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## ABBREVIATIONS

<b>AFAD</b>	Disaster and Emergency Management Presidency
<b>CEDAW</b>	Committee on the Elimination of Discrimination against Women
<b>CERF</b>	Central Emergency Response Fund
<b>EMC</b>	Evaluation Management Committee
<b>ET</b>	Evaluation Team
<b>FGD</b>	Focus Group Discussions
<b>IASC</b>	Inter-Agency Standing Committee
<b>IFRC</b>	International Federation Red Cross
<b>MoFSP</b>	Ministry of Family and Social Policies
<b>MoH</b>	Ministry of Health
<b>MoNE</b>	Ministry of National Education
<b>Mw</b>	Moment Magnitude
<b>NATO</b>	North Atlantic Treaty Organization
<b>NGO</b>	Non-Governmental Organization
<b>OECD - DAC</b>	Organization for Economic Co-operation and Development-Development Assistance Committee
<b>TAMP</b>	Turkey Disaster Intervention Plan
<b>TurkStat</b>	Turkish Statistical Office
<b>UDPS</b>	Union of Disaster Psychosocial Services
<b>UN</b>	United Nations
<b>UNEG</b>	United Nations Evaluation Group
<b>UNICEF</b>	United Nations International Children's Emergency Fund



*This report on the independent program evaluation study by UDA Consulting has been drafted by experts specialized in the relevant field, from a neutral point of view. The “Program Evaluation Study” was carried out using information gathered from an analysis of documents provided by the Ministry of Family and Social Policies and UNICEF as well as from on-site consultations by researchers from the evaluation team. It aims to objectively appraise the achievements of the psychosocial programs applied as well as the difficulties experienced during the process. In this study, suggested solutions are presented to inform psychosocial programs to be implemented in the future and to prevent the problems that were faced from recurring.*

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## EXECUTIVE SUMMARY

The 2011 Van-Erciş earthquakes and their catastrophic repercussions activated and mobilized numerous national and international institutions. The Ministry of Family and Social Policies (MoFSP), who holds the main responsibility for psychosocial support, implemented several intervention programs in collaboration with UNICEF in order to enable survivors of the earthquake to return, to a certain degree, to their normal lives.

Considering the impact of disasters on individuals and communities, the need for the development and implementation of standardized psychosocial intervention models, that specifically fit the culture of the area, becomes apparent. To highlight the importance of such an approach, this evaluation study was conducted using quantitative and qualitative research. This particular research was meant to: *a) maintain accountability to stakeholders (the MoFSP, UNICEF, the Disaster and Emergency Management Presidency (AFAD) and other relevant institutions as well as the victims of the Van-Erciş earthquakes); b) provide information to develop and improve programming in subsequent phases of implementation; c) identify any unintended negative consequences and deficiencies of programming; and d) help develop a more effective evidence base for psychosocial programming in other situations and settings.* Thus, the current evaluation study was launched by UNICEF to evaluate the actual impact of the psychosocial response activities implemented by MoFSP personnel and the effectiveness of the training given to the ministry personnel by UNICEF in accordance with United Nations (UN) evaluation standards.

The evaluation study was carried out by UDA Consulting in close cooperation with the Middle East Technical University Disaster Management Centre (METU DMC). During the evaluation, the evaluation team constantly collaborated with the main stakeholders: the MoFSP, the Ministry of National Education (MoNE), AFAD, the Ministry of Health (MoH) and Turkish Red Crescent.

The Evaluation Team, which includes highly experienced professionals and academics, developed a method to reach not only the decision makers (who were significant actors in the planning, implementation and evaluation phases) but also the implementers and beneficiaries (who were key figures in the implementation and evaluation phases).

Within the scope of the field work conducted, two main target groups were reached: *1. Service Users and 2. Service Providers.* Service Users are defined as households, women and children who had been living in Van and Erciş during the earthquakes. Service Providers, on the other hand, consist of local workers, MoFSP personnel and those employed by national and international NGOs. The methodology and sample size

were determined after an extensive desk review by the project team. The qualitative and quantitative methods were applied at the same time and all target groups were reached by carrying out online surveys, household questionnaires, in-depth interviews and focus group interviews. During the evaluation, specific attention was paid to vulnerable groups, particularly to children and women (for example, different sets of data collection modules were developed) in line with the Convention on the Rights of the Child, the Core Commitments for Children in Humanitarian Actions, and the Convention on the Elimination of Discrimination against Women.

Since psychosocial support activities for vulnerable groups with a high risk of disaster vulnerability (women, children, elderly, disabled and chronically ill persons) are undoubtedly significant in post-disaster recovery interventions, the evaluation sample was designed to correspond to the level of their representation within the households affected by the earthquakes.

A comparison of socio-demographic statistics from the Turkish Statistical Institute (TurkStat) and the socio-demographic distribution of the evaluation sample indicates a substantial data parallelism. Given these similarities, the quantitative data collected from Van and Erciř can be said to reflect the general characteristics of the population. However, it is also necessary to mention that the evaluation study had some limitations. First, the evaluation was conducted three years after the earthquake happened. Second, as a natural result of a post-disaster intervention, multiple national and international agencies were implementing psychosocial support programs at the same time. As a result, the cumulative impact of all the organizations' programs was evaluated, as it was not possible to measure the impact of each individual organization. Finally, given that there was no baseline data, the evaluation results were only based on the situation after the implementation of the psychosocial support programs.

The data collection period was approximately one month. During this period:

- A household survey was conducted with 2235 persons.
- A total of 49 ministry staff who were involved in the psychosocial programs were interviewed.
- In-depth interviews were conducted with: 30 women who moved to outside of Van and Erciř; 30 local; and 11 local decision making authorities.
- Focus group meetings were organized with children and representatives of the NGOs.

Both the qualitative and quantitative data collected were analyzed in line with the evaluation criteria of UNICEF. During the analysis, in addition to the descriptive statistical methods, crosstab, T-test and ANOVA techniques were used.

Below are the major findings of the evaluation of the psychosocial support programs following the Van-Erciş earthquakes:

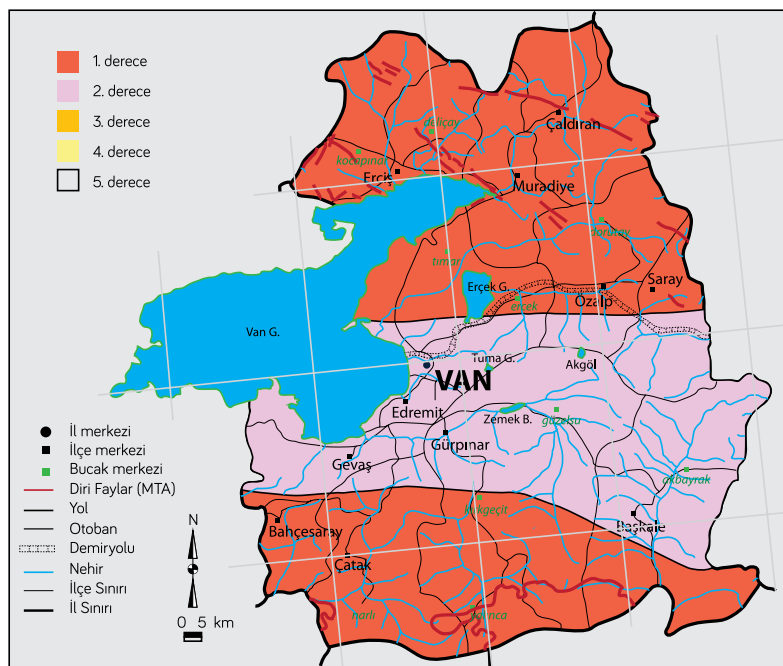
- The intervention made during the acute phase was effective and had a positive impact on mitigating potential psychosocial problems.
- The lack of coordination between governmental institutions had a negative impact on the sustainability of the support services. Inter-institutional coordination problems and confusion on roles and responsibilities among the relevant institutions limited the impact of the psychosocial support programs.
- The lack of an effective and efficient monitoring and evaluation (M&E) system and insufficient levels of communication and coordination between the organizations had a negative impact on the overall satisfaction of the beneficiaries. M&E is a new area for most government organizations in Turkey. However, government organizations including the MoFSP have recently started to work on this topic and to build relevant capacity across the country.
- The major aid organizations, especially the local ones, did not have sufficient human resources to provide post-earthquake psychosocial support services in Van. In addition to this, local authorities in Van and Erciş did not participate in the psychosocial response sufficiently, since they were also victims of the disaster, and this caused serious limitations to the support programs. Furthermore, ministry staff who took part in the psychosocial support programs had difficulties adapting to the culture of the region. This also had negative repercussions on the efficiency of the outcomes of the support programs.
- Individuals who temporarily relocated to other provinces, with the help of institutions or by their own means, had some difficulties in meeting their needs. In addition, the relocation itself had a negative impact on their psychosocial recovery. It has been found that the strength of family ties in the community has a significant role in enabling the community to restore psychosocial well-being through moral support. Therefore, relocation to other provinces, even though it was temporary, resulted in negative effects such as: deprivation of family members; disruption of normal life; anxiety; and difficulties with cultural adaptation.

Below are the recommendations drawn in order to avoid possible problems in future post-disaster intervention programs:

- The MoFSP, as the main partner for providing psychosocial support programs during an integrated disaster management process, should provide coordination of psychosocial support activities and human resources from the ministry. They should also provide coordination among other providers of post-disaster psychosocial support programs, following the main principles and designated roles set out in the Turkey Disaster Intervention Plan.
- Since the local psychosocial support personnel are likely themselves to be earthquake victims, the MoFSP should organize primary interventions with educated and experienced personnel from cities close by in order to overcome adaptation and organizational personnel problems.
- A monitoring and evaluation system for psychosocial support activities should be set up under the coordination of the MoFSP and implemented in a timely manner. It should be in accordance with universal human rights and equality principles of post-disaster psychosocial intervention.

In 2011, two major earthquakes occurred in Van, which is located in the east of Turkey and is the second biggest city in the region in terms of population. The center of the first earthquake was Tabanlı village and its magnitude was 7.2 Mw on the Richter scale. The center of the second earthquake was Edremit and its magnitude was 5.6 Mw on the Richter scale. They inflicted devastating damage and caused a great number of deaths (EERC, 2011). According to the figures announced by the Disaster and Emergency Management Presidency (AFAD), 644 people died and more than 4,000 people were injured due to the effects of the earthquakes<sup>1</sup>. Erciş is one of the cities in which people were affected by the earthquakes most severely (Figure 1). After the earthquakes, approximately half a million people became homeless in the region as their houses had been destroyed or severely damaged. The earthquakes caused many people to leave Van, albeit temporarily, the economic and social life in the region nearly came to a complete halt.

**Figure 1 Van Earthquake Map**



The earthquakes severely affected the well-being of a total of 296,175 children living in the region. The destruction of houses and schools, and the loss of friends and family members, deeply affected the lives of everyone including of the children living in Van and Erciş; many children faced psychological problems stemming from the trauma and its aftermath (Van Depremi Psikososyal Destek Çalışmaları Sonuç Raporu, 2012)<sup>3</sup>. As a result of the initial earthquakes and their aftershocks, approximately 43,329 children were deprived of the right

<sup>1</sup>AFAD 2011 Van Earthquake In Terms of Intervention, Recruitment and Socio-Economic Dimensions, pp. 20

<sup>2</sup>This map is taken from the official website of AFAD.

<sup>3</sup>According to the Union of Disaster Psychosocial Services (UDPS) Final Report of Psychosocial Support Programs Implemented after Van Earthquake, 20% of the children who attended the individual therapies had severe psychological problems.

to education, which is accordance fundamental right under the Convention on the Rights of the Child.

In general, disasters are extraordinary natural phenomena that hinder social life, cause financial and emotional losses, negatively affect the lives of individuals and cause psychological problems. Disasters cause social, economic and physical losses and affect people's lives directly and indirectly. Even though the first things that catch people's attention after a disaster are losses of life and property, the physical and psychological damage that occurs is equally important. Earthquakes create a sense of insecurity in people by damaging their feelings of security. Children develop their sense of safety through adults, within the relationships among parents, family and society, and thus they are the ones who are affected most severely in case of a disaster (Erdoğan). Apart from children, those defined as vulnerable groups, including women, the elderly, people with disabilities and people with chronic diseases, experience the problems that they already face in normal conditions more severely during an earthquake. All kinds of psychological and social problems suffered by individuals affected by the disaster, especially those from vulnerable groups, are normal reactions to such a trauma. Psychosocial support in emergencies is one of the most significant and top priority interventions for psychological disorders that can be observed after a disaster. This support helps to: prevent severe psychological problems that can arise; facilitate the transition of family and social relations back to normal; and enable individuals and society to use their resources to cope with the negative situation they are in.

Several different parts of Turkey have suffered from various earthquakes due to its geographical conditions. Taking into consideration the death rates and the destructive effects resulting from these earthquakes, a priority for Turkey should be to integrate is to integrate psychosocial programs as a part of the post-disaster intervention process. Turkey is a party to the European and Mediterranean Major Hazards Agreement (EUR-OPA) prepared by the European Council in 1987, which emphasizes the importance of psychosocial support as follows: "1. Providing free access to psychosocial support and services for the survivors, people who lost their relatives and the rescue teams. 2. Ensuring that psychosocial support activities become a part of emergency plans by including them in national laws and regulations."<sup>4</sup>

As in many developed countries, the importance and necessity of the psychosocial aspect of activities carried out after disasters has begun to be more widely accepted in our country. For this reason, psychosocial support activities were carried out in tandem with

<sup>4</sup><http://www.coe.int/t/dg4/majorhazards/>

other interventions after the Van-Erciş earthquakes. This dimension of the activities to support reconstruction carried out after the disaster was achieved under the primary partnership of the Ministry of Family and Social Policies (MoFSP) with the support of UNICEF. In the following section, information on the work of these two institutions shall be presented.

### **1.1. The Role of the Ministry of Family and Social Policies in the Psychosocial Support Activities**

The Ministry of Interior's General Directorate of Civil Defence, the Prime Ministry's General Directorate of Emergency Management and the Ministry of Public Works and Settlement's General Directorate of Emergency Affairs were merged under the name of the Prime Ministry's Disaster and Emergency Management Presidency (AFAD) in 2009. AFAD has been tasked with carrying out all post-disaster interventions in a centralized and coordinated way and ensuring that all relevant ministries take part in post-disaster interventions, at the relevant stages, as partners.

It has been decided by the Disaster and Emergency Supreme Council to prepare a national disaster intervention plan in accordance with the provisions of the Law Regarding the Organization and Duty Principles of AFAD numbered 5902. Within the framework of this plan, the MoFSP was commissioned as the primary partner to provide psychosocial support services in disasters and emergencies. MoFSP was the primary partner for the post-disaster psychosocial interventions in 2011 when the Van and Erciş earthquakes occurred, taking a lead role in providing care in the region, even though it was a newly established institution.

More recently, the Turkey Disaster Intervention Plan (TAMP), which was published and took effect in 2013, was developed in order to define the roles and responsibilities of the service and coordination units, and to identify the main principles guiding interventions before, during, and after a disaster. This plan indicates that the MoFSP is the main responsible body for implementing post-intervention activities in coordination with AFAD and supported by other organizations including the Ministries of National Education, Health, Religious Affairs, Youth and Sports, Internal Affairs, Culture and Tourism, and the Red Crescent and other non-governmental organizations, media organs, universities and private sector.<sup>5</sup>

Within the scope of TAMP, the MOFSP has been designated as the Main Partner for post-disaster psychosocial interventions while the Psychosocial Support Service Group serves as the body in charge of coordinating the psychosocial support services provided

<sup>5</sup>AFAD (2013), Turkey Disaster Intervention Plan (TAMP).



to victims in the region. Issued on 3 January 2014, TAMP commissions the MoFSP with:

- Ensuring that all staff to be assigned in disaster settings have received training on psychosocial support.
- Ensuring that, in the event of a disaster, the basic as well as psychosocial support needs of the survivors are identified.
- Ensuring that the relevant service groups are notified about the needs identified and the victims in need.
- Providing psychosocial support to the survivors as well as the staff working in the region.
- Undertaking consolidation studies that are tailor-made according to the needs of vulnerable groups.
- Providing care for deprived individuals affected by disasters.
- Planning and implementing socio-cultural activities to ensure re-adaptation of survivors.

This section explains the psychosocial support activities carried out by MOFSP after the Van-Erciř earthquakes that occurred in 2011.

Between October 2011 and July 2012 (after the Van-Erciř earthquakes) more than 200 social workers, sociologists, psychologists and psychological counsellors of the MoFSP provided psychosocial support to the earthquake victims in 30 field tents built by the MoFSP. In the city centers of Van and Erciř, 9 teams, each consisting of 15 people, identified the persons/households who were affected by the earthquake through on-site monitoring. Children who were left as orphans or half-orphans, and the elderly and disabled people who were left desolate, were placed in nurseries and nursing houses. Approximately 1,000 people, primarily the disabled and their relatives, were flown to guest houses in Istanbul or their relatives' houses. Furthermore, health and education seminars on various subjects, training on skills development and human rights, and social activities were organized.

The psychosocial support activities carried out by the MoFSP within the scope of psychosocial supports are listed below, under four titles (MOFSP):

### **i. Situation and Needs Assessment Studies**

Situation and needs assessments were made after the household visits by trained professionals; data obtained in the field was processed and shared with the relevant organizations. All families were visited by qualified staff from the Ministry of Health (MoH), the Ministry of National Education (MoNE) and the MoFSP; a situational assessment was made and the psychosocial support process was initiated. Within the field activities carried out, 315,000 people were visited from 54,000 households, needs assessments were undertaken, data was registered and necessary information was shared with relevant organizations to meet the identified needs.

### **ii. Training and Seminars**

In parallel to the training of coordination unit directors and qualified staff, interfamilial training and seminars on health, skills development and human rights were provided to victims of the earthquakes. Interfamilial training, health training seminars, training programs on skills development and human rights, and social and cultural activities (cinema days, theater and intercity trips) were organized for adult males in the container cities. Approximately 15,000 men took part in these activities. More than 30,000 women participated in the interfamilial training, health training seminars, training programs on skills development and human rights, cinema days, picnics, breakfast events and intercity trips organized for the women living in container and tent cities.

### **iii. Social and Cultural Activities**

In terms of social and cultural activities, cinema days, theater, breakfast events, picnics, intercity trips and cultural tours were organized. Centers for Social Services were activated and social venues were formed in tent and container cities. For children, library activities and pre-school education and courses (chess, checkers, music and painting) were organized and visual activities such as theater, cinema, Hacivat Karagoz shows (a traditional Turkish folk puppet show), puppet shows, clown shows and stand-up shows were carried out. Approximately 120,000 children and young people between the ages of 0 and 18 attended these activities.

### **iv. Temporary Relocation in Other Provinces**

In terms of transfer services, transfer and care services were provided by the MoFSP for primarily children, the elderly, people with physical disabilities (both living in nursing homes

In terms of transfer services, transfer and care services were provided by the MoFSP for primarily children, the elderly, people with physical disabilities (both living in nursing homes and those living outside of disability centers) and citizens who were left homeless by the earthquakes. They were transferred to be hosted by various governmental institutions and organizations in different cities due to the earthquakes, the ongoing aftershocks, and the harsh winter conditions. Within this framework, a total of 136,000 people applied to be transferred and 56,000 of these applicants who met the suitability criteria were transferred using every means available.

Within the MoFSP, psychosocial support for disaster and emergency situations is carried out by a newly established department, the Psychosocial Support and Family Counselling and Education Unit, under the General Directorate of Family and Community Services. This department acts as the main implementation unit for psychosocial support. In 2013, a draft national plan was prepared by the Psychosocial Support Services Group and presented to AFAD. Afterwards, a working group involving experts and academics updated the plan and it was ratified by AFAD in 2015. In disasters and emergencies that may occur, psychosocial support services should be implemented in line with this plan. Furthermore, under the guidance of the Psychosocial Support and Family Counselling and Education Unit, Local Level Psychosocial Support Services Group Plans are being prepared and are about to be finalized. In addition, the MoFSP has finalized the draft document regarding the tasks, working procedures and principles of Disaster and Emergency Management.

The first training event on the National Level Psychosocial Support Services Group Plan was held by the General Directorate of Family and Community Services in 2015 with the participation of 239 people, including 81 provincial deputy directors and local psychosocial support experts. During the training, participants were informed about:

- Turkey Disaster Intervention Plan
- Psychosocial Support and Interventions after disasters
- Local Level Psychosocial Support Services Groups Plan

The training was conducted by experts and academics from AFAD, UNICEF Turkey, Kızılay, Hacettepe University, Bilkent University, private hospitals and the Psychosocial Support Unit of the MoFSP. Furthermore, in June 2015, workshops and meetings were held in order to address the problems faced during the implementation of psychosocial support. The second training event was held at the premises of the MoFSP in July 2015. In this training, directors of the MoFSP coordination unit and field support team were informed about the National Level Psychosocial Support Services Group Plan.

## 1.2. Mission of UNICEF

UNICEF (United Nations International Children's Emergency Fund) is a United Nations organization which specializes in supporting the implementation of child rights. All of its activities are carried out in accordance with the UN Convention on the Rights of the Child, which is the most widely accepted human rights convention in history. UNICEF sees child rights as an indispensable component of human development, which is also reflected in the Charter of the United Nations and the Millennium Development Goals. Therefore, UNICEF mobilizes political will and material resources to help countries, particularly developing countries, to ensure a "first call for children" and to build their capacity to form appropriate policies and deliver services for children and their families.

UNICEF insists that the survival, protection and development of children are universal development imperatives that are integral to human progress. In order to support reforms at country level, specific strategies and inputs have been defined. UNICEF has been particularly active in:

- Enabling knowledge exchange – for example: providing inputs to the development of training curricula; the retraining of staff; and, in some cases, introducing University courses for new professions that did not exist in the past (such as Social Work).
- Policy advice and being a 'voice' for children and adolescents – for example, developing and supporting campaigns and information material on this issue, informing parliamentary debates etc.
- Monitoring and evaluation – in particular through improving the knowledge base on the situation of children without parental care, the progress of reforms etc.<sup>6</sup>
- Policy advice and technical assistance – in particular through supporting changes in policy, legislation and standards (for services); and engaging technical expertise on areas such as reform planning, costing and financing of services.
- Leveraging resources from the public and private sectors – for example, engaging in strategic dialogue with international partners to support reforms (such as the EU, World Bank, NGOs), and providing input to key strategic documents (for example the EU Progress Reports for Accession Countries).

<sup>6</sup>See regional library on the issue at: <http://www.ceecis.org/ccc/#>

- Facilitating national dialogue to align the child care system with international standards – through, for example, bringing together Government, the private sector and civil society to debate the issue in national high-level conferences and meetings.
- Modelling new services to inform policy making and the development of standards and work processes for such services. Modelling has also been done to provide input on how to enhance child care system management, coordination and planning.

Turkey is the only country where UNICEF has a UNICEF National Committee to support child rights and collect funding from individuals and the private sector as well as a Country Office which implements, in collaboration with the Government, a program in key areas regarding children's welfare. As in other countries, the Country Office carries out its activities based on a Country Program which is discussed, agreed and signed by the Government. The existing Country Program covers the period between 2011 and 2015. Within the Country Program, UNICEF Turkey works with many ministries and governmental institutions which include the MoH, the MoNE, the Ministry of Justice, State Planning Organization and the MoFSP. UNICEF also collaborates with the Turkish Grand National Assembly (TBMM) and local administrations. Where appropriate, it carries out activities in connection with other international organizations such as the European Union and the World Bank. Universities and research institutions, non-governmental organizations, the media and children themselves are included in the implementation of the Country Program. UNICEF is committed to ensuring special protection for the most disadvantaged children - victims of war, disasters, extreme poverty, all forms of violence and exploitation, and those with disabilities. Therefore it aims to respond in emergencies to protect the rights of children. In coordination with United Nations partners and humanitarian agencies, UNICEF makes its unique facilities for rapid response available to its partners to relieve the suffering of children and those who provide their care.

After the Van-Erciş earthquakes that occurred in 2011, UNICEF shaped its support in accordance with the guidance of the authorities of Turkish Republic.

UNICEF Turkey carried out activities with the MoNE to satisfy the educational needs of children in the region. Within this context, UNICEF took an active role in the purchase of temporary schools and transferring them to the region to enable children whose schools were damaged by the earthquake to continue their education. In addition to this, UNICEF and the MoNE made field visits to the region in order to identify the need for a psychosocial support program in the region.

The priorities of UNICEF include creating child friendly environments to enable children to continue their education until their schools are rebuilt, and providing psychosocial support for the individuals, primarily children, living in the affected region. UNICEF also supports the work of the Union of Disaster Psychosocial Services (UDPS) and ensured that coordination was built among different stakeholders and necessary help was given to school counsellors in the field of psychosocial support. Psychosocial support activities carried out jointly by UNICEF and the MoFSP are given in the following section.

### 1.3. Collaborative Work of the Ministry of Family and Social Policies and UNICEF

The humanitarian support provided through the United Nations Children Emergency Response Fund (CERF), together with the international call for help of the Turkish Government, after the Van-Erciş earthquakes aimed to enable children to go back to their normal lives. UNICEF carried out its activities in collaboration with the MoFSP and the MoNE in accordance with two main goals:

- *Improving educational opportunities*
- *Strengthening psychosocial support activities intended for children*

In the aftermath of the earthquake, in an attempt to safeguard children and young people, UNICEF implemented the project: *'Providing Safe Educational, Recreational and Psychosocial Care for Children Affected by the Van Earthquake'* financed by the UN Emergency Response Fund. CERF funding was spent on creating child- friendly spaces where the children affected by the earthquakes of Van and Erciş received education until the schools re-opened, as well as providing psychosocial care for the inhabitants of the region, particularly children. 296,175 individuals were reached through these activities which were carried out in collaboration with the MoFSP. More than half of the psychosocial support recipients, 164,843 were children under 5 years old.

Activities in these fields are listed below.

**Improving Educational Opportunities:** Temporary classrooms were created using special containers sent to the disaster region ensure that the children affected by the earthquakes received education until their schools re-opened. The containers supplied by UNICEF were designed specifically to meet the children's need for a suitable learning environment.

**Strengthening Psychosocial Support Activities Intended for Children:** UNICEF worked in cooperation with the MoFSP and the MoNE to strengthen the psychosocial support activities aimed at children affected by the earthquake and their families. The training organized for teachers and psychosocial support staff intended to make sure that anyone involved in direct interaction with children was competent in providing sound and accurate guidance and intervention. In addition, the Turkish Red Crescent, the MoNE and the MoFSP supplied children with educational and recreational materials (200 Early Childhood Development Kits, 201 Recreational Kits). The training held in Ankara with the support of the UDPS aimed to provide psychosocial support instructions for staff working at the MoNE and the MoFSP in order to make sure that the local practitioners in Van and Erciş were trained and became leaders in the provision of frontline psychosocial support.

#### **1.4. The Objective of the Evaluation of the Psychosocial Support Activities Carried Out after the Van-Erciş Earthquakes**

Considering the impact of disasters on individuals and communities, it is very clear that there is a need for the development and implementation of psychosocial intervention models adapted to the culture of the population. As post-disaster psychosocial support programs have begun to be employed prevalently only recently in Turkey compared to European countries, there is a need for a standardized program that takes regional sensitivities into consideration. In order to set these standards, we needed to evaluate both the weaknesses and strengths of the current programs and the factors that bring success and cause deficiency in general. Another significant aspect of this evaluation is that it assessed how international, national, and local institutions collaborate with each other and whether or not they could coordinate their resources effectively. Therefore, the evaluation method chosen was developed to allow for the development of the aforementioned strategies and re-planning of the program. In addition to these strategies which formed the basis for the evaluation, the Evaluation Team focused on the following three effectiveness areas as the most important for evaluating to what extent the work of the fund providers (MoFSP, MoNE, UNICEF etc.) affected the lives of children (and families and communities).

More specifically, the Evaluation Team designed its approach to meet the following objectives:

- To provide accountability to stakeholders (including communities affected by the Van-Erciş earthquakes as well as the MoFSP, MoNE, UNICEF, AFAD, MoH) regarding the achievements of programming.

- To provide information to develop and improve programming in subsequent phases of implementation, and to identify any unintended negative consequences and deficiencies of programming.
- To help develop a more effective evidence base for psychosocial programming in other situations and settings.

As indicated in the previous section, there were a variety of different, simultaneous programs implemented after the Van-Erciş earthquakes by various governmental and non- governmental, national and international organizations. Although it is not easy to separate these activities from each other, the scope of the current study is to evaluate the impact of UNICEF's support of the MoFSP and MoFSP staff to the communities affected by the earthquakes as shown in Figure 7. Hence, the Evaluation Team determined six main objectives in line with UNICEF's evaluation criteria (efficiency, effectiveness, sustainability, relevance, coverage). These objectives are listed below:

1. Evaluate the **impact of the training** provided by UNICEF for MoFSP staff
2. Evaluate the **effectiveness of the MoFSP staff** in the field after the Van-Erciş earthquakes
3. Evaluate the **impact of the psychosocial support** on children, parents, families, vulnerable groups and the community
4. Evaluate how the psychosocial support programs were assessed by decision makers, especially **the strengths and weaknesses of the program**
5. Evaluate the efficiency of the activities organized by UNICEF for **prioritizing interventions in the areas of education and child protection after the earthquake**
6. Bring forward some **recommendations for future policies**



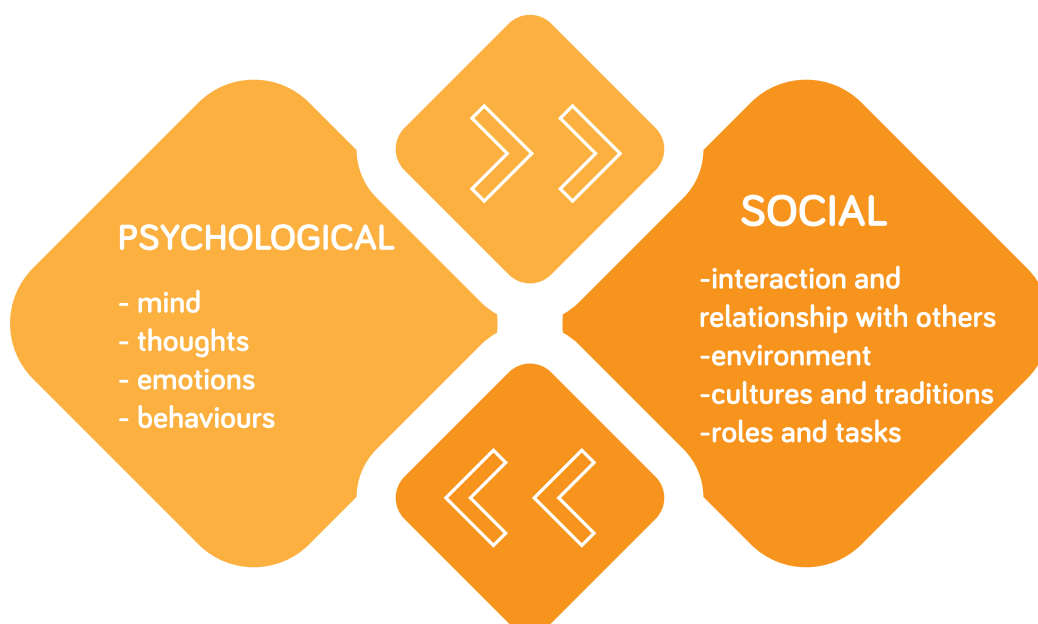


## 2.1. Psychosocial Support

The Evaluation Team employed a universal and inclusive definition of ‘psychosocial support’ throughout the project, which is consistent with the definition used by the IASC (Inter Agency Standing Committee) in its Guidelines on Mental Health and Psychosocial Support in Emergency Settings,<sup>7</sup> published in 2007. In the Guidelines, psychosocial support is described as any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders. In the same vein, psychological support programs are interpreted to include ‘social, psychological, educational, other non-healthcare and non-medical, and healthcare responses to the psychosocial impacts and, within that broad category, services for people who become distressed or who fail to adjust or develop dysfunction and mental disorders<sup>8</sup>’.

According to the NATO report ‘*Psychosocial Care for People Affected by Disasters and Major Incidents*’, psychosocial as an adjective refers to psychological development in interaction with a social environment and is used in the context of psychosocial interventions to describe internal processes that occur within people.

**Figure 2 Illustration of Psychosocial Concepts**



<sup>7</sup>Inter Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

<sup>8</sup>NATO, September 2008, Psychosocial Care for People Affected by Disasters and Major Incidents, A Model for Designing, Delivering and Managing Psychosocial Services for People Involved in Major Incidents, Conflict, Disasters and Terrorism

After an emergency situation, a wide range of problems ensue at individual, household, community and societal levels - which may be handled in the short-term, but if not promptly addressed can also 'undermine the long-term mental health and psychosocial well-being of the affected population'<sup>9</sup>. Therefore, one of the priorities in emergency situations is to implement psychosocial support programs. Such programs conducted in post-disaster periods aim to support rehabilitation and assist in the reconstruction of people's lives in terms of their psychological and social well-being. They contribute to the psychosocial well-being of individuals and their communities by promoting human capacity or the social ecology of a community, or contributing to people's efforts to re-establish their culture and values in some way<sup>10</sup>. Aarts (2001) defines psychosocial support as 'a process that deals with a broad range of psychosocial problems and promotes the restoration of social cohesion and infrastructure as well as the independence and dignity of individuals and groups'. Psychological support serves to prevent pathological developments and further social dislocation.

## 2.2. Stages of Psychosocial Intervention in Emergencies

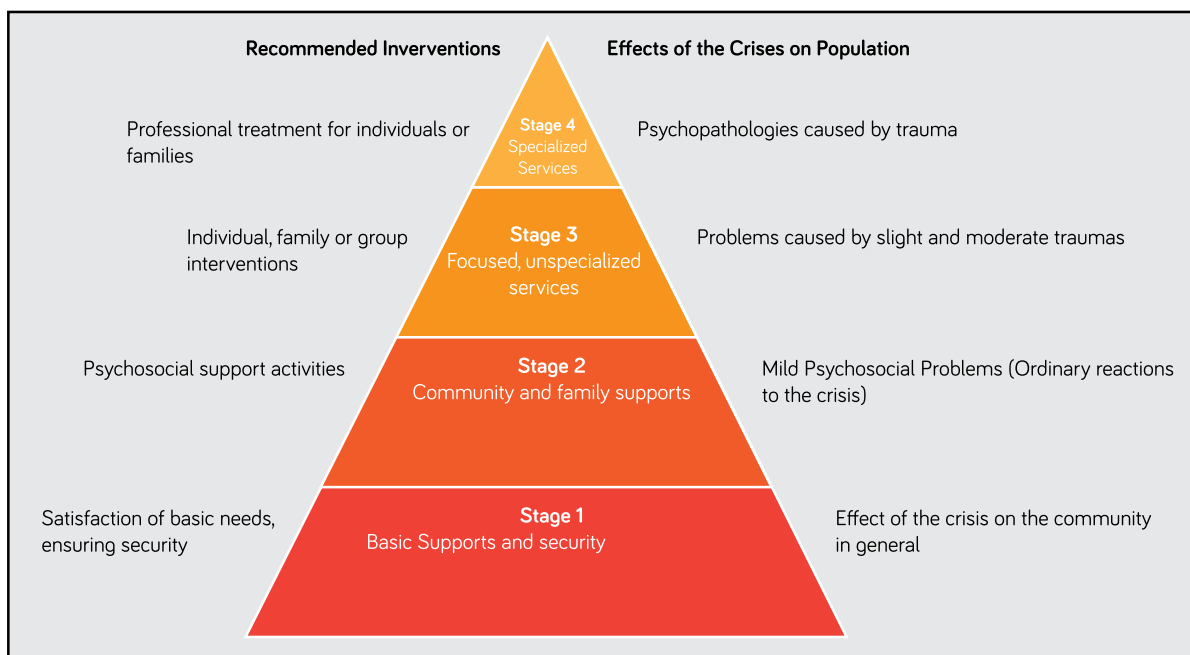
Post-disaster psychosocial interventions are carried out in four stages<sup>11</sup>. As shown in Figure 3, the first stage is satisfying the basic needs required to return physical conditions to normal and ensuring security. This stage covers everyone affected by the disaster and so its area of application is broad. The second stage consists of community-based support designed to relieve the psychosocial stress (ordinary reactions against an extraordinary situation) that may result from the disaster. At this stage, individuals who need psychosocial support should be identified. In other words, this stage starts with a needs assessment and involves providing the information and guidance necessary for those individuals in need to comprehend the situation they are going through. Depending on their identified needs, these individuals should be directed to relevant governmental institutions and/or individuals who provide community and family support. The third stage focuses on specialized support provided to individuals, families and groups who suffer from problems resulting from trauma that continues after the disaster. In the last stage, treatment methods are used to address the psychopathologies caused by trauma that continues in the long term. These methods are based on many different variables (individual, related to the disaster, environmental etc.). As shown in the following figure, the groups that the interventions are addressed to get smaller and the level of expertise of the implementers increases as we move from the first stage to the fourth.

<sup>9</sup>[http://www.who.int/hac/network/interagency/news/iasc\\_guidelines\\_mental\\_health\\_psychosocial.pdf](http://www.who.int/hac/network/interagency/news/iasc_guidelines_mental_health_psychosocial.pdf)

<sup>10</sup>Psychosocial Working Group (2003). Psychosocial Intervention in Complex Emergencies: A Framework for Practice. (<http://www.forcedmigration.org/psychosocial>)

<sup>11</sup>IASC, 2007

**Figure 3 Stages of Psychosocial Intervention**



In the provision of psychosocial support some internationally accepted standards need to be followed. The International Society for Traumatic Stress Studies assembled a Task Force of trauma experts who published a consensus report in 2002, which emphasized, in their guidelines for development of trauma services, the importance of following four key principles:

- *Values*
- *Contextual challenges in societies during or after a disaster*
- *Core curricular elements*
- *Monitoring and evaluation*

The first two principles are based on the assumption that values tie professionals to humanity and guide them in addressing the dilemmas arising in emergency situations. A service which is based on the values that provide security and safeguard the customs, traditions and values of the recipients is more likely to be effective. Similarly a service that takes into account cultural dimensions is more likely to be able to penetrate complex environments and help the recipients face both short-term and long-term challenges effectively. The third and fourth principles define the minimum level of knowledge, sensitivity and skills needed for appropriate training and effective service delivery.<sup>12</sup>

<sup>12</sup>2002, Guidelines for International Training in Mental Health and Psychosocial Interventions for Trauma Exposed Populations in Clinical and Community Settings

Baron (2007)<sup>13</sup> suggests a framework for the development of psychosocial and mental health programs in developing countries during or after war, violence and natural disasters. Since nearly all the activities implemented after disasters can be considered to be part of psychosocial support, in order to make what is implied by psychosocial intervention clearer, the Evaluation Team chose to use UNICEF’s classification. According to this classification, psychosocial support programs involve three main components: ‘psychological first-aid’; ‘mobilizing the community’; and the ‘support of frontline workers’. Baron’s framework, together with the Evaluation Team’s conceptualization of psychosocial support programs can be seen in the following figure:

**Figure 4 Framework of Psychosocial Support Programs**

<b>PSYCHOSOCIAL SUPPORT</b>	<b>Psychological First Aid</b>	Assess a population’s needs, problems, resources and capacities at individual, family, community and societal levels
		Design a program model with goals directed towards a sustainable outcome that will address the needs and problems at individual, family, community and societal levels through promoting and building internal resources and capacities
	<b>Mobilizing Community</b>	Empower individuals, families and communities for self-help
		Provide individual and organizational ‘care for each caretaker’
		Develop a strategy with interventions directed at meeting the program goals within the context, culture and capacities of the people
	<b>Support Frontline Workers</b>	Train a national team on skills needed to implement the interventions
		Oversee the team and provide ongoing supervision and training by experienced senior team members, professionals and/or a collegial network of peers

<sup>13</sup>Baron, N. , 2007, *On the road to peace of mind A guidebook*

### 2.3. Historical Development of the Psychosocial Interventions Carried Out in Turkey

Psychosocial interventions made after the disasters that occurred in our country or in the world, with the support of Turkish Red Crescent, the MoFSP and relevant ministries within the UDPS, are listed chronologically below:

- 1999 Marmara Earthquake
- 2002 Afyon Earthquake
- 2003 Istanbul Bombing Incident
- 2003 Bingöl Earthquake
- 2004 Tsunami-Endonezya/ Sri Lanka
- 2005 Pakistan Earthquake
- 2006 Batman Flood
- 2006 Elazığ Earthquake
- 2007 Izmir Traffic Accident
- 2007 Ankara/Anafartalar Bombing Incident
- 2008 Istanbul/Güngören Terrorist Attack
- 2009 Mardin Violent Events
- 2009 Marmara Flood
- 2010 Elazığ Earthquake
- 2011 Van Earthquake
- 2013 Hatay Reyhanlı Blast
- 2014 Soma Mine Accident
- 2014 Kars TUIK Provincial Directorate Armed Attack
- 2014 Soma Mine Accident
- 2014 Diyarbakır Oil Tanker Blast
- 2014 Ermenek Mine Accident
- 2015 Salihli Traffic Accident
- 2015 Zonguldak Land Erosion
- 2015 Artvin Flood
- Ongoing psychosocial support to Syrian people in camps and not in camps

When we look at the historical development of these support programs, we see that the 1999 Marmara earthquake was the turning point for Turkey. In 2006 the 'Psychosocial Support,

Prevention and Intervention Unit<sup>14</sup> was established within the body of the MoNE and the 'Association of Psychosocial Services in Disasters' Protocol<sup>15</sup> was signed by the Turkish Red Crescent Association, Turkish Psychologists Association, Social Work Specialists Association, Turkish Psychiatry Association, Children and Adolescents Mental Health Association, and Turkish Psychological Inquiry and Guidance Association. These initiatives were a response to the recognition of the need for psychosocial services after disasters and the lessons learned from the difficulties created by uncoordinated efforts for such services in Turkey. After the 1999 Marmara earthquake, the Turkish MoNE and UNICEF together implemented a school-based psychosocial program which was developed from empirical studies based upon natural disasters that happened in the USA, South America, Europe and Asia<sup>16</sup>. Three major psychosocial programs were conducted after this devastating earthquake:

1. The first of these programs, the "Psychosocial Support Project for the Families and Children Affected by the Marmara Earthquake" was initiated by the Turkish Psychological Association, and financed by UNICEF. The main aim of the project was to raise the consciousness of the target groups, including the general population, teachers, health professionals and rescue workers, as well as the survivors, regarding the possible psychosocial impacts of major disasters, and possible coping strategies, using different means such as outreach activities, the distribution of leaflets, and media coverage. Within the framework of the outreach activities, beginning from the impact phase, teams of volunteer psychologists were available in temporary housing areas and tent cities. The essential responsibilities of these professionals included: facilitating communication between the survivors and the local authorities and service providers; normalizing the post-traumatic stress reactions; helping the survivors to return to their pre-disaster life as much as possible within the limits of the post-disaster conditions; and supporting other relief workers. As another means of reaching large groups, the Turkish Psychological Association prepared various leaflets on different topics related to the psychosocial effects of trauma. Print and mass media were the other tools of information dissemination that were instrumental in reaching large numbers of people.
2. Another psychosocial program executed by the Turkish Psychological Association in collaboration with the United Nations Development Program (UNDP) was "Strengthening the Coping Capacity of the Affected Community after the Marmara Earthquake". This project aimed to disseminate knowledge on coping strategies in post-disaster reactions, and to establish a model for disaster preparedness. Within

<sup>14</sup>Ministry of National Education, Directorate General of Private Training Guidance and Consultancy Services, *Psychosocial Intervention Services*

<sup>15</sup><http://www.shudernegi.org/afetprotokol.htm>

<sup>16</sup>Macy R.D, Macy D.J, Gross S, Rozelle D, Brighton P. (2000) Advanced Training Manual For the 15-Session Classroom Based Psychosocial Intervention Program for Children Exposed to Earthquakes. Version 3.01 T.C. MEB-UNICEF

the framework of this project, 21,479 earthquake survivors were reached by 250 local trainers who were trained by 15 master trainers.

3. The final large-scale psychosocial program was the “Psychosocial School Project,” collaboratively conducted by the MoNE and UNICEF. (Macy, Macy, Gross, Rozelle and Brighton, 2000; Öztan, N., Aydın, G. and Eroğlu, Ç. (2003); Öztan, N., Aydın, G. and Eroğlu, Ç. (2000); Şahin, N.H., Şahin, N., Durak-Batıgün, A. and Yılmaz, B. (2001). The objective of this program was to re-establish a sense of control and to reduce the psychological impact of the disaster on children as well as adults. For this purpose, the first set of activities was directed towards teachers, to help them cope better, and thereby assist in re-establishing support activities for children. The second set of activities was directed towards the affected children, to help them and their families cope with the effects of the disaster.

Some other psychosocial programs were also applied after the 2003 Bingöl and 2010 Elazığ earthquakes. The most recent earthquakes occurred in Van and Erciş in 2011. In the aftermath of these earthquakes, a large number of agencies and institutions including NGOs implemented simultaneous interventions in the emergency settings in Van and Erciş. Local, national and international institutions like the MoH, the MoFSP, the MoNE, AFAD, UDPS and the Turkish Red Crescent contributed to the effort immediately after the earthquake. After the basic needs were defined, and necessary conditions provided, a psychosocial program composed of community and family support activities was organized at individual and community levels.

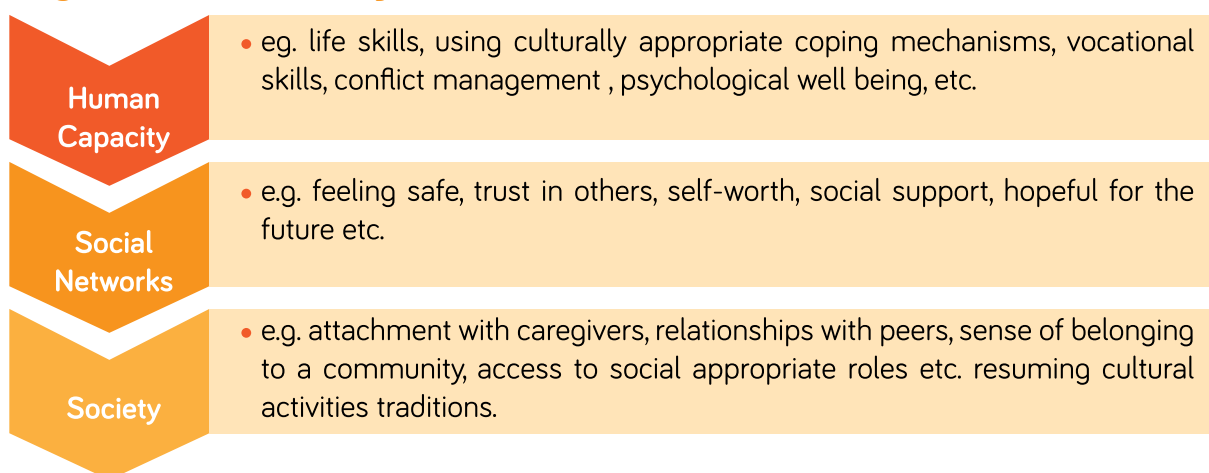




### 3.1. Scope of the Evaluation

The Evaluation Team focused on the following three effectiveness areas as the most important for evaluating to what extent the work of the fund providers (MoFSP, MONE, UNICEF etc.) affected the lives of children (and families and communities):

**Figure 5 Areas of Psychosocial Effectiveness**



According to UNICEF's "Guide to the Evaluation of Psychosocial Programming in Emergencies,"<sup>17</sup> in recent approaches, considering children as active agents when providing psychosocial interventions, rather than emphasizing their vulnerabilities, yields greater success. Adopting such a model recognizes and strengthens the resilience of individuals and local capacities. In order to increase this resilience, psychosocial programs should conceive of a psychosocial domain that places children at the center and configures the connection between psychological and social in terms of their effects on children. This evaluation follows this approach of psychosocial perspectives, looking at how psychosocial support programs build from individual human capacity to reach the social level (see Figure 6). With reference to Perkins and Long (2002)<sup>18</sup>, Prewitt Diaz and Dayal state that the reaction to enormous losses, such as the loss of a family member or the loss of place after a natural disaster, can result in a loss of confidence in the norms, networks, and mutual trust in civil society that is supposed to protect and facilitate collaborative actions among citizens and institutions<sup>19</sup>. The International Federation of Red Cross and Red Crescent Societies (IFRC) espouses that psychosocial support plays an important role in the rebuilding of social structures and so should especially aim to turn individuals into 'active survivors rather than passive victims' ([www.ifrc.org/en/what-we-do/health/psychosocial-support/](http://www.ifrc.org/en/what-we-do/health/psychosocial-support/)). By considering all levels of the psychosocial domain, our

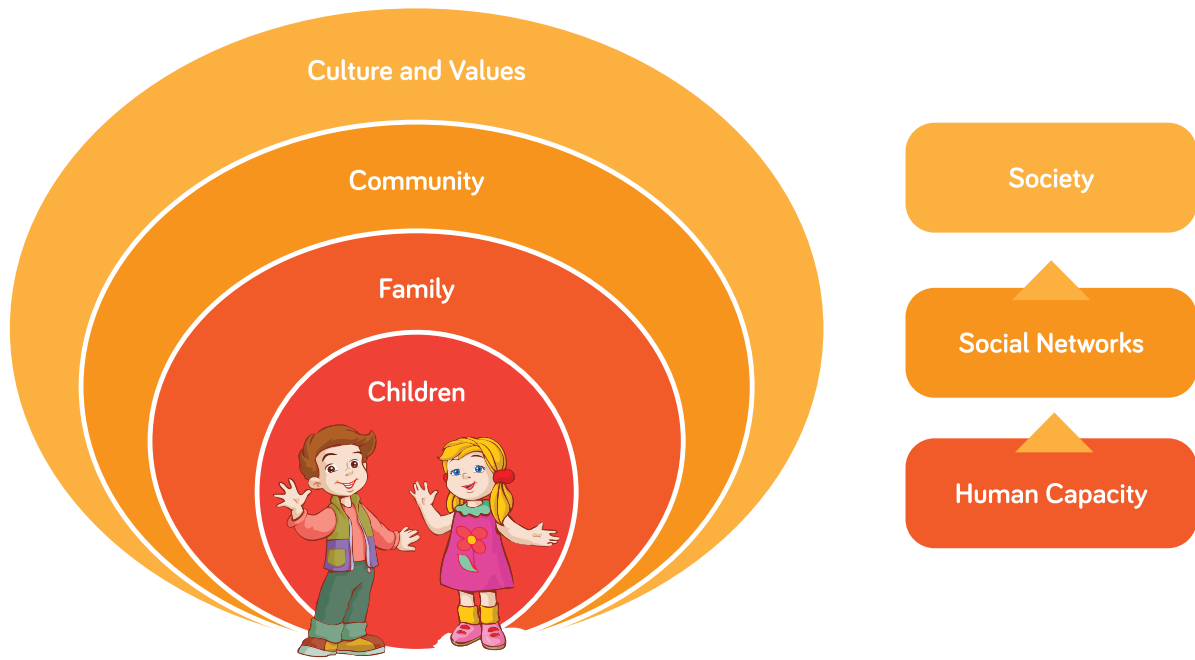
<sup>17</sup>UNICEF (2009) Guide to the Evaluation of Psychosocial Programming in Emergencies.

<sup>18</sup>Perkins, D. D., and Long, D. A. (2002). Neighborhood sense of community and social capital: A multi-level analysis. In A. T. Fisher and C. C. Sonn (eds.) Psychological sense of community: Research, applications and implications (pp. 183-203). New York: Plenum Publishers.

<sup>19</sup>J.O. Prewitt Diaz and A. Dayal, Sense of Place: A Model for Community Based Psychosocial Support Programs, Australasian Journal of Disaster and Trauma Studies, ISSN: 1174-4707, Volume : 2008.

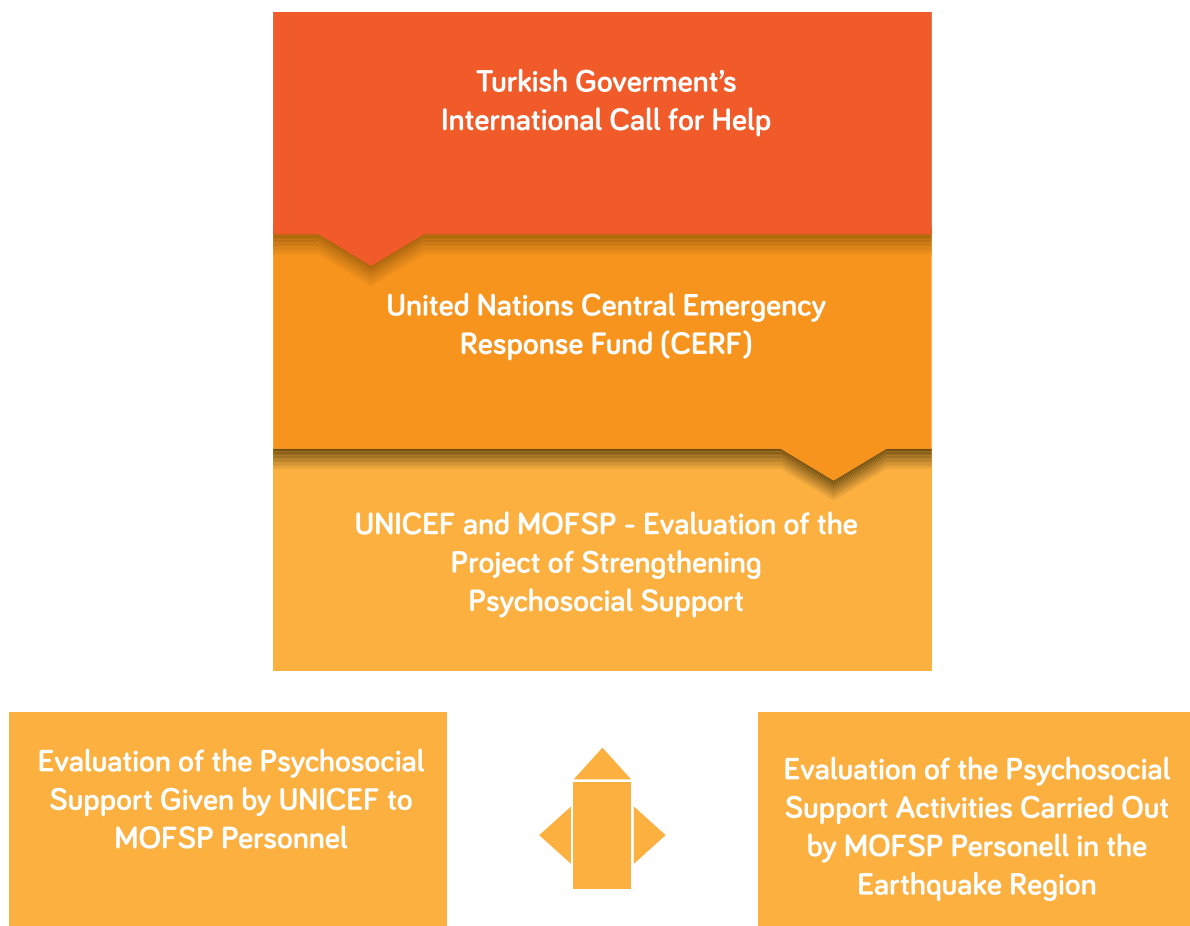
evaluation reveals what has changed regarding the well-being of children, their families, communities and society as a whole. Throughout, 'vulnerable groups' - particularly children, women, the elderly and disabled people - have been included in the evaluation process in order to understand whether or not the programs met the objectives that were defined by the program/policy makers, and how these objectives were perceived by affected individuals and service providers. (Figure 6)

**Figure 6 Direction of Psychosocial Effect**



The activities evaluated cover psychosocial interventions carried out by the MoFSP and UNICEF. There was a variety of different, simultaneous programs implemented after the Van-Erciş earthquakes by different governmental and non- governmental, national and international organizations. Although it is not easy to separate these activities from each other, as shown in Figure 7, the evaluation is limited to the psychosocial support training organized by UNICEF with the support of CERF and the psychosocial interventions made in the earthquake region by MoFSP staff.

Figure 7 Scope of the Evaluation



The method of evaluation was designed by taking into account the previously explained stages of psychosocial intervention and areas of psychosocial effectiveness. Activities carried out by UNICEF and the MoFSP at the first, second, third and fourth stages of post-disaster psychosocial interventions (*Stage 1: Basic support and security; Stage 2: Community and family support; Stage 3: Focused, unspecialized services; Stage 4: Specialized services*) were evaluated.

For each stage, the Evaluation Team developed a method designed to reach not only the decision makers, who were significant actors in the planning, implementation, and evaluation phases, but also the implementers and beneficiaries who were key actors in the implementation and evaluation phases (the target groups reached in this study and the evaluation tools applied to these groups are presented in detail in Table 2).

### 3.2. Limitations of the Evaluation

**Memory Gap:** Three years have passed since the 2011 earthquakes happened in Erciř and Van. Due to this lapse of time, the evaluation of psychosocial services provided in the preceding years was unavoidably based on a post-disaster analysis and thus may have been affected by memory bias. Furthermore, it is difficult to evaluate the real impact of the outcomes due to the regular movements of government staff, such as teachers, psychosocial support teams, decision makers etc.

**Multiple Agency Intervention:** After the Van-Erciř earthquakes, various agencies were involved in the delivery of psychosocial services, and thus specific activities by specific stakeholders resulted in a combined effect. Therefore, it has not been possible to separate out the unique contributions of specific projects.

**Lack of Baseline Data:** There is no baseline data for the situation before the support activities were carried out that could enable a subsequent, comprehensive evaluation of the effect of the interventions undertaken after the earthquake. Therefore, this evaluation is based only on data for the period after the support activities were carried out.

**Geographical Scope:** The evaluation study does not cover rural regions.

**Representativeness:** Quantitative and qualitative research findings reflect the opinions of the interviewees.

Throughout this study, gender equality, human rights and ethical issues were considered seriously.

### 4.1. Desk Review

Documents related to the program were reviewed to inform the Evaluation Team about all of the major issues and important policy debates concerning: existing systems; previous evaluations and reports; the involvement of key stakeholders; and the main objectives of the programs. The review of these documents gave the Evaluation Team the opportunity to identify gaps, specific research questions, and think about whether the planned methodology needed to be adapted for the subsequent phases of the review.

The documents listed below were reviewed to help to define the methodology for the evaluation and evaluation criteria:

- UNICEF – Main Duties for Children in Emergencies
- UNICEF – Minimum Standards in Humanitarian Support Activities Regarding Child Protection
- All documents related to UNICEF’s Evaluation Criteria
- Activity Reports of the Van Provincial Directorate
- MoFSP Reports about Psychosocial Support Programs
- MoFSP Evaluation Reports relating to activities implemented
- Documents relating to MoFSP Visiting Project
- List of assigned staff in Van and Erciş
- List of MoFSP staff who participated in UNICEF’s training
- List of people sent to Kocaeli and Ankara from Van-Erciş
- Quantitative information about people sent to other cities from Van and Erciş
- All existing documents regarding out-of-city transfers made in the earthquake region
- All documents relating to UNICEF’s training of frontline workers
- Annual Report on the Use of CERF Grants in Turkey for the Van Earthquake Emergency

Moreover, to look at the broad framework for the psychosocial support programs implemented after the Van-Erciş earthquakes, the Evaluation Team reviewed specific, relevant national and standard documents:

- Turkish Red Crescent reports and records
- Association of Psychosocial Services in Disasters reports and records
- METU DMC Van Earthquake Analysis Report
- AFAD reports and records

- Psychosocial program documents and reports
- Convention on the Rights of the Child
- Other national and international documentation relevant to post-disaster psychosocial support programs

As a result of the desk review, activities carried out within the scope of psychosocial support were classified, and a template was prepared and shared with stakeholders. The final version of this template is given in ANNEX III. In addition, the following data collection and evaluation tools were developed by the Evaluation Team as a result of the desk review:

- Theory of Change (ANNEX I)
- Target Groups of the Evaluation (ANNEX II)
- Evaluation Table (ANNEX III)
- Data Collection Tools (ANNEX V)

## **4.2. Field Work**

All target groups and relevant stakeholders were included in the evaluation of the psychosocial support activities carried out by UNICEF and the MoFSP after the Van-Erciş earthquakes. Two main target groups were reached: 1. Service Users; and 2. Service Providers. Service Users were defined as households, women and children who lived in Van and Erciş during the earthquakes. Service Providers, on the other hand, consist of local workers, MoFSP and NGO staff.

The triangulation method was employed in the course of this evaluation; it is a powerful technique that facilitates the validation of data through cross verification from two or more sources. Triangulation involves the application and combination of several research methodologies in the study of the same phenomenon. If accounts from different methodologies produce a similar picture, it increases confidence in the findings. It also potentially deepens the analysis. Collecting information from different sources in this way is known as triangulation; viewing something from different perspectives helps to build a fuller picture. In this context, the Evaluation Team applied qualitative and quantitative methodologies at the same time and reached multiple target groups by carrying out online surveys, household questionnaires, in-depth interviews and focus group interviews. The number of people that were reached as a result of the field work carried out with the target groups that were defined; the research methodologies; and the data collection tools are shown in detail in Table 2.

### 4.2.1. Target Groups of the Evaluation

#### *Beneficiaries*

##### **i. Households Affected by the Earthquakes**

Within the evaluation, the Evaluation Team primarily aimed to reach households who were affected by the earthquake. Households were selected as the sampling unit because they are the unit that can best reflect the post-disaster situation. Using this approach, the post-disaster experiences of all members of a household could be considered within the evaluation, and so it was possible to base the analysis both on the household as a unit and on members of a household. In selecting the households, the damage assessment data collected by AFAD were used and households were analyzed in two main groups: ones with severe damage after the disaster; and ones with moderate-slight damage.

Vulnerable groups were defined as: (a) women between the ages of 19 and 59; (b) children between the ages of 0 and 10; (c) people above the age of 60; and finally (d) people with disabilities or chronic diseases. The Evaluation Team tried to ensure these groups were represented in the households evaluated in order to evaluate the impact on them of the psychosocial support activities carried out after the earthquakes. Interviews with households had more advantages than individual interviews because they ensured the representation of all ages and they were selected as the ideal method to separate the effects of psychosocial support on the 0-18, 19-59 and 60+ age groups.

##### **ii. Children**

Children were defined as a separate target group, independent from household interviews, in order to get information directly from them. The age range was set as 10-14 in order to get accurate and measurable information; information regarding children out of this range was obtained from their families during the household interviews.

##### **iii. Women**

Women who migrated out of the city during the earthquakes and went back to Van and Erciş afterwards were interviewed as representatives of the households who temporarily left the city. Women who did not leave Van and Erciş after the earthquakes were also interviewed in order to evaluate the problems that women faced after the earthquakes and the effect of psychosocial support on their lives.



## **Service Providers**

### **i. Decision Makers**

People who are in decision making positions at: the Van Family and Social Policies Provincial Directorate; the Van Provincial Disaster and Emergency Directorate; the Van Şerif Onat Directorate of Social Services; the Edremit Directorate of Sevgi Evleri (Houses of Love); and the Eastern Anatolia Development Agency; were included in the evaluation as these directorates were responsible for the organization and coordination of services.

### **ii. Local Workers**

Many experts and volunteers from various local, national and international non-governmental organizations, institutions and associations took part in psychosocial support activities during the Van-Erciş earthquakes. A wide range of psychosocial support services were provided, primarily to earthquake victims who lost their relatives in the earthquake including students, children, the elderly, women and disabled people. Individuals and groups involved in the active provision of these services included local teachers, social service experts, psychologists, sociologists, child development experts and psychological counselling experts. Local workers are seen therefore as significant stakeholders in the evaluation studies and were included in the field work.

### **iii. Ministry Staff**

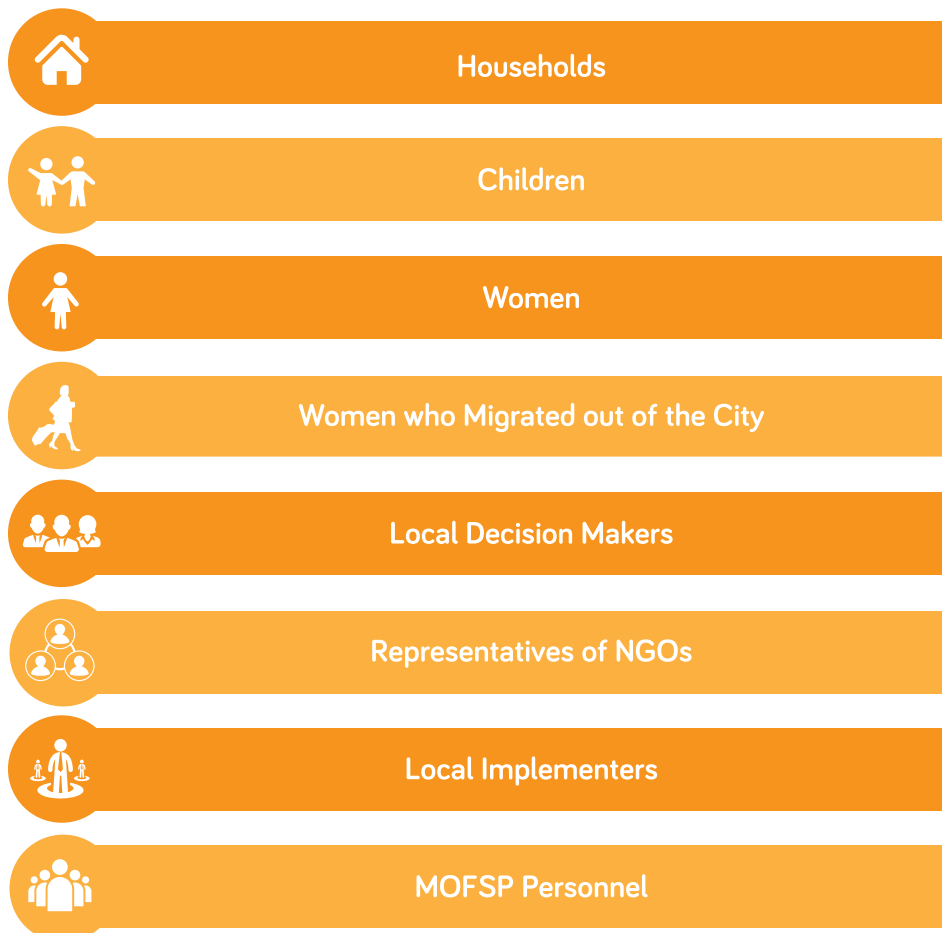
Ministry staff, who were commissioned by the MoFSP from various cities in Turkey to work in Van and Erciş and carry out psychosocial support activities, are also significant stakeholders in the evaluation. Institution staff were included in the study both to measure the efficacy of the training organized by UNICEF, and to evaluate the institutional capacity of the MoFSP and its effect in the region.

### **iv. Non-Governmental Organizations**

Many local and international NGOs carried out activities in the earthquake region after the Van-Erciş earthquakes. NGO representatives who worked during the Van-Erciş earthquakes were interviewed in order to learn about their evaluation of both the psychosocial support activities they carried out, and the activities conducted by the MoFSP after the earthquakes.

The target groups reached during the field work were as follows:

**Figure 8 Target Groups**



#### 4.2.2. Evaluation Materials

##### *Quantitative Study*

The quantitative approach for the evaluation included three main parts: data collection, data entry, and the analysis of the data collected. The quantitative approach used is especially significant, since no monitoring or evaluation data has been collected to date regarding the psychosocial support activities performed after the earthquakes. Therefore, the information collected is a valuable source of data about the psychosocial interventions undertaken after this disaster. Household questionnaires and online surveys were the main sources of the data collected which was then used to evaluate the impact of the psychosocial support interventions.

### i. Household Questionnaires

Households in the target group in Erciş and Van were stratified into two stratum: i) households living in severely damaged buildings; and ii) households living in moderately or slightly damaged buildings. AFAD conducted an investigation into the physical situation of all the houses after the earthquakes. That list was used as a sampling frame to select the evaluation samples.

Taking the cultural sensitivities and social differences of the region into consideration, household questionnaires were conducted by local researchers. Local researchers were social science students or graduates who had experience in conducting questionnaires in the region. The researchers were given one day of training prior to the field work to ensure that the interviews conformed to standards of ethical values as well as providing statistically reliable data. Questionnaires were finalized after a one-day pilot study. 194 interviews (103 houses with severe damage and 91 houses with moderate-slight damage) in Van and 220 interviews (117 houses with severe damage and 103 houses with moderate-slight damage) in Erciş were conducted between 23 May and 2 June. 2311 people living in 414 houses (Table 1) were interviewed. For the interviews, structured question forms (ANNEX V) were prepared through collaboration between the Evaluation Team and the Consultative Committee.

**Table 1 Household Questionnaires Conducted**

	<b>Severely Damaged</b>	<b>Moderately-Slightly Damaged</b>	<b>Total</b>
VAN	103	91	<b>194</b>
ERCİŞ	117	103	<b>220</b>
<b>TOTAL</b>	220	194	<b>414</b>

### ii. Online Survey

In addition to the household questionnaires, a separate survey form was prepared to evaluate the training provided by UNICEF in cooperation with UDPS for the staff of the MoFSP. A survey form with structured questions (ANNEX V) was shared by email and telephone with staff who were trained and provided psychosocial support. Between 14 April and 14 June, only 49 staff members out of 200 responded to the survey. The survey results were combined with the outputs of the qualitative interviews and in this way, useful and strategic findings were extracted that can be used for future planning.

### ***Qualitative Research***

Qualitative research was a method used to provide detailed input to add to the quantitative research methods used in the evaluation. For the qualitative research, in-depth interviews and focus group discussions were carried out by the Evaluation Team with local implementers, children, women, women representing households that migrated out of the city, local decision makers and the staff of the MoFSP.

#### **i. In-Depth Interviews**

In-depth interviews were held in the center of Van with 30 women representing households that left the city using public support or their own means after the Van- earthquakes. In addition, face-to-face interviews were conducted with 11 decision makers and 30 local implementers who actively worked in the providing of psychosocial services after the earthquakes in Van and Erciş. All of the interviews were carried out by local researchers in Van and Erciş between 2 and 27 June 2014.

#### **ii. Focus Group Discussions**

A focus group discussion was held in Ankara with 6 staff who did not participate in the psychosocial support training organized by UNICEF but took part in psychosocial support activities in the region. In addition to this, a focus group discussion was held with representatives of NGOs who actively worked in the region after the earthquakes. Furthermore, two focus group discussions were carried out with 13 children and 13 women who benefited from psychosocial support activities in Van and Erciş.

**Table 2 Target Groups Reached through the Evaluation**

TARGET GROUPS	RESEARCH METHODS	TOOLS	SAMPLE	
KEY STAKEHOLDERS	<ul style="list-style-type: none"> <li>Governor/ Deputy Governor</li> <li>UNICEF, MoFSP, MoNE, AFAD, MoH</li> </ul>	In-Depth Interviews	Interview guide	11 decision makers in Van and Erciş
SERVICE PROVIDERS	MoFSP Staff	Focus Group Discussions	Focus group discussion guide	1 Group (6 participants)
		Online Surveys	Questionnaire	49 commissioned staff
SERVICE USERS	Frontline Workers (teachers, psychologists, social workers, psychiatrists, volunteers)	In-Depth Interviews	Interview guide	7 Teachers 5 Psychologists 3 Psychological Counsellors 2 Sociologists 1 Social Service Expert 1 Child Development Expert 1 Family Doctor
	NGOs	Focus Group Discussion	Focus group discussion guide	1 Group (6 participants)
	Women	Focus Group Discussion	Focus group discussion guide	1 Group (6 participants) 2. Group (7 participants)
		Focus Group Discussion	Questionnaire	290 women
	Children & Adolescents	F2F Questionnaires	Focus group discussion guide	1. Group (5 children) 2. Group (8 children)
				740 children
		Focus Group Discussion	Questionnaire	281 adolescents
	Men	F2F Questionnaires	Questionnaire	1132 men
	Elderly	F2F Questionnaires	Questionnaire	106 elderly
	Disabled / People with Chronic Illnesses	F2F Questionnaires	Questionnaire	358 people with disability or chronic diseases
Households sent to Ankara	In-Depth Interviews	Interview guide	30 women representing households sent out of town	
TOTAL				2380 <sup>20</sup>

<sup>20</sup>Gender distribution of the reached population (2235) by household questionnaires is 50.4% (1132) male and 49.6% (1103) female. Since the gender distribution includes the different subgroups' gender information, the total number of the reached population does not equal the total of all of the lines; instead it represents the total number of the reached population by qualitative and quantitative methods.

### 4.3. Data Analysis

Quantitative and qualitative data were analyzed in line with the evaluation criteria of UNICEF. During the analysis, crosstab, T-test and ANOVA techniques were used in addition to descriptive statistical methods. Before analyzing the data, re-coding was performed on the data collected. Below are the evaluation questions used:

**Relevance:** Analyze how far the implemented psychosocial programs addressed important needs according to current policy guidance. Relevance measures how far an intervention took into account the emotional and social well-being of children, families and communities as well as the implementation of the intervention. The results of the desk reviews, household surveys, interviews with decision makers and focus group discussions with children and women were used to evaluate the relevance of the programs implemented. The evaluation aimed to find answers to the below questions:

- Did the program articulate objectives related to changes in children's well-being and lives, and those of their families and communities?
- Were clear needs defined with respect to the required levels of psychosocial support?
- Was the program response relevant to the identified needs?
- Did the program aim to increase the skills, knowledge and implementation abilities of the workers involved in psychosocial support?

**Impact:** Refers to whether the outputs obtained as a result of the program made any significant changes in the lives of the children and communities in the long term. Such changes would reveal the effectiveness of the planned interventions used. The household surveys and focus group discussions with children and women provided a direct data source on the effect of the program. In addition, the in-depth interviews with local implementers further revealed the impact of the program on the individuals that were affected by the earthquake. As a result of these, answers to the following questions were obtained:

- Has the goal of the project been met?
- In relation to the programs implemented, what enduring changes can be identified in the lives of children, and in caregivers' and the wider communities' engagement with children?
- What changes can be identified in the psychological and physical health of community members?
- What skills and knowledge did psychosocial workers gain through the program?

**Effectiveness:** Demonstrates the effectiveness of the psychosocial programs and to what extent the targets set for the programs were met after the disaster.

- Did the programs improve the quality of the psychosocial support activities?
- Did the training programs affect the quality of the knowledge, skills and implementation activities of the psychosocial workers?
- To what extent did outputs and activities achieve the intervention objectives?
- Have the stated program outcomes been achieved?
- What difference did the programs make for children in terms of skills, knowledge, and emotional and social well-being?
- What difference did programming make to the skills, capacities, attitudes and well-being of the families, other caregivers and communities?

**Efficiency:** The use of human resources employed by institutions while carrying out the psychosocial support, in line with the program targets, were evaluated to ascertain:

- Were activities delivered cost-effectively?
- Did programming reach an appropriate number of beneficiaries, from different segments of the community and age groups, taking account of program costs?
- Were the programs implemented in a timely manner?

**Sustainability:** Refers to strengthening the capacity of services and communities in order to ensure continuity of the activities and their effects. Household surveys, focus group discussions with children and women, in-depth interviews with women who migrated out of the city, interviews with staff working in the field, and interviews with local implementers provided data about the sustainability of the programs and the services provided. This data was used to try to obtain answers to the questions:

- What new capacities within services or communities have been established or restored?
- Are these capacities being actively used in the psychosocial support and development of children?

**Coverage:** Means the proportion of affected children and communities that have been reached by an intervention. This proportion indicates the success of the intervention both in terms of the geographical coverage and for vulnerable groups. All of the interviews and desk reviews provided an insight into the coverage of the programs and the opportunity to obtain answers to the questions:

- Did support programs reach all of the geographical areas targeted?
- Were potential vulnerable or marginalized children and communities reached?
- Were the needs and capacities of different age groups appropriately addressed?
- Were the knowledge and skill needs of the psychosocial workers addressed?

#### 4.4. Ethical Issues

During the design and implementation of the psychosocial programs, ethical issues were taken into account as part of program management. The Evaluation Team also observed that ministry staff acted with integrity and honesty in their relationships with all of the target groups. Also, the psychosocial program implementation staff respected the anonymity and confidentiality of individuals' information.

The Evaluation Team evaluated if the psychosocial programs were conducted with full respect for ethics, ethnicity, cultural values, customs, religion, gender roles and vulnerability. The Evaluation Team also fully respected these core principles and carried out the evaluation accordingly. Furthermore, the Evaluation Team was supported by a backstopping team who ensured that the methodology and data collection processes were adapted to differences in culture, local customs and practices, personal interaction and gender roles.

Lastly, training was given to the data collectors, and the in-depth and focus group interviewers, about human rights, child protection, gender equality and research ethics.

#### 4.5. Human Rights and Gender Equality

According to the IASC Guidelines, one of the most significant principles of post-disaster psychosocial support programs is to promote human rights and equity. The Guidelines state: "Human rights and equity: Humanitarian actors should promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations. Humanitarian actors should also promote equity and non-discrimination. That is, they should aim to maximize fairness in the availability and accessibility of mental health and psychosocial supports among affected populations, across gender, age groups, language groups, ethnic groups and localities, according to identified needs".<sup>21</sup> Human rights violations are pervasive in most emergencies and this was partially observed after the Van-Erciş earthquakes as well. The implementation of psychosocial support activities was evaluated through the lens of human rights and equity and, in addition, the evaluation methodology was designed considering fundamental human rights issues, the Convention on the Rights of the Child, the Core Commitments for Children in Humanitarian Action, the

<sup>21</sup> Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.



Convention on the Elimination of All Forms of Discrimination against Women, gender equality perspectives and research ethics. Furthermore, the evaluation applied a human rights based approach and results based management strategies, which were integrated into the evaluation project.

An equality-focused situation analysis seeks to understand the patterns of inequalities and their consequences. In line with this, the evaluation mapped the divergent trends and outcomes among different population groups. The results were analyzed and disaggregated by geographical area, vulnerable groups, gender and employment status.

### **Convention on the Rights of the Child (CRC)**

All of the countries who signed the Convention on the Rights of the Child (CRC) commit to providing protection to all children equally. The Turkish Government signed this convention in 1994.<sup>22</sup> The Evaluation Team observed that the MoFSP and other relevant government organizations made the maximum possible effort to provide an access to education for victims of the earthquakes (approximately 43,300 children).

### **Core Commitments for Children in Humanitarian Action (CCC)**

The CCCs promote predictable, effective and timely collective humanitarian action which should be realized through a partnership between governments and humanitarian organizations, mobilizing both domestic and international resources.<sup>23</sup> The Evaluation Team observed that the MoFSP and UNICEF made joint efforts to ensure timely interventions for children and disabled people in Van and Erciş, in line with the CCCs.

### **The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**

Turkey is among the countries that have ratified the Convention on the Elimination of All Forms of Discrimination against Women since 1986 and government organizations are conforming to this framework. After the Van-Erciş earthquakes, the psychosocial support activities were designed and implemented to try to ensure the elimination of all acts of discrimination against women and girls, in line with the convention.

## **4.6. Stakeholder Participation**

All stakeholders of the psychosocial support programs and the evaluation were incorporated into the evaluation activities. Constant communication with the main stakeholders

<sup>22</sup> <http://www.mfa.gov.tr/the-rights-of-the-child-in-turkey.en.mfa>

<sup>23</sup> Core Commitments for Children in Humanitarian Action, UNICEF, May 2010

(the MoFSP and UNICEF) occurred from the beginning of the evaluation and in every phase, opinions and suggestions of representatives of those institutions were taken into consideration. In addition, all stakeholders who were in the Evaluation Management Committee (EMC) were informed about the evaluation activities through regular meetings.

The preparation phase of the evaluation started with a kick-off meeting with the MoFSP and UNICEF which was held on 28 January 2014. This meeting is taken as the beginning of the project. The participants of the meeting were the members of the Evaluation Team, and the representatives of the MoFSP and UNICEF. This meeting was significant for the Evaluation Team to understand the expectations of the beneficiaries. After this first meeting, the desk review of the data sources started. The Evaluation Team started to search related documents and international resources to produce an Inception Report. Moreover, they kept in constant communication with UNICEF and the MoFSP to obtain related documents and inform them about the evaluation processes.

Drafting of the Inception Report started after the EMC meeting held on 17 February 2014. The meeting was chaired by the MoFSP Disaster Department. The participants of the meeting were representatives of the MoFSP, UNICEF, the MoNE, AFAD, the Child Rights Committee and Evaluation Team members. Information about the aim of the evaluation, scope of the work and methodology was discussed, and feedback was given by EMC members. Another meeting between the MoFSP and the Evaluation Team was held on 11 March 2014 for information and document sharing. Through the reports and data provided by the MoFSP and UNICEF, the Evaluation Team finalized the desk review and methodology for the evaluation. The final methodology was submitted to the MoFSP and UNICEF in a meeting held on 28 April 2014.

During the field study, beneficiaries were informed constantly about the process and field reports were shared with them. For the focus group discussions, online survey and household questionnaires, the Evaluation Team worked in close collaboration with and under the support of the MoFSP.

During the preparation of the evaluation report, the preliminary findings of the evaluation and draft report were presented to the EMC, relevant ministries and NGOs to get their feedback in various meetings hosted by the MoFSP. Apart from the MoFSP and UNICEF, the MoH, the MoNE and Turkish Red Crescent were consulted as well. Following this, the Evaluation Team finalized the report, in line with the suggestions and comments of the EMC.



The findings of the evaluation are presented taking into account the gender equality and human rights approach and the results are disaggregated by vulnerable groups and geographical area (proximity to the earthquakes' center).

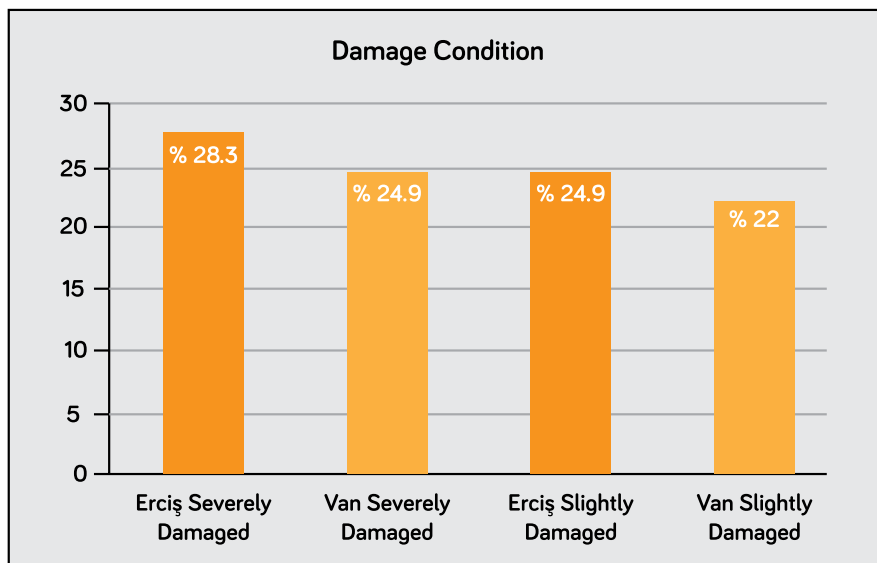
## 5.1. Findings of Quantitative Research

### 5.1.1. Household Survey

Through the household survey, extensive data was collected from **414 households** in total (**consisting of 2235 people**) using structured questionnaires. One key level of disaggregation in an equity-focused evaluation is geographical and sampling was, therefore, stratified into two geographical locations.

Of these households, 194 were located in the center of Van while 220 were in Erciş town. The sampling frame was stratified into two groups according to the level of physical damage to the buildings. The percentage distribution of the sample is provided in the below figure.

**Figure 9 Distribution of the Sample according to the Damage Condition of the Dwelling**



Demographic characteristics of the households interviewed are given in Table 3. Almost 70% of the interviewees were women while 30% were men. The average household size in the sample was 5.6. The data shows that the gender ratio was equally distributed, the percentage of men was 50.6% and women was 49.4%. In Van and Erciş:

33.3% of household members were under the age of 15 and 10.1% were between the ages of 15 and 19,

- 55.5% of them were between the ages of 20 and 64 and 3.1% of them were over the age of 65.

The demographic characteristics of the sample are in line with the general population characteristics of Van and Erciş town from official reports of the Turkish Statistical Office (Turkstat). Therefore, we can say that the sampling reflects the overall demographic characteristics of the population.

The distribution of the household members' marital status was:

- 55.9% of them were single, 40.8% of them were married and 2.6% of them were widowed.

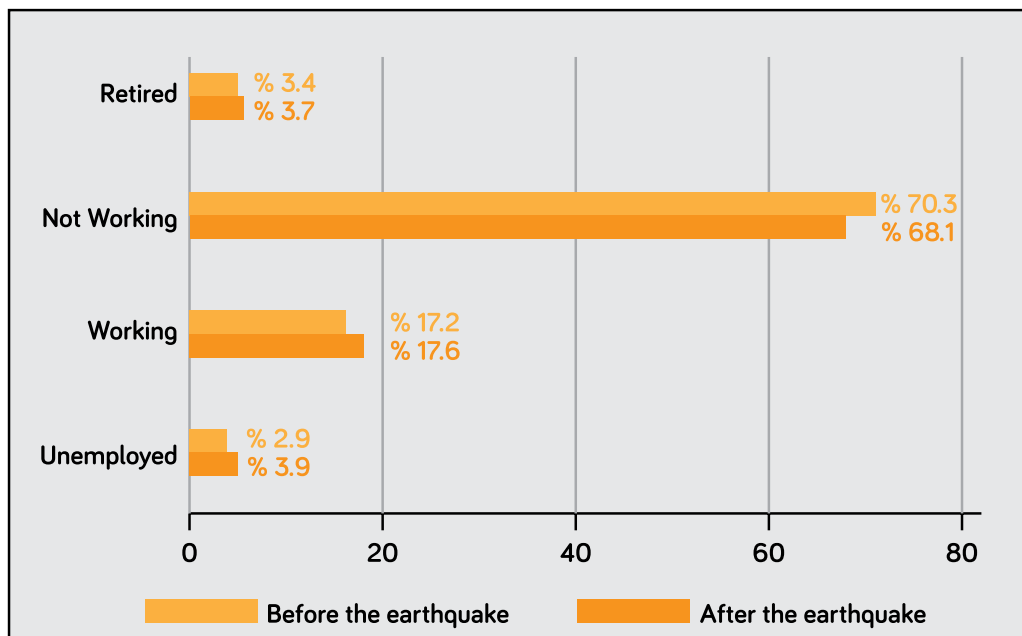
In terms of the education status of the household members, it is observed that: 17% of them were illiterate; 23.6% of them were primary school graduates; and only 4.7% of them were university graduates.

**Table 3 Demographic Characteristics of Households Interviewed**

		(%)
<b>Gender</b>	Male	50.6
	Female	49.4
<b>Age</b>	0-14	33.3
	15-19	10.1
	20-64	53.5
	65+	3.1
<b>Marital Status</b>	Single	55.9
	Married	40.8
	Divorced	0.3
	Widowed	2.6
	Separated	0.2
<b>Educational Status</b>	Illiterate	17.0
	Literate but did not attend school	3.9
	Attended to school	19.1
	Primary school graduate	23.6
	Secondary/Primary school graduate	18.8
	High school graduate	13.0
University and higher education	4.7	

With regards to employment status, it is observed that there was a slight difference between the employment ratio before and after the earthquake. The level of unemployment decreased to 68.1% after the earthquakes<sup>24</sup>. When the employment status of children under the age of 15 is examined, there was no difference in their employment ratio after the earthquakes. The employment status of children under the age of 15 was 0.8% before the earthquakes, while this ratio remained at the same level after the earthquakes.

**Figure 10 Employment Status**



The changes that occurred in the case of people with a disability after the earthquake have been examined and it is seen that the earthquakes caused adverse physical impacts on approximately 0.7% of the sample. The results of the survey showed that the number of people with chronic illnesses increased by 2.9% after the earthquakes (Figure 11).

<sup>24</sup> The classification of the employment statuses are made in accordance with TurkStat's classification. People who are "not working" indicates 'Persons not in labour force', and includes the 15 years old and over, non-institutional, working-age population who are neither unemployed nor employed. The "persons not in labor force" consist of the following sub-groups:

[1] Not seeking a job but available to start a job: These are persons who did not look for a job for different reasons, but were available for work within 2 weeks. This group consists of two sub-groups:

1.1. Discouraged workers: These are persons not seeking a job because they had looked for one before or did not believe they could find a job with their qualifications, but they were ready to start work.

1.2. Other: These were persons who were not seeking a job for reasons such as being seasonal workers, busy with household chores, a student, a property income earner, retired or disabled, but available to start work.

[2] Seasonal workers: Persons who were not seeking a job and were not available for work because of being seasonal workers.

[3] Household chores: Persons who were not seeking a job and were not available for work because of doing household chores.

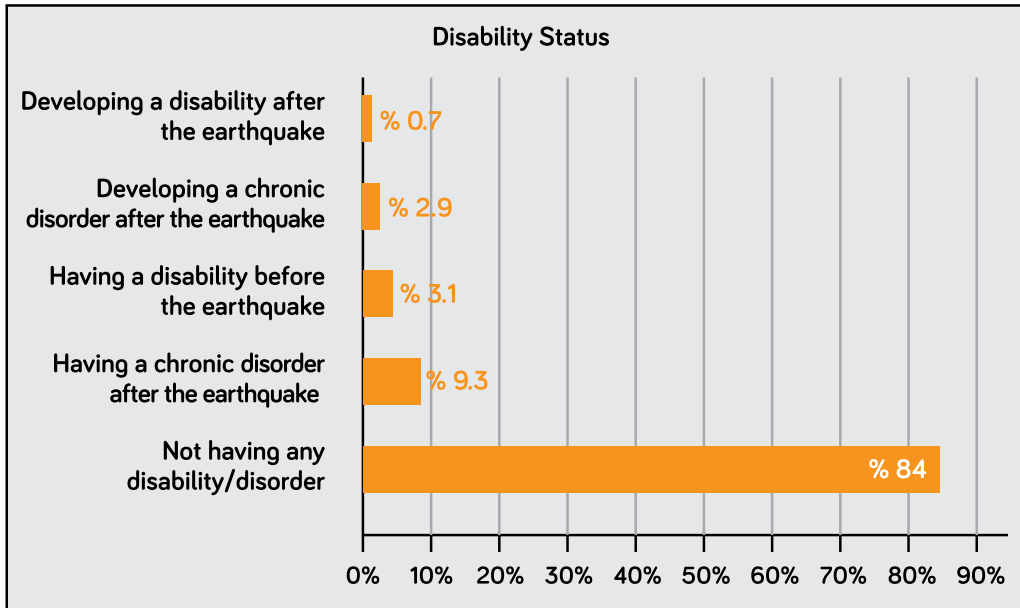
[4] In education or training: Persons who were not seeking a job and were not available for work because of attending regular school or training.

[5] Retired persons: Persons who were not seeking a job and were not available for work because of being retired.

[6] Disabled, old or ill: Persons who were not seeking a job and were not available for work because of being disabled, ill or elderly.

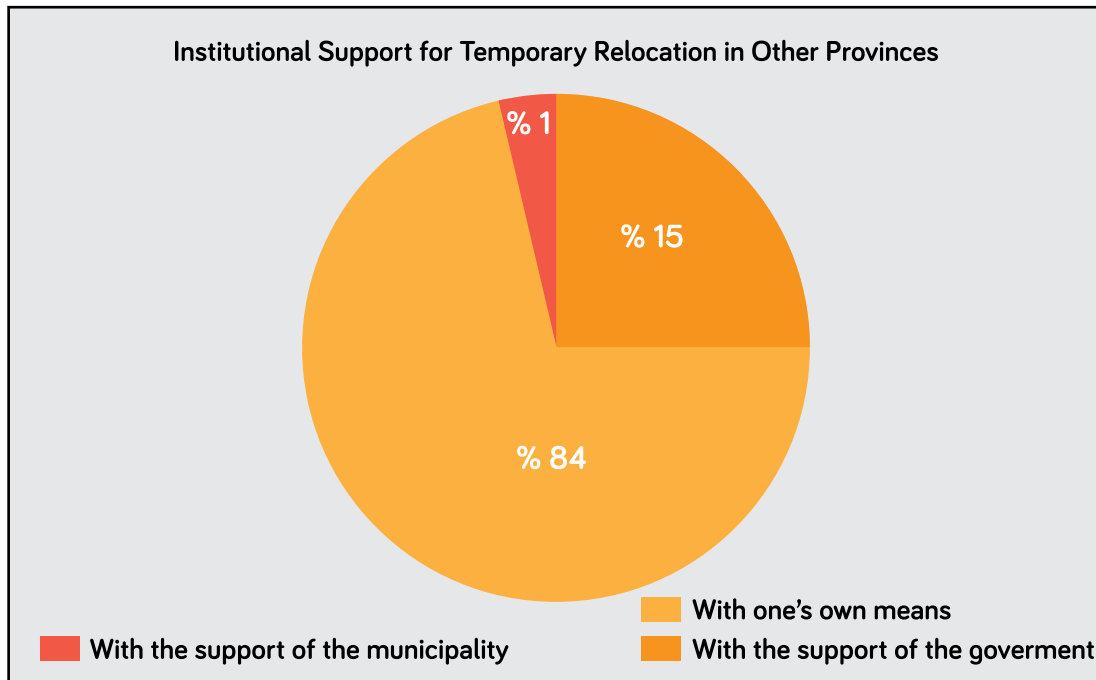
[7] Other: Persons who were not seeking a job and were not available for work because of family or personal or other reasons.

**Figure 11 Disability Status**



Data was collected about temporary migration to other provinces as part of the evaluation as well. Analysis of this data indicates that:

- 25% of the interviewees applied to governmental institutions in order to be transferred out of the province.
- Percentage of households who applied to move to other provinces in Van (31.7%) is almost double that of Erciş (17.5%).
- In almost 50% of the households interviewed, at least one household member moved out from Van after the earthquakes. Those people went to different cities in Turkey with Istanbul and Mersin being the most popular.
- Most of the interviewees who temporarily relocated to other provinces migrated using their own means (84%), while the rest migrated to other cities with the support of governmental institutions (16%).

**Figure 12 Temporary Relocation to Other Provinces**

The Governorate/District Governorate was the leading institution (37.7%) providing governmental support to those affected who moved to other cities. The MoFSP and AFAD were among the other supportive institutions.

**Table 4 Supportive Institutions in the Destination Provinces**

Institution	(%)
Governorate/District Governorate	37.7
No support received	31.1
Not known	6.6
AFAD	7.4
MoFSP	9.0
NGOs	4.1
Other	4.1
Total	100.0

Survey results indicate that 64.2% of the people who moved to other cities with the help of the Government were satisfied with the support and services provided by the government institutions. However, there is a difference in the satisfaction levels between people who moved out of Van and of Erciş about the services received from the governmental institutions.



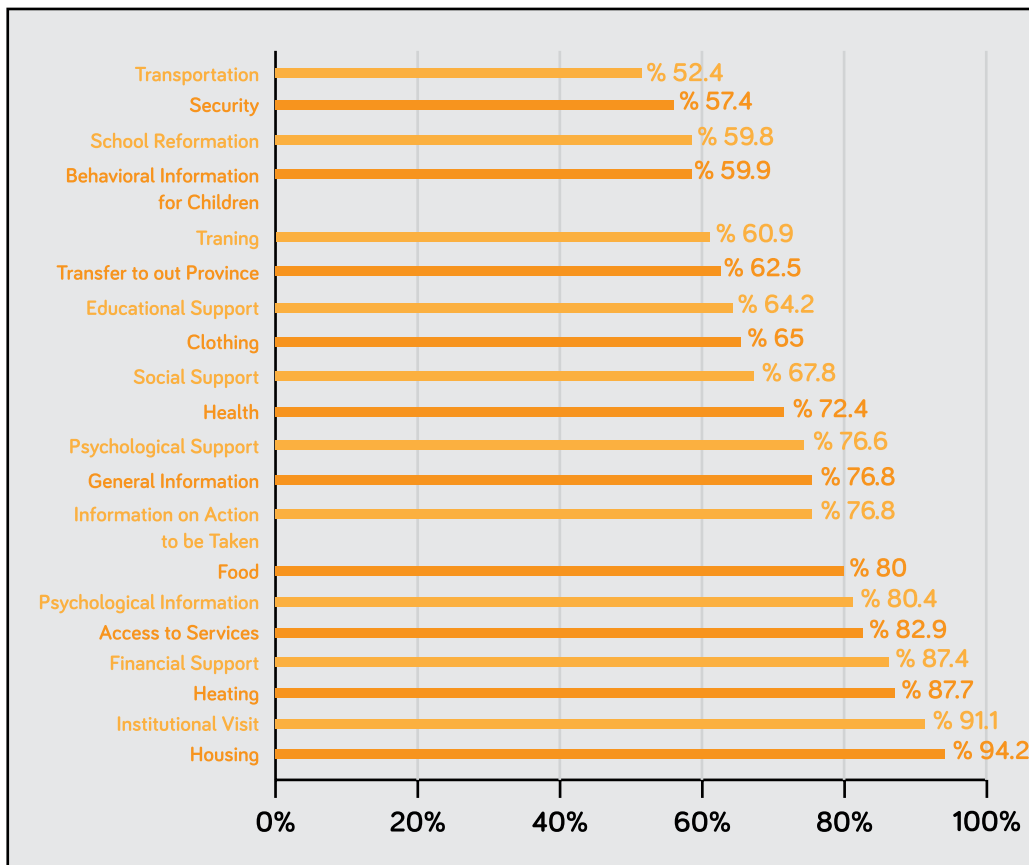
As Table 5 shows, people transferred from the center of Van were more satisfied compared to those who moved out from Erciř.

**Table 5 Satisfaction Status of Migrated Persons (who moved through the agency of the Government) in Terms of the Services Received in the Destination Cities (%)**

	<b>Van N= 625</b>	<b>Erciř N= 404</b>	<b>Total N= 1029</b>
I am very satisfied	10.3	23.3	15.9
I am moderately satisfied	46.2	23.3	36.2
I am not satisfied	43.6	53.3	47.8

### ***Needs after the earthquakes***

The needs of the sample of disaster victims have been examined in terms of psychological support, and this shows that most of them emphasized needs relating to housing (94.2%), institutional visit (91.1%), heating (87.7%) and financial support (87.4%). On the other hand, the need for general information related to disasters and for psychological support was expressed by 75% of the interviewees, while needs relating to transportation (52.4%), security (52.4%) and school reformation (59.8%) were mentioned least often.

**Figure 13 Needs After the Earthquakes**

The below table shows the percentage of households that had different basic needs in Erciş and Van provinces after the earthquakes.

**Table 6 Basic Needs after the Earthquake (Top 5)**

Basic Needs	Van	Erciş	General
Housing	93.3	95	94.2
Heating	86.6	88.6	87.7
Financial Support	89.1	85.9	87.4
Access to Services	85.6	80.5	82.9
Institutional Visit	92.3	90	91.1

In addition to basic needs, the interviews indicated the importance of the feeling of government support (institutional visit 91.1%). It was essential for victims to feel that relevant government organizations stood by them and assisted them to address the negative impacts of the earthquakes. The need for psychological support might be an indicator that

people had psychological problems immediately after the disaster, although the evaluation results positively indicate that psychological support programs were developed immediately after the earthquakes.

### **Fulfillment of Needs**

The data related to the fulfillment of basic needs was collected through the household survey. It seems that there was a difference in perceptions between the respondents in Van and Erciş towns. The survey results show that the need of housing for victims was fulfilled for 81.8% of respondents reporting this need in Erciş, but for 50.8% in Van city center. The fulfillment of food needs took second place in both settlements; however, this need was fulfilled for 69.1% of respondents reporting this need in Erciş compared to 36.9% in Van city center. Thus, in general the respondents in Erciş reported a higher rate of fulfillment of their needs. However, victims in Van city center responded more positively about the fulfillment of their demand to move out of the city, compared to responses from Erciş.

**Table 7 Fulfillment of Needs (%)**

<b>Fulfillment Ratio</b>			
<b>Needs</b>	<b>Van</b>	<b>Erciş</b>	<b>General</b>
Housing	50.8	81.8	65.8
Food	36.9	69.1	54.2
Heating	29.9	59.5	45.9
Health	23.7	39.8	32.5
Clothing	13.1	37	24.6
Educational Support	13.4	22.5	17.9
Social Support	20.8	25.4	23.2
Security	24.2	19.6	22.1
Financial Support	15.9	17.4	16.7
School Reformation	18.4	20.3	19.3
Psychological Support	7.6	12	9.9
Institutional Visit	13.7	18.2	16.1
Access to Services	8.6	19.5	14.2
Sent out of the Province	14.9	5.3	10.6
Need for Training	9.4	9.3	9.3
Transportation	8.9	9.2	9.1
Informative Briefings on Psychological Issues	4.5	13.3	9.1
Informative Briefings on What Will Be Done in the Aftermath of the Earthquakes	5.3	8.5	7
Informative Briefings on What Will Be Done in the Aftermath of the Earthquakes	4	7.9	6
Informative Briefings on How to Respond to Children and Adolescents	1.8	4.2	3

The different rate of fulfillment of needs between Van and Erciř, can be explained by the higher vulnerability in Erciř and the concentrated governmental assistance in Erciř right after the earthquake. Furthermore, the above Table indicates that respondents reported that their needs for housing, food and heating were met more satisfactorily compared to their needs for psychosocial support, information and school reformation.

### ***Adequacy of the Services Provided by the Institutions***

With regards to the adequacy of services provided by the institutions in Erciř, AFAD's services were considered the most adequate while the MoH's take second place and NGOs' services take third place.

On the other hand, interviewees in Van city center reported lower satisfaction levels for the services of government organizations, AFAD and NGOs. The satisfaction levels of victims in Van city center were below 26% for all government and non-governmental organizations.

**Table 8 Adequacy of the Services Provided by the Institutions (%)**

<b>Institutions</b>	<b>Van</b>	<b>Erciř</b>	<b>General</b>
AFAD	25.9	58.5	43.9
NGOs	22.6	54.7	39.9
MoH	17.8	55.2	33.3
UNICEF	14.1	26.8	20.6
Municipalities	24.1	18.9	21.3
MoNE	15.5	24.4	20.1
MoFSP	9.1	20.9	15.4
Governorate	10.8	19.4	15.3
Mukhtars	5.9	14.7	9.8

On further examination of the adequacy of the services provided by the institutions, the evaluation found that people could not make an explicit differentiation between governmental agencies and non-governmental organizations in general. During the interviews, it was evident that people could not remember exactly the names of the institutions and organizations; although they seemed to remember the symbols, uniforms etc. At the same time, people could not clearly differentiate between the ministries and local government. The percentages related to the adequacy of the services provided by the MoFSP and UNICEF is relatively lower but some respondents may have considered

these to be services delivered by governorates and “Muhtars” . Therefore, these findings need to be used with caution.

### **Impact of the Psychosocial Support**

The impact of the psychosocial support provided is presented in Table 9 based on the interviewees’ answers to statements about themselves or their relatives. The results should be considered to cover the cumulative effect of psychosocial support programs implemented after the earthquakes. Furthermore, the possible positive effect of family support or internal development of psychosocial well-being as an expected result of the elapsed time between the earthquakes and the survey, with or without external help, should not be ignored.

The interviewees expressed that the greatest impact of the psychosocial support activities for adults was communication with family members. The majority of the interviewed adults (66.5%) stated that the support received had increased solidarity within the family. Similarly, 54% of the interviewed adults stated that family relations had improved due to the support received, while 52.5% of them stated that the strength of family members against challenges had increased due to the support. From their responses it can be said that the support had the least impact on gaining knowledge about supportive institutions (23.2%) and helping them revert back to their past lives (20.6%).

**Table 9 Situation after Receiving Support-Adults %**

	<b>Van</b>	<b>Erciş</b>	<b>General</b>
Family members started to give much more support to each other.	58.8	72.8	66.5
Family members started to get along better with each other.	51.6	55.9	54
The strength of family members against stress/challenges increased.	45.9	57.9	52.5
The social relations of family members (neighborhood, kinship) increased.	41.7	44.6	43.3
The parents participated more in activities related to their children.	38.2	43.2	40.9
The parents had more knowledge of how to treat their children.	39.2	39.5	39.4
They had knowledge of how to behave in the case of an earthquake.	39.4	37.4	38.3
Family members’ psychological distress emerging after the earthquakes decreased.	30.2	37.4	34.2
They had knowledge of which institution to apply to in order to fulfill their needs after the earthquakes.	20	25.8	23.2
They reverted back to their past lives more easily.	20.6	20.5	20.6

Children are one of the main target groups of UNICEF and the MoFSP. When the impact of the activities aimed at children is examined, based on the information received from the parents interviewed, after receiving some psychological support the percentage of children: having better relations with their parents is 46%; having more positive relations with their friends is 35.6%; and participating in more social activities is 31.9%. The least impact was reported for reducing misbehavior (15.4%).

**Table 10 Situation after Receiving Support-Children %**

	Van	Erciş	General
Their relations with their parents got better.	46.2	45.9	46
Their relations with their friends got more positive.	40.6	31.9	35.6
They started to participate more in social activities.	33	31	31.9
They became more interested in school and lessons.	26.2	29.3	28
They reverted back to their past lives more easily.	20.8	18.5	19.4
Their misbehavior diminished.	21.7	10.8	15.4

According to the interview results, all support programs, including the psychosocial support given by multiple institutions, had the second most positive impact on adolescents after adults. The results show that: 55.7% of interviewed adolescents had improved relations with their parents; 44.2% of them had more positive relations with their friends; and 31.8% of them participated in more social activities. The results show that psychosocial support had the least effect on adolescents in terms of helping them revert back to their past lives (23.3%).

**Table 11 Situation after Receiving Support-Adolescents %**

	Van	Erciş	General
Their relations with their parents got better.	43.8	65.9	55.7
Their relations with their friends got more positive.	38.9	48.8	44.2
They started to participate more in social activities.	26	36.9	31.8
Their anger and aggressive behaviors diminished.	21.6	34.5	28.5
Their misbehavior diminished.	28.4	22.4	25.2
They became more interested in school and lessons.	17.9	31.1	24.8
They reverted back to their past lives more easily.	21.6	24.7	23.3

This evaluation, of the impacts of psychosocial support on adults, adolescents and children, mostly focused on re-establishing harmonious family and social relations. When scientific findings related to the role of social support in decreasing traumatic problems are considered, these interventions seem to have played an important role.

Elderly people, one of the vulnerable groups in the disaster area, also received psychosocial support. It is observed that among elderly people from the interviewed households: 50% of them had more positive family relations; 22.2% of them felt secure in terms of their health; 19.4% of them easily reverted back to their past lives; and 19.4% of them led easier daily lives as a result of this support (Table 12). From these results it seems that the psychosocial support helped elderly people mostly in the area of family relations.

One of the target groups of post-disaster psychosocial activities is individuals with disabilities. According to the data compiled, the support provided in the disaster area contributed to: 29.1% of the disabled interviewees feeling cared for; 22.2% of them becoming more extroverted; and 10.9% of them leading easier daily lives (Table 12). Looking at these percentages, the need to focus more on the needs of disabled survivors seems to be important.

People with chronic illnesses were also included in the evaluation as a vulnerable group due to their health conditions. The activities implemented after the disaster led 41.4% of interviewed people with chronic illnesses to feel cared for. The interventions helped 17.7% of them to feel secure in terms of their health. Overall, it can be seen from Table 12 that the majority of these interviewees rejected the idea that this support facilitated their daily lives. Thus, feeling cared for seems to have been the most important impact for this group.

**Table 12 Situation after Receiving Support – Elderly People; Disabled People; People with Chronic Illnesses (%)**

<b>Elderly People</b>	<b>I Agree (%) N=16</b>
Their relations with family members got more positive.	50
They felt secure with respect to their health.	22.2
They reverted back to their past lives more easily.	19.4
Their daily lives became easier.	15.5
<b>People with Disabilities</b>	<b>I Agree (%) N=14</b>
They felt people cared about them.	29.1
They became more extroverted.	22.2
Their daily lives became easier.	10.9
They reverted back to their past lives more easily.	9.1
They felt secure with respect to their health.	9.1
<b>People with Chronic Illnesses</b>	<b>I Agree (%) N=79</b>
They felt people cared about them.	41.4
They felt secure with respect to their health.	17.7
Their daily lives became easier.	13.9
They reverted back to their past lives more easily.	13.2

The examination of the evaluation of these highly vulnerable groups reveals that the conditions they face, irrespective of the disaster and its obstructions to their lives, should be addressed together with the post-disaster support.

According to the results of the impact of the psychosocial support, we see that psychosocial support had the most positive impact on adults, adolescents, children, people with chronic illnesses and disabled people respectively.

**Table 13 Groups-Based Results of Psychosocial Support Impact**

	<b>Van</b>	<b>Erciř</b>	<b>General</b>	<b>Test Result</b>
	<b>Average/Standard deviation</b>	<b>Average/ Standard deviation</b>	<b>Average/ Standard deviation</b>	<b>T-score</b>
Adults	1,86/0,63	1,95/0,58	1,91/0,6	-1,258
Adolescents	1,66/0,63	1,87/0,61	1,76/0,63	<b>-1,969*</b>
Children	1,73/0,65	1,67/0,56	1,69/0,6	0,775
Elderly People	1,49/0,56	1,72/0,72	1,59/0,64	-1525
People with Chronic Illnesses	1,47/0,58	1,53/0,64	1,50/0,61	-0,619
Disabled People	1,31/0,52	1,47/0,6	1,39/0,56	-1,075

\*  $p < 0.05$  1: Not effective; 2: Neither effective nor ineffective; 3: Effective

Moreover, there is only one difference between the impact of psychosocial support in Erciř and in the center of Van. According to statistical hypothesis testing, the impact on adolescents ( $p < 0,051$ ) in Erciř was much more positive than for adolescents in Van. For the other groups there is statistically no significant difference between the averages for Van and Erciř.

### 5.1.2. Online Surveys for Staff

The characteristics of the sample for the online surveys conducted to measure the impact of the training events with MoFSP staff were as follows: 34 interviewees were men (69.4%) and 15 were women (30.6%); 43 of the staff had a bachelor's degree; 3 were college graduates; and 3 had a master's degree. When the marital status of the staff is examined, it is seen that: 33 of them were married; 12 of them were single; and 4 of them were divorced.



95.9% of the staff who responded to the online survey took part in psychosocial support activities in the disaster area after the earthquakes. The percentage of staff that went to the disaster area voluntarily is 68% compared to 30% that went to the disaster area due to compulsory assignment.

The majority of the staff (68%) who were sent to the disaster area stated that they had not taken part in any similar psychosocial support activities before the Van-Erciş earthquakes.

Of the staff who had participated in similar psychosocial support responses, most were actively involved in the Marmara post-earthquake activities. The majority of the staff who participated in the online survey and had worked in the disaster area after the earthquakes stated that they were pleased to be sent to the disaster area (63.4%). The reasons given by the staff who were not happy to be sent to the area were: compulsory assignment (35%); having to separate from their families (35%); lack of information and experience necessary to work in the field (50%); and working conditions (35%).

While 72% of the ministry staff who went to the area due to assignment worked in the field for less than 15 days, the remaining 28% had a role in the psychosocial support responses in the disaster area for between 15 days and one month.

Staff in the disaster area worked on activities related to needs analysis studies, information services, guidance, psychological support for children and adults, social support activities, training and guidance for transfer out of the province. As can be seen from Table 14, 64.3% of staff who answered the survey participated in the training program held through cooperation between UNICEF and the MoFSP after they had worked in the field, while 2.5% of staff participated in training not only before, but also after working in the field. On the other hand, 23.7% of staff stated that they did not participate in training but still had worked in the field.

**Table 14 Status of Participation in Training Events in Cooperation with UNICEF and the MoFSP (%)**

	%
Yes, I participated in training after I had worked in the field.	64.3
No, I did not participate in training but I worked in the field.	23.7
No, neither did I participate in training nor did I work in the field.	4.6
Yes, I participated in training but I did not work in the field.	2.5
Yes, I participated in training events not only before but also after I worked in the field.	2.5
Yes, I participated in training before I worked in the field.	2.4

Staff who attended the training remarked that it was beneficial to response activities in the disaster area (41%). Within the scope of the training, the issues covered that were most beneficial during the field work were: concepts and explanations related to psychological trauma and disasters; identification of psychosocial needs and resources in disasters; reasons for and psychological results of psychological trauma; and support for persons affected by disaster and methods of giving guidance. Approximately 80% of the staff who joined the survey stated that training was necessary. A great majority of the staff (95%) indicated that they had not previously attended any training related to post-disaster psychosocial responses.

According to the staff, among the psychosocial response activities conducted, the most beneficial activities for children were the needs analysis studies and support for educational needs. On the other hand, the guidance for transfer out of the province and the informational services come to the forefront when considering which activities had a beneficial impact on adolescents. Staff stated that the needs analysis studies and the guidance for transfer out of the province were the most beneficial psychological support for elderly people, while the home care services were the most beneficial psychosocial support for disabled people.

The main topics that frontline workers felt were inadequate were: the evaluations of post-traumatic psychological reactions of children, adolescents and adults; and the information related to the actions to be taken after the disaster and the needs assessment. The majority of the ministry staff who participated in the survey stated that they would like to work in the field following any future disaster (62.5%).

## 5.2. Findings of Qualitative Research

### 5.2.1. In-depth Interviews with Women Representing Households who Migrated to Other Cities

The women with whom in-depth interviews were conducted mostly migrated, with their families, to Antalya, Istanbul, Ağrı and Mersin.

**Table 15 Cities that the Women Moved to with Their Families**

	Number	%
Istanbul	3	10.0
Mersin	3	10.0
Ağrı	2	6.7
Antalya	2	6.7
Adana	1	3.3
Ağrı & Antalya	1	3.3
Ağrı & Çanakkale	1	3.3
Antalya & Bursa	1	3.3
Bitlis	1	3.3
Bursa	1	3.3
Elazığ	1	3.3
Erzincan	1	3.3
Hakkâri	1	3.3
Hatay	1	3.3
Istanbul & Siirt & Bitlis	1	3.3
Istanbul & Trabzon	1	3.3
Izmir	1	3.3
Izmit	1	3.3
Kirklareli	1	3.3
Konya	1	3.3
Malatya & Ankara	1	3.3
Manisa	1	3.3
Nevşehir	1	3.3
Muş	1	3.3
<b>Total</b>	<b>30</b>	<b>100.0</b>

The sample shows that, the women who moved out of Van after the earthquakes mostly moved with their children. The following table also shows that the women in the sample mostly migrated with other members of their families.

**Table 16 The People with Whom Women Moved Out of the City**

Those who migrated	Number	%
The ones who migrated	8	26.6
Nuclear family with other relatives	8	26.6
Herself and her child	6	20
Herself	3	10
Her husband and herself	2	6.6
Herself and her friends	1	3.3
Herself and her cousin	1	3.3
Herself and her mother	1	3.3
<b>Total</b>	<b>30</b>	<b>100,0</b>

Based on the data about the length of temporary stays in other provinces, of the women who moved out of the city temporarily after the earthquakes: 13 women who were interviewed stayed in another city for 7 to 12 months; 3 stayed for less than 1 month; and 3 returned back to Van after the second month. The remaining 12 women lived where they moved to for between 3 and 6 months. When we look at which women lived outside the city for a longer period of time, such as 7 to 12 months, we see that non-working married women with few children lived outside the city for longer periods of time. For example, it is observed that 7 out of the 8 women who lived outside the city for 7 to 8 months and 4 out of the 5 women who lived outside the city for 9 to 12 months were not working.

In terms of their age, women aged between 29 and 42 lived outside the city for a longer period of time than the others. It is also observed that married women with few children tended to live outside the city for longer periods of time.

**Table 17 Length of Time Women Lived Outside the City**

	Number	%
8 months	7	23.3
9-12 months	5	16.7
6 months	4	13.3
5 months	2	6.7
Less than 1 month	3	10.0
3 months	3	10.0
4 months	3	10.0
1 month	1	3.3
2 months	1	3.3
7 months	1	3.3
<b>Total</b>	<b>30</b>	<b>100.0</b>

Interviews conducted with the women who moved out of Van show that the primary reasons for moving were housing problems, fear of another earthquake, having small children in the family, children's education, the insistence of family members, intervention of relatives, and weather conditions. More exceptional reasons were that prior to the earthquakes some of the family members were already living in another city, the pressure of the MoFSP Provincial Directorate (as they get fees from bedridden patients), the risk of children getting sick, and unemployment.

8 of the interviewed women had moved to different cities and districts through institutional support, while 22 of them stated that they moved using their own facilities.

Considering the psychological conditions of women who moved out of the city, 24 women stated that they had left the city miserably, while 4 were happy about leaving the earthquake zone, and the remaining 2 women were optimistic about relocating. Those who stated that they were miserable explained the reasons for their unhappiness as: losing their beloved ones or leaving them behind; having to suddenly leave the city where they had been living for a long time; leaving some of their family members behind; not knowing what they would experience in the place where they were moving to; and a general sense of dislocation and not belonging anywhere.

Most of the interviewed women stated that they did not encounter any problems while moving out of the city. Others who stated that they did, explained the problems they encountered as follows:

*"We experienced problems related to travel expenses.*

*"We had financial problems while we were moving."*

*"The vehicle we used for travelling was overcrowded."*

*"There was no one with us while we were traveling."*

While only two of the women interviewed stated that they did not get any support, 28 stated that they received help from different sources. When the support provided for families moving out of the city is examined, it is seen that relatives in the cities where these women moved to and some governmental institutions and organizations were the main support providers. Housing (34.6%), psychological support (21.1%) and cash support (17.3%) stand out in the table.

**Table 18 Support Provided in Places that the Women Moved To**

<b>People/Institutions who provided support</b>	<b>Support provided</b>	<b>Number</b>	<b>%</b>
Relatives in the cities to which women moved	Housing	10	19.2
	Cash aid	5	17.3
	Emotional support	9	9.6
Governmental institutions (like governorships or sub-governorships)	Housing	8	15.4
	Health	1	7.7
	Psychological support	1	5.8
	Cash aid	4	5.8
	Food aid	3	3.8
	Coal aid	1	1.9
	Clothing	3	1.9
	Household goods	2	1.9
Non-governmental relief foundations	Rental support	1	1.9
	Heating expenses	1	1.9
Friends	Heating expenses	1	1.9
	Emotional support	1	1.9
Volunteer parents	Housing	1	1.9

*(Note: The interviewees stated that they received more than one type of support.)*

As can be seen from Table 18, women received most support from their relatives in the cities to which they moved. A woman stated, when talking about family support, "... because my husband died, my relatives were very careful about not showing affection to their children when I or my children were around." This constitutes a good example of the kind of support that can be regarded as psychological support provided by relatives, albeit in an unusual way.

According to the interviewees, having to move as a result of the disaster was a really big problem in itself. 20 of the 30 women that we interviewed stated that they encountered problems (social relations, neighborhood, not being able to adapt to the environment or alienation) in the cities that they moved to. Women grouped the difficulties they encountered under the following categories:

- Forced gatherings or meetings (too crowded family gatherings)
- Facing sometimes rude behaviors at public facilities
- Not receiving a sufficient amount of psychological support
- Inconsistencies regarding children's education

- Lack of care for people with chronic illnesses in the places that they move to
- Having no or limited social life
- Difficulties encountered while looking for a house for rent
- Not being able to adapt to the new environment in terms of its socio-economic level and the tension that follows
- Ethnic discussions and statements
- Financial problems

It can be said that women were the ones who encountered the biggest problems because of moving to other cities. While a great majority of men stayed in Van, mostly women and children were sent out of the city. Therefore, mostly women encountered problems like: children's arguments in a crowded family environment; disaster induced traumas; leaving some of their family members behind in Van; or insufficiently benefitting from the social services provided in the city that they moved to as most of them were housewives.

The interviewees stated that they encountered problems such as: not being able to adapt; not having access to psychological support; not being able to study effectively due to crowded study spaces; sleep problems; social exclusion; and dropping out of school. When we look at the whole picture, the facts reveal that a great number of students moved out of the city and that Van had a lower ranking in that year's exams compared to previous years. This supports the fact that students encountered significant difficulties and that relocation to other cities needs to be considered cautiously in future disasters.

Earthquake affected women from the sample tried to express what they went through in their migration process in the following words:

*"Migration was so sorrowful since some of our family members stayed in Van and some moved to other cities."*

*"The pain of leaving our city suddenly was too much, I couldn't forget."*

*"We couldn't find a sense of solidarity and neighborhood like we felt in Van in the cities where we moved to."*

*"We were very sorry about our relatives who were not able to leave Van for financial reasons."*

*“We were relieved to have left Van because there was an earthquake every day.”*

*“I experienced homesickness for the first time in my life. It was really difficult”*

*“The children could not do what they used to do at home anymore and that created problems. I started to beat my children.”*

*“We felt under obligation.”*

*“We didn’t watch the news in the places where we went so that the children were not affected.”*

People started to return to Van as life started to settle back to normal in the earthquake affected areas, especially in Van and Erciş. When we examined how the women in the sample who moved out of the city decided to return to Van, it was found that the main reason was the desire to live close to family members because of a split family structure (24.2%). Also, reasons such as: longing for and belonging to a home-town (18.2%); education (12.1%); suspension of starting work and appointments (12.1%); expiration of the period of stay in public facilities (9.1%); and children’s insistence on returning (9.1%); had an effect on the decision to return.

When the women were asked if they returned with the help of the Government or with their own facilities, 4 out of the 30 women stated that they returned with the help of the Government, while 26 stated that they returned using their own means. The general tendency in the sample shows that they returned using their own means.

Overall, women and their family members who moved out of Van and Erciş following the earthquakes, via public or private means, encountered some problems that threatened their psychosocial well-being in the places that they moved to. While family support in the cities that they moved to had an important role in their well-being, it can be said that those who moved out of the city encountered different problems to those who stayed as longing for the family members and/or friends that were left behind was combined with the feeling of homelessness. Another striking fact is that those we interviewed who moved out of the city without any governmental aid had quite limited access to the support networks provided in the cities that they moved to. Also those who accepted institutional support received services mostly for their basic needs rather than psychosocial support. Nevertheless, the fact that all of the family members in the sample who moved out of the city eventually returned as the situation improved in Van and Erciş indicates that one of



the objectives of psychosocial support was fulfilled.

### 5.2.2. In-depth Interviews with the Decision Makers

In-depth interviews were conducted with decision makers, or people who were in decision-making positions, in institutions that were actively involved in the psychosocial support activities carried out in Van and Erciř after the earthquakes. To this end, a total of 11 local decision makers were interviewed and the activities of the relevant institutions are listed in Table 19.

**Table 19 Psychosocial Support Activities Carried Out by the Institutions Represented by Decision Makers**

Institution	General Activities Carried Out Following the Earthquakes	Psychosocial Activities Carried Out Following the Earthquake
Provincial	<ul style="list-style-type: none"> <li>• Transfer of almost 20,000 families out of the city with public funding</li> <li>• Identification of vulnerable children, women and the elderly, and providing cash support for the families of these people</li> <li>• Cooperation with institutions such as the Red Crescent and Mufti in disaster affected areas</li> </ul>	<ul style="list-style-type: none"> <li>• Activities organized in container and tent cities for children and women</li> <li>• Identification of psychosocial needs in the earthquake affected areas</li> <li>• Family visits performed by a large group of experts</li> <li>• Organization of psychosocial support services by groups coming from outside the province</li> </ul>
Van Care and Social Rehabilitation Center	<ul style="list-style-type: none"> <li>• Evacuation of the children in the center from the building debris</li> <li>• Transfer of the evacuated children out of the city</li> <li>• Training related to issues such as rescuing children from disasters, protection, and</li> </ul>	<ul style="list-style-type: none"> <li>• Training for children who were evacuated or transferred out of the city to overcome the crisis and trauma</li> <li>• Interviews with professional staff during the earthquake process</li> </ul>
The Eastern Anatolia Development Agency	<ul style="list-style-type: none"> <li>• Activities carried out as the technical support unit in the delivery and management of relief sent during the earthquakes</li> <li>• Activities to support or to be a part of the field work and projects following the earthquakes</li> <li>• Keeping records and organizing the work flow</li> </ul>	<ul style="list-style-type: none"> <li>• Staff support for psychosocial support activities</li> <li>• Funding the field work conducted in the center of Van, Erciř and villages to identify the psychosocial condition</li> </ul>

Institution	General Activities Carried Out Following the Earthquakes	Psychosocial Activities Carried Out Following the Earthquake
Provincial Directorate of Disaster and Emergency	<ul style="list-style-type: none"> <li>• Debris removal and search and rescue activities</li> <li>• Creating temporary shelters</li> <li>• Damage assessment</li> <li>• Demolition of damaged buildings and removal of their debris</li> <li>• Right ownership for permanent residence</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial support activities carried out in collaboration with the MoFSP</li> <li>• Allocation and building of places where psychosocial support activities are conducted in container and tent cities</li> </ul>
Van Şerif Onat Directorate of Social Services	<ul style="list-style-type: none"> <li>• Creation and orientation of the programs of committees coming from outside the province in the earthquake affected area</li> <li>• Determination of the institution's damage assessment</li> <li>• Providing support for and transferring vulnerable women, children and the elderly out of the province</li> </ul>	<ul style="list-style-type: none"> <li>• Family visits</li> </ul>
Directorate of Edremit Sevgi Evleri	<ul style="list-style-type: none"> <li>• Field work conducted to identify psychosocial needs</li> <li>• Taking part in activities organized by the MoFSP in container and tent cities</li> </ul>	<ul style="list-style-type: none"> <li>• Activities for children in container and tent cities carried out by child development specialists</li> <li>• Training provided by mothers in the day-care children's nurseries set up in container cities</li> </ul>

The established institutions in Van and Erciş tried to bring the earthquake affected people back to their normal lives through all their departments whilst they were also dealing with the disadvantages and difficulties of being an earthquake victim themselves. According to local decision makers, the biggest difficulty encountered was the lack of a realistic action plan to be carried out in case of a disaster. In addition to this, experts' lack of experience in disasters, working with staff who themselves experienced the disaster, and not allocating a safe working area for public workers working on post-disaster responses were among the other difficulties encountered.

The directors of different governmental institutions who we interviewed stated that the difficulties they encountered were as follows:

*“The experts being inexperienced caused some serious problems in the operation.” (Director)*

*“The field work conducted to identify psychological support increased demands to a large extent. That made our job even more difficult.” (Director)*

*“We worked in inappropriate places following the disaster, even our basic needs were not satisfied.” (Director)*

*“We weren’t able to reach the staff of the institution as they were also victims of the earthquake.” (Director)*

*“We suffered from a vehicle shortage.” (Director)*

*“We were inexperienced. We worked according to demands, but it was too difficult.” (Director)*

*“The experts coming from outside the province did not know the language (Kurdish) which caused problems in our work.” (Deputy Director)*

*“It was too difficult for me to be the director of a governmental institution and guide and direct the teams, at the same time as being a woman, mother and an earthquake victim.” (Director)*

Problems caused by being caught unprepared by the earthquakes stood out as the most important factor that affected the quality of the work conducted by governmental institutions. Despite the structural problem already mentioned and lack of coordination, it was highlighted by the people that were interviewed that although the institutional activities were insufficient, they were successful in some respects. For example, the following items stood out as successful activities carried out during the earthquake response: the transfer of almost 20,000 families out of the province by the MoFSP; reaching 54,000 families within the scope of the needs analysis; the tents provided immediately after the earthquakes by Van AFAD Provincial Directorate; temporary shelters (container cities and tent cities) built within a very short time and 18,000 permanent residences built within less than a year; the transfer of children in need of protection living in Edremit Sevgi Evleri out of the city; and support activities designed for vulnerable groups.

All of the interviewees stated that they were informed about the activities carried out by the MoFSP. The strengths and weaknesses of psychosocial activities carried out by the MoFSP were expressed by the local decision makers interviewed as follows:

**Table 20 Strengths and Weaknesses of the Activities of the MoFSP According to Local Decision Makers**

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Being with the earthquake affected people and guiding them</li> <li>• Transfer of the victims of the earthquakes out of the province</li> <li>• Activities designed for women and children in tent and container cities</li> <li>• Artistic activities designed for disaster victims</li> <li>• Comprehensive intervention that was conducted under difficult conditions during and after the earthquakes</li> <li>• Activities designed for children</li> </ul>	<ul style="list-style-type: none"> <li>• Conducting activities to a vague schedule</li> <li>• Amateur experts in the field</li> <li>• Not receiving feedback about any of the social activities conducted</li> <li>• Not being able to assess the data received during the earthquake process without great difficulty</li> <li>• The activities not being integrated, and not being able to reach everyone</li> <li>• Lack of an action plan, visiting the same address again and again</li> <li>• The field work causing too many demands to be dealt with</li> <li>• Having very short sessions for adults and a lack of continuity</li> </ul>

All of the decision makers interviewed highlighted the fact that there was a communication and coordination problem between the governmental institutions. The decision makers gave their opinions about the issue of coordination and communication between institutions as follows:

*“It was reassuring to see that several ministries were in the disaster affected area. However, there was no road map among the institutions. There was a struggle to be distinguished with the corporate identity.” (General Secretary aged 49, Van)*

*“There was a lack of coordination at first, and then in time it disappeared.” (Director aged 38, Van)*

*“The lack of communication between institutions was obvious. There were too many demands and problems and the solutions were delayed due to the lack of cooperation and communication.” (Director aged 40, Van)*

### 5.2.3. In-depth Interviews with Local Workers

A total of 20 local workers (7 teachers, 5 psychologists, 3 Psychological Counselling and Guidance specialists, 2 sociologists, 1 social worker, 1 child development specialist and 1 family physician) were interviewed within this evaluation.

Almost none of the interviewed local workers that provided psychosocial support to earthquake affected groups or traumatized individuals in the Van-Erciş earthquakes had previous disaster experience (Table 21).

**Table 21 Experience of Local Workers in a Post-Disaster Case Prior to the Van-Erciş Earthquakes**

	Number	%
Experienced	1	5.0
Inexperienced	19	95.0
Total	20	100.0

When the local workers were asked about their knowledge of post-disaster psychosocial support in the interviews, half of the workers interviewed had no knowledge about the topic, 7 had moderate knowledge on the topic, while 3 had excellent knowledge regarding the provision of psychosocial services in a post-disaster setting (Table 22). Local workers stated that they had gained this knowledge through undergraduate education, relevant web pages and personal curiosity. This shows that there is a significant lack of training of local workers in psychosocial support.

**Table 22 Level of Knowledge of Local Workers on Psychosocial Support**

	Number	%
Excellent	3	15.0
Decent	7	35.0
None	10	50.0
Total	20	100.0

The majority of practitioners who took part in psychosocial support activities following the Van-Erciş earthquakes were found to have no experience in this field. Practitioners started to compensate for their lack of knowledge with lessons taken from undergraduate and graduate education, their individual interests, or via relevant web pages on the internet. They also stated that they furthered their knowledge on the issue with the training provided by people, groups and NGOs who came to the earthquake affected areas and who were experts on this subject.

The activities of local workers, following the earthquakes, as part of psychosocial support were:

- Field work to identify psychosocial needs in tent and container cities
- Establishment of an accreditation unit to coordinate psychosocial support activities
- Identification of, and providing support and protection for, vulnerable individuals
- Orientation of experts coming from different regions of Turkey
- Providing information in tent and container cities on trauma and depression
- Activities designed for children
- Psychosocial support provided for people with disabilities affected by the earthquakes and those who were transferred out of the city upon their return to Van
- Active work with UDPS
- Work to reach people who lost family members in the earthquakes and provide psychosocial and financial support
- Individual interviews and therapies with children and families in tent and container cities
- Establishment of the Psychosocial Support Unit and the activities conducted there
- Family counselling training
- Training designed for school counsellors
- Training on communication among family members, domestic violence and drug addiction in tent and container cities
- Psychosocial support training provided for teachers working in Van
- Psychosocial support training provided for students, academics and administrative staff at universities

One point was highlighted by everyone who took part in the interviews: general scientific feedback was not received as to what effect the psychosocial support activities carried out following the Van-Erciş earthquakes had on earthquake affected people. In addition to this, those who were interviewed mentioned events (like art, theater, music) conducted to help children forget the earthquakes, giving earthquake victims the message that “we are on your side”, and individual interviews as among the psychosocial support activities with the biggest impact.

When the practitioners were asked what kind of an effect their psychosocial work in the field had on earthquake victims, they stated the following:

*“They had a positive effect on drug addicts and vulnerable individuals.”  
(School Counsellor aged 26, Van)*

*“I couldn’t see concrete positive effects, but the training designed for children in tent cities gave important help to the families.” (Psychological Counselling and Guidance Specialist aged 43, Van)*

*“Meeting earthquake victims who lost their family members was a very positive experience.” (Social Services Specialist aged 32, Van)*

*“Artistic activities like cinema, drawing and music with the earthquake victims brought very positive results.” (Psychologist aged 41, Van)*

*“The earthquake affected people realized the difference between psychology and psychiatry.” (Psychologist aged 29, Van)*

*“Our training for children was effective as evidenced by the fact that the students were waiting for us before our shifts started.” (Child Development Specialist aged 22, Erciş)*

*“Experts coming from outside the city had a chance to get to know the region.”  
(Teacher aged 29, Erciş)*

*“The earthquake victims felt that they were not alone, which was really important.” (Teacher aged 36, Erciş)*

*“The activities were positive in the sense that people poured out their feelings about their problems; they provided a cathartic release.” (Teacher aged 36, Van)*

*“I believe that we were able to minimize problems like the difficulty in staying in closed areas, difficulty in dealing with anger management and sleep disorders with these activities.” (Psychological Counselling and Guidance Specialist aged 29, Van)*

Regarding the adequacy and effectiveness of the psychosocial activities offered in the Van-Erciş area from local workers' perspective, the majority of interviewees stated that there was dissatisfaction although there were a lot of experts and various events and support activities. Another issue emphasized by the interviewees was that a lack of coordination and local conflicts affected the activities. It was also highlighted that the lack of disaster training and experience of the experts sent to the region and short-term expert recruitment had a negative impact on the process. Unpreparedness of the authorities in the disaster area and not being able to access some neighborhoods were stated as another problem. What one of the directors said about the issue seems to be very significant:

*“Field work conducted for psychosocial support activities did nothing but increase demands. Psychosocial work was reduced to numbers and became useless and non-functional.”*

The majority of local workers answered the question ‘Do you think that psychosocial support activities were designed in accordance with the needs?’ by stating that the activities were provided using a hypothesis without conducting a needs analysis, although others stated that the services were provided in accordance with the identified needs.

Practitioners mostly gave the following answers to the question ‘What were the basic psychosocial needs of the earthquake victims?’:

- *The feeling of being safe*
- *The need to be listened to*
- *Being able to understand the effects of what was going on*
- *How to return to normal*
- *The thought of being able to overcome fear and panic*
- *The strengths and weaknesses of psychosocial activities provided by*

the MoFSP following the earthquakes were assessed by local workers as follows (Table 23):



**Table 23 The Strengths and Weaknesses of Psychosocial Activities Provided by the MoFSP**

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• A great number of experts came to the earthquake affected area</li> <li>• A system was set up to intervene before all ministries and institutions and it was ready in the earthquake area with all its parts</li> <li>• Everyone who lost a family member was reached</li> <li>• Cash support was provided rapidly for families</li> <li>• Social resources (youth centers, women's coffee houses, child nurseries etc.) were provided for the earthquake victims</li> <li>• Activities designed for children, women and the elderly</li> <li>• A strong staff in the field to identify the psychosocial needs of the earthquake victims</li> <li>• Ministry workers in the disaster affected area were well intentioned and worked diligently</li> <li>• Therapies in cooperation with psychologists</li> </ul>	<ul style="list-style-type: none"> <li>• Earthquake victims were not provided with individual support and victims outside the tent and container cities were not provided with psychosocial support</li> <li>• Lack of coordination despite the great number of staff</li> <li>• Being unprepared for the earthquake, activities conducted spontaneously and lack of a disaster action plan</li> <li>• The social workers in the earthquake affected area were inexperienced and had little or no knowledge about post disaster responses</li> <li>• Insufficient feedback, enhancement and development despite the strong dataset in terms of needs assessment, and weak sustainability</li> <li>• Social services were not able to implement the preventive model</li> </ul>

#### 5.2.4. Focus Group Discussions with Children

Two sets of focus group discussions were held as part of the evaluation with children affected by the earthquakes, the first consisted of six individuals (aged 12 and 13) and the second included nine interviewees (between the ages of 10 and 14).

**Table 24 Focus Group Discussions with Children**

	Number Of Interviewees	Age Range	Sex	Number of Interviewees who Moved Out of the City Temporarily Following the Earthquakes
Group 1	6	12-13	4 Females 2 Males	4
Group 2	9	10-14	4 Females 5 Males	3

Questions were designed to elicit information from the children's perspectives regarding the effectiveness of post-disaster psychosocial support, especially that which was linked to UNICEF practices. The data collected included the children's general and personal narratives

of their experiences in the process following the earthquakes, both positive and negative, with a particular focus on the children's experiences concerning the support and aid process. The following results were obtained as a result of the thematic analysis carried out to identify striking points:

### ***General Experiences Regarding the Earthquakes***

The first feelings and experiences that the children remembered about the earthquakes were fear, anxiety, coping with the unknown, rush and panic. In addition to these, children mentioned experiences related to unity, togetherness and solidarity very frequently, and they interpreted this as a positive experience within a negative experience resulting from the earthquake.

*"I always wanted to stay with my friends. It was bad to live with the fear of another earthquake but it was good to be with my friends." (H, K, 10, G1)*

### ***Psychosocial Support Provided After the Earthquakes***

It was observed that the children were very aware of the post-disaster psychosocial support concept. They gave clear and explanatory feedback about the content, purpose and evaluation of the support they received. Almost all of the children from both groups remembered at least one type of psychosocial support activity and evaluated it considering both pros and cons. Overall, the psychosocial support provided for children was very much appreciated by the children and helped to contribute to their well-being. When the feedback of the children was examined, it showed that these support practices were complementary to their educational life which was interrupted by the earthquake. They helped the children to recover from such a negative, literally earthshaking event with distracting and entertaining aspects, and the children experienced a feeling of increased self-esteem associated with the support itself.

*"We started (school) in the tents after the earthquake. Those "Education Volunteers" did something. For example, they were taking everyone in the school there, by bus. It was very much fun too like music bands, drawing, sports. We sometimes needed computers. We were hanging out there for some time." (H, K, 12, G1)*

However, the children also touched on the negative and poor aspects as well as these positive statements and experiences. They stated their opinions on requesting better psychosocial support, based on their experience and needs in the post-earthquake period.

The problems stated were related to the scope of the current support services - they were not enough to satisfy the needs and they arrived quite late.

*"They gave us books, notebooks etc. when I was in the second grade. We haven't received anything since then." (B, E, 10, G2)*

Moreover, the lack of ongoing and structured psychological support is obvious. Almost none of the children stated that they had received psychological support. It was also found that the few who stated that they had received some, gave short-term and unstructured activities as examples.

*"Actually, I received some support from the school. I was talking with the school counsellor in the lessons for half an hour or so. I didn't receive anything other than that. My mother said that we could go to a fortune teller but I didn't want to." (Ş, K, 13, G1)*

Children had the opportunity to express their opinions on alternative content for the psychosocial support with the help of detailed questions like 'How could it have been better?' or 'What would have made you feel better / stronger?' In this respect it was observed that they mentioned activities related to their already existing hobbies or interests or fun, entertaining and educational activities (such as theater, reading, concerts etc.).

*"For example, I could have forgotten if we had activities like a play or reading together with our peers or something like that. It would have been easier. Because I'm already a coward, we wouldn't have been affected that much if we had some activities because my little cousins were also in our tent." (İ, K, 12, G1)*

*"It might be a bit silly but they might have organized something like a concert to have some fun." (A, K, 14, G2)*

*"We could at least have cheered up to some extent with events like concerts if we were sad." (E, E, 11, G2)*

Also, children frequently mentioned the importance and value of the social support they received from their friends or relatives. It was observed that they perceived this support as a positive memory/experience related to the process at times or as a driver or a direct contributor to their well-being.

*“In my opinion, it would have been better if we had been with our friends or relatives rather than participating in activities. I am a lot happier when I am with my mother’s family, I feel that they are more sincere and warm. I feel like nothing has happened when I’m with them. Also, they live in a village, that’s why.” (Ş, K, 13, G1)*

*“We went to my aunt’s. I saw my aunt and her family. I liked it a lot.” (A, K, 14, G2)*

*“I wish we had stayed in Van, my grandmother would have easily cheered me up.” (İ, K, 12, G1)*

The children were asked to share their memories and opinions about the support provided for them after the earthquakes and it is observed that they were quite informed, not only about the psychosocial support they received, but also the financial support. Moreover, they had a negative framework in their minds regarding the financial support they received. This negativity can be summarized under two themes: the first being the inadequacy and irregularity of the support; and the second being the meaning of the support and the manner in which it was provided. The most striking points regarding the inadequacy and irregularity of the support were the conditions of the tents and clothing. The children stated that: they were very crowded in the tents and the physical/climatic conditions were too harsh; they could not access tents or other relief; or their families found them on their own. Likewise, problems like inadequacy and irregularity were the most prominent points related to the clothes sent as a part of the relief effort.

*“We got electricity, brought the cable and connected it to the lamp in the tent.” (M, E, 11, G1)*

*“I wish there had been more containers and more relief.” (E, E, 11, G2)*

*“One day, they sent some donations. There was a man and a woman, they said to my mother ‘you have a roof over your head, so we won’t give you anything.’” (A, E, 11, G2)*

*“I would be happier if they had given the donations to the poor not the rich.”  
(H, E, 14, G2)*

Another negative framing that can be analyzed as part of the second theme is the meaning that these children assigned to financial support. For example, one of the children complained that these relief benefits were distributed in a way that expressed the need for the families to “feel gratitude” or “conditionality” (like saying “if you don’t misbehave”) and expressed their feelings about this.

*“Some students from some countries sent us some notebooks or pencils. There were two or three plastic pencil boxes, erasers, notebooks and everything. There was a teacher, such a bad one. The teacher was planning to distribute the things that were actually meant for us. He said ‘we will give these to the ones who study well and who don’t misbehave’ ... I said to myself ‘I don’t care if he gives it to me or not’. (A, E, 11, G2)*

*“When they were helping, they were expecting thankfulness as if they were doing a great thing. I felt really bad about it.” (H, E, 14, G2)*

The meetings carried out with the two different groups revealed the children’s common needs, experiences and comments after the earthquakes. The children shared both positive and negative experiences regarding the support they received following the earthquake in Van. Overall, the positive effect of the psychosocial support on the children was obvious, while it was also observed that there were different perspectives about developing programs that can better address the children’s needs and mitigate some of their negative experiences. However, when we take into account the limitations like how small the sample was and how long it has been since the earthquakes, it is difficult to come to a conclusion regarding whether other kinds of support were provided or not as they might not have remembered or mentioned them.

### **5.2.5. Focus Group Discussion with Representatives of Non-Governmental Organizations**

The Foundation for Human Rights and Freedoms and Humanitarian Relief (IHH), Rahmet Eli Gıda Bankası, İnsan-Der, The Association for Supporting Contemporary Life (ÇYDD) and the Van Women’s Association (VAKAD) were invited to the focus group discussion with NGOs. Representatives of IHH, ÇYDD and VAKAD participated in the meeting. The meeting with NGO representatives lasted for almost two hours.

Based on the interview results, NGOs mostly provided services to women and children as their target audience. These NGOs are known for creating playgrounds for children, providing day-care, and giving moral and material support to school-aged children.

**Table 25 Post Disaster Activities of NGOs**

<b>Non-Governmental Organization</b>	<b>Activities (especially psychosocial activities)</b>	<b>Who benefited?</b>	<b>Institutions that collaborated</b>
Foundation for Human Rights and Freedoms and Humanitarian Relief (IHH)	Needs analysis following the earthquakes	All earthquake victims	Van Rights and Freedoms Platform (VAHOP) Özgür-Der, Van Snowdrop Foundation, Silver Lining, Semerkend and Unions
	Establishment of the container city	All earthquake victims	
	Identification of orphans affected by the earthquake and distribution of clothes and food aid	Children	
	Conversation and meeting places for women	Women	
	Playgrounds created by IHH volunteers and activities carried out there	Children	
Association for Supporting Contemporary Life (ÇYDD)	Kindergarten support for earthquake affected children and distribution of toys	Children	Yüzüncü Yıl University Rectorate, Provincial Directorate of National Education
	Scholarships for earthquake affected students	Teenagers	
	Prefabricated classrooms for YYU students	University students	
	Books and stationery for the children studying in the villages affected by the earthquakes	Children	
Van Women's Association (VAKAD)	Clothes and food aid	Parents	Foundation for the Support of Women's Work, Purple Roof Women's Shelter Foundation, Flying Broom
	Psychosocial support	Women	
	Diapers	Women and children	
	Games and therapies designed for children and kindergarten support	Children	
	Village Diaries activities carried out to identify the difficulties and problems encountered in the villages affected by the earthquakes, which were then published	Women	

Considering that activities were conducted by different NGOs following the earthquakes as part of psychosocial support, it is striking to see that similar services were provided to the same target groups. However, carrying out most of the work in collaboration with other institutions and organizations strengthened the support activities and ensured that they were brought to a wider group of people.

All of the NGO representatives who participated in the focus group meeting highlighted that there was a general problem with coordination in all the activities carried out after the earthquakes (Table 26).

**Table 26 Strengths and Weaknesses of NGO activities**

<b>NGOs</b>	<b>Strengths of the Activities</b>	<b>Weaknesses of the Activities</b>
Association for Supporting Contemporary Life (ÇYDD)	<ul style="list-style-type: none"> <li>Scholarships and prefabricated dormitories for university students</li> </ul>	<ul style="list-style-type: none"> <li>Finding local partners and support for psychosocial support activities</li> <li>Negative publicity against ÇYDD after the earthquakes</li> <li>Lack of coordination</li> </ul>
Foundation for Human Rights and Freedoms and Humanitarian Relief (IHH)	<ul style="list-style-type: none"> <li>Shelter, survival and being on the earthquake victims' side</li> </ul>	<ul style="list-style-type: none"> <li>Not providing necessary support for orphans</li> <li>Inadequate cooperation</li> </ul>
Van Women's Association (VAKAD)	<ul style="list-style-type: none"> <li>Support for children and women</li> <li>Needs assessment</li> </ul>	<ul style="list-style-type: none"> <li>Lack of coordination</li> </ul>

The MoFSP carried out various activities regarding psychosocial support in the earthquake affected area. When the NGOs were asked how they felt about the activities of the ministry in the region in terms of length, content and target groups, the NGO representatives stated in general that the activities in the earthquake affected area were quite restricted, partially inadequate, and they could not see a strong presence from the MoFSP.

With regards to awareness of UNICEF support, there was no awareness about the activities supported by UNICEF. While one of the interviewees pointed out that he had heard about but had not witnessed the activities of UNICEF designed for children, the

other two interviewees said that they hadn't seen any activities conducted by UNICEF in the earthquake affected area. This could be explained by the fact that the support provided by UNICEF was delivered to the area by local authorities and that UNICEF authorities did not take any direct action in the field.

### 5.3. Relevance

The relevance criteria aims to evaluate: to what extent the psychosocial support programs implemented after the disaster fitted the needs of the target groups; to what extent they were successful in satisfying those needs; and how relevant the psychosocial support activities carried out were with respect to the policies and priorities of UNICEF and the MoFSP.

It has been observed that the psychosocial support activities carried out by the MoFSP in particular, and various governmental institutions and NGOs in the region after the Van-Erciş earthquakes complied with the post-disaster needs of the people in the region in general, however there were deficiencies in some aspects. On the other hand, it has been seen that the training which was supported by UNICEF cooperation with the UDPS, and which aimed to increase the capacity of the experts in the ministry in terms of psychosocial consultancy, was developed depending on needs identified previously, and so that they could be prepared in accordance with the situation and needs.

As a result of the reports reviewed and interviews made, it has been shown that primarily the MoFSP and other organizations such as the MoH, the MoNE, the Turkish Red Crescent, AFAD and many NGOs carried out psychosocial support activities.

The needs assessment studies, which were one of the top-priority post-disaster responses carried out in the region after the disaster, were performed primarily by MoFSP experts through home visits in order to evaluate the physical and psychological needs of the people affected by the earthquakes. Through these needs assessment studies, a very large population was reached, especially people with a high risk of disaster vulnerability like disabled people, pregnant women, people with chronic illnesses, the elderly, solitary women and children. With these home visits, the earthquake affected people were informed about the psychological effects of the earthquakes in general and their basic needs were identified and recorded. According to the data gathered from these studies, after the disaster the need of households for food, clothing, tents, blankets and baby diapers stood out. When the needs assessment studies carried out by the ministry staff immediately after the earthquake are reviewed, it is seen that the earthquake victims primarily



asked for their physical needs to be satisfied, while demands for psychological and social support remained in the background. Considering that the earthquake struck in winter and the scale of physical destruction it caused, it is hardly surprising that given the immediate need for accommodation and blankets, psychological needs were not mentioned that much. However, it was also stated in some of the interviews that the meeting of physical needs provided psychological support as well. Physical support (such as accommodation, food and heating) provided a return of physical conditions to normal, which is a major initial step for psychosocial support interventions. This basic first step of helping to achieve physical security reached a broad population, while more comprehensive psychological and social support could not reach every person in need although they were carried out as part of the post-disaster intervention.

Although in the household questionnaires the statement “too much” was often a reply to questions related to the post-disaster psychological and physical needs of family members, this is an expected result of an emergency situation. Besides this, it has been felt that the needs assessment studies might have caused an increase in demand that was impossible to satisfy because different institutions made visits for the same aim, and lacked information to coordinate effectively to address the needs identified in these studies. Therefore, even though the studies carried out were fit for the post-disaster conditions, the fact that more than one institution and/or authority went to the same house for similar needs assessments created redundancy, hampered the response and broke confidence in the responsible institutions. Among other roadblocks and snags, there were setbacks in communicating demands to the governmental institutions and delivering them to households in need. These issues might have resulted in the failure to satisfy the expectations of the families. In conclusion, even though the needs assessment, which is one of the most important stages of psychosocial intervention after an earthquake, was performed through successful scanning, there were deficiencies in storing the data obtained, communicating the needs to the relevant institutions, analysing the needs and satisfying them. Although in the monthly activity reports of the MoFSP it is stated that after data collection the needs were communicated to relevant institutions and mostly satisfied, the household questionnaires, interviews with frontline workers and decision makers, and review of relevant documents, reports and data revealed that some in-house and inter-institutional problems existed during the implementation and monitoring of the activities.

One of the issues repeatedly mentioned by the affected population, when considering the problems suffered during the delivery of support to meet their needs, was the delay

in satisfying their needs, and the failure to provide a response despite continuous visits by different institutions. Statements from the implementers regarding this issue were:

*“The fact that assessments made did not come to a conclusion in a short time damaged our credibility.” (Social Services General Directorate Expert, 55 years old)*

*“Citizens told us that we were doing an unnecessary procedure because of the lack of trust resulting from the fact that the needs of the people could not be satisfied in time. Accordingly, they did not give us credible information.” (MoFSP Social Worker, 30 years old)*

*“I got reactions about our failure to satisfy the needs in time.” (Center for Social Service, Social Worker, 33 years old)*

Also, in the interviews with the implementers, it was stated that the psychosocial support activities were planned independently from the needs analysis.

*“Our studies carried out in the field and points that we made were not evaluated in time by the competent authorities.” (MoFSP Social Service Expert, 27 years old)*

The fact that sufficient feedback could not be taken from citizens regarding the post-disaster support and that the monitoring-evaluation studies were limited are further factors that affected the relevance and were mentioned by frontline workers and local implementers. Statements of the implementers regarding this issue were:

*“I could not see concrete effects of the support. However, training on children given in tent cities supported families significantly.” (PCR Expert, 43 years old, Van)*

*“I got reactions about our failure to satisfy the needs in time. A lack of planning stood out as a problem.” (Social Worker, 33 years old)*

Therefore, even though needs assessment studies were carried out meticulously, the failure to satisfy all the needs identified, and the fact that it took a long time to act to address the needs caused discontent and frustration amongst the citizens.

For the psychosocial support, several institutions worked actively in the planning and coordination, with the MoFSP and the UDPS leading the process. In the psychosocial support tents that were built, social activities for children, informational meetings for adolescents, information sessions with women about how to help children after the disaster, and group studies with women were carried out. With the support of UNICEF, experts of relevant institutions were given training and counselling, and the tools needed to perform these activities were obtained.

Considering the demography of the region, the size of the tents and the buildings allocated for accommodation were not in line with the size of families. Even though attempts were made to address this problem about household structures by means of individual tent delivery, the problem could not be overcome completely. In addition, given the harshness of the climate of the region, the designs of some of the tents that were distributed could not prevent the cold from penetrating, and so could not satisfy the needs of the earthquake victims.

In terms of the needs of the disaster victims, it has been observed that the psychosocial support interventions contributed to the well-being of the target community and were in line with the psychosocial needs of the individuals affected by the earthquake. Feedback from the interviews with implementers was:

*"It had a positive effect on individuals with drug addiction and vulnerable groups. (Counsellor, 26 years old, Van)*

*"It was very positive to visit the earthquake victims who lost their relatives." (Social Service Expert, 32 years old, Van)*

*"Artistic activities such as cinema, painting and music had positive effects on earthquake victims." (Psychologist, 41 years old, Van)*

One of the surprising results of the interviews conducted in the course of this evaluation is that the individuals who temporarily migrated out of the city had difficulties satisfying their needs and were more miserable. The cultural and social differences in the cities that they migrated to, economic conditions and separation from male family members (as they stayed in the earthquake region) negatively affected the family structure. Especially those families with children of school-age stated that factors such as adaptation problems in the cities that they migrated to, a lack of sufficient psychological support, social exclusion and compulsory breaks in school attendance, had negative effects on children.

Statements of female earthquake victims regarding what they had gone through were:

*“It was such a deep agony to experience such a sudden separation, I could not forget.”*

*“We could not find in the place where we went, the solidarity and neighborhood relations that we had in Van.”*

*“We had problems as children could not do what they used to do at their own homes. I started to beat my kids.”*

Women were one of the groups that were affected most by the turbulence caused by the earthquakes. When they were asked the question ‘What did you miss most after the earthquakes?’, all of the interviewed women stated that the disrupted sense of family cohesiveness, because some family members had stayed in Van and Erciş and some had temporarily migrated, was the thing that upset them most and they felt the lack of it and missed seeing their families united together.

Therefore, support to meet temporary migration needs did not provide the family support and integrity that the women needed.

The following statement from one of the women emphasized the reliance on mutual-aid, solidarity and self-help strategies to overcome the sense of dislocation she experienced when moving to another city:

*“We badly needed psychological support. But we did not have the motivation to reach it, we did not think about it. We supported each other. (Married, 35 years old, 5 children)”*

It has been seen that children, who are among the most vulnerable and sensitive groups that are affected by disasters, were informed about the psychosocial support provided after the earthquakes. It has been observed that the support provided to children in general were complementary to their educational life which was interrupted by forces beyond their control. Social activities that were fun and distracting for them were organized and served to provide a sense of normality to the lives of children thereby contributing to their well-being. The comment of one of the children interviewed regarding this issue was:

However, because of the delay in providing the support, the needs could not be satisfied completely. Support that made positive contributions to the well-being of children, such as psychological support, could not reach the required level and fell short. It has been observed that psychological support which was mostly provided by counsellors at schools was not satisfactory in general.

*“The counsellor at the school gave one or two sessions, but it didn’t go on.”  
(Married with 6 Children, 40 years old)*

It has been revealed that due to the cultural structure of the community, family and relatives had a significant role in enabling the community to resume well-being through moral support. Support from relatives was highlighted, especially in the interviews with children and women. According to the feedback from women who temporarily migrated out of the city, the main reason for returning to Van was the desire to live with relatives. For this reason, it should be taken into account that migrating out of the city had negative effects, such as being deprived of family and the support of relatives, instead of making a positive contribution to the well-being of the society. A statement regarding the issue is:

*“We lodged in a house of a relative that we hadn’t seen for a long time. We really missed the support of our friends and neighbors.” (Married, 51 years old, 2 children)*

It has been seen that the majority of the implementers who took part in the psychosocial support activities after the Van-Erciş earthquakes had no field experience in disaster response. Therefore, a need arose for training to increase the capacity of the experts to work in the field. In the training sessions that were provided on different dates, the interviewees were informed about: emotional traumas; concepts and explanations about the effects of the earthquakes; psychosocial needs during disasters; finding resources; reasons for the emotional trauma and its psychological effects; help and guidance for disaster victims; preparation and organization; communication with the press and other media channels; burnout of service providers; post-traumatic growth and development; and stress management. (See Training Guidebook of UDPS). In the interviews conducted with the experts who took part in the training, they stated that the content of the training covered all their needs and the training was quite beneficial and necessary in terms of preparing for post-disaster interventions.

Even though the training met the informational needs of interviewees completely in terms of content, there were deficiencies in planning the timing of the training. It has been seen that

Knowledge and skill levels and experience of the experts who would work in the field were not taken into account while developing work plans. In addition, the fact that a significant proportion of the experts participated in the training only after they came back from Van and Erciş shows that there was a timing problem in sending trained staff to the region. Comments from the interviewees included:

*“As I had the training after fieldwork, the training I had was not helpful for the respective work.” (Child Development Expert, 31 years old)*

Psychosocial support that was implemented in the region after the disaster was carried out by taking the local sensitivities of the region into consideration, given its cultural and geographical location. However, the fact that ministry experts, who took part in the delivery of the support, were strangers to the culture of the region caused some negativity. Especially in the interviews with decision makers, it was pointed out that experts who were sent to the region from various cities and ministry administrations were not informed about or experienced in how to deal with the regional sensitivities.

UNICEF, as one of its main objectives, attaches great importance to providing special protection to vulnerable children such as war victims, children in extreme poverty, disaster victims, children damaged by every kind of violence and abuse and the disabled and to helping to satisfy their needs. The fact that psychosocial support given in the region after the disaster covered vulnerable groups including primarily children, the disabled, the elderly and women, shows that this support complied with the main objectives of UNICEF.

UNICEF collaborates with relevant institutions in the country with the purpose of enabling boys and girls to complete their primary education. Within this scope, supporting the establishment of container classrooms to ensure that educational opportunities could be maintained in the region after the earthquakes is one of the activities that corresponded to the mission of UNICEF.

One of the main objectives of UNICEF and similar organizations is to provide technical and financial support for capacity enhancement programs in countries. In this context, the fact that relevant ministry experts were given psychosocial support training to prepare them to serve in disaster regions and that the human resources capacity was increased showed consistency with the objectives of UNICEF.

#### **5.4. Coverage**

Coverage refers to the evaluation of the target group reached through psychosocial programs and the geographical coverage.

After the Van-Erciř earthquakes, psychosocial activities were carried out primarily in Van and Erciř, the centers of the earthquakes. When these activities were examined in terms of geographical scope, it was seen that the interventions fell short of penetrating into the rural regions. In the interviews with implementers it was stated that there were problems in delivering support to the regions located outside the container and tent cities.

Access to vulnerable groups after the disaster and satisfying their needs are seen as priorities and a measurement of success. In this context, the needs assessment studies carried out in the region accessed vulnerable groups including the disabled, people with chronic illnesses, the elderly, pregnant women and children. Even though service providers believed that they reached all people in need, in the household questionnaires it was widely stated by the interviewees that their needs could not be satisfied to a large extent.

Families who temporarily moved out of Van had problems in accessing the psychosocial support provided. Especially those families who moved out using their own means confronted more problems than the ones who were transferred with the help of the public institutions. Therefore, it is observed that disaster victims who temporarily moved out of the city by their own means were partly excluded from the psychosocial support provided.

## **5.5. Efficiency**

For the efficiency criteria, the use of human and financial resources by institutions endowed with them in the process of carrying out psychosocial support in line with the targets was evaluated.

Due to the lack of detailed information on money flows during the program implementation, it is nearly impossible to evaluate the cost-efficiency of the implemented activities. The main two evaluated activities were funded by different sources: the training given to MoFSP staff was funded by UNICEF; and the psychosocial support program implemented by MoFSP staff was funded by the MoFSP. Therefore, it is better to differentiate the international support of the CERF fund of UNICEF and the institutional capacity of the Turkish Government. The total expenditure of the Turkish Government for post-earthquake recovery was announced as 5,225,809,743 Turkish Liras, whereas the amount of money that UNICEF provided through the CERF fund was only \$ 2,125,000 which is less than 0.1 % of the total amount. Considering this, UNICEF's role during the whole process was limited to training and physical support for the continuation of education. However, the training program for psychosocial support staff and containers to substitute for damaged schools were designed to have a multiplier effect for the earthquake affected population



in Van and Erciş. Although there were some time management problems with the training program and limitations in reaching the population outside of the container cities and tent cities, when the overall impact of the programs is considered, it can be said that spending money on activities that provided sustainability for psychosocial support was useful, efficient and relevant to the needs. On the other hand, cost-analysis for the institutional support of the MoFSP was not possible for this evaluation. Since the main objective of the evaluation was not primarily to evaluate whether or not the program was implemented cost efficiently, in line with the decisions taken by the EMC the evaluation was focused instead on the impact of the program.

In terms of the necessity of a timely intervention to the disaster, the fact that local capacity for support programs carried out after the disaster in the region had not been established shows that the capacity of qualified human resource was not satisfactory. Therefore, psychosocial support activities were carried out by ministry center staff and experts sent to the disaster region from various cities.

The facts that: experts sent to the disaster region were not informed about or experienced in psychosocial support; were unhappy/unmotivated because they were on compulsory duty; and the experts living in the region were disaster victims themselves; all reduced the efficiency of the human resource.

The disadvantages brought by working with staff who had suffered from the disaster in the region led to some problems. Statements from decision makers about the issue included:

*“We could not reach institution staff because they were also disaster victims.”  
(Director, 40 years old, Van)*

In addition, the lack of coordination between the institutions actively working in the region, the lack of corporate communication, and short-term appointments of staff sent to the region had negative effects on the efficiency of the activities carried out. Problems with the communications between institutions caused delays in the support activities provided to the people in the region. From the interviews carried out, a lack of coordination stood out in the initial stages in the earthquake region, and both decision makers and implementers highlighted that there was a dialogue and communication problem between institutions. Decision makers tried to explain the issue of inter-institutional coordination and communication problems during the earthquake period with the following statements:



*“It was uplifting to have several representatives of many ministries at ministerial level at the disaster region. However, there was no road map commonly adopted by those institutions. There was a competition to stand out with a corporate identity.” (Director, 49 Years old, Van)*

*“The lack of dialogue between institutions was obvious. There were a lot of problems and demands but solutions were being delayed because of the lack of dialogue and collaboration.” (Director, 40 years old)*

*“The lack of dialogue between institutions was obvious. There were a lot of problems and demands but solutions were being delayed because of the lack of dialogue and collaboration.” (Director, 40 years old)*

Problems brought by being caught unprepared by the earthquake stood out as one of the most significant factors that affected the quality of the activities carried out by institutions. In addition to the inter-institutional coordination problem, confusion about duties and authority was another problem mentioned. Especially the facts that: more than one institution carried out similar studies; data gathered could not be evaluated on a common system; and there was a delay or failure to provide the support intended for the needs identified during the needs assessment studies; all damaged the credibility of the performed activities in the eyes of the disaster victims.

Although the training given, with the support of UNICEF in cooperation with the UDPS, to relevant ministry staff was in line with the needs and developed capacity, the positive nature of the results was limited because a proportion of the interviewees were given the training after they came back from the field and they did not work in the field actively after the training.

## 5.6. Effectiveness

The effectiveness of the psychosocial programs implemented after the disaster indicates to what extent the specified targets were achieved. During the evaluation, the following were accepted as the main objectives of the psychosocial interventions carried out by UNICEF:

- To encourage the creation of an environment which provides care and recovery opportunities appropriate for psychosocial health and prevents children from being subjected to situations that might damage their psychosocial health

- To intervene in psychosocial problems by strengthening the social and psychosocial support activities intended for children who were subjected to situations that damaged their psychosocial health
- To enhance the capacity of staff commissioned to implement psychosocial programs

Psychosocial support programs applied in a post-disaster period aim to provide a rehabilitation service and give support during the social and psychosocial reconstruction of the lives of individuals. It has been observed that encouraging an environment appropriate for psychosocial recovery and implementing support activities intended for children to turn their lives back to normal were effective. Statements from the implementers and children were:

*“Our training for children was effective since the students were waiting for us before our shifts started.” (Child Development Expert, 22 years old, Erciş)*

*“We started (school) in the tents. Those “education volunteers” did something. For example, they were taking everyone in the school there, by bus. It was very much fun too like music bands, drawing, sports. We sometimes needed computers. We were hanging out there for some time.” (H, K, 12, G1)*

*“I believe that we were able to minimize problems like difficulty in staying in closed areas, difficulty in anger management and sleep disorders with these activities.” (Psychological Counselling and Guidance Expert, 29 years old, Van)*

*“Activities like cinema, arts and music led to positive effects in earthquake victims.” (Psychologist, 41 years old, Van)*

However, it was understood from the interviews that these support services for children were limited as well. Especially the psychosocial support services for families and children who were forced to move out of Van did not bring the expected outcomes as the extent of the response was insufficient. According to the interviews with children and women, there was no ongoing psychological support based on their needs. Those who were interviewed underlined the fact that they were trying to cope with their problems with the moral support of their close friends and relatives. In the focused group meetings carried out with women who were able to go out of the city using their own means, it was observed that these women received psychosocial support from their close relatives. Women who moved out of the city with public support stated that they did not receive any psychological support due to public opinion and as they did not have such a habit of

seeking this support, although they stated that they really needed it. The statements of women that were interviewed regarding the issue were.

*“We really needed psychological support. But we did not request it, we never thought of it. We supported each other.” (Married, 35 years old, 5 children)*

*“We did not have a habit of seeing a psychologist. And we never thought of it.” (Single, 21 years old)*

*“I had problems, but I couldn’t go to a psychologist as I was worried about the responses.” (Single, 25 years old)*

*“There was a psychologist in the site where we went. I didn’t go there and I didn’t see anyone going there because seeing a psychologist was not accepted as something nice.” (Single, 27 years old)*

The failure of psychological support services to reach a wide audience shows that these programs were only partially successful in reaching their target outcomes.

The training provided with the help of UNICEF in cooperation with the UDPS aimed to strengthen the capacity of relevant institution experts in the field of psychosocial intervention, and the interviews revealed that the expected results were obtained in this respect. The evaluation showed that the staff who participated in the training found the training really useful and that clarification of concepts related to especially the causes of psychological trauma and its consequences, identification of needs and resources in disasters, and psychological traumas and disasters were immensely useful for field studies.

The lack of monitoring and evaluation activities made it impossible to follow-up the expected targets and to track the effectiveness of the support provided.

This evaluation study is an important step in using evaluation for the development of appropriate policies by all the organizations to work in the field of post-disaster psychosocial intervention.

## **5.7. Sustainability**

For psychosocial programs, sustainability is based on locality and depends on institutionalization as well as compliance with national requirements and programs. In this

respect, as well as the strengths of the sustainability of the post-disaster psychosocial support programs, some weaknesses were also observed during the evaluation.

Psychosocial support programs were not only conducted by the MoFSP and UNICEF in the disaster area, but also by the MoNE, the Turkish Red Crescent, AFAD and several NGOs.

The lack as well as the weakness of coordination between organizations negatively affected the sustainability of these support services. In addition to this, the organizations, especially the local ones, did not have enough capacity regarding the implementation of psychosocial support services after the earthquake. Furthermore, the staff living in the disaster region was also victims of the disaster and staff coming from other provinces had difficulties in adapting to the culture and climatic conditions of the region. During the interviews with decision makers, it was expressed that especially the support for adults was not sustainable. The families who moved out of the city with the help of the MoFSP stated that they were happy with the continuity of services provided in the provinces that they moved to.

When an integrated evaluation is made, it is seen that psychosocial support visits that earthquake victims expected from governmental institutions and post-disaster informative meetings were not sustained for a sufficient amount of time, just like psychosocial support activities. On the other hand, the evaluation suggests that people were happy with the studies to enhance school facilities and provide educational support to sustain education.

One of the essential factors of sustainability, human resource capacity, started to be formed as a result of the training, provided with the support of UNICEF, and its positive results were confirmed during the interviews.

Psychosocial support, a new and emerging social support tool in Turkey, is being included in public policies in Turkey whilst the training on psychosocial support provided by UNICEF, as well as the training planned and conducted in the psychosocial field especially by the MoFSP and AFAD, all stand out as positive developments in the context of sustainability.

In addition to the fact that organizations take the issue of sustainability seriously, it is a pleasing development that the institutional staff had the same perspective regarding the issue in terms of enhancing the practice of psychosocial support activities. The views of one member of staff on the issue recorded in one of the interviews were:

*"I believe that these activities should be ongoing and should not only be performed after disasters. It is necessary to ensure the sustainability of psychosocial trainings." (Psychologist, 29 years old)*

## 5.8. Impact

To evaluate the impact of the programs, what kind of changes the psychosocial support given to the earthquake victims (who were the target audience of the programs) and the training provided for the ministry experts have led to in the long run were analyzed. Impact and sustainability are two closely related criteria and when the level of sustainability is low, it is impossible for the impact of the programs to be substantial. Therefore, the low level of sustainability of the programs had a negative impact on obtaining the expected outcomes. In addition, conducting the evaluation two and a half years after the training and psychosocial support were given caused several problems in evaluating the impact of the services provided. It was observed that it was especially difficult for participants to remember the psychosocial support services provided for society which were discussed in the household visits. It was found that the impact of the psychosocial services provided in the epicenters of the earthquakes, Erciş and the city center of Van, was different in these two places and that this impact was partly positive. The impact of psychosocial support among disadvantaged groups also showed some statistical differences and while the groups in which the highest number of positive impacts were observed were found to be adults and adolescents, people with disabilities and chronic illnesses were the ones who were affected the least (ANNEX V).

The economy in Van and its districts was adversely affected following the earthquakes and many people suffered from financial problems. Therefore, some activities relating to employment were also carried out as part of the psychosocial support activities. According to the results of the household surveys, there was not a significant change in terms of employment after the earthquakes (Figure 10). Specifically, an increase was not observed in the number of children working after the earthquakes.

As part of the psychosocial support activities carried out in the region, individual interviews/therapies with adults, informative activities, training about communication in the family and psychological support activities were provided. Support activities especially provided for adults did not only partially bring some permanent positive impacts, but they also led to some significant positive impacts in: communication among family members; parents' understanding of how they should approach their children after the earthquakes; and the social relationships of the families with neighbors and relatives. It was observed in the interviews that the psychosocial support played an important role in the promotion of

relationships. There was no significant difference between Van and Erciş (Table 9).

The evaluation compared the women who moved out of the city with the ones who stayed in the affected region. It was observed that the effects of the support provided in the cities where these women moved to were not that permanent as they usually turned back to their hometown.

### **Children**

In terms of the psychosocial support activities for children, the most vulnerable group affected by disasters, the number of positive effects was fewer compared to adults in general. The areas where positive effects were more notable on children were that their relationships with their parents were better and that they had better relationships with their friends (Table 10).

Since it is very hard to detect, using information given by children's parents, which activities helped children to return to their normal lives, the data given below table related to the impacts of psychosocial activities refer to overall evaluation of the interviewed people.

### **Adolescents**

The impact of the support on adolescents was compared to children, the elderly and people with chronic illnesses and disabilities, and it was observed that there were much more positive effects of the psychosocial support (Table 11). It was also found that the adolescents, especially in Erciş, were more positively affected. Adolescents also had better relationships with their parents and families and were stronger in coping with the effects of the earthquakes as a result of participating in the social activities organized.

### **Elderly People**

The health conditions and psychological well-being of elderly people after the earthquakes did not only affect the lives of the individuals, but also affected the lives of the family members they lived with. Therefore, the psychosocial support provided for to elderly people to cope with their fear and improve their health affected the whole family positively. According to the results obtained in this study, elderly people felt themselves to be safer in terms of their health, as their health conditions improved after the earthquake. In addition, more positive relationships among family members had quite

positive effects on elderly people. However, it was not very easy for them to return to their daily lives before the earthquakes. When we compare Erciş with Van, as for all the other groups, the support programs provided for elderly people in Erciş were more effective (Table 12).

### **Disabled People**

The effects of psychosocial support activities provided for people with disabilities and chronic illnesses, who are among the most vulnerable groups, were less than for other groups. People with chronic illnesses and disabilities felt, as a result of the interviews held with them, that they were cared and valued. As with the other groups, it was observed that the effects were more positive in Erciş. (Table 12)

### **Trainees**

The effects of the training provided for the ministry staff were quite positive in the long term. During the interviews with those who did not receive training, it was found that the training offered with the help of UNICEF in cooperation with the UDPS included all the issues that the interviewees highlighted might be encountered in the field, and that the training was fully tailored to the needs. Psychological trauma and disasters; causes and psychological effects of psychological trauma; and how to reduce and prevent the damage caused by disasters and mobilization; were found to be the most required areas of training and the staff stated that they benefited a lot from this training. The interviewees stated at the end of the training that they found it useful in terms of needs analysis and individual psychological support.

## **5.7 Unexpected Findings**

It was unexpected to see that the MoFSP psychosocial support staff were negatively affected by the post-earthquake situation in Van and Erciş towns. This provided an extremely valuable finding about conducting such a program with more experienced people who are from the region and familiar with the ground conditions.



An overall evaluation of the psychosocial programs implemented after the Van-Erciş earthquakes indicates that the programs had some weaknesses and strengths in three major topics: *i) psychosocial support; ii) preparedness for disasters; iii) post-disaster management* as shown in Table 27.

**Table 27 Overall Evaluation of Psychosocial Support Programs Implemented after the Van-Erciş Earthquakes**

DOMAINS OF EVALUATED ACTIVITIES	WEAKNESSES	STRENGTHS
PSYCHOSOCIAL SUPPORT	<ul style="list-style-type: none"> <li>• Lack of experience and knowledge of psychosocial support providers and local administrators</li> <li>• Lack of sustainability in psychosocial support</li> <li>• Cultural adaptation problems for non-local staff</li> <li>• Problems of temporary displacement</li> <li>• Lack of monitoring, evaluation and rapid response for post-disaster needs</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial activities designed especially for women and children living in camps and container cities</li> <li>• A great number of experts were available to support the victims of the earthquakes and the psychosocial needs of the earthquake victims were identified by the professional staff</li> </ul>
PREPAREDNESS FOR DISASTERS	<ul style="list-style-type: none"> <li>• Lack of socio-economic baseline data which would have helped to identify possible risks for each target group and design psychosocial support programs accordingly</li> </ul>	<ul style="list-style-type: none"> <li>• High organizational capacity for mobilizing professional staff in an emergency situation</li> </ul>
POST-DISASTER MANAGEMENT	<ul style="list-style-type: none"> <li>• Lack of coordination and cooperation between responsible institutions</li> <li>• Lack of monitoring and evaluation of psychosocial support provided</li> <li>• Overlap between the institutions in the needs assessment studies</li> </ul>	<ul style="list-style-type: none"> <li>• Satisfactory and regular reporting of the psychosocial activities implemented by the MoFSP in camps and container cities</li> </ul>

The evaluation recognised that psychosocial support activities were not independent from the overall post-disaster recovery program which was multi-institutional, multi-directional and simultaneous. Therefore, the main focuses of the evaluation could not be separated from the overall implementation of the post-disaster recovery program. As shown in Table 27, the capacity of local and national resources for intervention were the biggest strength of the implemented programs.



Besides this, due to the weather conditions and aftershocks, the majority of the earthquake affected population had to move to other cities using their own means or with the help of the MoFSP. Given that family solidarity is important in Van, moving individuals out of the city should not be a priority for government organizations. If it is essential, it would be better to transfer the victims to the nearest cities where cultural and climatic conditions are similar.

The psychosocial support teams faced several challenges during the implementation of the psychosocial support activities due to the weather conditions, adaptation to the local culture and the geographical conditions.

The planning and distribution of MoFSP staff trained in psychosocial support was very effective and yielded positive results. However, MoFSP staff faced difficulties and therefore were unable to follow all the suggested steps of psychosocial interventions due to unexpected negative factors like the lack of coordination within and between institutions.

The psychosocial support programs gave high priority to vulnerable groups in line with human rights and equality principles. The training related to human rights and implementation of special programs for women were strengths of the support programs. However, intervention programs were limited with to people living in camps (both tents and containers). This caused some problems during the delivery of the aid and monitoring the activities. Therefore, we can say that this was a negative point for a human rights and gender equality approach.

Due to the lack of an efficient monitoring and evaluation system, and limited recording of data for the implemented activities, it was not easy to identify the success stories, problems faced during the implementation, and unequal treatment.

Local administrations did not give priority to psychosocial support and their knowledge was not adequate for implementing post-disaster recovery programs given the psychosocial aspects of disasters.

Socio-economic conditions and the vulnerability of disabled people, elderly people, people with chronic illnesses and children, were not given primary consideration in the psychosocial support program of the MoFSP. This resulted in severe negative impacts on vulnerable groups compared to others.

The coordination and cooperation between relevant governmental institutions in charge of the delivery of psychosocial support programs was not sufficient. This negatively



affected the efficiency and effectiveness of the psychosocial responses.

The evaluation results indicated that especially children and women in emergency settings needed family support at first hand. In addition to this, the professional support had a very positive impact on family and community solidarity.

Different stages of psychosocial support activities have different target groups and the number of people who need more specialized services decreases according to the success of the previous stages: *Stage 1- basic support; Stage 2 - community and family support; and Stage 3 - focused, unspecialized services* (Figure 3). If the intervention starts with specialized services, then the people who need services in Stages 2 and 3 still have some difficulties to return to their normal lives and the number of people needing more specialized services increases as well.

Community and family support activities were pre-defined and planned without taking into consideration the needs of the victims. There was no information about the rationales and objectives of the implemented activities.



- In an emergency situation, the local psychosocial workers (ministry staff and experts) and experts are themselves victims of the emergency and need psychosocial support as well.
- Theoretical knowledge is sometimes limited to only addressing the emergency needs.
- Psychosocial workers coming from other parts of Turkey might encounter some difficulties in adapting to different cultures and physical conditions.
- Different organizations may try to implement needs assessment without coordination. This damages the trust of victims in institutions, causes confusion about the needs and creates difficulties in monitoring and evaluating the assistance provided.
- Encouraging people to migrate to other cities through governmental institutions has more negative effects than positive effects on the community.



The evidence-based recommendations for each main topic are listed in priority order.

### Preparation for Disasters

- In the disaster prone regions, special, separate disaster support plans are needed for each of the vulnerable groups like women, young people, the elderly and children.
- Risk maps based on a cultural, social and physical risk analysis of the disaster areas on a regional/provincial basis should be generated and should include the cities that are more likely to be affected.
- During the implementation, the experts who are experienced and have received training related to post-disaster recovery should be assigned for primary intervention.
- A Central Coordination Department with an interdisciplinary approach should be established within the MoFSP to plan and coordinate all relevant institutions and NGOs for psychosocial support programs as stated in TAMP
- TAMP (an official attempt to prepare society against disasters) provincial/district disaster response plans should be kept updated by the MoFSP in order to increase the effectiveness of the psychosocial support services. In the meantime, local psychosocial support capacities need to be improved to deliver sustainable support.
- The applicability of current national emergency intervention plans should be increased by empowering all local experts that are responsible for psychosocial intervention, other voluntary workers and NGOs.
- Disaster management training for provincial administrators should be conducted to ensure their institutional capability and preparedness.
- There should be a general strategy for post-emergency recovery program implementation, and in addition local resources and risks should be identified and society should be mobilized after emergencies.
- The psychosocial support activities should be planned considering the socio-economic features and specific needs of the affected population.
- Vulnerable groups such as orphans, disabled and elderly people could be transferred to nearby cities rather far-away cities.
- Apart from academic studies, awareness raising activities such as training and courses should be conducted to reach communities dealing with disasters in a better way.
- Elective courses in universities about post-disaster responses should be opened.
- There should be training about awareness, preventative measures and coping strategies in elementary and secondary schools to create the required level of awareness.
- Disaster awareness and preparedness training should be given to individuals of all ages and this training should not only be limited to schools.

## **Psychosocial Support for Local Psychosocial Workers**

- The MoFSP should identify the needs of its own staff, and build local capacity to empower psychosocial workers.
- The volunteers who are familiar with the region should be involved in primary intervention (needs assessment, referral and monitoring, coordination).
- Resources (human, money, time) should be better planned and used in a more effective and efficient way.

## **Needs Assessment**

- Post-disaster psychosocial needs assessment should be a continuous component of the process, coordinated by a single institution e.g. the MoFSP.
- The results of the needs assessment should be immediately sent to the relevant institutions to enable timely intervention.
- It was observed that needs assessment studies increased the demands of society for services. Therefore, experts should not provide inflated demands during the needs assessment studies.
- A constant feedback mechanism should be established between responsible institutions providing psychosocial support and the community.
- Intervention plans should be developed in order to meet the most urgent needs of the affected people, especially people with high risks of disaster vulnerability.
- A human rights and gender equality approach could be heavily integrated into the psychosocial support activities by extending them to people living in undamaged houses.

## **Monitoring and Evaluation**

- An interactive, institutional monitoring and evaluation capacity that ensures periodic ongoing data collection and a sustainable feedback mechanism should be built.
- Proper monitoring and evaluation systems should be developed right at the beginning in order to plan and monitor the impact of the intervention programs.

The monitoring and evaluation system for psychosocial support activities should be put under the coordination of the MoFSP for timely intervention, and should be in accordance with universal human rights and equality principles.



- AFAD. (2013). *Türkiye Afet Müdahale Planı (TAMP)*.
- ASPB. (n.d.). *Kırmızı Montlular: Psikososyal Destek Çalışmaları*.
- Baron, N. (2007). On the road to peace of mind guidebook: An applied approach to training trainers who train teams to do psychosocial and mental health interventions in developing countries affected by catastrophes.
- EERC, M. (2011). *23 Ekim 2011 MW 7.2 Van Depremi Sismik ve Yapısal Hasara İlişkin Saha Gözlemleri Raporu*.
- CEDAW (Convention on the Elimination of Discrimination against Women)  
<http://www.un.org/womenwatch/daw/cedaw/>
- Core Commitments for Children (CCCs) in Humanitarian Action.  
[http://www.unicef.org/publications/files/CCC\\_042010.pdf](http://www.unicef.org/publications/files/CCC_042010.pdf)
- Erdoğan, S. (n.d.). *Çocuk Vakfı - Depremi Çocuklar Üzerine Psikolojik Etkileri*.
- Gözden, M., Öztan, N. and Aker, T. (2012) APHB Psikososyal Uygulamalar Eğitimi El Kitabı, Türkiye Kızılay Derneği, Ankara
- IASC. (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva.
- Long, A., and Perkins, D. D. (2002). Neighborhood sense of community and social capital: A multi-level analysis. In A. T. Fisher & C. C. Sonn (eds.) Psychological sense of community: Research, applications and implications. New York: Plenum.
- Macy, R., Macy, D., Gross, S., Rozelle, D., and Brighton, P. (2000). *Depremzede Öğrencilere Yönelik 15 Oturluk Sınıf Temelli Psikososyal Müdahale Programı için İleri Düzey Eğitim El Kitabı*. T.C. MEB/UNICEF.
- NATO. (2008). *Psychosocial Care for People Affected by Disasters and Major Incidents, A Model for Designing, Delivering and Managing Psychosocial Services for People Involved in Major Incidents, Conflict, Disasters and Terrorism*.



Öztan, N. and Gözden, M. (2009) Travma Sonrası Çocuklarla Çalışma: Etkinlikler El Kitabı, Türkiye Kızılay Derneği, Ankara

Öztan, N., Aydın, G. and Eroğlu, Ç. (2003) Travma Sonrası Normal Tepkiler: Psikoeğitim Elkitabı, MEB/UNICEF, Ankara. (3. Baskı)

Öztan, N., Aydın, G. and Eroğlu, Ç. (2000) Afet Sonrası Normal Tepkiler: Psikoeğitim Elkitabı. MEB/UNICEF. Ankara.

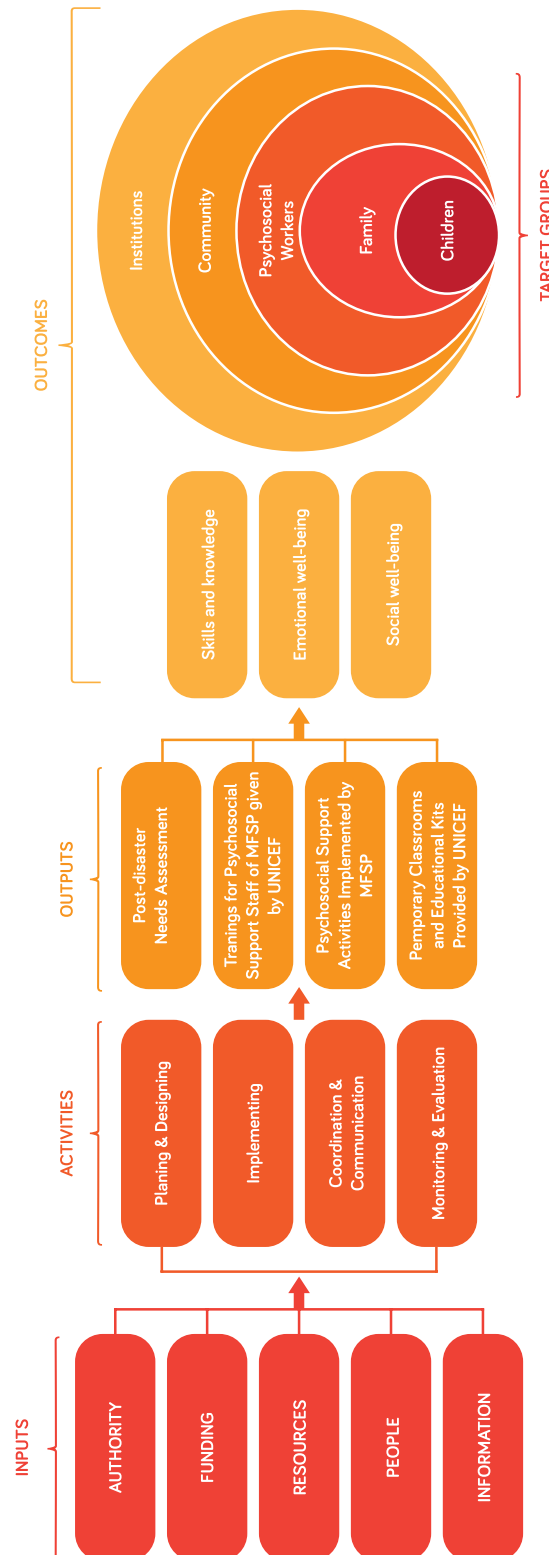
Prewitt Diaz, J. O., and Dayal, A. (2008). Sense of Place: A Model for Community Based Psychosocial Support Programs, Australasian Journal of Disaster and Trauma Studies.

Şahin, N. H., Şahin, N., Durak-Batıgün, A. and Yılmaz, B. (2001) Psikososyal Okul Projesi Değerlendirme Çalışması. MEB/UNICEF. Ankara.

(2012). Van Depremi Psikososyal Destek Çalışmaları Sonuç Raporu. Van: Afetlerde Psikososyal Hizmetler Birliği.

[www.ifrc.org/en/what-we-do/health/psychosocial-support/](http://www.ifrc.org/en/what-we-do/health/psychosocial-support/). (n.d.).

## ANNEX I – Theory of Change



## ANNEX II – Target Groups, Objectives of the Program, Objectives of the Evaluation and Evaluation Tools

TARGET GROUPS	OBJECTIVES of the PROGRAM		OBJECTIVES of the EVALUATION	TOOLS for EVALUATION
CHILDREN	Skills and Knowledge	<ul style="list-style-type: none"> <li>Increase in engagement of children in school and community activities</li> <li>Increase in knowledge of children on earthquakes and what to do in earthquakes</li> </ul>	<ul style="list-style-type: none"> <li>Do all affected children participate in educational activities?</li> <li>Do children have knowledge about earthquakes and what to do in earthquakes?</li> </ul>	<ul style="list-style-type: none"> <li>Focus groups with children</li> <li>In-depth interviews with teachers</li> </ul>
	Emotional Well-Being	<ul style="list-style-type: none"> <li>Increase in sense of security, playfulness</li> <li>Decrease in level of fear and avoidance</li> <li>Decrease in level of conduct problems</li> <li>Increase in expression and communication of needs with parents and peers</li> </ul>	<ul style="list-style-type: none"> <li>Do all affected children display playfulness, a lack of fear and avoidance, fewer conduct problems?</li> <li>Do children share their needs and worries with adults and their peers?</li> </ul>	<ul style="list-style-type: none"> <li>Focus groups with children</li> <li>In-depth interviews with frontline workers</li> </ul>
	Social Well-Being	<ul style="list-style-type: none"> <li>Increase in children's school attendance and performance</li> <li>More cooperation and less violence in peer relationships</li> <li>Increase in the number and quality of relationships with supportive adults (parents, teachers)</li> </ul>	<ul style="list-style-type: none"> <li>Do all affected children attend school?</li> <li>Do all affected children display cooperative and non-violent relationships with their peers?</li> <li>Do all affected children have constructive relationships with parents and teachers?</li> </ul>	<ul style="list-style-type: none"> <li>Focus groups with children</li> <li>In-depth interviews with teachers</li> <li>Household questionnaires</li> </ul>
FAMILY (Elderly People, Disabled People, Adolescents)	Skills and Knowledge	<ul style="list-style-type: none"> <li>Increase in communication skills</li> <li>Increase in effective parenting skills</li> <li>Increase in knowledge on earthquakes and what to do in earthquakes</li> </ul>	<ul style="list-style-type: none"> <li>Do families have more communication between themselves?</li> <li>Do parents feel more confident in parenting and show positive parenting behaviors?</li> <li>Do families have more knowledge on earthquakes and what to do in earthquakes?</li> </ul>	<ul style="list-style-type: none"> <li>Focus groups with women</li> <li>In-depth interviews with frontline workers</li> <li>Household questionnaires</li> </ul>
	Emotional Well-Being	<ul style="list-style-type: none"> <li>Decrease in fear, arousal, avoidance and stress reactions</li> <li>Increase in support for each other</li> <li>Increase in ability to deal with stress</li> </ul>	<ul style="list-style-type: none"> <li>Do family members support each other more?</li> <li>Do family members have more stress coping abilities?</li> <li>Do family members display lower stress reactions?</li> </ul>	<ul style="list-style-type: none"> <li>Focus groups with women</li> <li>Household questionnaires</li> </ul>

TARGET GROUPS	OBJECTIVES of the PROGRAM		OBJECTIVES of the EVALUATION	TOOLS for EVALUATION
FAMILY (Elderly People, Disabled People, Adolescents)	Social Well-Being	<ul style="list-style-type: none"> <li>Increase in families' social networks</li> <li>Increase in parents' involvement with school or other child-related activities</li> <li>Increase in families' social involvement</li> </ul>	<ul style="list-style-type: none"> <li>Does the family have more social ties/networks and more involvement in social activities?</li> <li>Do the parents get more involved in child-related institutions and activities?</li> </ul>	<ul style="list-style-type: none"> <li>In-depth interviews with local government staff</li> <li>Focus groups</li> <li>Household questionnaires</li> </ul>
COMMUNITY	Skills and Knowledge	<ul style="list-style-type: none"> <li>Increase in knowledge on psychological reactions to disasters</li> <li>Increase in knowledge on how to deal with psychosocial stressors</li> <li>Increase in knowledge on how to support other community members</li> <li>Increase in knowledge on earthquakes and what to do in future earthquakes</li> </ul>	<ul style="list-style-type: none"> <li>Is there an increase in knowledge on psychological impacts of disasters?</li> <li>Is there an increase in knowledge on how to deal with psychosocial stressors?</li> <li>Is there an increase in knowledge on how to give support to others?</li> <li>Is there an increase in knowledge on earthquakes and what to do in future</li> </ul>	<ul style="list-style-type: none"> <li>In-depth interviews</li> <li>Focus groups</li> <li>Household questionnaires</li> <li>Online questionnaires</li> </ul>
	Emotional Well-Being	<ul style="list-style-type: none"> <li>Increase in engagement in normal daily activities</li> <li>Increase in thinking about plans and hopes for the future</li> <li>Decrease in arousal and stress reactions</li> <li>Increase in knowledge about psychological support resources</li> </ul>	<ul style="list-style-type: none"> <li>Has the community resumed its normal daily routines?</li> <li>Does the community think about, make plans and have hopes for the future?</li> <li>Is there less arousal and distress in the community?</li> <li>Does the community talk about and know what earthquakes are and how to be prepared?</li> </ul>	<ul style="list-style-type: none"> <li>In-depth interviews</li> <li>Focus groups</li> <li>Household questionnaires</li> <li>Online questionnaires</li> </ul>
	Social Well-Being	<ul style="list-style-type: none"> <li>Increase in involvement in social and cultural activities</li> <li>Increase in resources available for psychosocial support</li> <li>Increase in functioning of social institutions</li> </ul>	<ul style="list-style-type: none"> <li>Does the community engage in social and cultural events?</li> <li>Are there more psychosocial support mechanisms in the community?</li> <li>Do the social institutions function as needed?</li> </ul>	<ul style="list-style-type: none"> <li>In-depth interviews</li> <li>Focus groups</li> <li>Household questionnaires</li> <li>Online questionnaires</li> </ul>
PSYCHOSOCIAL WORKERS	Skills and Knowledge	<ul style="list-style-type: none"> <li>Increase in knowledge on psychosocial problems</li> <li>Increase in knowledge on psychological stress reactions and coping methods</li> <li>Increase in knowledge and skills for working with children, families and communities</li> <li>Increase in skills in applying psychosocial interventions</li> </ul>	<ul style="list-style-type: none"> <li>Do workers have more knowledge on psychosocial problems?</li> <li>Do workers have more knowledge on psychological stress reactions and coping methods?</li> <li>Do workers have more knowledge and skills for working with children, families and communities?</li> <li>Do workers have more skills in applying psychosocial interventions?</li> </ul>	<ul style="list-style-type: none"> <li>Online questionnaires for MoFSP staff</li> <li>Focus group discussions with MoFSP staff</li> </ul>

TARGET GROUPS	OBJECTIVES of the PROGRAM		OBJECTIVES of the EVALUATION	TOOLS for EVALUATION
PSYCHOSOCIAL WORKERS	Emotional Well-Being	<ul style="list-style-type: none"> <li>• Increase in emotional well-being</li> <li>• Increase in ability to work in teams</li> <li>• Decrease in stress reactions and burn-out</li> </ul>	<ul style="list-style-type: none"> <li>• Do the workers have better emotional well-being?</li> <li>• Do the workers have greater abilities to work in teams?</li> <li>• Do the workers have fewer stress reactions and less burnout?</li> </ul>	<ul style="list-style-type: none"> <li>• Online questionnaires for MoFSP staff</li> <li>• Focus group discussions with MoFSP staff</li> </ul>
	Social Well-Being	<ul style="list-style-type: none"> <li>• Increase in the sense of being supported by their institutions</li> <li>• Increase in trust in their institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Do the workers have more of a sense of being supported by their institutions?</li> <li>• Do the workers have more trust in their institutions?</li> </ul>	<ul style="list-style-type: none"> <li>• Online questionnaires for MoFSP staff</li> <li>• Focus group discussions with MoFSP staff</li> </ul>

### ANNEX III - Main Activities Carried out after the Van-Erciş Earthquakes<sup>25</sup>

KEY ACTIVITIES	CONTENT	SERVICE PROVIDER	TARGET GROUP						LOCATION
			STAFF	HOUSEHOLD	WOMEN	CHILDREN	ELDERLY	DISABLED	
<b>1 EMERGENCY ACTION</b>									
HOUSING	Setting up 35 container cities for accommodation of 175,000 earthquake affected people	AFAD		X	X	X	X	X	VAN / ERCİŞ
	Setting up a clothing market for 43.000 earthquake affected people	AFAD		X	X	X	X	X	VAN / ERCİŞ
	Setting up 3 tent cities in the Erciş District of Van (Yenişehir, Yüzüncü Yıl and Municipality Stadiums), 1 Mevlanakent (Lake Van) and 3 container cities (Umutkent, Çelebibağ),	RED CRESCENT <sup>26</sup>		X	X	X	X	X	ERCİŞ
	Setting up 2 Mevlanakent in the city center of Van (İşgem, Seyrantepe) and 2 tent cities (Et ve Balık Kurumu, 75. Yıl)	RED CRESCENT		X	X	X	X	X	VAN
NUTRITION	Hot food distribution - a total of 3,410,195 servings between 28.10.2011 and 29.02.2012	RED CRESCENT		X	X	X	X	X	VAN / ERCİŞ
	Distribution of 3.183.538 loaves of bread	RED CRESCENT		X	X	X	X	X	VAN / ERCİŞ
	Dry food aid for 35,432 families (177,160 people)	RED CRESCENT		X	X	X	X	X	VAN / ERCİŞ
SAFETY	Damage assessment of approximately 200,000 houses	AFAD							VAN / ERCİŞ
<b>2 PSYCHOLOGICAL FIRST AID (psychological first aid is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism to reduce initial distress and to foster short and long-term adaptive functioning*)</b>									
COORDINATION	Planning and implementation of psychosocial support activities	AFAD	X	X	X	X	X	X	VAN / ERCİŞ
FIELD SCANNING	Household visits	MoFSP SB		X	X	X	X	X	VAN / ERCİŞ
	Needs assessment	MoFSP RED CRESCENT UDPS <sup>27</sup> MoH		X	X	X	X	X	VAN / ERCİŞ
	Data recording	MoFSP		X	X	X	X	X	VAN / ERCİŞ

<sup>25</sup>The work of national and international organizations apart from the non-governmental organizations with which UNICEF is in cooperation are not included in this table defining the activities.

<sup>26</sup>Although the Red Crescent works under the UDPS, its activities are analyzed in this table specifically, as it is on the Advisory Board of the Evaluation Work.

KEY ACTIVITIES	CONTENT	SERVICE PROVIDER	TARGET GROUP						LOCATION
			STAFF	HOUSEHOLD	WOMEN	CHILDREN	ELDERLY	DISABLED	
REFERRAL and MONITORING	Seeking to fulfil the needs	MoFSP		X	X	X	X	X	VAN / ERCİŞ
	Referral of people who need psychiatric support	MoH MoFSP RED CRESCENT UDPS		X	X	X	X	X	VAN / ERCİŞ
	In-cash and in-kind support	MoFSP		X	X	X	X	X	VAN / ERCİŞ
	Transfers to other cities	MoFSP		X	X	X	X	X	VAN / ERCİŞ
PSYCHOSOCIAL SUPPORT	Meetings with psychosocial professionals, directors, technical staff and psychosocial counsellors for children	UNICEF				X			VAN / ERCİŞ
	4 container units provided for psychosocial support activities	UNICEF		X	X	X	X	X	VAN / ERCİŞ
	Carrying out games and painting activities with children and informative meetings with teenagers about the psychosocial effects of disasters and ways to cope with them in psychosocial support tents	RED CRESCENT				X			VAN / ERCİŞ
	Carrying out informative meetings with women about the reactions of children following a disaster and how they could help them	RED CRESCENT MoFSP			X				VAN / ERCİŞ
	Carrying out psychological interpretation and informative studies with Turkish Red Crescent staff	RED CRESCENT MoFSP	X						ERCİŞ
	Setting up psychosocial support tents	UDPS		X	X	X	X	X	VAN / ERCİŞ
	Initiating the psychosocial support team consisting of 24 people	UDPS		X	X	X	X	X	VAN / ERCİŞ
	Arranging interviews to talk about issues like hopelessness, violence against women and communication with children	UDPS		X	X	X	X	X	VAN / ERCİŞ
	Groupwork with women	RED CRESCENT			X				VAN / ERCİŞ
	Residential care	MoFSP		X	X	X	X	X	VAN / ERCİŞ
	Institutional care	MoFSP		X	X	X	X	X	VAN / ERCİŞ
	Psychological support tents	MoH MoFSP		X	X	X	X	X	VAN / ERCİŞ
	Distribution of brochures about psychosocial support teams	MoH		X	X	X	X	X	VAN / ERCİŞ

KEY ACTIVITIES	CONTENT	SERVICE PROVIDER	TARGET GROUP						LOCATION
			STAFF	HOUSEHOLD	WOMEN	CHILDREN	ELDERLY	DISABLED	
<b>3 COMMUNITY MOBILIZATION</b>									
<b>SETTING UP SOCIAL SERVICE CENTERS in 13 CONTAINER CITIES</b>	Preschool education	MoFSP MoNE				X			VAN / ERCİŞ
	Library services	MoFSP		X	X	X	X	X	VAN / ERCİŞ
	Social activities	MoFSP Ministry of Culture and Tourism MoNE NGOs Ministry of Youth and Sports		X	X	X	X		VAN / ERCİŞ
	Training and seminars	MoFSP		X	X	X			VAN / ERCİŞ
	Courses (chess, theater, music, painting etc.)	MoFSP Ministry of Culture and Tourism MoNE NGOs		X	X	X			VAN / ERCİŞ
	Training for women	MoH			X				VAN / ERCİŞ
	Social activities for earthquake affected people	MoH MoFSP Ministry of Culture and Tourism MoNE Red Crescent UDPS		X	X	X	X	X	VAN / ERCİŞ
<b>VISITATION PROJECT</b>	Preschool education	MoFSP		X					VAN / ERCİŞ
<b>EDUCATION SUPPORT</b>	Nursery class for earthquake affected children aged 5-6	MoNE				X			VAN / ERCİŞ
	80 containers adapted for use as 40 classroom units, plus 11 containers designed as toilet and washroom units	UNICEF				X			VAN / ERCİŞ
	Provision of 200 ECD kits, 201 recreational kits and printed materials	UNICEF				X			VAN / ERCİŞ



KEY ACTIVITIES	CONTENT	SERVICE PROVIDER	TARGET GROUP						LOCATION
			STAFF	HOUSEHOLD	WOMEN	CHILDREN	ELDERLY	DISABLED	
<b>4 SUPPORT FOR FIELDWORKERS</b>									
<b>TRAINING for FIELDWORKERS</b>	Training for MoFSP staff (208 MoFSP staff participated in training before and after their fieldwork)	UNICEF	X						ANKARA
	Training to support and improve the efficiency of the MoH staff in Van and Erciş	MoH World Health Organization UDPS	X						VAN
<b>TRAINING for FIELDWORKERS</b>	Allocation of 8 container units for accommodation of fieldworkers	UNICEF	X						VAN / ERCİŞ

### ANNEX IV Evaluation Matrix

<b>Findings: Identification of Problems</b>	<b>Evidence: Sources Confirming Findings</b>	<b>Recommendations</b>
Lack of experience of psychosocial support providers	<ul style="list-style-type: none"> <li>• Online Surveys with Institutional Staff</li> <li>• In-depth Interviews with Decision Makers</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial support trainings for staff should always be maintained and practice drills should be made in line with the conditions of the region.</li> </ul>
Problems encountered by the temporarily relocated families	<ul style="list-style-type: none"> <li>• In-Depth Interviews with the Relocated Women</li> <li>• Household Questionnaires</li> </ul>	<ul style="list-style-type: none"> <li>• Displacement of survivors to live outside the disaster area should not be preferred.</li> <li>• Temporary settlement plan should be prepared considering the cultural and climatic conditions.</li> </ul>
Cultural adaptation problems of the psychosocial support staff	<ul style="list-style-type: none"> <li>• Online Surveys with ministry staff</li> <li>• In-depth Interviews with Decision Makers</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation training should be provided to psychosocial support staff in order to inform non-local staff about regional differences and cultural sensitivities.</li> </ul>
Lack of coordination and cooperation between institutions responsible for providing post-disaster psychosocial support	<ul style="list-style-type: none"> <li>• In-depth Interviews with Decision Makers</li> <li>• In-Depth Interviews with Frontline Workers</li> <li>• Household Questionnaires</li> <li>• Online Surveys with ministry staff</li> </ul>	<ul style="list-style-type: none"> <li>• Disaster management legislation should be revised by taking into consideration inter-institutional communication during the psychosocial intervention process.</li> <li>• Activities should be conducted to increase the applicability of the Turkey Disaster Intervention Plan (Psychosocial Support Plan).</li> <li>• Pre-disaster exercises should be conducted in order to increase coordination and collaboration between responsible institutions.</li> <li>• BAADYM should be established with an interdisciplinary approach within the MoFSP as specified in the Regulation on Disaster and Emergency Response Services.</li> <li>• Coordination between volunteers and NGOs should be increased.</li> </ul>

<b>Findings: Identification of Problems</b>	<b>Evidence: Sources Confirming Findings</b>	<b>Recommendations</b>
<p>Lack of socio-economic baseline data to shape psychosocial support programs</p>	<ul style="list-style-type: none"> <li>• Household Questionnaires</li> <li>• Focus Groups with Children</li> <li>• Focus Groups with Local Workers</li> <li>• In-Depth Interviews with Frontline Workers</li> <li>• In-Depth Interviews with Decision Makers</li> <li>• Online Surveys with Ministry staff</li> <li>• Expert Views</li> </ul>	<ul style="list-style-type: none"> <li>• Risk maps based on a cultural, social and physical risk analysis of the disaster areas on a regional/provincial basis should be created.</li> <li>• Psychosocial support activities should be planned and carried out according to the national disaster response plan.</li> <li>• Risk maps about vulnerable groups should be created.</li> <li>• A disaster management information system should be developed and information concerning the risk groups should be collected in advance.</li> <li>• The cities that are more likely to be affected by a disaster should be identified in advance and the psychosocial support activities should be planned considering the socio-economic features of these cities.</li> </ul>
<p>Intervention of multiple institutions in needs assessment efforts</p>	<ul style="list-style-type: none"> <li>• Household Questionnaires</li> <li>• In-Depth Interviews with Frontline Workers</li> <li>• In-Depth Interviews with Decision Makers</li> <li>• Online Surveys with Ministry staff</li> </ul>	<ul style="list-style-type: none"> <li>• Post-disaster psychosocial needs assessment should be conducted via joint questionnaires, coordinated by a single body and such analysis should also focus on the identification of existing resources.</li> <li>• The results of the needs assessment should be sent to the relevant institutions and/or persons rapidly and necessary measures should be taken accordingly.</li> <li>• To enable the realistic fulfillment of the needs, there should be constant communication and feedback mechanisms between responsible institutions providing psychosocial support and the community.</li> </ul>

<b>Findings: Identification of Problems</b>	<b>Evidence: Sources Confirming Findings</b>	<b>Recommendations</b>
Intervention of multiple institutions in needs assessment efforts		<ul style="list-style-type: none"> <li>Institutions should be prepared for the upsurge in demand following the needs identification efforts and they should try to reach the people in need.</li> </ul>
Lack of sustainability in psychosocial support efforts	<ul style="list-style-type: none"> <li>In-Depth Interviews with the Relocated Women</li> <li>Household Questionnaires</li> <li>Focus Group Discussions with Children</li> <li>Expert Views</li> </ul>	<ul style="list-style-type: none"> <li>Duties and responsibilities should be clarified in plans regarding the post-disaster Psychosocial Support Services.</li> <li>The capacity of the local psychosocial support teams should be strengthened to deliver sustainable support</li> <li>Vulnerable groups should be empowered to increase their resilience after disasters and enhance community solidarity</li> <li>Voluntary workers and NGOs should be supported.</li> </ul>
Lack of monitoring and evaluation of the activities	<ul style="list-style-type: none"> <li>Expert Views</li> <li>In-Depth Interviews with Decision Makers</li> <li>In-Depth Interviews with Frontline Workers</li> <li>Online Surveys with Ministry staff</li> </ul>	<ul style="list-style-type: none"> <li>The monitoring and evaluation capacity of the institutions should be strengthened and necessary data should be collected periodically before and after disasters. A feedback mechanism should also be established</li> </ul>
Lack of preparedness for disasters	<ul style="list-style-type: none"> <li>Expert Views</li> <li>In-Depth Interviews with Decision Makers</li> <li>In-Depth Interviews with Frontline Workers</li> <li>Online Surveys with Ministry staff</li> </ul>	<ul style="list-style-type: none"> <li>Training on disaster management and psychosocial interventions should be provided to the relevant administrators with the aim of enabling them to specialize in Disaster Management issues.</li> <li>The amount of training about awareness, preventative measures and coping strategies in elementary and secondary schools should be increased. Disaster awareness and preparedness training should be given to individuals of all ages and this training should not only be limited to schools. These training programs should also cover possible psychological reactions of disaster survivors and how to support.</li> </ul>

## ANNEX V Data Collection Tools

### Household Questionnaire Form

#### Questionnaire Description Form

Dear Participant,

The objective of this research is to assess the psychosocial support services conducted in the aftermath of the Van-Erciř earthquakes. The research study, supported by UNICEF and the Ministry of Family and Social Policies, is being conducted by the consultancy company named "UDA Danıřmanlık".

If you voluntarily choose to participate in the above mentioned study, there will be in total 400 volunteers including yourself who have been involved in this study. You will be required to be involved in a questionnaire interview should you volunteer to participate. The results of this study will contribute to the activities to be implemented in the aftermath of possible future earthquakes by revealing the positive and negative results of the support provided. Your assessments in regard to the sufficiency of the services delivered to you will be able to be used to improve and develop the services to be delivered to those individuals affected by earthquakes.

Your participation in this research is completely voluntary. You hold the right to choose not to participate in the above mentioned study. You may also subsequently withdraw from the study at any time without penalty or consequences of any kind.

All information delivered by you within the scope of this study will be kept strictly confidential and will only be used in the analysis in an aggregated form. The collected individual data will never be shared with third parties and nor will it be used for purposes other than those defined as within the scope of this study.

You will not be required to provide any fee or cost for your participation, nor will you be paid a fee for your voluntary participation.

#### Researcher

Name-Surname :  
Date :  
Address :  
Telephone :  
Signature

Hi, I am.....,from Van Yüzüncüyl University. We are conducting a research study together with UNICEF and Ministry of Family and Social Policies. The study aims to evaluate the psychosocial support programs implemented after the Van-Erciş earthquakes. For this purpose we are conducting questionnaires with earthquake affected people.

First of all,

- Were you in Van / Erciş at the time of the earthquakes?

**(If say no, was anyone from your household there at this time?)**

**(If say no again, do not continue!)**

All information delivered by you within the scope of this study will be kept strictly confidential and will only be used in the analysis in an aggregated form. The collected individual data will never be shared with third parties and nor will it be used for purposes other than those defined as within the scope of this study.

Your participation in this research is completely voluntary. You hold the right to choose not to participate in the above mentioned study.

- Considering all of this, do you want to participate in this study voluntarily?  
**(If say no, do not continue!)**

*Reason for the rejection (Depending on observations*

.....

.....

.....

**(If say yes, start questionnaire!)**

<p>Interviewee: <input type="text"/></p> <p><b>Codes for the interviewees*</b></p> <p>01 Female (21-62)</p> <p>02 Male (21-62)</p> <p>03 Adolescent (16-20)</p> <p>03 Elderly (63+)</p> <p>04 Disabled</p> <p>05 Chronically ill</p> <p>96 Other .....(please specify)</p>	<p>Questionnaire No: <input type="text"/></p> <p><b>Questionnaire Codes*</b></p> <p>A1 (Van Severely Damaged)</p> <p>A2 (Van Moderately-Slightly Damaged)</p> <p>B1 (Erciş Severely Damaged)</p> <p>B2 (Erciş Moderately-Slightly Damaged)</p>
<p>Province .....</p> <p>District .....</p> <p>Village .....</p> <p>Borough.....</p> <p>Street .....</p> <p>Block .....Floor.....No.....</p>	<p>Interviewer .....</p> <p>Signature</p> <p>Date ...../...../.....</p>

## A. HOUSEHOLD INFORMATION

1. Household Row No. (In a descending order after the individual interviewed)	2. Household List (Relationship to the Household Head)	3. Gender 1. Male 2. Female	4. Age	5. Marital Status 1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. I don't know	6. Education Level 1. Illiterate but never attended school 2. Continue primary school 3. Primary school diploma 4. Secondary School diploma 5. High School diploma 6. University or above 7. I don't know	7. Employment Status		7.2.1. If employed after the earthquake: 1. Public Sector 2. Private Sector	8. Has the interviewee a disability or chronic illness? (Multiple response) 1. Does not have a disability/disease 2. Had a disability prior to the earthquake 3. Disability occurred in the aftermath of the earthquake 4. Was chronically ill prior to the earthquake 5. Chronic illness occurred in the aftermath of the earthquake	9. Was in Van/ Erziş in the time of the earthquake? 1. Yes 2. No	10. Have you applied to relocate outside the province as a family? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know  10.1 Has any of the family members temporarily migrated from Van and Erziş in the aftermath of the earthquake? (Not to be continued if none of the family members have migrated) <input type="checkbox"/> Yes <input type="checkbox"/> No			10.11 Individuals who has migrated	10.12 Where did they migrate?	10.13 Until when have they migrated? (please indicate in months)	10.14 Has migrated with own financial capacity or with the support of the government? 1. With own capacity 2. With the support of	10.15 Which institution (s) has supported you in your new location? Multiple choice	10.16 Were you satisfied of the services delivered by these institutions in your new location? 3. I was very satisfied	
						7.1 Prior to the Earthquake 1. Employed 2. Retired 3. Retired but employed 4. Unemployed 5. Not Working	7.2 After the Earthquake 1. Employed 2. Retired 3. Retired but employed 4. Unemployed 5. Not Working				1	2	1							2
01	(Interviewed individuals)	1	2					1	2	1	2							1	2	3
02		1	2					1	2	1	2							1	2	3
03		1	2					1	2	1	2							1	2	3
04		1	2					1	2	1	2							1	2	3
05		1	2					1	2	1	2							1	2	3
06		1	2					1	2	1	2							1	2	3
07		1	2					1	2	1	2							1	2	3
08		1	2					1	2	1	2							1	2	3
09		1	2					1	2	1	2							1	2	3
10		1	2					1	2	1	2							1	2	3
11		1	2					1	2	1	2							1	2	3
12		1	2					1	2	1	2							1	2	3
13		1	2					1	2	1	2							1	2	3
14		1	2					1	2	1	2							1	2	3
15		1	2					1	2	1	2							1	2	3

SAAT  DAKİKA



## B. POST EARTHQUAKE NEEDS

Which of the following equipment or services did you need in the time after the earthquakes? I would like you to state if your needs were met or not and for how long you were provided with the service?

B1.	1. Was there a need? 1- Yes 2- No		1.1 If yes; who was in need? (multiple response)	1.2 To what extent has your needs been met? 3- Fully met 2- Partially met 1- Not met			1.3 For how long have these services been provided? 5- Still ongoing 4- 1 year following the earthquake 3- 6 months following the earthquakes 2- The first month following the earthquakes 1- Only once					1.4 Which institution(s) have provided these services? (multiple response)							
												MoFSP <sup>28</sup>	UNICEF	Local Administrators <sup>29</sup>	NGOs <sup>30</sup>	Crafts and/or persons	Other	Not known	
1. SHELTER (tents, container)	1	2	Household	3	2	1	5	4	3	2	1								
2. HEATING (heating stove/heater, coal, gas, blankets)	1	2	Household	3	2	1	5	4	3	2	1								
3. FOOD	1	2	Household	3	2	1	5	4	3	2	1								
4. CLOTHING	1	2	Household	3	2	1	5	4	3	2	1								
5. TRANSPORTATION (transportation to the city center)	1	2	Household	3	2	1	5	4	3	2	1								
6. SECURITY	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Children (3-15)	3	2	1	5	4	3	2	1								
			Adolescent (16-20)	3	2	1	5	4	3	2	1								
			Elderly (63+)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								
7. HEALTHCARE SERVICES	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Children (3-15)	3	2	1	5	4	3	2	1								
			Adolescent (16-20)	3	2	1	5	4	3	2	1								
			Elderly (63+)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								

<sup>28</sup>Red Coated Individual

<sup>29</sup>Municipality, Governorship, Muhtar (Head of the Village)

<sup>30</sup>Turkish Red Crescent (Kızılay), Union of Disaster Psychosocial Services - UDPS etc.

B1.	1. Was there a need? 1- Yes 2- No	1.1 If yes; who was in need? <i>(multiple response)</i>	1.2 To what extent has your needs been met? 3- Fully met 2- Partially met 1- Not met			1.3 For how long have these services been provided? 5- Still ongoing 4- 1 year following the earthquake 3- 6 months following the earthquakes 2- The first month following the earthquakes 1- Only once					1.4 Which institution(s) have provided these services? <i>(multiple response)</i>								
											MoFSP <sup>28</sup>	UNICEF	Local Administrations <sup>29</sup>	NGOs <sup>30</sup>	Crafts and/or persons	Other	Not known		
8. INFORMATIVE BRIEFINGS ON WHAT WILL BE DONE IN THE AFTERMATH OF THE EARTHQUAKE (migration opportunities, shelter, from where the needs will be met, employment opportunities)	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Children (3-15)	3	2	1	5	4	3	2	1								
			Adolescent (16-20)	3	2	1	5	4	3	2	1								
			Elderly (63+)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								
9. GENERAL INFORMATIVE BRIEFINGS ON NATURAL DISASTERS (How to act before and after a natural disaster etc.)	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Children (3-15)	3	2	1	5	4	3	2	1								
			Adolescent (16-20)	3	2	1	5	4	3	2	1								
			Elderly (63+)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								
10. INFORMATIVE BRIEFINGS ON PSYCHOLOGICAL ISSUES	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Children (3-15)	3	2	1	5	4	3	2	1								
			Adolescent (16-20)	3	2	1	5	4	3	2	1								
			Elderly (63+)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								
11. INFORMATIVE BRIEFINGS ON HOW TO RESPOND TO CHILDREN AND ADOLESCENTS	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Elderly (63+)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								

B1.	1. Was there a need? 1- Yes 2- No	1.1 If yes; who was in need? (multiple response)	1.2 To what extent has your needs been met? 3- Fully met 2- Partially met 1- Not met	1.3 For how long have these services been provided? 5- Still ongoing 4- 1 year following the earthquake 3- 6 months following the earthquakes 2- The first month following the earthquakes 1- Only once	1.4 Which institution(s) have provided these services? (multiple response)														
					MoFSP <sup>28</sup>	UNICEF	Local Administrations <sup>29</sup>	NGOs <sup>30</sup>	Crafts and/or persons	Other	Not known								
12. SUPPORT TO MITIGATE THE EFFECTS OF PSYCHOLOGICAL TRAUMA (support for psychological therapy or psychiatric support)	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Children (3-15)	3	2	1	5	4	3	2	1								
			Adolescent (16-20)	3	2	1	5	4	3	2	1								
			Elderly (63+)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								
13. SOCIAL SUPPORT (social activities, events, religious activities(Quran Lessons, Iftar Tent etc.), emotional/ moral support)	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Children (3-15)	3	2	1	5	4	3	2	1								
			Adolescent (16-20)	3	2	1	5	4	3	2	1								
			Elderly (63+)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								
14. FINANCIAL SUPPORT (postponement of bank loans, cash allowances, cancellation of electricity and water bills)	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Children (3-15)	3	2	1	5	4	3	2	1								
			Adolescent (16-20)	3	2	1	5	4	3	2	1								
			Elderly (63+)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								
15. SUPPORT FOR EDUCATIONAL ACTIVITIES	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Children (3-15)	3	2	1	5	4	3	2	1								
			Adolescent (16-20)	3	2	1	5	4	3	2	1								
			Elderly (63+)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								

B1.	1. Was there a need? 1- Yes 2- No	1.1 If yes; who was in need? <i>(multiple response)</i>	1.2 To what extent has your needs been met? 3- Fully met 2- Partially met 1- Not met			1.3 For how long have these services been provided? 5- Still ongoing 4- 1 year following the earthquake 3- 6 months following the earthquakes 2- The first month following the earthquakes 1- Only once					1.4 Which institution(s) have provided these services? <i>(multiple response)</i>									
											MoFSP <sup>28</sup>	UNICEF	Local Administrations <sup>29</sup>	NGOs <sup>30</sup>	Crafts and/or persons	Other	Not known			
16. IMPROVEMENT OF SCHOOLING OPPORTUNITIES	1	2	Female (21-62)	3	2	1	5	4	3	2	1									
			Male (21-62)	3	2	1	5	4	3	2	1									
			Children (3-15)	3	2	1	5	4	3	2	1									
			Adolescent (16-20)	3	2	1	5	4	3	2	1									
			Disabled	3	2	1	5	4	3	2	1									
			Chronically ill	3	2	1	5	4	3	2	1									
17. COURSES (courses aimed at adults, courses aimed at exams' for children, courses aimed at children)	1	2	Female (21-62)	3	2	1	5	4	3	2	1									
			Male (21-62)	3	2	1	5	4	3	2	1									
			Children (3-15)	3	2	1	5	4	3	2	1									
			Adolescent (16-20)	3	2	1	5	4	3	2	1									
			Elderly (63+)	3	2	1	5	4	3	2	1									
			Disabled	3	2	1	5	4	3	2	1									
18. ACCESSIBILITY OF/ACCESS TO THE SERVICES	1	2	Female (21-62)	3	2	1	5	4	3	2	1									
			Male (21-62)	3	2	1	5	4	3	2	1									
			Children (3-15)	3	2	1	5	4	3	2	1									
			Adolescent (16-20)	3	2	1	5	4	3	2	1									
			Elderly (63+)	3	2	1	5	4	3	2	1									
			Disabled	3	2	1	5	4	3	2	1									
19. VISIT FROM INSTITUTIONS/ EXPERTS TO ASK THE NEEDS OF THE HOUSEHOLD	1	2	Female (21-62)	3	2	1	5	4	3	2	1									
			Male (21-62)	3	2	1	5	4	3	2	1									
			Children (3-15)	3	2	1	5	4	3	2	1									
			Adolescent (16-20)	3	2	1	5	4	3	2	1									
			Elderly (63+)	3	2	1	5	4	3	2	1									
			Disabled	3	2	1	5	4	3	2	1									
Chronically ill	3	2	1	5	4	3	2	1												

B1.	1. Was there a need? 1- Yes 2- No	1.1 If yes; who was in need? <i>(multiple response)</i>	1.2 To what extent has your needs been met? 3- Fully met 2- Partially met 1- Not met			1.3 For how long have these services been provided? 5- Still ongoing 4- 1 year following the earthquake 3- 6 months following the earthquakes 2- The first month following the earthquakes 1- Only once					1.4 Which institution(s) have provided these services? <i>(multiple response)</i>								
											MoFSP <sup>28</sup>	UNICEF	Local Administration <sup>29</sup>	NGOs <sup>30</sup>	Crafts and/or persons	Other	Not known		
20. TRANSFER TO OTHER CITIES	1	2	Female (21-62)	3	2	1	5	4	3	2	1								
			Male (21-62)	3	2	1	5	4	3	2	1								
			Children (3-15)	3	2	1	5	4	3	2	1								
			Adolescent (16-20)	3	2	1	5	4	3	2	1								
			Disabled	3	2	1	5	4	3	2	1								
			Chronically ill	3	2	1	5	4	3	2	1								

**B2.** In general, how sufficient were the support studies conducted by the institutions in the aftermath of the earthquakes in your opinion?

*(5 They were very sufficient, 4 They were sufficient, 3 They were neither sufficient nor insufficient, 2 They were insufficient, 1 They were very insufficient)*

	5	4	3	2	1	I have no idea
Republic of Turkey Ministry of Family and Social Policies (Red Coated Individuals)						
UNICEF						
Republic of Turkey Prime Ministry Disaster and Emergency Management Presidency (AFAD)						
Republic of Turkey Ministry of Health						
Republic of Turkey Ministry of National Education						
Municipality						
Governorship						
Muhtars (Heads of the Village)						
Non-Governmental Organizations (Turkish Red Crescent - Kızılay, Union of Disaster Psychosocial Services - UDPS, etc.)						

### C. THE SITUATION AFTER THE SUPPORT PROVIDED

I will now list some of the changes that might have emerged in the aftermath of the support provided to you. I would like you to respond to these by numbering them from 5 to 1. 5 - corresponds to "I strongly agree", 4 - corresponds to "I somewhat agree", 3 - corresponds to "I neither agree nor disagree", 2 - corresponds to "I somewhat disagree" and 1 - corresponds to "I do not agree".

		5	4	3	2	1
		5 I strongly agree 4 I somewhat agree 3 I neither agree nor disagree 2 I somewhat disagree 1 I do not agree				
<b>C1. ADULTS</b> (Indicate to what extent you agree with the below situations for in the age range of 21-62 who were provided with support.)						
1.1 They now have more information on and are more aware of how to react in case of earthquakes.		5	4	3	2	1
1.2 They now have information on which institution(s) to apply to to meet their needs in the aftermath of an earthquake.		5	4	3	2	1
1.3 They now have more information on how mothers and fathers shall react to their children.		5	4	3	2	1
1.4 The family members started to get along with each other in a better manner.		5	4	3	2	1
1.5 The strength of the family members to endure stress/difficulties has increased.		5	4	3	2	1
1.6 The family members have started to support each other more.		5	4	3	2	1
1.7 There has been a decrease in the psychological issues of the family members in the aftermath of the earthquakes.		5	4	3	2	1
1.8 The social relations (neighborhood, relations with relatives) of the family have increased.		5	4	3	2	1
1.9 Mothers and fathers have started to participate in child-related activities more often.		5	4	3	2	1
1.10 They have returned to their old lifestyles much more easily.		5	4	3	2	1

		5   strongly agree 4   somewhat agree 3   neither agree nor disagree 2   somewhat disagree 1   do not agree
<b>C2. CHILDREN</b> (Indicate to what extent do you agree with the below situations for household members in the age range of 3-15 who were provided with support.)		
2.1 Their misbehavior / obstinacy has decreased.		5 4 3 2 1
2.2 Their relations with their friends have been more positive.		5 4 3 2 1
2.3 They started to participate in social activities more often.		5 4 3 2 1
2.4 They have returned to their old lifestyles much more easily.		5 4 3 2 1
2.5 Their interests in school and lessons has increased.		5 4 3 2 1
2.6 Their relationships with their mothers and fathers have improved.		5 4 3 2 1
<b>C3. ADOLESCENTS</b> (Indicate to what extent you agree with the below situations for household members in the age range of 16-20 who were provided with support.)		
3.1 Their misbehavior / obstinacy has decreased.		5 4 3 2 1
3.2 Their relations with their friends have been more positive.		5 4 3 2 1
3.3 They started to participate in social activities more often.		5 4 3 2 1
3.4 They have returned to their old lifestyles much more easily.		5 4 3 2 1
3.5 Their interest in school and lessons has increased.		5 4 3 2 1
3.6 Their relationships with their mothers and fathers have improved.		5 4 3 2 1
3.7 Their anger and aggressive behavior have decreased.		5 4 3 2 1
<b>C4. ELDERLY PEOPLE</b> (Indicate to what extent you agree with the below situations for household members who were above the age of 63 and were provided with support.)		
4.1 They have returned to their old lifestyles much more easily.		5 4 3 2 1
4.2 Their daily lives have become easier.		5 4 3 2 1
4.3 They felt more secure in terms of their health.		5 4 3 2 1
4.4 Their relationships with family members have improved.		5 4 3 2 1
<b>C5. DISABLED PEOPLE</b> (Indicate to what extent you agree with the below situations for household members who are disabled and were provided with support.)		

		5   strongly agree 4   somewhat agree 3   neither agree nor disagree 2   somewhat disagree 1   do not agree				
5.1 They have returned to their old lifestyles much more easily.		5	4	3	2	1
5.2 Their daily lives have become easier.		5	4	3	2	1
5.3 They felt more secure in terms of their health.		5	4	3	2	1
5.4 They felt cared for.		5	4	3	2	1
5.5 They started to become more extroverted.		5	4	3	2	1
<b>C6. CHRONICALLY ILL PEOPLE</b> (Indicate to what extent you agree with the below situations for household members who are chronically ill and were provided with support.)						
6.1 They have returned to their old lifestyles much more easily.		5	4	3	2	1
6.2 Their daily lives have become easier.		5	4	3	2	1
6.3 They felt more secure in terms of their health.		5	4	3	2	1
6.4 They felt cared for.		5	4	3	2	1

**Observations:**

HOURS   MINUTES



## In-depth Interview Forms

### A. INDIVIDUALS WHO RELOCATED OUT OF THE PROVINCE (30 women who have relocated from and returned to the province)

#### A1. Demographical Information

<b>Date of Birth:</b>		
<b>Marital Status:</b>		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
<b>Number of Children:</b>		
<b>Age of the eldest child:</b>	<b>Age of the youngest child:</b>	
<b>Education Level</b> ( <i>The most recent school of graduation</i> ):		
<input type="checkbox"/> Illiterate <input type="checkbox"/> Literate but never attended school <input type="checkbox"/> Primary school <input type="checkbox"/> High school <input type="checkbox"/> University		
<b>Employment Status:</b>		
<input type="checkbox"/> Employed <input type="checkbox"/> Not working <input type="checkbox"/> Unemployed		
<b>The number of employed household members:</b>		
<b>Do you or any of your family members have a disability or a chronic illness?</b>	<b>Relationship</b>	<b>Disability/illness</b>
<b>Residing province/district/borough:</b>		
<b>What was the total number of the household members at the time of the earthquake?</b>		
<b>Where did you move to in the aftermath of the earthquakes?</b> ( <i>Which of the household members moved out of Van/Erciş, when and for how long did they move?</i> )		

Where	Who	When	For how long

## A2. The Story Behind the Relocation/Moving

1. How did you decide to relocate? (How were you informed about how to relocate? Why did you choose to move out of Van/Erciş? Did you move out of preference or necessity?)
2. Did you relocate with your own means or with the support of an institution/organization? Could you explain the process of relocation and, if applicable, those who supported you and the basis of the support? (Which institutions/organizations supported your relocation? Did they apply on your behalf?)
3. How did you feel when you were leaving? What kind of difficulties did you have to confront in the process of relocation/moving?

## A3. Life in the New Location

1. Which organizations or individuals took care of you in the new location? What kind of support were you provided with? (especially for children, elderly and disabled individuals)
2. How was your life in the new location? Could you please elaborate? (social relations–neighborhood, positive aspects, difficulties, issues and concerns, times when you felt isolated, not empathized with/understood, not welcomed or felt different, did you have any difficulties in orientating to the new environment and surroundings?)
3. Did you have any loss of rights due to your relocation?
4. What kind of needs did you have? Were the surroundings and the environment suitable to meet your needs? For how long / by whom were your needs met?
5. Did your children continue their education in the new location? Who supported them? What kind of difficulties/problems were they confronted with?

How did the movement/relocation psychologically affect you or your children? (The interviewee is required to explain their feelings and the reasons for the emergence of these

feelings in detail.) (Did you encounter issues such as being angrier, agitated, depressed, hopeless, difficulties in establishing communication, getting involved in arguments, having unclear thoughts and mixed feelings, experiencing mistakes or accidents due to reasons such as having unclear thoughts and mixed feelings or attention deficit in the aftermath of the earthquakes? And was there any decrease in these or similar problems which you used to encounter prior to the earthquakes? )

6. Did you leave any relatives behind? How were they affected by your relocation / move?

#### **A4. The Story Behind the Return**

1. How did you decide to return?
2. Did you return with your own means or with the support of an institution/organization? Could you explain the process of return and, if applicable, who supported you and the basis of their support?
3. How did you feel when you were returning?
4. What kind of difficulties did you have to confront in the process of return?
5. What was the condition of the region or your house compared to prior to the earthquakes?  
Could you please elaborate?
6. How was your life after your return? (positive-negative aspects)
7. How was it for your children to return to their school? (Did they experience any problems in terms of their attendance/orientation?)
8. Is there any other comment that you would like to add or share which you believe is significant?

## B. DECISION MAKERS AT THE CENTRAL and REGIONAL LEVEL

### B1. Information Form

<b>Date of Birth:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Your current employer / post:</b>
<b>For how long have you been working for this institution/organization?</b>
<b>Your employer / post at the time of the Van-Erciş earthquakes:</b> <input type="checkbox"/> Same as my current employer
<b>Had you been assigned to any duty during any other natural disasters prior to the Van-Erciş earthquakes?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>How well informed / knowledgeable were you about psychosocial support during natural disasters during your assignment and efforts at the time of the Van-Erciş earthquakes?</b>  <input type="checkbox"/> Very much informed <input type="checkbox"/> Informed <input type="checkbox"/> Not informed

### B2. Institutional Activities

1. In what subjects and what types of activities and studies would your institution aim to conduct in response to natural disasters?
2. Were you, as an institution, prepared for the Van-Erciş earthquakes?
3. In what subjects and what types of activities and studies did you, as an institution, conduct in the aftermath of the Van -Erciş earthquakes? (the interviewee should shortly describe the activities and studies conducted)
4. What did you conduct within the scope of psychosocial studies?
5. Were there any problems/difficulties in conducting these studies? How did you tackle these difficulties?
6. Were the services provided and delivered in line with the needs of the victims of the disaster? Were you able to respond and meet these needs? Could you please specify and give reasons?

***Specific to the Ministry of Family and Social Policies:***

1. What were the psychosocial support services provided by the Ministry of Family and Social Policies?
2. In your opinion, what were the positive and negative aspects of the services provided and delivered? Could you please elaborate?
3. To what extent, in your opinion, were the psychosocial activities successful? Could you please elaborate with the reasons?
4. Could you please talk about the coordination and communications between the institutions who served in the field in the aftermath of the earthquakes? What were the drawbacks?

**B3. Institutional Capacity**

1. In your opinion, which psychosocial support activities were missing in the previous earthquakes but should definitely be implemented should there be another natural disaster?
2. Are there any other issues that you would like to add, recommend or comment on?

## C. IMPLEMENTERS (teachers, psychological therapists, psychiatrists, family doctors etc.)

### C1. Information Form

<b>Date of Birth:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Your current employer / post:</b>
<b>For how long have you been working for this institution/organization?</b>
<b>Your employer / post at the time of the Van-Erciş earthquakes:</b> <input type="checkbox"/> Same as my current employer
<b>Had you ever been assigned to any duty during any other natural disasters prior to the Van-Erciş earthquakes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>How well informed/knowledgeable were you about psychosocial support during natural disasters during your assignment and efforts at the time of the Van-Erciş earthquakes?</b> <input type="checkbox"/> Very much informed <input type="checkbox"/> Informed <input type="checkbox"/> Not informed

### C2. Personal Status

1. Where were you during the earthquakes? How were you affected?
2. What kinds of tasks and assignments, in relation to the psychosocial support activities, were you involved with in the aftermath of the earthquakes?
3. Did you have any experience in post-earthquake support activities? Did you have any training in this respect? (From which institution?)
4. Which aspects of these tasks do you believe were accomplished efficiently and effectively, and in which aspects did you encounter problems? (How did being both a victim of the earthquakes and a person with responsibilities affect you? Did you have any psychosocial support? Did you feel that you needed to have any psychosocial support?)
5. What would have prevented these difficulties?
6. In your opinion, what kind of influence did the studies that you conducted have on the lives of the individuals?

### **C3. The Assessment of the Psychosocial Activities**

1. How do you evaluate/assess the studies conducted in terms of their psychosocial aspects in the aftermath of the earthquakes? (To what extent do you believe they were sufficient in terms of their duration, quality etc.?)
2. Do you believe that the support was delivered in line with the needs?
3. In your opinion, what were the fundamental needs of the victims of the earthquakes in terms of psychosocial support and which of those needs were able to be addressed and met? (Children, women, the elderly..)
4. Could you please elaborate on the support provided that was aimed at the psychological status of children/families?

#### ***Specific to the Ministry of Family and Social Policies:***

1. Were you informed about and aware of the psychosocial support provided by the Ministry of Family and Social Policies?
2. How do you believe these support activities influenced those individuals and children affected by the earthquakes? Could you please elaborate?
3. Were the distributed KITS useful and beneficial? Were they able to reach everyone? (teachers only) What else could have been distributed or provided other than these KITS?
4. In your opinion, what were the positive and negative aspects of the services provided and delivered? Could you please elaborate?
5. Could you please talk about the coordination and communications between the institutions who served in the field in the aftermath of the earthquakes? What were the drawbacks?

### **C4. Recommendations and Comments for Future Reference**

1. Would you volunteer to work in the future in the case of a natural disaster should there be a need for you to do so?
2. In your opinion which psychosocial support activities were missing in the previous earthquakes but should definitely be implemented should there be another natural disaster?
3. Are there any other issues that you would like to add, recommend or comment on?

## ANNEX VI ANOVA Analysis

	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
				Lower Bound	Upper Bound		
Adults	1.9113	.60203	.03289	1.8466	1.9760	1.00	3.00
Children	1.6940	.60000	.03939	1.6164	1.7716	1.00	3.00
Adolescents	1.7693	.62757	.05401	1.6625	1.8761	1.00	3.00
Elderly People	1.5915	.64259	.07626	1.4394	1.7436	1.00	3.00
Disabled People	1.3926	.56027	.07624	1.2397	1.5455	1.00	3.00
Chronically Ill People	1.5016	.61270	.04890	1.4050	1.5982	1.00	3.00
Total	1.7237	.62849	.02004	1.6844	1.7630	1.00	3.00

ANOVA					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	27.186	5	5.437	14.726	.000
Within Groups	361.096	978	.369		
Total	388.283	983			



## ANNEX VII Terms of Reference

units for  
children

UNICEF - TURKEY  
Terms of Reference (Tor)



Evaluation of the Psychosocial Programme conducted after the Van  
Earthquake (2011 - 2013)

NATIONAL INSTITUTIONAL CONSULTANCY

Evaluation of the Psychosocial Programme conducted after the Van Earthquake	TOR-PRO/TURA/2013-E
Programme/Project/activity Title and Work Plan Code:	
Turkey Country Programme 2011 - 2015	
PCR Ref	Disparity Reduction, Social Inclusion and protection
PCR Ref	1.1.5 Child Protection System
Act.	Intervention for children at risk
Budget Code	5M/2012/9906

### 1. BACKGROUND

Van Province has an official population of 1,035 million (as of 31.12.2010, ABPRS) with a very low population density corresponding to 54.3/km<sup>2</sup>. Compared to other provinces, the average household size is relatively high (between 7 and 8 persons). It has 539,619 residents living in cities, and a village population of 495,799.

Van is one of the poorest regions of Turkey. The GDP of the Van Province is approximately 3,3 billion USD. Expected losses are around 15-66% of the provincial GDP at the around 500 million to 2,2 billion USD. The total insurance loss is expected to be around 40-100 million USD, with the contention being to the lower bound of the range.

A 7.2 magnitude earthquake struck Tabanlı Village that is affiliated to the province of Van on October 23rd 2011, at 13:41 local time and it was felt in the contiguous provinces and the regions close to borders of eastern and southeastern provinces in Turkey. Before the wounds of this massive earthquake healed, a second earthquake with a magnitude of 5.7 occurred in Edremit district of Van on 9th November 2011 at 21:23 local time. According to Disaster and Emergency Management Presidency of Turkey (AFAD), 644 people lost their lives and more than 4,000 people were injured, in total in the aftermath of the two earthquakes.

The earthquakes left a high number of people homeless and many of the buildings in the region became uninhabitable, it was recorded that there were 296,175 school-age children (164,843 of them were at the age group of 0-5 years) within the affected group. The economic and social life in the region were also affected from the devastation that these earthquakes left behind. Since they struck the region in fierce winter conditions, they gave birth to much more negative impacts in daily life.

The relief works for reducing the impacts caused by these earthquakes, to the possible were launched immediately and humanitarian relief materials were conveyed to the people in need, on the national and international level.

The earthquakes also brought along the need for psychosocial support; thus psychosocial support activities were carried out besides the distribution of fundamental humanitarian relief materials to

**ANNEX VIII Evaluation Team**

<b>POSITION</b>	<b>NAME</b>	<b>AREAS OF EXPERIENCE</b>	<b>CURRENT POSITION AND EMPLOYER</b>
Team Leader	Prof. Dr. Sibel Kalaycıoğlu	Disaster Sociology	Middle East Technical University - Department of Sociology
Disaster Psychology Expert	Prof. Dr. Nuray Karancı	Disaster Psychology	Middle East Technical University - Department of Psychology
Disaster Psychology Expert	Assoc. Prof. Banu Yılmaz	Disaster Psychology	Ankara University - Department of Psychology
Project Coordinator	Bayram Samet Şahin	Statistics	UDA Consulting - Director
Statistician	Oğuzhan Akyıldırım	Sampling and Quantitative Data Analysis	UDA Consulting - Statistician
Project Assistant	Ezgi Ergenç	Qualitative Research and Report Writing	UDA Consulting - Social Researcher