement, and relationships with family members. Almost all surveyed caregivers (99%), whose children attended the group PSS sessions, reported that the children were satisfied with the quality and content of the sessions with 53% "very satisfied" and 46% "satisfied".

A significant outcome of the sessions was the improvement in emotional regulation across participants. Both younger children and adolescents reported learning valuable techniques to manage emotions such as anger, sadness, and stress. As one adolescent shared, *"I now know how to calm down and deal with the situation when I feel angry or sad."* Similarly, younger participants appreciated activities that helped them relax and feel less overwhelmed. They believed the sessions helped them express their emotions better and learn how to deal with difficult situations with peers and at home. The use of creative, participatory methods like drawing, singing, and role-playing was highly effective in helping younger children express their emotions. Many children noted that these activities provided them with alternative ways to communicate, particularly when they felt hesitant to speak directly. One child noted, *"The activities that we used to do during the sessions allowed me to express more than talking. I used to talk through drawings expressing what was inside me."* Another shared, *"I felt better when I talked about my fear of some things, and everyone heard me without laughing or judging."*

The sessions were also effective in teaching coping strategies and building resilience among children. Both age groups believed they felt more confident in expressing themselves as well as in coping with stress. Adolescents, in particular, noted that they felt more ready to face challenges calmly and manage pressures from home and school. One adolescent remarked, *"We learned how to face challenges calmly, which helped me deal with pressures at home and school."* Another effective outcome was the sense of belonging and peer support that the sessions fostered. Group activities encouraged collaboration and mutual understanding, helping participants feel less isolated. For example, a child noted, *"It made me feel that I am not alone in my challenges."* This sense of solidarity and community was crucial in creating a positive and inclusive atmosphere.

The children as well as their caregivers had very positive remarks about the facilitators' approaches and behaviours. Facilitators were praised for their kindness, empathy, and inclusive approach. One child shared, *"The staff were kind, listened to us, and used encouraging words like 'well done,' which helped break our shyness,"* shared one participant. Others appreciated their ability to adapt the sessions to different ages, their explanations were clear and that rest periods were provided when needed. All surveyed caregivers reported that their children were effective in ensuring their children felt safe and engaged during the sessions, with 60% reporting it to be "very effective" and 40% "effective". The project demonstrated significant efforts to ensure accessibility to services for all beneficiaries. Transportation was arranged, and sessions were tailored to accommodate both male and female children. Survey responses also revealed that all caregivers believed that the sessions were accessible to girls and boys with 46% claiming it to be "very accessible" and 54% as "accessible".

Did the sessions help you support your child after the earthquake?

Response	Percentage
Somewhat	1%
No, not at all	1%
Yes, definitely	44%
Yes, mostly	54%

■ Caregiver responses

The presence of translators added to the effective engagement of children in these sessions with all younger FGD participants agreeing that they could understand all the sessions clearly and were able to participate in the sessions without any difficulty while some participants in the adolescent FGDs expressed that translation could be improved with better timing or clarity on specific terms. Overall, participants enjoyed the sessions and found them to be effective in building critical skills to manage their emotions and stress while building healthy relationships with peers and family. The only other suggestions for improvement was for activities to be more interactive and more time for group sharing and interaction

While data on the effectiveness of individual counseling and MHPSS referrals is limited, insights from one survey respondent, whose child received individual counseling, highlighted its positive impact They noted that the counseling helped their child address emotional challenges and develop coping strategies tailored to their specific needs. There was also limited information on the effectiveness of referral pathways for specialized mental health service. Responses from key informants suggested that the project lacked a robust referral pathway and a tracking system to effectively follow up on cases. Maya did receive several MHPSS referrals, but the absence of a solid tracking system made it difficult to determine how cases were followed up.

The psychoeducation and trauma-informed parenting sessions were well-received by all participants, as demonstrated in the survey responses and as well as FGDs with caregivers. These sessions were particularly effective in improving caregiver's mental health and reducing stress along with improving parenting skills and overall relationships with their children. The key outcomes mentioned in beneficiary responses include practical application of skills, increased confidence in parenting, and the creation of a supportive environment for sharing and learning. Participants expressed that they found the sessions useful in their daily lives, particularly emphasizing improved communication and the application of new parenting skills. For instance, one participant shared, *"We dealt with children and used new skills in parenting, such as the skill of listening to them when talking and ensuring our communication is good, making them feel the importance of what they say."* This reflects how caregivers embraced strategies like active listening to strengthen parent-child relationships. Others noted the value of using storytelling techniques to teach children moral values, with one caregiver explaining, *"I have always told stories to my children, like the story of the elderly man and his grandson, which taught them the value of life."*

The sessions were effective in offering practical techniques to reduce stress and manage emotions, such as deep breathing and muscle relaxation exercises. A caregiver noted, *"During anger, I used the relaxation technique of deep breathing, and it was effective."* Another participant highlighted the significance of self-care sessions that focused on helping children become more self-reliant, describing a memorable activity involving coping strategies using cards. Overall, participants emphasized how these sessions addressed issues like neglect, abuse, and bullying, helping families create safer and more nurturing environments. Caregivers also had largely positive feedback on facilitators and the translators present in the sessions. They were commended for their professionalism, approachability, and ability to foster a safe, respectful space for sharing. One caregiver stated, *"They listened to our stories and guided us to the right thing to do."* Others emphasized the facilitators' kindness and their ability to address questions and concerns effectively, with a caregiver sharing, *"They were always courteous, respectful, and cooperative in dealing with us."* The facilitators' use of clear, simple language ensured that the sessions were easy to follow, and interpreters were available to clarify any points when needed. Participants frequently mentioned feeling comfortable and safe during the sessions, which encouraged open dialogue and mutual support. Many caregivers expressed gratitude for the facilitators' efforts to create an atmosphere of trust and respect, with one participant stating, *"The atmosphere was comfortable, and I could speak with confidence because the presenters encouraged us not to hesitate to ask questions."* Another highlighted the collaborative environment among participants, noting, *"We exchanged ideas and discussed situations with our children openly."* While the sessions were largely praised, some participants suggested increasing the frequency and duration of the sessions to allow for deeper engagement. Additionally, those living in smaller spaces expressed challenges in implementing some techniques that required larger areas for application.

02   Provision of Individual Protection Assistance (IPA) and protection referral services

The evaluation team faced significant limitations in assessing the effectiveness of protection activities, including Individual Protection Assistance (IPA) and protection referrals, due to the limited access to beneficiaries who received these services. The assessment of the protection component relied heavily on key informant interviews with project staff, secondary data such as narrative reports, and indicator tracking tables. The repeated reflection by all key informants was that the delayed implementation of the IPA intervention severely affected the overall effectiveness of this component. In addition to the budget revision and related delays, Both Maya and the IRC noted that there were extended discussions regarding what the IPA would look like but no decisions were reached in a timely manner. The lack of clarity and consistency around the scope of IPA further hindered its effectiveness, limiting the timely provision of support to beneficiaries. While Maya exceeded its IPA targets by the project's conclusion, the effectiveness of these activities was undermined by delayed implementation, limited capacity, and logistical challenges.

According to the final narrative report and the indicator tracker, Maya provided IPA to 558 beneficiaries, which surpassed the initial target of 480. The IPA support consisted of medical support as well as market support in the form of e-vouchers to buy grocery and clothing. However, all of these distributions occurred in the final month of implementation, affecting the timely and effective delivery of services and leaving minimal opportunities for meaningful follow-up. The limited data available indicates that the intervention was well-received by the small sample of surveyed beneficiaries. All 15 respondents expressed satisfaction with the IPA support, noting that it contributed to the safety and dignity of their children. However, this sample size is too small to draw broader conclusions about the quality and reach of the intervention to determine its true effectiveness.

The effectiveness of the protection referral support provided by Maya and the IRC was assessed based on a few survey responses as well as Maya's internal documentation. Among the 152 surveyed caregivers, only 4 had received referrals for protection services and all four expressed satisfaction with the process. Throughout the project timeline, Maya reached a total of 329 individuals across Şanlıurfa, Hatay, and Adıyaman provinces. This included both refugees and members of the host communities. The services primarily addressed needs related to legal status, educational barriers, health issues, and risks of child labor. Beneficiaries were referred to various institutions, including government agencies, legal clinics, health centers, and NGOs.

Beneficiary satisfaction with the protection services, as assessed by Maya, was generally positive. Beneficiaries expressed appreciation for the service's reach and the variety of institutions they were connected to. However, some challenges were noted. For example, the lack of privacy during assessments in some locations, such as in camps without separate interview spaces, impacted the confidentiality of the services provided. Additionally, there were reports of delays in accessing certain specialized health services due to high demand. Moreover, some key informants noted that Maya did not receive a substantial number of cases for referrals, suggesting gaps in community engagement and awareness of available services. Further, the external evaluation team found no clear system for tracking or following up on referred cases, which reduced the transparency and accountability of the referral process. While the protection referral support provided was somewhat effective in reaching and assisting beneficiaries, there was a lot of room for improvement.

Key informants from Maya and the IRC both acknowledged that while Maya brought strong expertise as an MHPSS provider along with strong networks with the community and local authorities, their experience in and technical understanding of child protection was limited. This posed a significant barrier to the effective implementation of this protection component. It also stood out as a missed opportunity for effective capacity-building on child protection given the IRC's role as a strong protection actor in emergencies. While the IRC had shared several resources with Maya to inform the child protection implementation, key informants from both organisations agreed that there should have been more formal and organized capacity-building sessions on this.

03   Accountability and Monitoring

Accountability mechanisms within the project were implemented but lacked the robustness needed to ensure comprehensive beneficiary engagement and follow-up. A complaints and feedback mechanism (CFM) was established, primarily consisting of complaints boxes placed within tents, alongside channels such as WhatsApp or phone contact. Among survey respondents, 67% were aware of these mechanisms, with most citing WhatsApp or phone (82%) as their preferred means of communication, followed by complaint boxes (17%) and direct contact with staff (2%). However, 33% of respondents were unaware of any feedback or complaint channels, indicating significant gaps in outreach and communication. Of those familiar with the mechanisms, only 4 respondents reported using the CFM channels, with mixed levels of satisfaction. While three expressed satisfaction with the project's responsiveness to their concerns, one caregiver was dissatisfied, stating, "There was no response, and the channels I used to file the complaint were not helpful." This feedback underscores the need for a more reliable system to process and respond to complaints effectively.

A critical shortfall was the absence of a dedicated team to handle the feedback mechanisms. Program staff, who were also responsible for managing sessions, collected and processed complaints, leading to ineffectiveness and a lack of impartiality. This dual role not only strained resources but also limited the effectiveness of the feedback system, as staff had competing priorities. Furthermore, the boxes intended for complaints were not always present at some sites,

as reported by key informants, making for an inconsistent approach to accountability mechanisms. Additionally, the evaluation team did not receive comprehensive information on available feedback channels or a complaints log, suggesting poor documentation or insufficient transparency regarding internal assessment of beneficiary satisfaction and feedback.

Maya's monitoring and evaluation (M&E) processes were functional but had notable limitations. M&E responsibilities were often handled by program staff rather than a dedicated M&E team or focal point, creating competing priorities. While Maya maintained regular reporting and meetings with the IRC, limited actionable feedback and inconsistent follow-up on beneficiary input reflected missed opportunities to improve programming. Strengthening both accountability mechanisms and M&E capacity could improve future project outcomes.
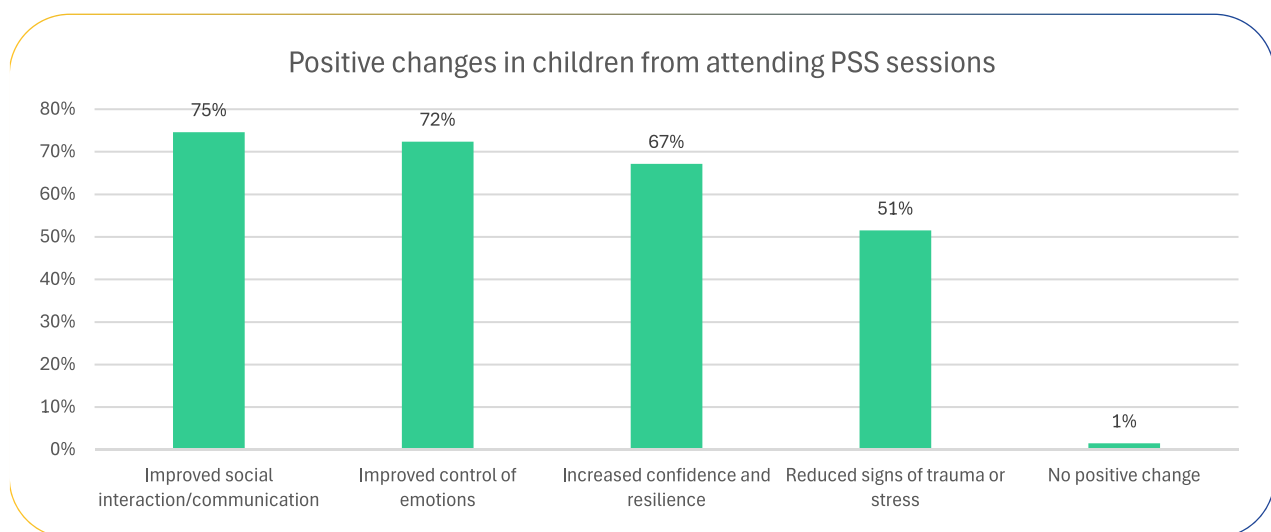
Impact

Overall, the project contributed to some improvements in the mental health and well-being of both children and caregivers living in the container cities and informal camps across the three provinces. While both the MHPSS and protection interventions had significant impact on the target community, the project was particularly successful in addressing mental health concerns and promoting healthy coping mechanisms across all targeted demographic groups including host and refugee communities as well as male and female beneficiaries. Due to the very low participation of beneficiaries, who received protection services in the evaluation, the impact of the protection component could not be assessed in detail and the available information showed mixed results due to the design and implementation challenges faced.

01   Provision of MHPSS

The MHPSS activities led to significant positive changes in children and their families, as demonstrated by both qualitative and quantitative data. Some significant instances of impact mentioned frequently by interviewed beneficiaries and project staff include:

Improved emotional well-being of children

The MHPSS activities significantly improved the emotional well-being of children and their families. Structured PSS sessions, designed around creative arts therapy (e.g., drawing, singing, and role-playing), helped children process their experiences of displacement and trauma. Caregivers and facilitators observed better emotional regulation, increased socialization, and improved behavior among children. Among surveyed caregivers whose children received MHPSS services (n=134), 75% reported improved social interaction and communication, 72% observed better emotional control, 67% noted increased confidence and resilience and 51% reported reduced signs of trauma or stress. One caregiver remarked, *"My child now plays and communicates more confidently with others, showing a spark of joy we hadn't seen since the earthquake."* A child shared, *"I learned how to listen to my family, not shout at them, and say kind words,"* highlighting the emotional and social skills gained.

Positive changes in children from attending PSS sessions

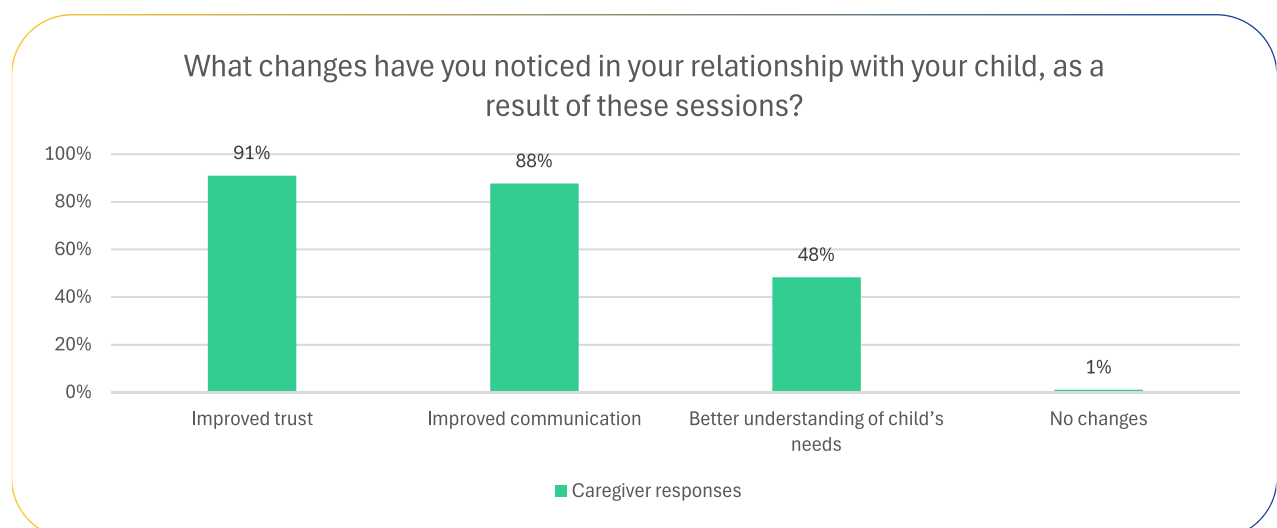info@stoosconsulting.com   www.stoosconsulting.com

Younger children, aged 5-12 years, reported feelings of happiness, safety, and comfort as a result of the activities and genuinely looked forward to the sessions. A child shared, *"I was waiting for the date of the session to rejoice in it and laugh and play with my companions."* This emotional relief was echoed by others, who described their anticipation for the sessions as a source of joy and safety. Adolescents also gained valuable tools to express their feelings and connect with peers and family. P4 shared how the sessions helped her overcome shyness and express herself more freely with her peers, leading to stronger friendships. They also learned to navigate sensitive topics such as harassment and trauma, and were able to share their experiences with peers. Several agreed that sessions fostered a sense of psychological safety and resilience. One child reflected, *"I was no longer afraid like before if I heard someone talk about the earthquake or any danger."*

Improved clinical outcomes through therapeutic approaches

The project demonstrated some success in addressing specific clinical concerns through both group PSS sessions and individual counselling. Staff and caregivers reported improvements in common issues such as bedwetting among children, with positive outcomes achieved through a combination of individual sessions and external psychiatric referrals when needed. There were also cases of diagnosis and improved management of conditions like autism and ADHD, as identified by Maya. The use of artistic expression proved particularly effective in helping children develop healthier ways of expressing emotions. Although only one of the surveyed caregivers had children who were referred for external mental health or psychiatric support, they reported that the referral addressed their child's needs very well adding that the service was very timely and led to significant improvement in the child's mental health. In cases where children received individual counseling, caregivers noted significant improvements in communication, focus, and emotional regulation.

Strengthened family bonds

Caregivers reported that the sessions improved their understanding of their children's needs and strengthened parent-child communication, leading to a more supportive home environment. Among caregivers who attended positive parenting sessions (n=89), 91% reported improved trust, 88% noted better communication, and 48% said they had a deeper understanding of their child's needs. Around 98% of caregivers indicated that the sessions helped them support their children after the earthquake, with 44% saying it was "very helpful" 54% finding it "mostly helpful." One mother remarked, *"My child now talks to me about what's in his heart and expresses love and tenderness, which he never did before."*

What changes have you noticed in your relationship with your child, as a result of these sessions?

Improved trust	91%
Improved communication	88%
Better understanding of child's needs	48%
No changes	1%

■ Caregiver responses

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For many caregivers, a significant change in their parenting approach was a shift away from punitive measures. One caregiver explained, *"I attended the session 'Alternatives to Punishment,' and it completely changed how I discipline my son. Instead of hitting or yelling, I now use methods like deprivation. For instance, when he made a big mistake, I calmly took away his favorite game for the day. This approach has brought better results and a kinder relationship."* The sessions also provided tools for managing emotions. Project staff also observed a significant impact was observed in how caregivers understand and respond to their children's behaviors, after attending the sessions. They believed that the project successfully shifted perspectives on children's trauma responses, particularly challenging preconceptions about "well-behaved" versus "naughty" children. As one staff member explained, *"'Naughty' is not a character for us, and 'being well-behaved' is not a character. Both are trauma responses... In other words, what we call a well-behaved child is usually the child you forget and don't pay attention to."* A caregiver shared, *"I now understand how to create a safe environment for my child and notice when she's overwhelmed. These skills are invaluable."*

Another parent summed up their gratitude by saying, *" Maya Vakfı didn't just teach me how to raise my children; they taught me how to be a better parent and person. My whole family has benefited from these changes, and I'm truly thankful."*

Changes in Help-Seeking Behaviors and Mental Health Awareness

The project contributed towards a fundamental shift in beneficiaries' attitudes toward mental health support and help-seeking behaviors. Project staff observed a marked increase in caregivers' willingness to seek professional help, breaking down cultural stigmas around mental health support. As one staff member noted, *"I think people's behavior of getting help has increased. They understand that if I'm not okay, it's normal for me not to be okay, and the person who gets support is okay too... Instead of painkillers, let me knock on the door of the Ministry of Family Social Policies... let me ask what I can do."*

The program also indirectly raised broader awareness of mental health among children, families and their communities. By equipping children and caregivers with tools to support emotional regulation and resilience, it empowered them to act as advocates for mental well-being within their social networks. One child shared how they applied lessons from the sessions to teach siblings new games, demonstrating a ripple effect of positivity and learning within their families. Another child expressed, *"I began to tell my friends what I learned, and this made me feel happy and strong."* This demonstrates how the program not only addressed immediate needs but also planted seeds for sustained awareness and help-seeking behavior over time.

Gender-Differentiated Impacts

The project addressed distinct gender-specific trauma responses among children. As explained by project staff, boys typically exhibited externalizing behaviors such as aggression and hyperactivity, while girls tended toward internalizing responses like withdrawal and taking on excessive caregiving responsibilities. Through targeted interventions, particularly Skills for Psychological Recovery (SPR), both groups showed marked improvement, as confirmed by project staff and beneficiaries. One of the key informants noted, *"Boys have been able to turn their emotions back on themselves and calm themselves down. Since girls are more introverted, there has been an improvement in terms of them being able to speak up and to demand their own wishes."* The project was particularly successful in empowering adolescent girls beyond traditional social expectations, as one staff member observed: *"We observed young girls believe in themselves and that they can change life for them and for others. So they managed to exceed social codes beyond expectation."*

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The project achieved significant progress in transforming gender dynamics among caregivers too. For fathers, who were initially reluctant to engage, the program successfully fostered emotional awareness and challenged traditional masculine norms around emotional expression. A father noted, *"I used to let work stress spill over into my interactions with my family. After attending the sessions, I've learned to control my emotions. Now, I come home and engage with my children more calmly, and the change is evident in their behavior."* A staff member also reflected on the sessions with male caregivers: *"We told the caregivers... 'No, you can cry. No, you can be upset. If you don't have the strength, you don't have to get up from your seat... first of all, you are a human being before being a father and being a husband.'"*

The project was particularly impactful for mothers, especially those heading single-parent households or dealing with domestic challenges. Staff reported success in "empowering these women and helping them gain the self-confidence and hope for life that they can lead on their own." This empowerment had cascading positive effects on children's wellbeing.

Strain on Project Staff

The project's implementation took a significant psychological toll on staff, leading to unintended negative impacts such as burnout and extensive strain. Frequent travel to project sites, particularly Adiyaman, combined with the emotional demands of working with highly vulnerable populations, created a challenging environment. One staff member shared, *"Our field staff were constantly commuting, conducting sessions, and handling emotional stories—it was exhausting, both physically and mentally."*

Staff shortages further strained these issues, with team members taking on additional responsibilities to fill gaps. The lack of formal mechanisms to address staff well-being, such as debriefing sessions or mental health support for staff emerged as a significant concern. As one staff member reflected, *"We're supporting others with their mental health, but there's no system to ensure our own well-being."* This sentiment was echoed by all key informants from Maya, revealing that duty of care was not extended appropriately to the partner. This highlights the need for future projects to incorporate staff care measures to ensure duty of care, prevent burnout and maintain both team morale and effectiveness.

02   Provision of Individual Protection Assistance (IPA) and protection referral services

While the evaluation team could not reach out to a representative sample of beneficiaries who received either IPA or protection referrals, the impact of the protection component could not be explored in detail. However, the limited survey responses (n=15) for beneficiaries who received IPA reported that the support either "very much" (47%) or "mostly" (53%) addressed their children's immediate needs or risks. The IPA provided was diverse based on needs expressed by beneficiaries to Maya staff with food support and market vouchers being the most common forms of assistance followed by educational supplies, clothing and other specific needs. While surveyed beneficiaries and interviewed staff did not detail how this support addressed child protection needs, staff believed that the IPA was particularly useful for meeting basic needs, which were still high in the harsh conditions communities lived in. There were also few staff who expressed that it was hard for such one-off assistance to create much impact on the protection or safety of beneficiaries. They noted," *This sort of aid should be long term and regular" to have a meaningful impact on family well-being and safety."*

Case Studies

All names and identifying details in the case studies have been changed to protect the privacy and confidentiality of the participants.

01 Ali's Experience Overcoming Shyness and Building Hope

Fatima, a widowed mother and refugee, lives with her 14-year-old son, Ali, in a crowded camp for displaced families. For years, Ali struggled with shyness, bedwetting, and a medical condition that required costly medication. Fatima's limited income—bolstered only occasionally by Fatima's work as an educator in an orphanage—made accessing both healthcare and healthy food a constant struggle.

When Fatima learned of Maya and the IRC's psychosocial support program in the camp, she immediately enrolled Ali in individual counselling and group PSS sessions. She also attended the positive parenting sessions. *"Ali used to avoid sitting with strangers,"* Fatima explains. *"I never saw him express himself openly. Now, he's talking with confidence and wants to play with friends."* Ali, too, feels the change: *"I feel like a kid who doesn't have any problems anymore,"* he says. *"I love my school, I love my friends, and I look forward to every session."* The family also benefited from a short-term grocery card, which allowed them to buy nutritious food from the market.

Despite Ali's significant progress, Fatima worries about sustaining these gains. *"He still needs medication that is no longer free, and our budget is so limited,"* she says. *"The sessions helped Ali become more confident and happy, but more consistent support—especially for single mothers—would make a huge difference."* Even so, Ali's transformation is undeniable: he has overcome his shyness, built stronger friendships, and grown closer to his mother. Their story highlights how the IRC and Maya's targeted psychosocial care empowered a child to reclaim a sense of normalcy and hope, even amid ongoing hardships.

02 Learning Patience Under Pressure: Asmaa's Parenting Success

Asmaa, a young mother of three living in in an informal camp, first discovered the Maya Foundation's psychosocial support sessions for caregivers when a neighbor mentioned their benefits to mothers. *"I was confused about how to handle my children's anger or fear,"* she recalls. *"They would scream or fight, and I didn't know what to do."* Determined to find a better way of raising her children, Asmaa began attending the sessions regularly—despite the difficulty of leaving her young children behind in the camp.

During these sessions, Asmaa learned practical strategies to manage her children's tantrums, ease their anxieties, and encourage open dialogue. *"My little girl used to cry to get what she wanted,"* says Asmaa, *"but after the sessions, I learned to calmly ask her why she was upset, and she became more confident talking about her feelings instead of just crying."* She also applied a key piece of advice during a tense moment when her sons were fighting: *"I remembered the need to be calm and listen before reacting. I sat them down, asked what was bothering them, and the fight ended quickly. It was a huge change for our family."*

Asmaa believes these new skills will continue to serve her family well: **"*One of the most important things I learned was patience—how to understand my children's feelings rather than just getting angry,"* she explains. "These sessions made me feel I'm not alone in raising my children, especially in a difficult place like a camp." She notes that her confidence has grown, as has her children's sense of security. *"I'm calmer, and they're calmer,"* she says. *"Even if our circumstances are tough, we have better ways to cope together."*

03 Hisham's Experience Building Confidence and Resilience

Hisham, a young boy living in a camp for displaced families, attended the group PSS sessions provided by the Maya Foundation. Encouraged by his cousins, he attended sessions that focused on games, creative activities, and emotional expression. Initially shy and hesitant to engage with others, he gradually began to open up, participate in group activities, and share his feelings. The safe and supportive environment created by the facilitators helped him build trust and develop critical skills to manage emotions like fear and sadness.

The boy also noticed changes in his daily interactions. He began playing with peers in the camp and sought opportunities to join more activities. His newfound confidence was evident in how he navigated challenges, expressing himself clearly and calmly. The facilitators' kindness and encouragement, combined with the practical strategies taught in the sessions, gave him the tools to face difficulties with resilience.

One of the most significant changes he experienced was learning to calm himself during stressful situations. He recalled a moment at home when he felt upset but remembered the deep breathing techniques taught during the sessions. Instead of withdrawing, he shared his concerns with his aunt, strengthening their relationship and easing his distress. "I now know how to deal with my feelings and that it's okay to ask for help," he said.

Sustainability

The sustainability of the project is demonstrated through its lasting impact on participants, particularly in how the MHPSS and protection services continue to benefit both caregivers and children in the long term. Data from beneficiary surveys indicates varying levels of sustainability of impact across the different project activities, with stronger potential for lasting impact in behavioral and relational changes as a result of the MHPSS interventions more than the material support and referral services under the protection component.

The majority of surveyed caregivers (97%) expressed confidence in the long-term benefits of skills their children acquired during the PSS group sessions with 44% anticipating significant long-term benefits, 53% expecting mostly sustainable outcomes and only 3% expressing uncertainty or doubt about long-term benefits. This is further reinforced by the feedback from parents regarding the different positive changes observed in their children. The high level of satisfaction with services and belief in its sustained impact suggests the project successfully contributed to building durable coping mechanisms, social skills and resilience-building skills in participating children.

Do you feel that the skills learned during these sessions will benefit your child in the long term?
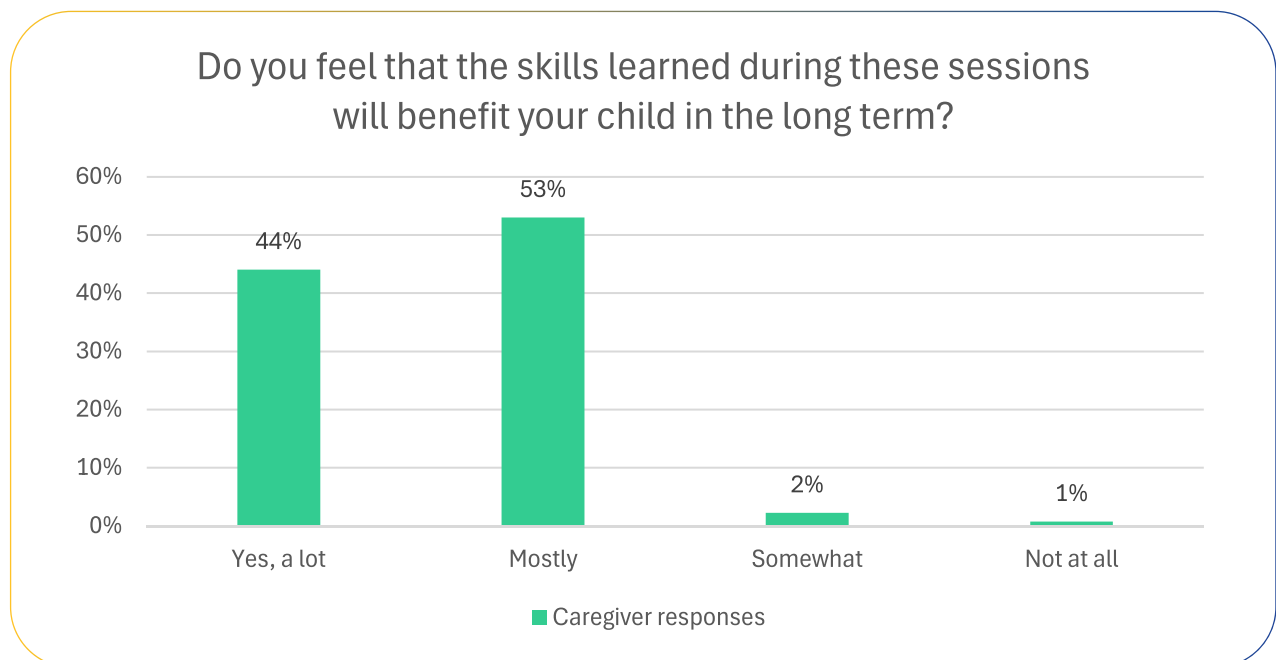
Similarly, sustained impact is also evident in the improved emotional well-being of caregivers, strengthened family bonds and more sensitive parenting approaches. All surveyed caregivers reported that learnings from the positive parenting sessions will continue to benefit them in the future with 43% anticipating the skills being "very useful" going forward and 57% expecting the learning to be "useful" in their ongoing parenting practice. This shows that beneficiaries are equipped with knowledge and skills they can continue to apply, ensuring that the project's outcomes are not limited to the intervention period. All four surveyed caregivers who received referral services, agreed that it substantially improved their sense of safety and well-being, and that it would continue to benefit them in the future. The project fostered practical skills like emotional expression and stress management, which participants are expected to retain. Overall, the project made strides in improving the mental health and sense of safety of both caregivers and children. A combined 96% of respondents reported at least some level of improvement, with 41% noting significant progress. Furthermore, 98% agreed or strongly agreed that the project provided lasting support and information that would continue to benefit their families. This sentiment underscores the lasting value of the resources and knowledge shared during the intervention.

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Regarding the protection response, all surveyed parents who received IPA (n=15) believed that the received items contributed to an improved sense of safety and dignity for their children, although a clear causality could not be established through the evaluation. The extent to to which the in-kind IPA assistance could have a lasting impact had a mixed outlook with 47% of these respondents reporting that benefits from the IPA support would last 1-3 months, 27% thought that benefits would last less than a month and 26% expect that the benefits would last six months or longer. Several staff confided that protection response had a very basic needs approach and was more of a one-off support rather than intending to support long-term impact. Some staff agreed that there should have been more integration of MHPSS and child protection support to see true sustained impact.

While beneficiaries reported learning valuable skills that would continue to help them in their mental health journey in the long run, the project's sustainability was undermined by the absence of a clear laid out exit strategy. Some staff mentioned that beneficiaries were provided with service maps and contact information for relevant providers to ensure continuity of services but few beneficiaries expressed uncertainty about where to access similar services now that the project has concluded. While 61% of survey respondents felt fully informed about similar services available in their community, a significant 22% indicated they were not informed. Staff interviews also indicated lack of clarity over the project's transition or exit strategy. This raises concerns about sustainability aspects related to continuity of care and highlights the need for stronger linkages to local and national systems to ensure that communities remain connected to essential resources. The evaluation team could also not verify how and the extent to which case management and referrals were closed or handed over to other actors.

Some staff observed a trade-off between the depth of engagement and the number of beneficiaries reached. While the project successfully reached more than the target number of beneficiaries, some key informants suggested that offering more frequent and intensive sessions could have provided a deeper and more sustainable impact. This insight suggests that future designs might benefit from balancing quality with quantity. Staff also emphasized the need for increased staffing and efforts to ensure duty of care, particularly for psychologists, to prevent burnout and ensure high-quality support over time. Despite Maya's strong local presence and networks with local institutions, the project did not sufficiently engage in capacity-building efforts that could have empowered other local actors or institutions to continue delivering critical services post-intervention. Staff suggested that future iterations could include dedicated project activities to build stronger networks with local institutions and train local professionals (e.g., social workers, ministry employees, and NGO staff) in trauma sensitivity and psychosocial support. This would embed sustainable practices within local institutions and ensure adaptability to diverse groups. To enhance sustainability in future initiatives, stronger partnerships, capacity-building strategies, and clear pathways for transitioning beneficiaries to alternative support systems are essential. As noted by a project staff, *"It would be a good strategy to add capacity-building sessions, so when we leave, ministries and NGOs have trained professional staff who can continue applying our practices."*

Ultimately, the project's sustainability is closely linked to the empowerment of children and caregivers, the transformative impact on child-caregiver relationships, and the long-term applicability of the skills learned. By fostering enduring trust, communication, and understanding, the project has laid the groundwork for continued positive change. Continued emphasis on equitable access, comprehensive information-sharing on similar services and resources, and building local capacity through stronger linkages with service providers and government actors would have further enhanced the project's legacy, ensuring continuity of care and benefits that sustain long after project close-out.

Coherence

The project demonstrated a meaningful alignment with the local and humanitarian context to support post-earthquake recovery and resilience building among affected communities. Maya's strong local networks and presence enabled the project to build trust with affected communities and expand services to vulnerable communities in underserved areas. Key informants and beneficiaries frequently mentioned that MHPSS services were much needed in the different facilities, where displaced communities resided and that they would not have otherwise received these services if it weren't for the IRC and Maya's presence. As one staff member explained, *"We always try to go to places where there is no service. For example, Kırıkhan was selected because it had never had MHPSS services before us."*

By engaging with local authorities, such as the Ministry of Family and Social Services, and participating in cluster and sub-sector coordination meetings, Maya and the IRC helped to align the project with broader humanitarian priorities and ensured interventions were targeted. However, stronger collaboration with external actors on sharing of skills and resources, particularly to support local capacity building would have contributed to greater sustainability of the project. Further, several staff key informants expressed that the earlier involvement of field staff in the program design process could have further enhanced the coherence of the response. Many felt that while the project was supposed to implement an integrated MHPSS and child protection response, these activities were often implemented in isolation with the others with varying timelines and separate project staff. While it was important to have technical staff focused on the different sub-sectors of MHPSS and child protection, coherence within the project was limited.

A recurring theme in discussions on coherence was the missed opportunity for stronger partnership between the IRC and Maya. Coordination between the two organizations was facilitated through weekly meetings, field visits, along with direct communication focal points for specific operations and departments like MHPSS, child protection, M&E, partnerships etc. However, in practice, the roles and responsibilities of different staff often merged or were not fully drawn out particularly as the project faced high staff turnover and recruitment delays with several key positions left unfilled throughout implementation. The lack of a project head at the IRC to oversee all program management aspects of the project was identified as a significant planning oversight that may have contributed to operational delays and coordination challenges, particularly regarding the non-inclusion of the IPA activities in the project's initial budget. The changes in project management at both organisations and the delays in grant disbursement and budget amendment processes further affected the momentum of implementation and ease of coordination between the IRC and Maya. *"There were times when we didn't fully understand what was expected of us, especially regarding reporting and budgets,"* noted one staff member, underscoring the need for more clarity on the partnership, better coordination and more frequent communication. Several other staff noted that Maya required more capacity-building support from the IRC on administrative and financial management.

The identified challenges limited the partnership' ability to fully utilize each other's expertise and resources. While the IRC is a protection actor with expertise in child protection, there were gaps in capacity-building support for Maya on this topic, which could have strengthened the protection component of the project. While several resources and guidelines were shared with Maya, there was a need for the project to formally include more capacity-building on protection for Maya staff either through workshops or more supportive supervision and monitoring mechanisms. As a result, while the MHPSS services were widely recognized as impactful owing to Maya's expertise and local reach, the child protection response was considered relatively weak and less integrated into the overall approach. As acknowledged by one staff member, *"Maya's ability to mobilise on the*

group for MHPSS was unmatched but their protection response did not rise and shine the same way. There was a need for more strengthened referral pathways and follow-up on case management."

Ultimately, while the partnership between the IRC and Maya successfully delivered critical services and demonstrated complementary strengths, it fell short of fully capitalizing on the expertise each organization brought to the table. More structured and regular coordination mechanisms between the IRC and Maya could have enhanced synergy and contributed to a more integrated response for the affected population. The experience highlighted the importance of improved communication, timely financial coordination, and more integrated programming and capacity-building to achieve a more cohesive response.

Conclusions and Recommendations

The DEC-funded project implemented by the IRC and Maya Vakfı in response to the 2023 earthquake in Türkiye represented a critical intervention in addressing the urgent mental health and protection needs of earthquake-affected children and caregivers living in highly challenging conditions. Throughout the project's 12-month duration, the MHPSS interventions proved highly essential and relevant, filling critical service gaps for communities grappling with significant trauma and displacement. The high satisfaction rates among beneficiaries attest to the immediate resonance and appropriateness of the MHPSS component. Yet, while these interventions contributed to improved emotional well-being and family dynamics, the project faced difficulties in delivering an equally integrated and robust child protection response.

One of the project's major achievements lay in its cultural adaptability and responsiveness to evolving needs. By incorporating structured PSS group sessions, positive parenting workshops, and specialized approaches for different age groups, the intervention effectively supported children in managing stress, building resilience and strengthening social skills. For instance, structured discussions and art-based methods enabled children to articulate emotions in safe, developmentally appropriate ways. Caregivers similarly benefited from trauma-informed sessions that emphasized personal well-being and positive parenting, reducing reliance on punitive measures and cultivating deeper family bonds. The project's ability to address challenges and adapt to evolving needs during implementation was also a significant strength, particularly in Maya's strategic approach and ability to increase engagement of male caregivers in the positive parenting sessions.

However, the project's effectiveness was hampered by key operational and strategic gaps. Delays in budget approvals, the late inclusion of Individual Protection Assistance (IPA), and staff shortages constrained the protection component's reach and coherence. These delays not only compressed timelines for distributing crucial support but also undermined the project's potential to link child protection services more meaningfully with its successful MHPSS activities. While local networks and strong community outreach facilitated timely MHPSS delivery, the same efficiency was not mirrored in the child protection domain, owing largely to administrative bottlenecks, limited capacity and fragmented coordination between the IRC and Maya.

Project accountability mechanisms also highlighted inconsistencies. Although multiple channels for complaints and feedback were theoretically available, many beneficiaries remained uninformed or uncertain about their usage, and few reported actually utilizing these channels. This gap in accountability not only limited beneficiary participation but also restricted the project's capacity to monitor and respond to emerging issues effectively. In contrast, the project demonstrated strong performance in building trust with communities and engaging them in psychosocial programming, suggesting that more consistent, properly staffed feedback mechanisms could have been leveraged for even greater responsiveness and transparency.

Among the key lessons learned, the importance of clear, proactive planning stands out, particularly in the integration of protection and MHPSS services. Early engagement of field staff in the design phase, thorough budgeting for activities such as IPA, and capacity-building for child protection could have substantially strengthened the intervention's relevance, coherence and overall impact. Equally, prioritising staff care through formal debriefing and mental health support was shown to be paramount, as prolonged travel, high caseloads, and limited psycho-emotional support for frontline workers led to stress and high turnover.

Sustainability also emerged as a mixed outcome. On one hand, the project's MHPSS interventions—particularly those providing practical coping and parenting skills—show strong potential for lasting change, as many caregivers reported an intention to continue applying what they learned. On the other hand, the absence of a robust exit strategy and limited capacity-building efforts for local actors undermined the continuity of certain protection and referral services. Although some beneficiaries received service maps and brief follow-up information, gaps in linkages to local service providers left some communities uncertain about sustained support. Overall, more deliberate planning for handover and stronger embedding of practices within local structures would have reinforced the long-term impact of both the MHPSS and protection components.

Adherence to Core Humanitarian Standards (CHS)

The CHS sets out nine commitments to ensure that organisations support people and communities affected by crisis and vulnerability in ways that respect their rights and dignity and promote their primary role in finding solutions to the crises they face. Based on the evaluation findings, the following section draws conclusions to assess the project's overall adherence to these commitments

CHS Commitments

01 People and communities in situations of crisis and vulnerability can exercise their rights and participate in actions and decisions that affect them.

The project's MHPSS component was grounded in participatory methods, with sessions tailored based on direct input from children and caregivers. Many beneficiaries reported feeling heard—particularly in shaping session content around parenting, emotional regulation, and stress management. However, the protection component offered fewer opportunities for meaningful engagement, partly due to budget delays and rushed implementation of Individual Protection Assistance (IPA). These constraints limited beneficiary involvement in defining the scope and timing of protection activities.

02 People and communities in situations of crisis and vulnerability access timely and effective support in accordance with their specific needs and priorities.

While the MHPSS services were delivered relatively promptly and effectively, the child protection interventions faced significant delays, undermining their timeliness. Beneficiaries praised the relevance of group psychosocial sessions, yet the compressed timeline for IPA distribution meant some needs were only met in the project's final month, leaving little room for follow-up or adaptation.

03 People and communities in situations of crisis and vulnerability are better prepared and more resilient to potential crises.

By imparting coping strategies and positive parenting skills, the MHPSS activities equipped families with tools to manage future stressors. Adolescents learned emotional regulation techniques that

can help them navigate subsequent challenges. However, the lack of capacity-building for local actors in child protection meant that communities received minimal support to bolster longer-term protective and referral systems, limiting broader preparedness.

04 People and communities in situations of crisis and vulnerability access support that does not cause harm to people or the environment.

The project emphasized do-no-harm principles by prioritizing cultural sensitivities, avoiding re-traumatization, and creating safe spaces for both children and caregivers. However, the evaluation observed that there was often insufficient space in the facilities to conduct individual assessments, which could compromise the privacy and confidentiality of those seeking specialized MHPSS or protection services. Additionally, the project did not adequately address staff burnout—an unintended impact that not only harmed staff well-being but could also indirectly affect the overall quality of service delivery.

05 People and communities in situations of crisis and vulnerability can safely report concerns and complaints and get them addressed.

Although complaints boxes, WhatsApp channels, and phone lines were established, many beneficiaries either did not know about these mechanisms or did not trust them to yield results. The absence of dedicated staff for complaints handling and inconsistent follow-up on reported issues reduced the system's effectiveness. Some participants expressed dissatisfaction with how grievances were managed, indicating that more robust complaint-handling processes are required.

06 People and communities in situations of crisis and vulnerability access coordinated and complementary support.

Maya and the IRC engaged local authorities and participated in cluster coordination meetings, aligning MHPSS efforts with broader humanitarian priorities. Despite these steps, gaps remained in integrating child protection with MHPSS activities. Overlaps and delays in IPA implementation, coupled with a lack of clarity in roles and responsibilities, hindered the delivery of a cohesive, complementary response to beneficiaries' multifaceted needs.

07 People and communities in situations of crisis and vulnerability access support that is continually adapted and improved based on feedback and learning.

The project adapted several approaches in real time—such as introducing male-focused parenting sessions and revising session topics to incorporate caregiver well-being. While these shifts illustrate a willingness to learn and adjust, limited documentation and tracking of referrals or complaints reduced the scope for deeper programmatic improvements. More systematic data collection and feedback loops would have allowed for ongoing refinement, especially in the protection component.

08 People and communities in situations of crisis and vulnerability interact with staff and volunteers who are respectful, competent, and well-managed.

Beneficiaries frequently commended MHPSS facilitators for their empathy, professionalism, and cultural sensitivity. Translators were also made available, increasing accessibility. Nevertheless, staff burnout, high turnover, and insufficient well-being measures highlighted weaknesses in management structures. Logistical challenges like long commutes further strained staff, indicating a need for stronger personnel support and organizational oversight.

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09 **People and communities in situations of crisis and vulnerability can expect that resources are managed ethically and responsibly.**

MHPSS resources were effectively allocated to meet pressing mental health needs, reflecting responsible resource use. However, delayed budget approvals and a lack of clarity regarding a budget line for IPA resulted in inefficiencies. Underspending risks in the final quarter led to rushed procurement and distribution, underscoring the importance of proactive financial oversight and detailed planning to ensure all project components receive the necessary resources on schedule.

Overall, the IRC–Maya Vakfı project effectively addressed major gaps in psychosocial support for earthquake-affected communities but struggled to achieve a fully integrated, high-quality protection response. The project's performance highlighted the value of coherent design, timely resource allocation, robust accountability mechanisms, and comprehensive staff support. By reflecting on these lessons and aligning with CHS commitments—especially around responsible resource management, continuous improvement, accountability, and staff care—future programs can build on the project's successes while more thoroughly mitigating its shortcomings.

Recommendations

Building on the findings detailed in this evaluation report, the following recommendations aim to improve future programming by addressing observed gaps and leveraging existing strengths and best practices. They focus on practical, actionable steps that can improve relevance, efficiency, effectiveness, sustainability, and coherence in similar interventions in the future.

01   Streamline project design process

- **Conduct Thorough Context Analyses and Needs Assessments**: Update needs assessments periodically to capture shifts from immediate post-disaster assistance to longer-term psychosocial and protection support.

- **Involve Field and Technical Staff from implementing partner organisation in the project planning and design:** Ensure adequate representation of technical and field personnel from implementing organisations along with community-level representatives in project design discussions to align activities including budgets and workplans with on-the-ground realities.

- **Clarify all planned activities and outcomes:** At the proposal stage, define each intervention's objectives, required resources, and timeline to avoid oversight and rushed add-ons later. Activities may be adapted at a later stage but it is essential to clearly identify the scope along with sub-activities and modalities for all project activities.

- **Align Proposal and Budget**: Ensure the budget fully reflects the activities outlined in the proposal to prevent delays and the need for amendments.

02   Strengthen Child Protection response and its integration into the broader project

- **Develop a Dedicated Child Protection Framework**: Clearly outline objectives, timelines, referral pathways, and accountability measures from project inception.

- **Provide Structured Capacity-Building**: Offer formal training and supportive supervision on child protection standards, case management, and risk mitigation to improve effectiveness of response when it is being implemented by an actor new to child protection.

- **Link IPA to address clear child protection needs or threats**: Ensure IPA is clearly linked to specific child protection outcomes that mitigate or prevent risks or threats for children. This could be in the form of safe transport to specific services, access to education and health, distribution of dignity kits etc. rather than focusing solely on basic humanitarian assistance like food, market support, clothing etc. Consider distribution of more standardised in-kind protection assistance such as dignity kits, solar lamps etc so there is a more systematic way to identify needs and monitor beneficiary use and satisfaction.

- **Strengthen integrated programming:**

  - Integrate child protection considerations (e.g., reporting mechanisms, safety planning) into general psychosocial themes addressed during group PSS sessions, reinforcing the idea that both well-being and safety are interconnected.

○ Devote segments of each session to introducing higher-level MHPSS or protection resources, including referral pathways and contact information for specialized services (e.g., legal aid, psychiatric care).

○ Incorporate brief, age-appropriate screening tools or discussion prompts within PSS group activities to identify participants who may require individual counseling, external referrals for specialised MHPSS or protection needs.

○ Train facilitators to recognize signs of distress or potential protection risks and to initiate referrals in a timely, confidential manner.

03 Improve MHPSS Effectiveness

● **Expand Referral and Specialized Services:** Strengthen referral mechanisms for advanced mental health support, ensuring reliable follow-up. Increase resources and staffing—particularly counselors and psychologists—to accommodate demand for individual sessions.

● **Tailor Session Design and Frequency:** Offer more interactive formats and regularly gauge participant feedback for improvement. Shorter, more varied sessions can address adolescents' and caregivers' preferences, while setting up gender-segregated or evening options may boost male attendance.

● **Strengthen Outreach and Awareness:** Promote consistent outreach and work with community leaders, social media, and existing beneficiary networks to reduce stigma and encourage greater awareness of specialized counseling, trauma-focused care, and positive parenting programs.

04 Improve Efficiency and Resource Management

● **Appoint a Central Project Manager or Focal Point:** Assign a dedicated project coordinator within the IRC, who is responsible for overall project management of both technical and administrative aspects to ensure timely decision-making and effective coordination.

● **Conduct Regular Budget Reviews:** Schedule regular financial check-ins to detect potential underspending or overspending along with any other budgetary misallocations, adjusting plans as needed in a timely manner.

● **Enhance Financial Planning**: Build flexibility into the budget to account for currency fluctuations and establish contingency plans for financial adjustments

● **Synchronize Donor Approvals and Fund Disbursements with Project Start-Up:** Ensure timely disbursement of funds to implementing partner. Obtain required donor approvals in advance and distribute funds before staff recruitment and procurement begin.

● **Formalize Staff Handover Processes:** Require departing staff to produce briefing documents and conduct face-to-face orientations for their successors to maintain continuity,

05 Strengthen Accountability and Monitoring Measures

- **Designate Dedicated Feedback Focal Points:** Assign staff specifically to manage complaints, feedback, and follow-up, ensuring impartiality and preventing overextension of program staff. Publicize complaint channels widely (posters, social media, community announcements) to boost beneficiary awareness.

- **Publicize Feedback Channels Widely:** Display clear, multilingual signage within project facilities and community centres to explain how to lodge complaints or provide feedback.

- **Strengthen M&E systems:** Ensure there is a clear M&E plan and provide training and resources for dedicated M&E personnel so that data collection, analysis, and feedback loops become integral to program adaptation and quality improvement.

06 Prioritise Sustainability and Local Capacity

- **Build Exit Strategies into Project Design:** Outline early plans for transitioning or closing services in consultation with local stakeholders. Provide service maps, ongoing referral options, and, where feasible, support local actors (ministries, NGOs) to continue critical activities.

- **Prioritize Capacity-Building for Local Institutions:** Offer formal training on trauma-informed care, child protection, and psychosocial support to government staff, social workers, and community volunteers. Encourage peer learning and mentorship to cultivate lasting expertise.

- **Encourage Broader Networks and Partnerships:** Work with municipal authorities, local NGOs, and community groups to foster synergy. Connect beneficiaries to existing services (legal aid, specialized health clinics) to extend support well beyond project timelines.

07 Ensure Staff Well-being

- **Integrate Staff Care Measures:** Arrange debriefing sessions, mental health support, and workload management practices to mitigate fatigue from frequent travel and high emotional demands. Budget for additional positions—particularly psychologists—to avoid overstretching current teams.

- **Implement Structured Supervision:** Regularly check in on staff welfare and performance, especially in field settings with challenging physical conditions. Offer flexible scheduling or rotation of duties to reduce burnout risks.

- **Ensure Adequate Staffing Levels:** Hire additional professionals to distribute workloads more evenly and reduce reliance on a few overburdened focal points.

- **Establish Clear Role Definitions:** Separate staff duties for program implementation and accountability/complaints management, ensuring impartiality and reducing strain on program staff.
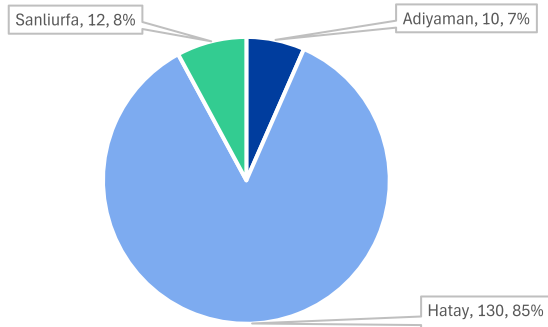
Annex I. Evaluation Matrix

Evaluation Criteria	Evaluation Questions		
Relevance	-To what level did the project address the community and individual needs of the targeted community? -How well did the project adapt to contextual changes? -How well did the project adapt and improve its strategies based on feedback and lessons learned during implementation? -How did community participation and accountability influence the project's design and implementation?		
	Analysis: 1. Compare initial needs/vulnerabilities identified in Needs Assessment and project narrative plan to project logframe to check for logic. 2. Secondary data review to check for BNF input in identification of problems and in project design, including feedback mechanisms 3. Compare initial problems to achievements [identified in IPTT Cumulative Achievements and proposal targets to assess progress of the project and enduring community needs] 4. Compare BNF feedback from FGD and surveys to internal data 5. Triangulate relevance from implementer perspectives with beneficiary perspectives		
Coherence	-Did the project build internal compatibilities and synergies within IRC Türkiye Country Program and with partners? -How did the project build interlinkages with other projects in the area? What is the added value? What are the strategies set by the organization to avoid duplication of efforts? -How did the project align with broad humanitarian interventions in Turkiye?		
	Analysis: 1. Map interlinkages with other projects and categorize by demographic and regional priorities to understand the distribution of resources. 2. Disaggregate data on perceived coherence by beneficiary demographics to gauge if any groups felt isolated from broader interventions. 3. 3. Compare partnership goals with achievements through KIIs and FGDs with partners, and validate alignment across sectors with desk reviews		

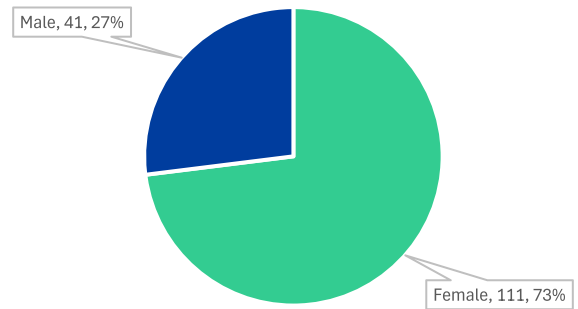|	
Effectiveness	-To what extent did the project achieve its intended results? -How effective were the mechanisms, strategies, and approaches used during the implementation of the project? -How effective were the partnerships with the local NGOs? -What was the tangible progress/improvement that could be achieved through a multi-sectoral approach? -How effective was the mechanism for community members to safely report concerns and complaints, and how were they addressed? -Did the staff and volunteers demonstrate competence, respect, and effective management throughout the project?
	Analysis: 1. Desk review / primary information about changing context in which project was implemented and effects on program implementation, e.g. facility capacity/conditions, sociopolitical context etc. 2. Supplement quantitative findings with qualitative analysis of detailed FGD and KIIs describing program effects and impact on beneficiaries including insights on service accessibility, feedback and accountability, inclusion etc. 3. Cross-reference quantitative findings with qualitative insights from beneficiaries, implementors and local stakeholders.
Efficiency	-Were the required resources (human, financial, and operational) for both IRC and partners in place and sufficient to implement the project activities and achieve the output targets on time? -How did the partnership modality contribute to efficient project delivery? -What internal and external factors affected the project progress in achieving the targets/objectives and what external factors have led to delays in some activities launching?
	Analysis: 1. Triangulate desk review documents on the project design process and proposal with IRC and Maya KIIs to assess the degree to which the project was designed in consideration of IRC and Maya's capacities and weaknesses and the efforts of other humanitarian actors in the area. 2. Analyze secondary and primary beneficiary feedback to assess the efficiency of service delivery. 3. Analyze IRC and Maya KII accounts of project design thought process, background research, local/international partner collaboration and cost-benefit analysis.

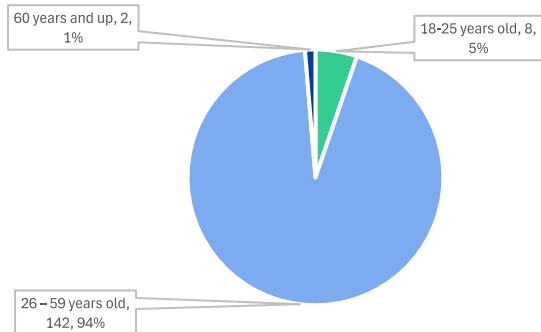|	
Impact	-Which project activities contributed most to positive changes for the targeted population? -Were there any unintended positive or negative effects? -How well did the activities contribute to the project outputs and to what extent has the theory of change for each output been achieved? -Are there examples/ case studies of this change from project beneficiaries?
	Analysis: 1. Query implementing staff about unanticipated challenges, opportunities, positive or negative effects of the project services and cross-reference answers with information form other sources to verify effect and assess impact in the community 2. Query beneficiaries about second-order effects of project services, e.g. life changes for which access to mental health or protection services are considered necessary and/or sufficient.
Sustainability	-What is the likelihood that the project's outcomes will continue beyond the project duration? -Did the partnerships approach contribute to sustainability of the intervention and gender-transformative change in local communities? -Did the project promote long-term capacity building and resilience? -What are the key lessons, challenges and solutions that IRC and partners can draw from the intervention to strategically improve its humanitarian response and achieve better outcomes for affected communities?
	Analysis: 1. Compare sustainability and exit strategy measures in project proposal, logframe, etc. against humanitarian context to the evaluation findings to assess their appropriateness and feasibility. 2. Analyze interview data with project staff regarding phase-out plan, anticipated facility operationality after project ends, challenges and opportunities. 3. Assess beneficiary perceptions on long-term impact of project activities, help-seeking behaviors and their level of knowledge on existing services

Annex II. Survey Respondent Profiles
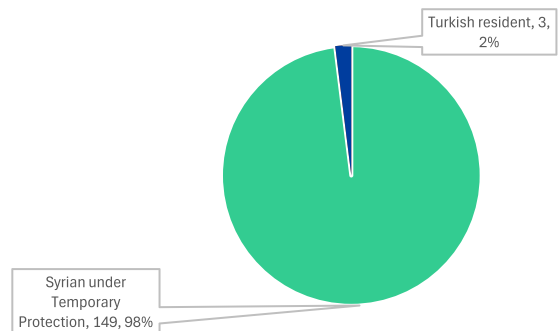
Caregiver Survey Respondents by Province

Sanliurfa, 12, 8%
Adiyaman, 10, 7%
Hatay, 130, 85%

Caregiver Survey Respondents by Gender

Male, 41, 27%
Female, 111, 73%

Survey Respondents Age

60 years and up, 2, 1%
18-25 years old, 8, 5%
26 – 59 years old, 142, 94%

Residential status of the respondents

Turkish resident, 3, 2%
Syrian under Temporary Protection, 149, 98%

Thank
you

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