

## 3RP Protection Sector

### Recommendations for Scope and Content of Programming

#### 2023 – 2025 Appeals

The below recommendations are made to partners appealing under the 3RP Protection Sector for 2023 – 2025 in relation to scope and content of programming. These recommendations were identified through 3RP National and Sub-National Protection Sector Consultations held with sector partners in Q3 of 2022 and through the findings from Round 6 of the Inter-Agency Protection Sector Needs Assessment (IAPNA).

- In addition to generalized information dissemination activities, it is crucial that sector partners invest in **tailored information dissemination** and raising awareness activities as information needs clearly differ across sex groups, locations and nationalities<sup>1</sup>. On the latter, particularly Afghans require additional outreach to facilitate their access to information on an equal footing with other groups. In addition to large scale information dissemination activities, partners should increasingly return to in-person, individualized counseling sessions as well. Lastly, partners should continue to invest in community mobilization with respect to information dissemination, considering that family, friends and other community members remain among the top preferred sources of information. Nonetheless, partners should also recognize that both I/NGOs and UN agencies are important sources of information for communities.
- **Illiterate populations** are at risk of being left behind, particularly in activities such as information dissemination and raising awareness. In addition to having least access to information as a population group, highest illiteracy rates are also amongst Afghans (almost a quarter are identified to be illiterate). Hence, overall information related efforts should increasingly target Afghans, including through non-written communication.
- Sector partners should continue to **disseminate information and raise awareness on civil documentation** (including birth registration, marriage registration and death certificates) particularly on how to obtain it and/or convert it in Türkiye and how to assess validity in countries of origin. Per their identified lower levels of knowledge, information efforts should prioritize women headed households, women, adolescent mothers, Afghans and Iraqis in particular. The need for raising awareness on the matter seems to be higher in Central Anatolia & Other<sup>2</sup> and in Marmara. In addition to raising awareness, considering they faced most difficulties in access to civil documentation, **support in obtaining documentation** should be provided particularly to women, adolescent mothers, Syrians, Iraqis and in the aforementioned regions. Partners should continue to leverage on complementary civil registration and vital statistics sector reforms and system strengthening efforts for durable solutions.
- Activities to promote **Turkish language learning** should be increasingly facilitated. This could be in the form of Turkish speaking clubs, or strengthened engagement with/referrals to official Turkish language courses provided via Public Education Centers, Municipalities as well as via online platforms, such as Yunus Emre Institute (etc.). Targeting should prioritize women, girls, out of school children, Afghans and Syrians considering they are identified to have lowest levels of Turkish language skills. Additionally, barriers in participating in Turkish language courses for at-risk individuals should be identified, subsequent to which risk factors should be mitigated.

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<sup>1</sup> Please refer to this [PowerBI Dashboard](#) from the latest round of the IAPNA for information needs per sex group, nationality group and location.

<sup>2</sup> The Central Anatolia & Other region is defined as Central Anatolia, East Anatolia and Blacksea Region in the IAPNA.

- Partners should ensure to the extent possible that existing **programmes and information materials are accessible to individuals of all nationalities**, with a focus, beyond Arabic, on linguistic needs of Afghan, Iranian, Iraqi, Ukrainian populations, as well as for populations from African countries.
- **Persons with disabilities and their caregivers, including children**, are at risk of being left behind across different interventions of sector partners. Partners should increase their technical capacity and know-how in engagement with these groups, both towards their mainstreaming in regular protection programming and to increase availability of specialized services specifically targeting persons with disabilities and their caregivers, while also ensuring that any data collected on persons with disabilities, including for regular case management activities, is based on Washington Questions.
- Considering these findings have been valid for more than one Round of the IAPNA, **rural, nomadic and mobile populations** should be targeted with both information dissemination on PDMM related services and processes, but also be provided support (including through transportation, accompaniment etc.) in accessing PDMM. In addition to PDMM services in particular, these populations should be targeted with information on and support to access services of PDoFSS and PDoNE. In this regard, mobile outreach interventions should be prioritized.
- Considering the difficulties in identification and outreach particularly to individuals with specific needs, hardest to reach and most vulnerable populations, there is a need to **invest significantly in and mobilize community capacities** to identify such individuals and groups to facilitate their access to rights and services through sector partners and public service providers. This should include expanded partnerships with refugee-led organizations and community structures. Such efforts should build on existing good practices and achievements of previous years, including as related to partnerships with local authorities and municipalities for the identification and assessment of vulnerabilities and needs.
- Whenever relevant and most effective/efficient, partners should support programmatic transition from traditionally 'standardized' service delivery models to **tailored/flexible service delivery modalities**, recognizing the unique, complex and fast changing needs of the individuals/groups of concern
- Continue to provide support to **persons pending registration and documentation** to facilitate their access to rights and services. Strengthen outreach to this group and engage in/contribute to local advocacy in addition to sharing information and data for central level advocacy through relevant coordination platforms.
- Certain population groups may require additional support in **facilitating access to rights and services**. While these groups may change over time and their levels of access will differ per the type of service/service provider/province they face barriers in accessing, rural populations, Afghans, Iranians and persons with disabilities were identified to face more difficulties compared to other population groups.
- Individuals of nationalities other than Syrian, particularly those with specific needs and medical concerns, whose health insurances have been deactivated continue to require support in accessing healthcare services. While advocacy with PMM and PDMMs should continue to be carried out, **alternative means to accessing treatment and medication** for most vulnerable should be identified in collaboration with health sector partners and donors (i.e. latter for inclusion of SNFs or other mechanisms to provide financial support for exceptional cases). Further, support and follow-up should be provided on a case-by-case basis for individuals who approached PDMM to request reactivation but could not due to a variety of reasons. Additionally, persons with medical concerns, whose health related needs (including for medical equipment and specific treatments) are not covered by the General Health Insurance system should also be factored in programming to the extent possible.
- Prevention focused activities should be factored in by partners aiming to work focused on **child protection**. Given the huge case load in Türkiye and increased child protection risks, apart from regular case management focused activities, targeted and evidence based preventative activities should be part of programming. Specific

risk groups such as unaccompanied and separated children, children/adolescents at risk of dropping out or out of school (due to socio-economic situations, peer bullying, cultural norms, etc), children engaged in or at risk of child labor, at risk of or in situations of child early, forced, marriages and/or any other forms of GBV, undocumented children and/or children pending registration, adolescent girls and mothers, children with disabilities, children of nomadic/mobile families, children in mixed/onwards movements, LGBTQI+ children and adolescents, children of LGBTQI+ parents/caregivers, children in contact with the law, as well as children in other risky situations (as elaborated under the CP Risk Prioritization Matrix of national CPsWG) should continue to be targeted. Violence prevention and response programming should also be extended to digital safety and child online protection initiatives based on evidence around risks and vulnerabilities.

- Considering the complex, structural and often cross-sectoral causes of many child protection deprivations, partners should support to the extent possible **integrated-cross sectoral programming to address the needs of children, adolescents and their families** (i.e. protection, education, livelihoods, basic needs).
- Sector partners with interventions aiming to facilitate **access to education** (including programmes specifically aiming at supporting retention and prevention of drop-outs) are highly encouraged to coordinate with other protection partners and partners from livelihoods, basic needs, education and health sectors (if integrated programming is not possible) to holistically address the structural factors causing children to be out of school/ inconsistently attend/ drop out (e.g. socio-economic deterioration of households, child marriage, adolescent pregnancy, child labor, peer-bullying/social tensions, etc.). Targeted MHPSS, social cohesion, skills and empowerment programmes (including as related to comprehensive sexuality education for adolescents and youth) should continue to be supported, and adolescent and youth engagement and mobilization pursued.
- Considering that among the main reasons for not attending **higher education** households note financial difficulties and language barriers, particularly youth should be targeted with financial assistance programmes (including through referrals to public/private scholarship and/or social assistance schemes). Turkish language learning should be promoted especially among refugee youth and in particular among adolescent girls
- Sector partners should increasingly **support livelihoods actors in disseminating information/raising awareness towards facilitating access to safe and dignified employment**. Considering individuals engaged in short term and/or irregular jobs are likely at highest risk of job insecurity (and likely occupational safety and health related issues), additional outreach with relevant information and support (including access to legal remedies) should target Afghans, Iranians and rural populations. Working individuals should also be provided information on sexual harassment/exploitation in the work place, including reporting and remedial mechanisms. Programming aiming to increase skills of persons in job-finding and technical skills in relevant areas through referrals to vocational courses provided by public institutions and municipalities should be factored in.
- Considering many of the protection concerns and risks are now also related to deteriorating socio-economic circumstances of households, partners should continue to ensure that most vulnerable individuals (i.e. vulnerabilities related to economic circumstances) are provided with or are referred to assistance mechanisms and opportunities to address their economic circumstances both in the short-term and longer-term. Short term interventions can include **cash for protection (partners are highly encouraged to budget such interventions in the appeals)**, cash for basic needs, in-kind support, food assistance whereas longer term will necessitate skills-building, access to formal employment (etc.).
- **Increase internal MHPSS technical and service provision capacity** to mainstream MHPSS interventions across protection activities, through evidence based psychological approaches for those partners with the relevant expertise and capacity, and through scalable psychological interventions (such as Problem Management Plus

(PM+) for non-specialized partners<sup>3</sup> If not possible, ensure referral mechanisms with MHPSS partners are bilaterally established and maintained to facilitate timely and effective interventions. Partners are encouraged to invest in structured and sustained, rather than ‘one off’ MHPSS interventions. To note, MHPSS needs seem to be highest within Iranian and Afghan communities. Children and adolescents face unique vulnerabilities and needs as related to mental health and wellbeing, hence increased targeting and specialized capacity is required.

- Partners are highly encouraged, considering the changes in context in this regard, to facilitate **structured and sustained social cohesion programming** rather than one-off events. It will be important to utilize the [social cohesion toolkit](#) developed by INGEV through UNHCR Inter-Agency, which includes practical recommendations to practitioners on effective design and monitoring of social cohesion interventions in Türkiye.
- There remain **geographical gaps in protection service delivery**, particularly in Central and Eastern Anatolia and the Black Sea region. During the National consultations, partners particularly emphasized the need for partner presence in Trabzon, Bayburt, Gümüşhane and Giresun. Wherever possible, protection partners with experience and expertise are encouraged to either expand their presence (ideally based on needs assessments) or through establishing partnerships with local civil society organizations.
- Considering the recent developments in terms of registrations procedures and capping on foreign population density across districts in Türkiye, it would be important to monitor and analyze internal movement trends of individuals and families and assess whether additional capacity/service expansion will be required in areas open for registrations as well as across Temporary Accommodation Centres (TACs) locations (including those recently established by PMM to address the needs of Ukrainian displaced populations).
- Partners are encouraged to **budget local level and/or thematic data collection and analysis exercises** within their appeals to systematically identify needs of specific community groups, as results would then be utilized in facilitating their improved access to rights and services based on a variety of interventions, as well as to monitor and document the efficiency, effectiveness and relevance of their programmes and interventions-including for the learning benefit of the wider sector
- Partners should continue to **support opportunities for structured engagement (both national and local), coordination and complementarities with public institutions and local authorities** to support operationalization of cooperation between service providers and identification of local needs and corresponding solutions (in particular with PDMMs, PDFSSs and law enforcement agencies).
- In line with the localization agenda, sector partners should aim to increase **engagement/partnerships with refugee-led and refugee women-led organizations as well as CSOs/CBOs**. Engagement and collaboration with local NGOs that have very specific areas of expertise (such as working with persons with disabilities, LGBTQI+ individuals, UASCs, etc.) should also be improved, both to mainstream refugee response and sharing of know-how.
- Even if improved since the last planning cycle (for 2022), discrepancy between community needs versus capacity of sector partners continues to be identified in relation to **access to legal services**. With this in mind, legal capacity of sector partners should be increased, either to provide direct services or via strengthened referrals. Advocacy is also required for the increased capacity and availability of legal services/services providers, including Bar Associations.

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<sup>3</sup> The Mental Health and Psychosocial Support Minimum Services Package provides a framework for MHPSS delivery, see <https://mhpsmsp.org/en>; and for Problem Management Plus (PM+) see the guide [here](#) and the STRENGTHS project implemented also in Türkiye, <http://strengths-project.eu/en/scalable-psychological-programmes/>.

- While response to GBV has been an important component among the protection partner activities, prevention and **risk mitigation of GBV** should be incorporated in the activities and existing activities should be reviewed accordingly to factor in components focused on prevention and risk mitigation.
- Given the fact that GBV survivors have very limited access to labor force due to social norms and language barrier; economic empowerment is a highly important component of humanitarian aid in support of GBV survivors and those at risk. Hence, partners working in the area of prevention, risk mitigation & response to GBV should strengthen their capacity on **cash-based intervention** or initiate SNF programming **in support of GBV survivors and those at risk** and should be in close collaboration with livelihood sector partners in order for them to adjust their programming towards supporting GBV survivors in a more meaningful and effective manner while ensuring the risk mitigation measures are mainstreamed in all the program areas of the sector.
- Partners having program implementation through centers/safe spaces, should design their program with a serious consideration on having **child-friendly space** in the center in order to ensure caregivers' attending in the activities and benefit from the services in a meaningful manner. Such spaces should be accessible to and factor in the specific needs of children with disabilities as well as LGBTIQ+ children and their caregivers (or other children at risk which may require additional considerations). To ensure inclusiveness of such children in these spaces, collaboration with organizations specialized in providing services to children with disabilities, LGBTIQ+ children (etc.) should be undertaken.
- **Persons with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)**, including children, adolescents and youth continue to face serious challenges in terms of accessing support specific to their needs and in accessing safe accommodation, livelihoods and assistance. Targeted programming for this group should be factored in appeals by those with partners with specific expertise in this area. Inclusive services for this group should also be ensured in the activities and interventions of partners with a broader focus. Caregivers of children and adolescents with diverse SOGIESC should be targeted to increase awareness of this group in view of prevailing cultural norms and also to empower them through skills and counselling considering the lack of community support, in addition to the barriers in terms of accessing the services. For partners with child friendly spaces, measures should be taken to ensure inclusiveness for both children with diverse SOGIESC and their caregivers, with taking mindful action targeting those through working in close collaboration with organizations with specific expertise in this area.