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Amna

AMNA REFUGEE HEALING NETWORK: AN EVALUATION AND REVIEW TO INFORM PROGRAMMING AND STRATEGY PLANNING

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Foreword

Amna Refugee Healing Network came into my life almost four years ago. As a member of the planning workgroup for the annual meeting hosted by the US-based organization Zero To Three, I wanted to make our audience more aware of one of the greatest humanitarian crises of our modern times—the forced displacement and refugee status of so many tens of millions of our fellow global citizens, including a distressingly high proportion who are families with young children. The gravity of this situation created an imperative to explore what can be done to help, so the Zero To Three workgroup sought to highlight innovative, trauma-informed approaches to supporting these families.

Enter *Amna*, suggested by a colleague as an organization that 'gets it'. Their presentation at our national meeting back in 2018 was a compelling testament to the healing power of their approach, one that is family and community-centred, recognizing that children often need more than a friendly space in which to play. *Amna* creates opportunities for nurturing connections and self-sustaining support systems, for young children, for their caregivers, for youth, women and men. Having spent time with *Amna*'s founder and staff, I can attest to their deep commitment to this work.

The impacts of conflict and displacement leave scars, on the people who experience them and on the social structures that they tear down. They break-up communities who had once provided a sense of safety and belonging for men, women, children and youth. Losing your safety net, experiencing harm, witnessing violence inflicted upon your loved ones, and losing access to basic services can have long-lasting and dangerous consequences. These are not just material losses.

Amna's approach helps children, youth, and their families deal with these scars and regain a sense of hope and belonging. *Amna* builds the support from the ground up, based on the lived experiences of the refugee communities it serves and drawing on trauma informed principles. *Amna* has also shown a strong commitment to strengthening mental health support among its own staff who come from diverse backgrounds to work together in challenging contexts and to act as ambassadors of its approach to other organisations that want to use its model.

One element of *Amna* that I very much appreciate is that it is a learning organisation. In each year of its existence, it has made use of the results of its data collection to adapt and adjust, working as responsively to the needs of the community as possible. The evaluation that follows reflects this. It tells a story of an organization that is paying attention to its own context to find out what works, what doesn't, and what needs to happen next. The world has seen a dramatic rise in forced displacement in the last decade, with 1 in 95 of the world's population being forcibly displaced in 2020, compared to 159 in 2010[1]. This suggests that the justification for a programme like *Amna* is unfortunately not going to disappear. But given that, I am grateful that *Amna* is

[1] UNHCR Global Trends: Forced Displacement 2020. Available at: https://www.unhcr.org/flagship-reports/globaltrends/ (Accessed: 31 May 22)

dedicated to support the children, youth, and families on their journeys. And I am glad to have a small part in *Amna*'s journey.

Amna has been attuned to the communities it serves from the outset and has understood the importance of recognising and addressing the trauma of displacement by building on community strengths. As this report shows, *Amna* has successfully adapted its programmes to respond to the crises of COVID-19 and the conflicts in Afghanistan and Ukraine. The impact of trauma can be mitigated through the support *Amna* provides to caregivers in regulating their emotions, with promising signs in the children of increased connection and self-regulation. Changes in the lives of young people have also been noted, with the acquisition of new skills and the ability to process their experiences. In the uncertain and harrowing conditions that refugee communities live in, *Amna* is a safe space for them to heal. And its work is needed now more than ever before.

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Executive Summary

Amna Refugee Healing Network (*Amna*), formerly known as Refugee Trauma Initiative, was founded in Greece, in 2016, as a response to the mass displacement of people from conflict in Syria in 2015. Founded by Zarlasht Halaimzai (herself a refugee from Afghanistan) and David and Jenny Altschuler, *Amna* has grown over the last six years within a context of rising numbers of refugees worldwide, an increasingly hostile environment for refugees in Europe, and the global COVID-19 pandemic.

This evaluation traces the evolution of *Amna*'s direct service delivery model into becoming primarily a capacity building organisation for non-specialists in trauma and identity informed approaches within Greece and beyond. It is now timely to evaluate the development and impacts of the organisation's operations in Greece, specifically its core programmes, and to review how lessons learned can inform the *Amna* expansion strategy to new countries and regions of the world in the short-term (the next three to five years) and in the medium-term (the next six to ten years).

Findings demonstrate that:

- *Amna* has achieved the intended objectives set out for this review.
- *Amna* responded to the context and needs of communities by identifying gaps in non-clinical mental health support, utilising a strengths-based approach to programme development with the aim of building the capacity of local organisations.
- *Amna* addresses a significant gap in psychological and, more specifically, trauma care services delivered to and by the refugee community.
- *Amna* has a unique footprint in serving refugee communities in Greece with a deep understanding of community needs. It has been able to successfully create a series of identify-informed and trauma-informed programmes for young children, youth, women, men, and communities. Its ability to engage and continually support the communities it serves, in the context of COVID-19 restrictions, is a testament to the team's understanding of communities' needs and the trust that has been established over time.
- Since 2016, *Amna* has directly reached approximately 11,000 people through its programmes, with an indirect reach of more than 1 million individuals through programming, social media and advocacy.
- *Amna* works with young children and their families, through the *Baytna* programme, as evidence points to the long-lasting and transformational impact of such interventions on long-term wellbeing across life stages. Caregivers who attended *Baytna* sessions reported: feeling a sense of connection, belonging and safety; reduced stress; improvements in sleep, behaviour, self-expression and self-regulation; as well as a sense

of connection in their children. Similarly, *Amna* prioritizes working with youth through the *Dinami* programme, informed by the proven link between youth interventions and successful transitions to adulthood. *Dinami* participants from the refugee and host communities reported learning new skills and feeling a sense of respite, safety, connection, support and empowerment, affecting them on a personal and professional level.

- In 2020, *Amna* rapidly adapted to the sudden emergence of COVID-19, moving its operations online and providing additional bespoke forms of support to help refugee communities and partner organisations navigate emerging challenges. *Amna* helped *Baytna* partner organisations provide remote service delivery to young children and their caregivers, with the online resources being accessed more than 175,000 times. *Dinami* youth projects similarly moved online and were valued by young people who reported feeling connected with others and experiencing respite and fun.

- *Amna* has worked towards incorporating lessons learned over the years into ongoing operations across the organisation as a whole. It has introduced policies, training, and funds to support the wellbeing of its volunteers, staff, and the larger community of humanitarian responders.

- *Amna* is now scaling up by providing small grants, training and technical advice to partner organisations in different parts of the world, who can apply trauma and identity informed theory in practice; build connections with other community-based organisations; share and develop learning; and work together to sustain practice and leverage people's voices for advocacy.

- To expand and inform the broader field, the organization must review its growth over the initial six years, identify current challenges, and design concrete strategies with adequate infrastructure in place to support growth. A strategy for 2022-2026 has been drafted (and at the time of writing is being reviewed in the light of the organisational response to the crises in Afghanistan and Ukraine), building on the lessons learned captured in this report. The strategy positions *Amna* as a leader in championing, serving, and advocating with and for refugee communities.

Abbreviations, Acronyms and Terms

ACL	Athens Comics Library
ECCD	Early Childhood Care and Development
ECD	Early Child Development
ECE	Early Childhood Education
ESTIA	Emergency Support to Integration and Accommodation
EU	European Union
FGD	Focus Group Discussion
KII	Key Informant Interviews
M&E	Monitoring and Evaluation
NGO	Non-Government Organization
OCC	Open Cultural Center
OSF	Open Society Foundations
PBL	Project Based Learning
PSS	Psychosocial Support
Amna	*Amna* Refugee Healing Network (formerly Refugee Trauma Initiative)
SLT	Senior Leadership Team
SWOT	Strengths, Weaknesses, Opportunities, and Threats

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Glossary

An **asylum seeker** is someone who has legally sought refuge in a third country.

***Baytna* Hub** *Amna*'s early childhood programme partner organisations form a group or 'Hub'.

Collective trauma is the impact that a traumatic event has on a community, society or nation. For example, genocides or natural disasters may provoke collective trauma. It is important to remember that while communities may experience collective trauma, each person will have their individual response.

Collective healing occurs in groups when individuals come together, either in person or remotely, to heal together.

Community resilience describes the capacity of communities to engage with, survive and heal from adverse events. See below for how 'resilience' is defined.

Co-regulation is a process between two people or a group of people who, through connection, manage to achieve greater emotional regulation. For example, when a caregiver talks to a distressed child with a soothing and calming voice, and both feel calmer afterwards.

***Dinami* Hub** *Amna*'s youth programme partner organisations form a group or 'Hub'.

Early childhood development (ECD/ECE/ECCD) describes the period of a child's life from 0 to 8 years of age, according to the United Nations Convention on the Rights of the Child (1989). Early childhood development services, including early childhood education (ECE) and early childhood care and development services (ECCD), provide opportunities for children to explore, play and learn about the world with trained caregivers.

Emotional regulation (also referred to as self-regulation or regulation) is the ability to manage one's emotions when in a challenging or traumatic situation. Self-regulation practices may include exercises involving music, movement, storytelling, crafts, sensorial activities, creative expression, breathing exercises or relaxation rituals to help restore equilibrium.

An identity informed approach acknowledges and welcomes the many different components of each person's identity. In implementing this approach, individuals can bring and share the aspects of themselves they choose. The approach requires organisations to continuously reflect and address power dynamics and inequalities that arise from group and individual identity.

Intergenerational trauma describes the psychological impact of traumatic events on subsequent generations. Such changes can be noted in the stress responses of the children of survivors, meaning that trauma may also impact on their genetic makeup and subsequent behaviours, and those of future generations.

A **refugee** is someone who has been forcibly displaced from their country of origin.

Trauma describes the body's emotional and physiological response to a traumatic event. It is a response that lives on in the body after a traumatic event is over, causing someone to be stuck in the past.

A **traumatic event** refers to any event or life experience that challenges an individual's sense of psychological and physical safety. The threat of death, serious injury, violence, abuse or neglect all have the potential to be traumatic.

Being **trauma-sensitive** means intentionally creating spaces and relationships that are nurturing and healing. It is important not to assume that someone is traumatised but instead to create spaces and services that support people to self and co-regulate (see definition of regulation).

A trauma-informed approach reflects how services acknowledge the possible impact of trauma on individuals, families and communities. A trauma-informed approach is reflected both in the way that people interact and through organisational practices that create a sense of predictability and provide opportunities for healing.

Vicarious trauma refers to an empathetic response experienced when working with people who have experienced trauma. The 'helper' feels the trauma or stress that someone else is experiencing.

Psychosocial is a term that describes the interactions of social, cultural, and other forces on an individual's emotional state and wellbeing.

Psychosocial support describes interventions that try to improve a person's wellbeing. Such interventions, according to the International Federation of the Red Cross and Red Crescent Societies (IFRC), are informed by the following principles: 1) A sense of safety 2) Calmness 3) Individual and the community self-determination 4) Connection 5) Hope.

Resilience is defined as the qualities that enable someone to adapt in the face of adversity and to keep going or recover from traumatic events, despite their ongoing impact.

Safe spaces are physical or virtual spaces where people are welcomed and can come together to meet and connect. Such spaces are structured with regular and predictable routines and activities

that help individuals feel they can be seen and heard and can see and hear others in a way that promotes trust and (re)builds relationships after extreme events.

Toxic stress is the body's response to lasting and serious stress. It occurs through exposure to prolonged, extreme or sudden events such as violence, mistreatment and abuse.

Values-based describes the principles that inform an organisation or initiative. A values-based approach values quality over quantity and experience above numbers. Stated values such as equity or respect then inform all organisational decision-making, policies, procedures and interactions.

Youth are defined by the United Nations as individuals between the ages of 15 and 24 years of age, however, many states have their own definitions in law.

Section 1: Review of Findings to Assess *Amna*'s Progress in the First Six Years

This report begins with a review of the evaluation findings to assess *Amna*'s Progress from its inception in 2016 up to 2021. The review draws on data and data analysis as laid out in Section 2 (*Aims, Objectives and Methodology of the Evaluation and Review*), Section 3 (*An Analysis of Context, Community Needs, and Amna's Programme Responsiveness - 2016-2019*) and Section 4 (*A Summary of the COVID-19 Response: Impact and Key Lessons Learned - 2020-2021*) of the report. This section summarizes conclusions drawn from the qualitative document analysis and Key Informant Interviews (KII) for the evaluation objectives:

- To understand the extent to which *Amna* was responsive to the context and the needs of the community.
- To explore whether *Amna*'s intended aims were achieved. These were providing respite, increasing knowledge and space for expression, and building of community.
- To review whether programmes implemented by *Amna* were tailored to the identities of the community (identify-informed).
- To review whether programmes implemented by *Amna* were trauma-informed.
- To identify the strengths, weaknesses, opportunities, and threats (SWOT) of the *Amna* strategy.

Objective 1: Was Amna Agile and Responsive to Context and Community's Needs?

The qualitative document analysis, reviewing context, needs and *Amna*'s response in the camps, suggests that *Amna* implements programmes which are responsive to the needs of the community and address unmet needs in the context. In order to achieve a responsive strategy, *Amna*:

- *Identified service provision gaps in the community:* Services that addressed wellbeing and coping skills in the refugee community were limited, and few recognized the trauma individuals, families, and communities had experienced. *Amna*'s services filled these identified gaps by training non-specialists in therapeutically informed programming.
- *Integrated evidence-informed life course actions: Amna* adopted evidence-informed programming to intervene at sensitive periods in the life course (early childhood and youth), to protect and support healthy development in the short and longer-term.
- *Considered inter-connectivity of strategies:* Inter-connections in strategies supported the building of community cohesion. For example, in *Baytna,* interventions targeted two

generations by focusing on the relationship between caregiver/parent and the young child. During the pandemic, *Amna* offered online services for men to support wellbeing and coping, which additionally benefited family and community. Community cohesion was supported through encouraging social-connections in groups and engaging facilitators who represented the diverse refugee community.

- *Building capacity: Amna* invested in supporting partners to increase programme reach and strengthen pathways for community members to be integrated in host communities (e.g., by training local kindergarten teachers).

The organisational culture, described in the KII, was flexible and committed to learning from the on-the-ground realities and lived experiences of communities. This culture permitted iterative revisions of curricula and programme models. Careful documentation and team meetings were an integral part of the process to ensure modifications in the programmes were informed by community needs. For example, in one session of *Baytna*, facilitators planned a 'moving' activity with the children, where they demonstrated how it would be to move from one place to another, attaching positive connotations to that movement. This allowed the children to understand and be prepared for the move that they were going to experience from one camp to another the following week.

However, there are limitations to what *Amna* can and cannot respond to in the community. For example, some recommendations from key informants included addressing stressors that are not within the scope of *Amna*'s work (e.g. economic challenges). *Amna* cannot solely tackle all challenges faced by communities. However, ensuring it has strong referral pathways and partnerships with multi-sector service providers is essential in addressing some of these stressors, without losing the focus of *Amna*'s unique footprint in training non-specialists on trauma informed and identity-informed service provision.

Objective 2: Did the Programmes Achieve Amna's Intended Aims of: Providing Respite, Increasing Knowledge and Space for Expression, and Building of Community?

The document analysis shows an array of services and activities delivered by *Amna* for young children, youth, women and girls, men, and communities in safe spaces, allowing for self-expression and respite. These services are empowering for intended beneficiaries. For example, documented benefits for children include they are better able to express their needs and positive and negative emotions. Documented benefits for women include the ability to adopt strategies to engage in relaxation as well as advocating for themselves. This is something that women do not necessarily experience in other spaces, and they often remarked on how *Amna* has helped them understand what is important for their wellbeing (body and mind) and how they will utilize these relaxation techniques on their own time.

Knowledge building was not limited to the refugee community, but a focused and explicit strategy was implemented to build knowledge and awareness among local service providers. *Baytna* Hub facilitators and members of senior leadership teams (SLTs) from the host and refugee communities reported increased understanding across all training topics and an improvement in practice through the implementation of this knowledge in their work with the communities they serve. They reported increased flexibility and creativity in navigating changing environments, a sense of empowerment, belonging and connection, improvement in setting boundaries and promoting and practicing self-care, improved hiring and HR policies and practices, and better decision making based on needs of community. *Dinami* Hub partners similarly reported increased knowledge across all training topics that benefited them professionally and personally, improved self-support and self-empowerment, enhanced skills development including leadership communication and reflexivity, and a consequent improvement in practice. Through the training, *Dinami* Hub participants reported a sense of safety, respite, enjoyment, and connection.

In the key informant interviews (KII), *Baytna* Hub partners perceived that the Hub was successful due to the high-quality training, supportive technical partnership, and observed benefits of services. Rather than opting for a short-term rapid response to meeting the needs of children and caregivers, *Amna* invested time to build the *Baytna* model with several iterations that have resulted in a range of resources and manuals to support expansion and replication of the model (adhering to a core value of tailoring to local context). This slow and informed evolution of the model meant it was easy to adapt services during the pandemic, supported by a responsive organisational culture. Despite the high turnover of facilitators and SLT in partner organisations (some 60% of those trained were no longer with the service after a period of support) the three-year training and capacity building programme has been successful and benefited partner organisations and communities. A clearer plan of the programme is now in place following the near completion of the *Baytna* Hub Pilot.

Acknowledging the high turnover of facilitators and SLT, and as *Amna* now has ample experience implementing the Hub model, *Amna* has been testing and making some assumptions around the practicality and feasibility of providing a shorter-form training and capacity building programme. Following the three year *Baytna* Hub pilot, *Amna* has since developed shorter-term programmes including the *Dinami* Hub programme, the *Youth Facilitator Training* programme, and its Afghanistan and Ukraine emergency responses. The assumptions underpinning these approaches need to be tested, and upcoming evaluations of the *Baytna* Hub and *Afghanistan Response* programmes aim to pinpoint the most effective approaches to shaping the final model of these programmes to ensure efficiency while maintaining quality and impact. More recently, *Amna* has been engaged in increasing external advocacy and communication, which are also of value in advocating for the rights of refugee communities in respect of improved mental health support.

Objective 3: Were Programmes Tailored to Community's Identities (Identity-Informed)?

Adherence to a participatory process supported the development of *Amna* programmes, including documented community consultations. For example, prior to launching *Baytna,* a comprehensive community participatory research piece was conducted in the camps of Kalochori and Frakapor, which included stakeholders, members of the community, and subject experts. The consultation influenced the content and delivery of *Baytna* in several ways.

- Child protection and safety: *Amna* worked to construct a curriculum that adhered to what parents needed and requested for children as well as seeking out physical spaces that are centrally safe.
- Collaboration: *Amna* collaborated with local NGOs and governmental bodies to not only inform their programming, but also to ensure that their service recipients were able to access other needed resources and services that *Amna* could not provide.
- Engaging community facilitators: Over time, members of the community have been engaged in service provision (e.g. interns) and support a representative service environment.
- Creating resources that reflect recipient experiences and identities: The activities developed for programmes reflect local experiences, cultural and language identities. For example, there are a lot of activities that facilitators conduct with the children such as sharing songs from or writing stories about their homeland that allows them to connect with their identities in a safe and harmonious environment. This is especially important since many of the children experience cultural dissonance between the cultures they come from and the Greek culture they live in. This does not just benefit the children, it additionally benefits the parents that attend the *Baytna* sessions for they see that their children are being encouraged to think about their primary identities instead of encouraging them to only adopt the Greek language and culture. Similarly, the audio, video and text resources created to reach children and caregivers during the COVID-19 lockdowns were translated into multiple languages and drew on material from different cultures.

Amna's efforts to ensure identity-informed programming includes culturally competent facilitators and content that speaks to the identity of the recipients is demonstrated in training sessions and supporting materials. Adherence to identity-informed programming was also noted as an active ingredient for successful service delivery and capacity development by key informants.

Objective 4: Were Programmes Tailored to be Trauma-Informed?

Amna's programmes normalise talking about or dealing with traumatic events in a participant's life. For example, for children in *Baytna*, *Amna* constructed a way of addressing the trauma that children experienced. Instead of providing direct counselling where children were asked about their experiences, *Amna* created a safe space for children to draw or construct their internal thoughts through various art forms. This proved to be effective for the children who could work through the trauma they experienced in their lives without having to relive it through sessions restricted to speaking about the trauma. Instead, children used age-appropriate participatory methods such as drawing, painting, dance, music, and play. For women, therapeutic approaches included dance and movement therapy and art therapy permitting freedom of expression, which also fostered a sense of agency.

The men's therapeutic groups filled an unmet need in the community. The men's group provided a safe space to discuss difficult topics including experiences of injustice, moving country, asylum processes, existential themes, and cultural exchanges.

The *Dinami* Direct Delivery projects similarly provided youth with safe spaces to express themselves through different means, including music, creative writing and dance. Additionally, this implementation strategy supported community connections and friendships through peer-to-peer support. Overall, it is important to note that a commitment to *Amna*'s trauma-informed programme design positioned *Amna* to be ready to lead and share learning to support communities during the pandemic when mental health issues were likely exacerbated.

In summary, *Amna* has achieved the intended objectives set out for this review. However, to move forward in the next five to ten years, it is necessary to take stock of the SWOT analysis to plan future directions.

SWOT Analysis

Table 1 below summarises the strengths, weaknesses, opportunities and threats identified through the document analysis and KII. It offers a reflection point for *Amna* as it embarks on consolidating current programmes, strategising new programme directions, and planning for international expansion.

Table 1: Strengths, Weaknesses, Opportunities and Threats

Strengths
• Programme approaches: Flexibility, context and community responsiveness • Core Values: Fidelity to evidence-informed, identity-informed, trauma-informed content and delivery • Target Groups: A life course approach to support healthy development of young children and youth, meeting needs of underserved groups (e.g.youth) • Provision of safe spaces for mental wellness promotion: Women and girls, men and boys • Active Ingredients: Culturally competent delivery personnel, community building (bridging divides in community, building social connections and peer support), safe spaces for freedom of expression and fostering agency, giving voice to individuals and communities, range of activities to provide psychosocial support (music, movement, art, storytelling) • Partnership: Supportive supervision and technical support to local partners to extend reach and support community integration • Resources: Availability of evidence-informed manuals, materials and activities. • Organisation culture: Friendly, motivated, committed to mission • *Baytna* Hub Theory of Change and Evaluation Framework: allows for effective communication in community outreach as well as to partners and funders, and facilitates monitoring efforts • Organisational Theory of Change and Evaluation Framework: allows for effective communication in community outreach as well as to partners and funders about *Amna*'s 5-year strategy, and facilitates monitoring efforts • Improved monitoring and evaluation frameworks that objectively inform programme effectiveness (Annex 4) • Communications specialist Post: to make Amna's internal and external communications more consistent and accessible
Weaknesses
• Lack of theory of change and evaluation framework for *Dinami* Hub/*Youth Facilitator Training* programme, which impedes effective communication in community outreach as well as to partners and funders, and hinders monitoring efforts* • Incomplete monitoring and evaluation framework. It is imperative that the Monitoring and Evaluation frameworks extend to partner implementation of services. Frameworks should capture both outcome, implementation quality and processes, training and supervision, and organisational learning • Inadequate communication that hinders internal and external team building, partnership building, and funding • *Amna* staff burnout and turnover that hinders programme growth • Hub partners staff burnout and turnover that hinders programme growth
Opportunities

- The organisation has reached a point in its growth when it can increase advocacy with and for refugee communities
- While individual vulnerable groups and community building is central to programmes, there is an opportunity to focus on couples and family-centred approaches
- Multi-sectoral connections to create referral pathways to help recipients address a range of stressors (that cannot be addressed by *Amna*)
- While adherence to core values and active ingredients is fundamental to future programme replication in other contexts, an adaptation guide will be a helpful resource for future partners
- Creating a more streamlined training model provides opportunities for expansion and efficient delivery of services

Threats

- External threats: Policy environment that is hostile to refugees, ongoing COVID-19 uncertainty challenging programme delivery and training options
- Funding: Long-term core funding is necessary for programme growth
- Outside pressure may impose desire for shorter trainings that are not of sufficient intensity or provide enough ongoing support

***Several of these issues are being addressed (e.g. staff wellness funds, improved recruitment processes, external supervision for programme leads, co-creation of theories of change)**

Amna is ready for the next phase of growth. The organisation has a positive culture and a deep understanding of the communities it seeks to serve. Key decisions have been made about the scale and scope of operations over the short-term (three to five years) and medium-terms (six to ten years), and further decision-making is required around how attention to infrastructure, diversity of funding and partnerships, communication and evidence can strengthen the unique position it holds among NGOs working in the space. While long-term core funding is necessary for programme growth, *Amna* has done well compared with other agencies in terms of drawing in new funders and maintaining relationships with older partners. As internal consultations are underway for future planning, advisory groups may be helpful in selected areas of programme and organisational growth.

How is Amna Responding to Lessons Learned to Take the Programmes Forward in 2021 and Beyond?

The trauma and identify-informed rootedness in the *Amna* organisation is the key to *Amna*'s success in working effectively to support refugee communities. The growing need and demand for such programmes positions *Amna* for a global leadership position in advocacy and training for partners to implement this approach and reach more populations.

In the short-term *Amna* intends to respond to this need and expand its reach to 30 partner organizations, working globally through trainings and capacity development support. The lessons learned on effective online training and support during the pandemic, as well as lessons learned

from the Afghanistan Response Programme, can be leveraged to support the achievement of this target. Additionally, *Amna* core team had started to develop programme theories of change to ensure expansion maintains Amna's core vision and approach, working responsively and adaptively to new contexts.

Plans for advocacy and capacity development employ lessons learned from Greece:

- Expansion will be supported by a network/Hub of partners who e.g. share good practice.
- Core *Amna* tools and resources which were developed over the last six years will be accessible to partners and can be adapted to new contexts.
- Advocacy for the rights of refugees will be informed by the experiences of the community and will be tailored to acknowledge the varying contexts of refugee populations.

Internally, the *Amna* team has continued to grow and includes those who have lived experience and understand first-hand the challenges of respective refugee communities and their journeys. Support and retention of staff has improved with new strategies and systems in place. A global strategy for 2022-2026 has been drafted, building on the lessons learned and captured in this report. The strategy positions *Amna* as a leader in championing and serving refugee communities, while advocating with, and for them.

Section 2: Aims, Objectives and Methodology of the Evaluation and Review

Amna (formerly Refugee Trauma Initiative) is a relatively young non-governmental organisation (NGO) serving refugees in Greece. The organization was founded in 2016 by Zarlasht Halaimzai and David and Jenny Altschuler, with Zarlasht assuming sole leadership of the organisation in 2017. Of critical importance, *Amna* addresses a significant gap in psychological and trauma care services delivered to refugees. The services are designed to responsively meet the needs of individuals (children and their caregivers, youth, men and women), families, and communities. To date, *Amna* has directly reached approximately 11,000 people largely through two core programmes: *Baytna* (early childhood development programme) and *Dinami* (youth programme) and by training other organisations to deliver services through the Hub initiatives (*Baytna* Hub – See Annex 1 and Annex 2 – and Dinami Hub – see Annex 3). *Amna* has been instrumental in building local partner capacity to provide trauma-informed services for young refugee children, their caregivers, and youth. During the COVID-19 pandemic, the organization expanded therapeutic services and provided support through online platforms, therefore also extending reach.

Amna has grown over the last six years against a backdrop of a rising number of refugees in need (with the number of forcibly displaced people almost doubling from 43.7 million in 2010[2] to 84 million in mid-2021[3]), an increasingly hostile environment for refugees in Europe, and a global pandemic. Today, *Amna* provides psychosocial support (PSS) to young children and caregivers, youth, men and women who live in Greece through its *Baytna* Hub, *Dinami* Direct Delivery, Youth Facilitator Training, and therapeutic group programmes as well as groups for humanitarian workers. The successful *Help the Helpers* groups enable humanitarian workers to reflect on their own practice and wellbeing[4]. *Amna* has also begun its expansion outside of Greece, through its Afghanistan and Ukraine Response programmes, and has further plans for expansion in the short- and medium-terms. Where *Amna* is today has been shaped by six years of testing, trialling, and learning. It is now timely to evaluate the impacts of the organisation, and to review how lessons learned can inform the *Amna* strategy in the short-term (the next three to five years) and in the medium-term (the next six to ten years).

Aims and Objectives

The first aim of this report is to evaluate the **impact of the *Amna* core programmes** over the last six years (with an initial focus on the years 2016-2019 - pre-COVID-19 pandemic, followed by a

[2] UNHCR Global Trends 2010. Available at: https://www.unhcr.org/4dfa11499.pdf (Accessed: 28 March 2022)
[3] UNHCR Mid-Year Trends 2021. Available at: https://www.unhcr.org/statistics/unhcrstats/618ae4694/mid-year-trends-2021.html (Accessed: 28 March 2022)
[4] List of programmes running in 2022

focus on 2020-2021, after the emergence of the COVID-19 pandemic). The four objectives for the first aim are:

1. To understand the extent to which *Amna* was responsive to the context and the needs of the community.
2. To explore whether *Amna*'s intended aims of providing respite, increasing knowledge and tools for respite, space for expression, and building of community were achieved.
3. To review whether programmes implemented by *Amna* were tailored to the identities of the community (identify-informed).
4. To review whether programmes implemented by *Amna* were trauma-informed.

The **second aim of this report is to review the COVID-19 response** and implementation strategies of *Amna*, focusing on 2020-2021. The two objectives are:

1. To understand whether the response was able to meet the needs of children, youth, caregivers, and community members during the initial period of the pandemic.
2. To identify key lessons learned from programming during 2020-2021, which should be taken forward during the pandemic recovery period over the next few years.

The third aim of this report is to **share an initial review of *Amna*'s growth** and assess the strengths, weaknesses, opportunities, and threats (SWOT) to inform future strategic planning and growth in the short- and medium-term.

Methodology

This evaluation and review utilise three methods:

1. Qualitative document analysis.
2. Key-informant interviews.
3. Expert review of strengths, weaknesses, threats, and opportunities.

A qualitative document analysis enables the researcher to give voice and meaning to the phenomena being studied.[5] In the present evaluation, document analysis leverages a range of organisation and programme documents maintained that capture real-time context and implementation, and permit corroboration across a range of data sources.

Data sources for the qualitative document analysis included:

- Attendance and monitoring sheets of selected programmes

[5] Bowen, G. A. (2009). Document analysis as a qualitative research method. Qualitative Research Journal, 9(2), 27-40. doi:10.3316/QRJ0902027

- Monitoring and Evaluation reports, templates and tools
- Selected programme weekly, monthly, quarterly, and/or yearly reports
- Session checklists
- Narrative reports from participants in programmes
- Focus groups conducted with participants
- Feedback forms from training participants
- Weekly activity/session plans for selected programmes
- Daily session reports for selected programmes
- Individual participant case studies
- Minutes of team meetings
- Activity books and templates
- Volunteer monitoring templates and training

The documents are, for the most part, internal to *Amna*; therefore, information is supplemented by Key Informant Interviews (KII).[6] While the document analysis provided more insights about *Amna* programmes, the KII interviews provided broader insights about the organisation, the culture and considerations for future growth. The intention of the KII was to explore what worked and what did not work over time, understand organisation context, and identify barriers and facilitators that influenced implementation of *Amna* programmes. A small group of key informants with knowledge and informed perspectives on *Amna* were selected, and included two *Amna* service recipients, six *Baytna* Hub partners, three funders, two current employees of *Amna*, and one former employee of *Amna* (Table 2). Finally, a SWOT analysis was conducted to consider the evaluation findings and offer perspectives on the lessons learned to inform short- and medium-term strategy directions.

Table 2: List of Key Informants

Key Informants	Details
Two *Amna* service recipients	One former *Dinami* participant, One *Amna* intern
Six *Baytna* Hub partners	Three from *Open Cultural Center* (OCC), one from *Elix*, one from *Solidarity Now*, and one from *Perichoresis*)
Three funders	Two from *Open Society Foundations* (OSF), and one from *Help Refugees (now Choose Love)*
Three *Amna* employees	Two current employees and one former employee

[6] Maxwell, J. A. (2005). Qualitative research design: An interactive approach (2nd Ed.). Thousand Oaks, CA: Sage

Section 3: An Analysis of Context, Community Needs, and *Amna*'s Programme Responsiveness (2016-2019)

The first aim of this report is to evaluate the impact of the *Amna* programmes over the last six years on the communities *Amna* serves. To understand the extent of this impact, it is important to describe the context in which programmes were developed and implemented, and to understand the degree to which *Amna* was responsive to the context and the needs of the community.

This section focuses on *Amna*'s impact in the first four years following its inception (2016-2019). It begins by presenting the socio-political events that were unfolding in Greece and Europe during that period, followed by a description of resulting community stressors and needs. The section goes on to detail *Amna*'s response to those needs, ending with an analysis of the impact of *Amna*'s programmes between the years 2016-2019. The next section (Section 4) covers the period from 2020-2021. It provides a review of *Amna*'s COVID-19 response, including programmatic adaptations and implementation strategies, analyses the impact of *Amna*'s COVID-19 response and programmes and whether it was able to meet the needs of children, youth, caregivers, and community members during the initial period of the pandemic, and identifies key lessons learned.

Overview of Socio-political Events in Greece between 2016 and 2019

Amna began its operations in Greece following two spikes in the arrival of refugees to the country, the first from July to August 2015 and the second from September to November 2015, with the total number of arrivals reaching over 800,000 by the end of 2015[7]. The increase in refugee arrivals coincided with other European nations implementing stricter regulations (e.g. Sweden and Hungary), including the closure of borders and rapid changes in international policy[8]. Such regulations exacerbated the immobility experienced by many refugees living in Greek camps, leading to a growing need for trauma-informed services and support. An overview of unfolding events that affected the lives of refugees in Greece between the years 2016 and 2019 is provided below (See Figure 1 below for a timeline of these events).

2016: The first half of 2016 was characterised by socio-political events that attempted to restrict the flow of migrants to Greece through a variety of national and international policies. Such

[7] UNHCR (2015) *Over one million sea arrivals reach Europe in 2015*. [online] UNHCR. Available at: https://www.unhcr.org/uk/news/latest/2015/12/5683d0b56/million-sea-arrivals-reach-europe-2015.html (Accessed: 28 March 2022)

[8] Guild, E. et al. (2015) What is happening to the Schengen borders? Available at: https://www.ceps.eu/system/files/No%2086%20Schengenland_0.pdf (Accessed: 28 March 2022)

events and policies included the closures of Greek borders and other routes[9], as well as the European Union (EU)-Turkey Statement that called to stop the flow of irregular migration to Turkey via European countries such as Greece[10]. After a rapid increase in humanitarian needs of refugees in Idomeni, a major transitory camp in Greece, the camp was evacuated, and refugees were relocated to other camps and accommodation[11]. The second half of 2016 saw the intensification of difficulties within Greek camps. A harsh winter exacerbated existing conditions, as did an abdication of international leadership on dealing with asylum and forced migration[12].

2017: Conditions within the Greek camps became increasingly tense, and actions were taken to dissipate some of this tension through international policy. As multiple camps across Greece closed down, the EU launched the *Emergency Support to Integration and Accommodation* (ESTIA) programme to improve living conditions of refugees by providing assistance to live within urban homes and apartments[13]. While international clashes in policy emerged between Germany and Greece with regards to family reunification[14], the end of 2017 saw looser geographical restrictions. As the emergency situation appeared to subside in the camps, the number of non-state actors providing aid to refugees began to decrease.

2018: Increased tensions within camps were observed as asylum claims remained stagnant with growing uncertainty for the larger refugee population, leading to interpersonal conflict within the camps. A series of riots and sit-ins by refugees in response to the increasingly worsening conditions inside the camps highlighted the physical and emotional difficulties that refugees were experiencing. This contributed to public health officials calling for the closure of Moria, one of the main refugee camps in Greece, as a public health safety measure, but without adequate measures being put in place to relocate refugees to better and dignified settings[15].

2019: Conditions within refugee camps remained poor as the number of refugees in camps continued to increase, while camps were not equipped to host such larger numbers (Example: around 13,000 people lived in Moria which was built to host less than 3,000 people). Refugee camps like Moria continued to receive refugees; however, the conditions in which refugees in Moria lived were dangerous, threatening refugees' health, safety and wellbeing, as seen when a

[9] Kingsley, P. (2016) 'Balkan countries shut borders as attention turns to new refugee routes', *The Guardian*, 9 March. Available at: https://www.theguardian.com/world/2016/mar/09/balkans-refugee-route-closed-say-european-leaders (Accessed: 28 March 2022)

[10] *EU-Turkey statement* (2016) *European Council*. Available at: https://www.consilium.europa.eu/en/press/press-releases/2016/03/18/eu-turkey-statement/ (Accessed: 28 March 2022)

[11] *Greek police move to shut down Idomeni refugee camp* (2016) *Aljazeera*. Available at: https://www.aljazeera.com/news/2016/5/25/greek-police-move-to-shut-down-idomeni-refugee-camp (Accessed: 28 March 2022).

[12] Kingsley, P. (2016) 'Thousands of refugees left in cold, as UN and EU accused of mismanagement', *The Guardian*, 22 December. Available at: https://www.theguardian.com/world/2016/dec/22/thousands-of-refugees-left-in-cold-as-un-and-eu-accused-of-mismanagement (Accessed: 28 March 2022)

[13] European Commission (2017) *EU launches new humanitarian programme for the integration and accommodation of refugees in Greece*. Athens. Available at: https://ec.europa.eu/commission/presscorner/api/files/document/print/en/ip_17_2121/IP_17_2121_EN.pdf

[14] Refugee Support Aegean (2019) 'Refugee families torn apart', 12 September. Available at: https://rsaegean.org/en/refugee-families-torn-apart/ (Accessed: 28 March 2022)

[15] International Rescue Committee (2018) *Unprotected, unsupported, uncertain: Recommendations to improve the mental health of asylum seekers on Lesvos*. Available at: https://www.rescue.org/sites/default/files/document/3153/unprotectedunsupporteduncertain.pdf (Accessed: 28 March 2022)

deadly fire broke out in the camp in September 2019[16]. One year later, the same camp burned down causing mass homelessness.

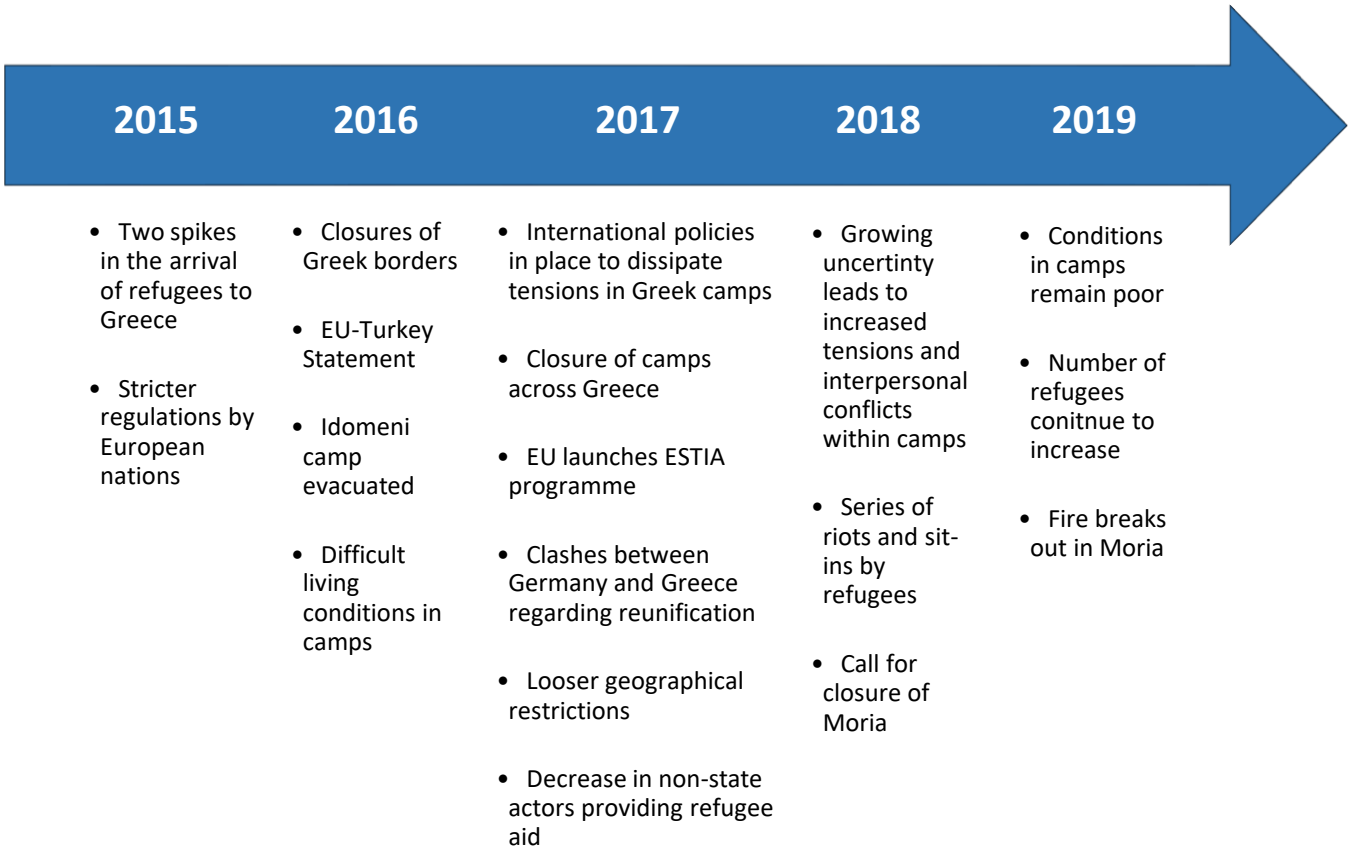


Figure 1: Timeline of Sociopolitical Events in Greece (2015-2019)

Community Needs and Stressors among refugees in Greece between 2016 and 2019

Refugee communities were faced with increasing stressors and growing needs as result of these fast-changing socio-political events. With the rapidly changing landscape of events during 2016 and 2017, the needs of the refugee population in Greece became increasingly more complex. This required longer-term and more sustainable measures because asylum processes began to take longer than expected. Therefore, a focus on mental health and psychosocial support for the refugee population was imperative (See Figure 2 below for a timeline of community needs and stressors).

[16] Al Jazeera (2019) *Greek plan to deport 10,000 migrants, move thousands to mainland.* Available at: https://www.aljazeera.com/news/2019/9/30/greek-plan-to-deport-10000-migrants-move-thousands-to-mainland (Accessed: 28 March 2022)

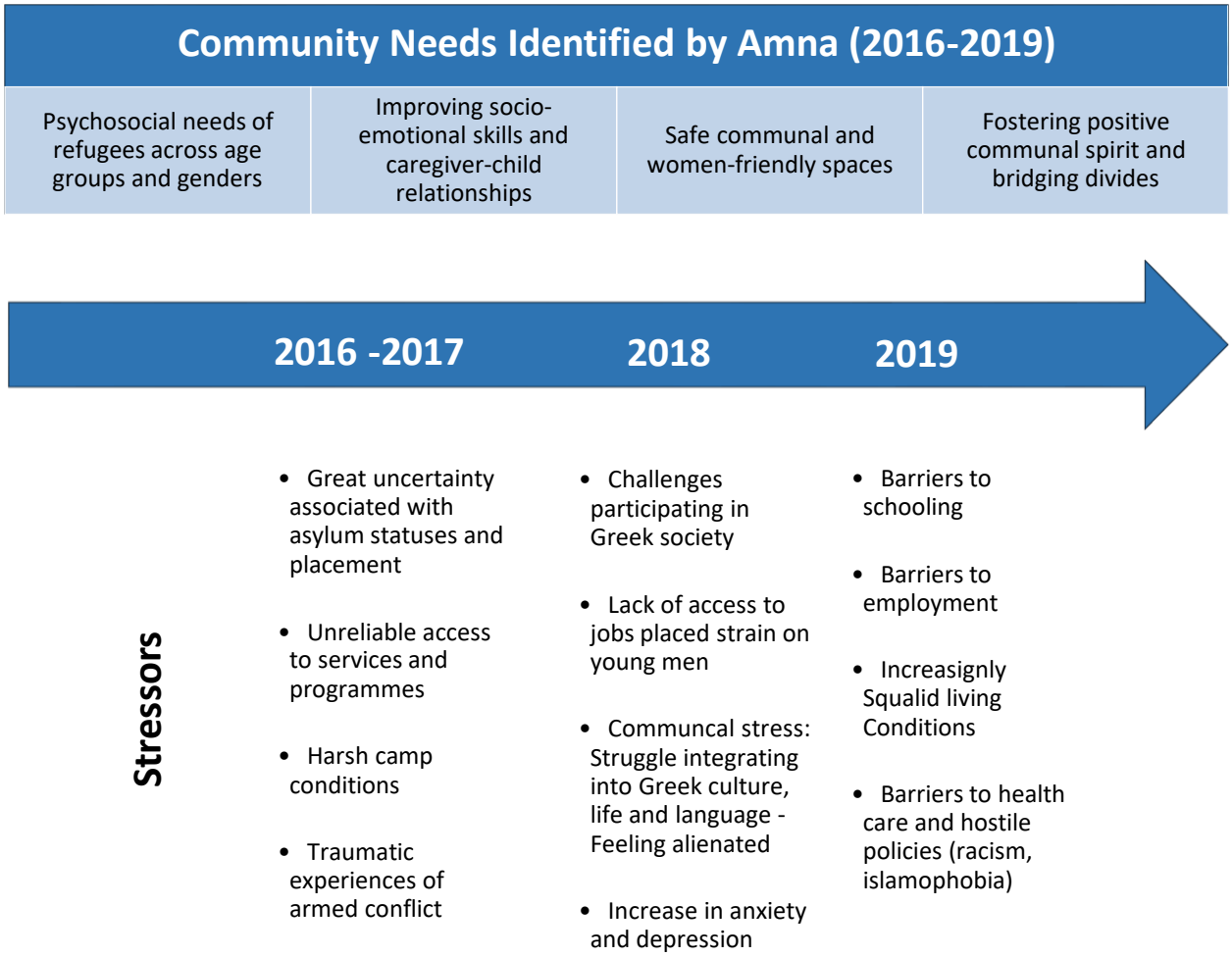


Figure 2: Timeline of Refugee Community Needs and Stressors in Greece (2016 -2019)

During 2016-2017, many stressors for the refugee communities were largely the result of great uncertainty associated with asylum statuses and placement, generally unreliable access to services and programmes, and harsh conditions of camps and the new setting. In addition to previous traumatic experiences related to fleeing from war and conflict, these stressors turned into frustration, anger, anxiety, and depression for the refugee community. A document analysis of *Amna*'s overview reports and randomly selected session reports of services implemented was conducted for this review and revealed that *Amna* had clearly identified the psychosocial needs of refugees, across different age groups and genders to be a central focus of their work. This included support in dealing with uncertainty and related emotions, processing past trauma, and attempting to build resilience and coping mechanisms for current lives. Particular needs identified for children included improving socio-emotional skills and improving caregiver/parent-child relationships while working on a host of holistic early child development (ECD) skills. For women and girls, those needs were centred on providing safe communal and women-friendly spaces where they could express their feelings and find support in one another. With respect to

the larger community, the psychosocial support needs were focused on fostering a positive communal spirit and bridging divides across different nationalities and ethnicities.

During 2018, with the increased stagnation in the situation of refugees and their legal status, the stressors communities felt were compounded by challenges participating in the Greek societal setting. Lack of access to jobs continued to place great strain on the psychosocial wellbeing of young men. Struggles with integration into Greek culture, life, and language proved to be a communal stress that left refugees feeling alienated from the setting they were in and progressively more marginalized. Refugees experience racism and dehumanisation. As a result, increases in anxiety and depression continued to strain communal and interpersonal relationships.

During 2019, the needs of the refugee community remained similar to the needs identified by *Amna* in 2016-2018, given no significant policy interventions were taken by national or local governments to address fundamental issues. For example, families that resided in the island hotspots continued to struggle to enrol their children in the public schooling system because of convoluted bureaucracy that acted as barriers to their enrolment. Therefore, many children continued to rely on services from NGOs. Youth and adults continued to struggle with finding stable employment while asylum seekers remained in a state of limbo. The increasingly squalid living conditions of the camps compounded stressors for the refugee population.

Amna's Work and Impact between 2016 and 2019

Amna was founded in 2016 in response to these worsening living conditions, growing needs and compounded stressors among refugee communities in Greece and continued to evolve as these needs changed.

Amna's introduction into the Greek refugee camps in early 2016 catapulted the relatively small NGO into being one of the leading organisations in the region to provide comprehensive, holistic, and targeted psychosocial support to refugee communities. Its introduction was marked by its strong efforts to address the immediate burden that socio-political events and former trauma was imposing on the refugee population, by serving as a central point in which groups of volunteer therapists and psychologists could provide care. This early work from *Amna* to address refugee stressors and needs typically took the form of individual and group therapy sessions in various camps (Idomeni, Eko, Hara, Frakapor, and Kalochori) run by a predominantly volunteer team. Through working with refugees and psychosocial experts, *Amna* gradually developed community responsive, nonclinical community-based interventions to help people who have experienced violence and forced displacement feel safe again. This came about following the communities voicing their desire for more communal interventions and was congruent with the evidence showing that only a small portion of people require intensive support following adverse experiences. This approach additionally allowed for sustainability of *Amna*'s work, allowing

communities to carry on holding these spaces after the end *Amna*'s intervention. *Amna* also moved from being largely volunteer based to hiring a team of staff including those with lived experience.

The first year of operations established a foundation for programmes that met the needs of vulnerable groups, fostered an evidence-informed and trauma-informed strategy, and embraced a flexible approach to learning and responsiveness. The learning to inform responsive actions was supported by monitoring efforts comprised of observational reports, attendance tracking, team review meetings, and other tools that could facilitate identifying whether activities, guidelines, and milestones were met. However, the Monitoring and Evaluation (M&E) processes were not consistent in this period.

As the situation in the camps continued to evolve, *Amna* began to diversify its strategy with its increased attention to the range of needs of the intended population it works with. During 2018, *Amna* was able to strengthen its core programming while venturing into new spaces that would provide more opportunities and avenues of help for refugees. A key component of *Amna*'s work was grounding its activities in Thessaloniki to have a central point for the dissemination of activities. During 2018, *Amna*'s footprint was expanding, not only by increasing reach through programmes and evolving content, but also by expanding to new areas to address unmet needs of vulnerable groups (i.e., young children and youth), while considering strategies to strengthen integration and capacity building by engaging with Greek civil society and other NGOs to spread of core programming and ideas.

*Between the years 2016 and 2019, **Amna directly reached over 1200** children and **300** caregivers through Baytna, **420** young people through Dinami, and **100** women and girls through its Women and Girls Programmes. Amna also provided Humanitarian Capacity Building[17] to around **800** individuals.*

The following section homes in on three of *Amna*'s programmes (*Baytna*, Women and Girls, and *Dinami*). It describes the evolution of these programmes between 2016 and 2019, and the story behind each programme's development in response to community needs and the changing socio-political context in Greece (See Figure 3 below for timeline of *Amna* responses and programmes between 2016 and 2019).

[17] Providing training and capacity building in trauma-informed psychosocial support to volunteers, aid workers and teachers across Greece, including conflict resolution and safeguarding, resilience training and psychosocial support to humanitarians, and self-care workshops.

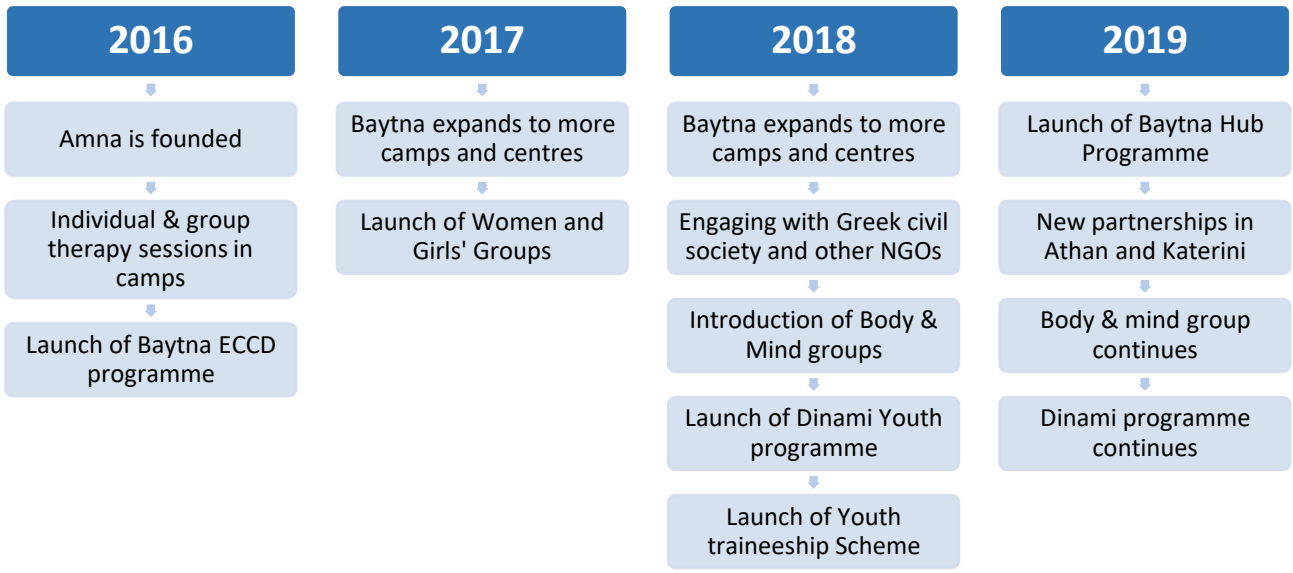


Figure 3: Timeline of Amna Response and Programmes (2016-2019)

Baytna Early Childhood Programme

Baytna Early Childhood Programme

Baytna *(meaning 'our home' in Arabic), is an early childhood care and development (ECCD) programme for young children (0-6 years old) and their caregivers living in Greece. Baytna has been designed to provide young refugee children and their families with key emotional support alongside high-quality early years education.*

2016-2019: *Amna directly delivered the Baytna programme to young children and caregivers across Greece.*

2019 - Present*: Amna shifted towards a Baytna Hub model, training and capacity building a group of partner organisations over a three-year pilot period to deliver the Baytna programme to young children and caregivers across Greece.*

In late December 2016, *Amna* launched the pilot service of *Baytna*, an early childhood care and development (ECCD) programme for children in the first six years of life, in the Kalochori refugee camp. *Baytna* endeavoured to address the gap in child-specific psychosocial programming in the refugee camps by:

- Delivering caregiver/parent-child activities that worked on building and improving the relationship between children and their parents while addressing the trauma both have experienced.
- Utilizing best practice in early childhood to develop an evidence-informed and culturally competent curriculum to structure programming for children to improve their socio-

emotional capacities, numeracy and literacy skills, fine and gross motor skills, and concept development.

Amna was made up of an interdisciplinary team of therapists, early childhood education providers, and members of the refugee community who came together to better understand the needs of the community in Greece. Evidence was drawn from the Adverse Childhood Experiences (ACE) Study[18] which studies the impact of ACE on young children and caregivers as well as Teresa Betancourt's work[19] [20] [21] which looks into child and caregivers prevention interventions in low- and middle-income countries. ACE affect children's executive functions, their cognitive development and overall wellbeing. *Amna* has therefore developed activities and a structure that counter these negative impacts and respond to children's needs: predictability, safety, playfulness, and secure relationships with facilitators. *Baytna* facilitators' skills therefore go beyond those required for Child Friendly Spaces (CFS), as facilitators are required to understand children's adverse experiences and how they can work with both children and families to help them begin to heal.

Activities included the promotion of early academic skills (numeracy and literacy), daily check-ins on the moods of children and their parents, singing, drawing, free play, mindfulness activities, storytelling, and play that engaged female caregivers/mothers.

In 2017, *Baytna* was expanded to other centres and camps across Greece such as the Alkyone Day Center with iterative improvements in content. The iterative improvements were responsive to the needs of participants who attended the *Baytna* programme and were made possible through detailed monitoring and documentation of sessions by *Amna* staff.

The results, based on participant monitoring by service providers, showed improvements in the socio-emotional capacities of children, stronger and healthier interpersonal relationships between caregivers/parents and their children, and improvements in ECD milestones. During the 2017 pilot year, several iterations of *Batyna* were adjusted to the different camp settings to meet the needs of the population. The multi-level focus on caregiver and child was intended to benefit two-generations.

[18] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4).

[19] Annan J, Sim A, Puffer ES, Salhi C, Betancourt TS. Improving Mental Health Outcomes of Burmese Migrant and Displaced Children in Thailand: a Community-Based Randomized Controlled Trial of a Parenting and Family Skills Intervention. Prev Sci. 2017 Oct;18(7):793-803. doi: 10.1007/s11121-016-0728-2. PMID: 27858282.

[20] Betancourt TS, Ng LC, Kirk CM, Brennan RT, Beardslee WR, Stulac S, Mushashi C, Nduwimana E, Mukunzi S, Nyirandagijimana B, Kalisa G, Rwabukwisi CF, Sezibera V. Family-based promotion of mental health in children affected by HIV: a pilot randomized controlled trial. J Child Psychol Psychiatry. 2017 Aug;58(8):922-930. doi: 10.1111/jcpp.12729. Epub 2017 May 15. PMID: 28504307; PMCID: PMC5730278.

[21] Nduwimana E, Mukunzi S, Ng LC, Kirk CM, Bizimana JI, Betancourt TS. Mental Health of Children Living in Foster Families in Rural Rwanda: The Role of HIV and the Family Environment. AIDS Behav. 2017 Jun;21(6):1518-1529. doi: 10.1007/s10461-016-1482-y. PMID: 27578000; PMCID: PMC5332398.

In 2018, the *Baytna* programme evolved in several ways to address emerging contextual issues and needs:

- A deliberate decision was made to diversify the core *Baytna* team by hiring facilitators from the refugee community, allowing team members to assess and meet the needs of children and caregivers in their native languages and in Greek, and in turn improving their integration into the Greek community.
- *Baytna* was expanded to other camps and centres such as at Irida Women's Centre in Thessaloniki[22], which could serve as satellite centres, and in turn increase programme reach.
- *Amna* collaborated with the Municipality of Thessaloniki, University of Patras, and the OSF to train kindergarten educators in public schools in trauma-informed practice, building capacity of service providers and frontline workers in Greece. A training manual for kindergarten teachers was developed. This was a crucial step to extended *Amna*'s mission into the public sector where child refugees receive their formal education.

In 2019, *Amna* focused efforts to strengthen *Baytna* services by consolidating its satellite centres into a *Baytna* Hub (Refer to Annex 1 and Annex 2 for more information on *Baytna* Hub programme and partner organisations). This included the opening of new *Baytna* spaces with five different centres and implementing activities with modifications for the specific populations being served by a *Baytna* Hub partner organisation. Simultaneously, *Amna* established new partnerships in Athens and Katerini, and increased its capacity-building efforts to deliver *Baytna* services (Figure 4). Partner organisations learned about *Amna* largely through provider networks and personal connections[23].

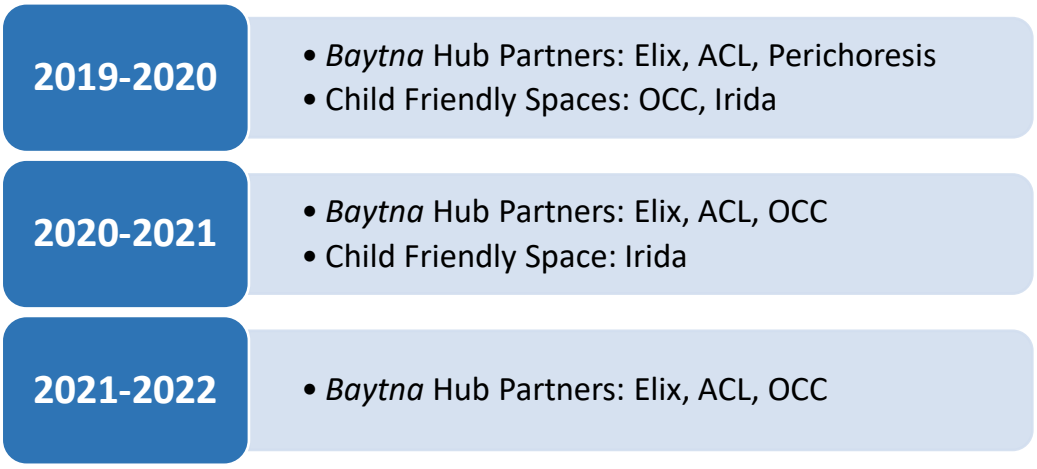


Figure 4: Timeline of Baytna Hub partners

[22] Irida Women's Center offers community-building activities for women in a safe space.
[23] Key Informant Interviews with *Baytna* Hub partners

A core part of the expansion of *Baytna* through *Baytna* Hub partners was investment in capacity development of partners to deliver the services. *Baytna* Hub Partners were motivated to join the *Baytna* Hub by a desire to have trained and competent staff to run ECD and Psychosocial Support (PSS) spaces, providing improved services for young children and to counter their own difficulties in acquiring funds to achieve these goals[24].

Amna provided Hub partners with small grants and with quarterly training sessions to strengthen their knowledge and practice. An iterative approach was employed by *Amna* for team reflection and learning after each training. For example, following delivery of the second *Baytna* Hub training session in July 2019, *Baytna* Hub trainees shared that they appreciated the positive energy and content of the training.

They also shared constructive feedback including the need for:

- More time to absorb content.
- Strengthened supervision of practice.
- Greater focus on tailoring strategies to meet the needs of children with disabilities.
- Further exploration of common challenges encountered and appropriate ways to resolve arising issues.

Following reflection and learning on behalf of the *Amna Baytna* team, the third series of trainings in January 2020 was implemented with improvements. Training participants commented on these improvements, noting that this training was *'one step above [the] last training',* as it *'responded to the state that hub [partners] are now in. It flowed better this time*', that the training '*included a wider context'* and addressed '*more practical realities*', that the training '*content responded to partners' needs'* and the training provided '*space for supervision, reflection and experience'.*

Overall, the skills of the training team have proven effective in helping participants grasp new knowledge and skills as encapsulated in the following graphs:

[24] Key Informant Interviews with *Baytna* Hub partners

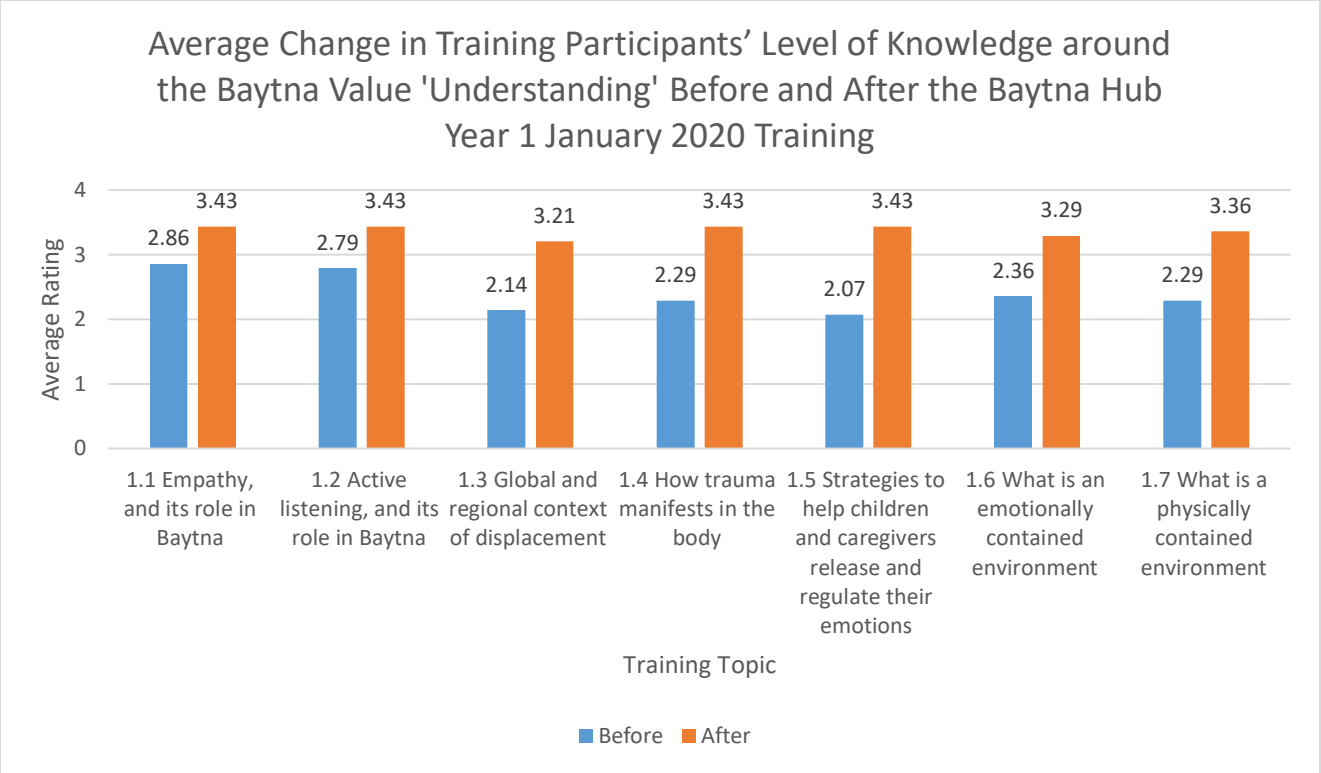


Figure 5: Average Change in Training Participants' (n=15) Level of Knowledge around the Baytna Value 'Understanding' Before and After the Baytna Hub Year 1 January 2020 Training (Rating Scale 1-4)

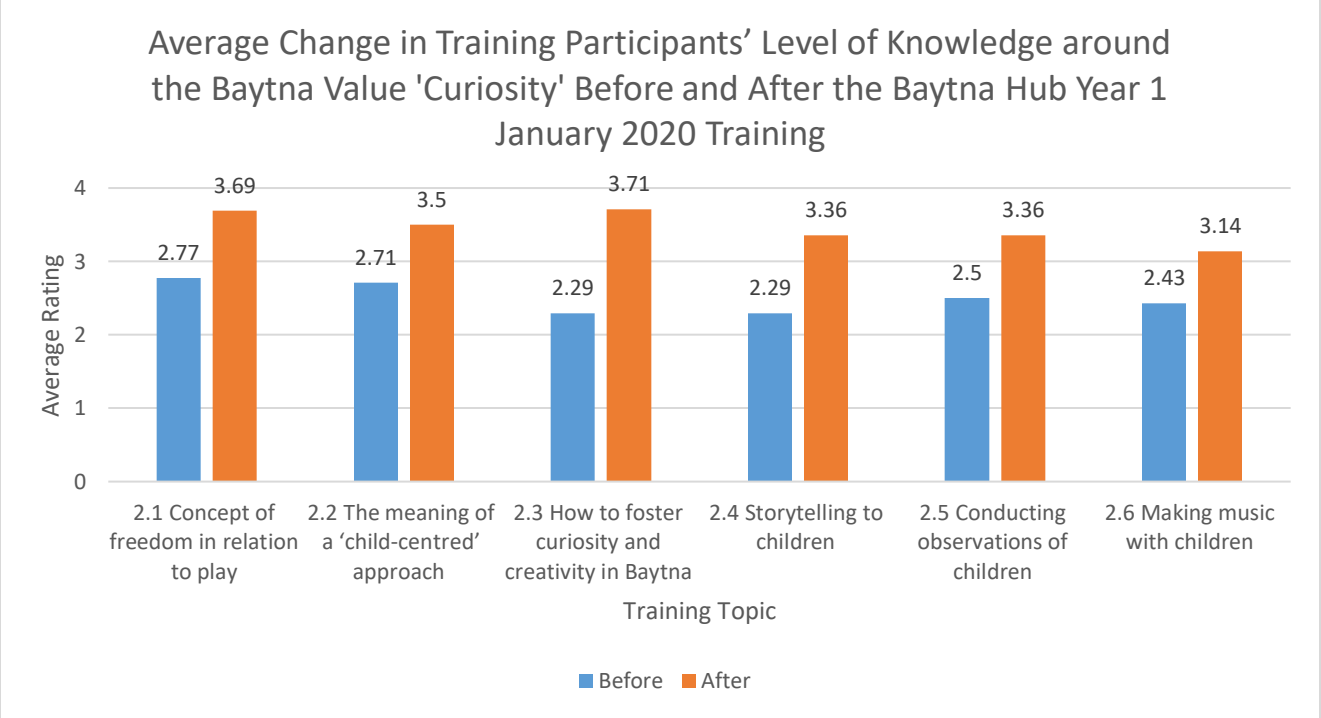


Figure 6: Average Change in Training Participants' (n=15) Level of Knowledge around the Baytna Value 'Curiosity' Before and After the Baytna Hub Year 1 January 2020 Training (Rating Scale 1-4)

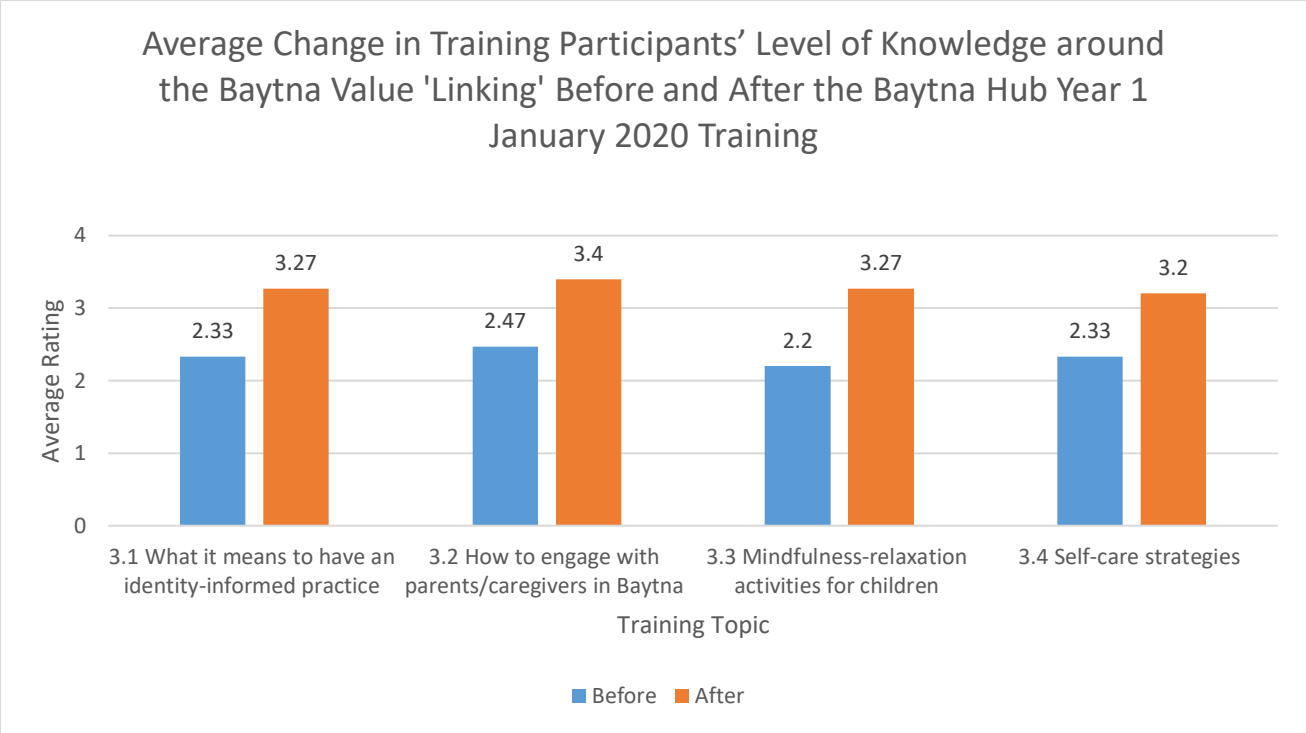


Figure 7: Average Change in Training Participants' (n=15) Level of Knowledge around the Baytna Value 'Linking' Before and After the Baytna Hub Year 1 January 2020 Training (Rating Scale 1-4)

Figure 5, Figure 6, and Figure 7 represent the average change in *Baytna* Hub training participants' knowledge of training topics before and after the third training session. From January 2020, *Amna Baytna* team began to measure changes in knowledge across learning objectives. By asking participants to retrospectively rate their understanding of training topics before and after the third training, data found that all learning objectives witnessed a positive change in knowledge, with some (e.g., emotional regulation, fostering creativity) witnessing a higher level of improvement than others (e.g., empathy, active listening).

A persistent challenge that emerged was achieving depth of understanding in a manageable amount of time of content, which is often new to trainees as well as developing effective and feasible methods for the provision of post training support to partners rolling out *Baytna*.

Women and Girls Groups

> ***Women and Girls Groups***
>
> *Safe spaces for women (19 years old and above) and girls (13-19 years old) to feel supported, speak freely about their experiences, confide in and seek advice from one another, build positive memories, and feel part of a community.*

Amna's additional work with *women's and girls'* groups during 2017 spoke to the mission of addressing the lived experiences of women (19 years and above) and girls (13-19 years old) within

the camps and the stressors that impact their daily well-being[25]. *Amna*'s main activity was creating circles of support in which a variety of activities were held (e.g., knitting circles, mindfulness activities, beach trips.). The direct benefit was creating a safe space for women and girls to speak freely about what they were going through during their stay in the camps, such as past trauma, familial separation, emotions and stress about instability, and concern over children and their future. These groups allowed women to confide in and seek advice from one another while building positive memories, thereby creating a more cohesive community spirit.

In 2018, *Amna* continued to address the needs of women and girls, and introduced the *Body & Mind* women's groups, which took place primarily in the Irida women's centre, as well as in other safe spaces. These groups were designed to engage women in a multitude of ways in self-empowerment, healing, and addressing the needs of their minds and bodies. The *Body & Mind* groups included dynamic activities specifically meant to address toxic stress and trauma, which was infringing on their mental and physical well-being. Trauma-informed PSS activities which were facilitated by specialists included exercising, yoga, mindfulness, dancing, and practicing languages.

Dinami Youth Programme

As with early childhood, the period of youth is recognised as a sensitive window for interventions that may mitigate risks and promote protection. Thus, *Amna* introduced projects to help youth develop life skills and support and strengthen their future employability. These were delivered alongside activities targeting families and larger communities.

Dinami Youth Programme

Dinami *(meaning 'Power' in Greek) is a programme for youth (aged 14-25) from the host and refugee communities in Thessaloniki, Greece, that focuses on youth empowerment and integration through direct delivery of free skills training combined with psychosocial support. Interested youth living in Thessaloniki can sign up for projects as they arise throughout the year. The different projects vary in frequency, with some taking place weekly and others monthly, and in length, with some lasting for a set period (e.g. one or two months) while others (e.g. Football4All) are ongoing.*

2018 - Present: *Amna directly delivers Dinami projects to youth from refugee and host communities in Thessaloniki, Greece.*

2018 - Present: *Amna hires trainees from the refugee community in Greece through its Youth Traineeship Scheme. Trainees work closely with the Dinami project lead to coordinate, develop and run projects and maintain relationships with Dinami alumni.*

2020 - 2021: *Launch of Dinami Hub Pilot Programme to train and help partner organisations who work with refugee youth in Greece in Psychosocial and Project-based Learning projects.*

[25] Lessons from the women's and girls' groups informed future projects such as the Dinami Girls group (2020 – present) and the Mind and Body groups for women (2018-2021)

In 2018, in addition to improving and expanding existing programmes, *Amna* launched *Dinami,* a youth programme designed to support youth in addressing toxic stress as well as resulting internalising and externalising behaviours. *Dinami* was rooted in youth empowerment, creating informal learning spaces to foster friendships, encourage self-expression, provide hope, and cultivate team work and skills development.

Youth in Thessaloniki actively participated in a host of activities including filmmaking, crafts, theatre, *Football4all*, a running group for women, music, and comedy. Active ingredients that enabled successful implementation and engagement of youth participants included a focus on sustainability; team building; goal-oriented projects (with goals being decided upon by the group based on what would be a meaningful project outcome to them); integration of essential psychosocial support techniques (e.g. mindfulness); and project facilitators who reflected the backgrounds of the youth.

Knowing that there was a lack of provision for refugee youth in Greece, leaving them with a multitude of challenges to face, *Amna* started its *Youth Traineeship Scheme*[26] in September 2018. This scheme, which targets youth from the refugee community in Greece, provides young men and women from the refugee community with 6 months training in core work skills such as computer literacy and language skills, project based learning including project planning, facilitation and leading, and translation. The traineeships scheme has been a great success, and all *Amna* trainees have succeeded in gaining employment following the traineeship.

Summary

In 2019, *Amna* focused efforts towards consolidating content informed by learning from the previous year and expanding programme reach. Similar growth in training capacity and learning was noted for *Dinami* as for *Baytna.* By 2019, both the *Baytna* and *Dinami* programmes were supported by training resources, manuals and so were in a position to serve as models for early childhood and youth refugee services that NGOs in the humanitarian sector could adopt.

Taken together, this array of programmes showcases the **holistic approach adopted by *Amna*** to meeting the needs of individuals, families, and communities. The versatility of the *Amna* programme strategy reveals that it is cognizant of how to achieve multiple levels of impact in each programme.

Amna Operations – Staff and Volunteers

It is noteworthy that *Amna* intentionally considered the **needs of its staff and partners in programme strategies.** Initial activities, launched in 2016, included trainings on self-care, unconscious bias, and secondary trauma for responders as well as continued advocacy throughout 2017 in the NGO sector for psychosocial support of volunteers and responders. *Amna*

[26] The Youth Traineeship Scheme started as a paid, part-time 6-month role for trainees from the refugee community in Greece. Trainees work closely with the *Dinami* project lead to coordinate and run activities and maintain relationships with *Dinami* alumni.

introduced a Psychological Support Fund, as well as fortnightly supervisions for its staff, providing them with a safe and confidential space to discuss stressors or problems they may be facing. This attention to staff and volunteer needs have continued through to 2021. In 2021, *Amna* provided its staff with training on topics including safeguarding and travel safety.

KII interviews with *Amna* staff found that staff were generally motivated to join *Amna* because of the organisation's mission and commitment to its work, core values, and ethics. A good level of professional satisfaction was noted by staff. Overall, in a relatively short space of time, staff saw *Amna* grow and strengthen capacity development strategies, as well as clarify the core feature of what it means to be a trauma-informed provider.

While staff noted a positive and supportive work environment, which included peer support, supportive supervision, a staff wellbeing fund, and supervision by external consultants, several challenges were noted. Primarily, these challenges were related to a growing new organisation with limited funds that often resulted in expectations of roles and responsibilities shifting and a high burden of responsibilities.

Over time, improved attention to staff wellbeing and stronger induction processes are countering these challenges. However, in addition to longer-term funding needs, there remains room for improvement in internal communication that can result in misaligned expectations. For instance, while a number of *Amna* staff may have joined the team with an interest in working directly with refugee communities, *Amna*'s programmes have developed with time to focus less on direct delivery of services and more on training partner organisations who deliver these services allowing for expansion and growth, leading to misaligned expectations.

Additionally, tensions and challenges may arise as a result of the geographical division of *Amna*'s operations between Greece, and the growing training and leadership team in the United Kingdom.

Keeping in mind the importance but scarcity of humanitarian wellbeing spaces for humanitarian working with refugees, *Amna* also set up the *Humanitarian Wellbeing Pilot* project in collaboration with *Human Hive* and *Indigo Volunteers* to train a wide range of grassroots humanitarian organisations to develop and embed better wellbeing policies and practices within their organisation. Overall, *Amna*'s attention to the psychosocial wellbeing of its volunteers, staff, and larger responders' community align to the mission and core values to collectively support and uplift the psychosocial wellbeing of refugees, and those working with them.

Amna Relationship with Funders

Through KII, funders explained that they came to know about *Amna* through NGO networks and greater familiarity was noted following on-site visits. Similar to service recipients and partners, funders recognized *Amna*'s unique footprint among humanitarian response organisations; focus on capacity building and a flexible responsive approach to service provision, which motivated

support. Funders were able to review *Amna*'s programme through direct reports and field visits, in addition to indirect news from other organisations, which attests to *Amna*'s strong reputation.

Reflections for the organisation from funders noted the need to improve communication, which may also hinder otherwise positive, committed and deep relationships with partners (e.g., explaining the importance of adherence to mission and philosophy) as well as the need to diversify funding streams. With respect to growth, funders expressed the value of shifting a focus to the family unit (beyond individuals or caregiver/parent-child dyads), expanding footprint to work on more Greek islands as well as other settings (e.g., Lebanon). Both areas for growth relies upon increased funding, expanding partnerships, and strengthening communication.

Summary of Amna's Responsiveness to Context and Community Needs from 2016-2019

The qualitative document analysis provided insights into the *Amna* programmes between 2016-2019. Over that period, *Amna* has consolidated programme content through an iterative process to ensure responsiveness to the context and needs of the community. The iterative improvements in content were achieved in three ways:

1. **Careful documentation and participatory engagement** of community members, partners and team members in assessing what was working, what was not working, and what was missing.
2. **Evolving programme strategies to meet unmet needs of refugee populations and supporting inter-connectivity** to foster cohesive and healthy relationships in diverse refugee populations. This includes meeting the needs of young children (and their caregivers/parents) and youth who are often invisible or whose voices are not heard in such settings and strengthening family and community cohesion.
3. **Partnerships with local organizations and frontline service providers** that build capacity, embed and sustain services, support reaching greater numbers of people in need, and use a therapeutic and empowerment lens in creating safe spaces for women and girls.

In sum, the intended aims of *Amna* to provide respite, increase knowledge and space for expression, and build community were achieved in the initial four years. In order to achieve these intended aims, the document analysis finds the key characteristics of *Amna* that permitted a nimble and responsive strategy was a **flexible approach**, a **range of activities** that were engaging for participants, and **participation of community members** to reflect on strengths and weaknesses of programmes, leading to lessons learned that can be taken forward and integrated in future programming. Such engagement, including the recruitment of representative and diverse teams, supported the development of **identity-informed programming**, which is evident across content and resources, delivery, and process. Finally, the programmes were **trauma-informed**, understanding that a generic programme is not adequate and a range of therapeutic

and healing activities is essential. In a relatively short space of time, *Amna* has emerged as a unique programme among humanitarian response NGOs with a mix of child and youth service, therapeutic and healing programmes, capacity building, and advocacy and communication.

Lessons Learned

In addition to growth in funding and staff, *Amna* has spent the last two years (2020-2021) focusing on lessons learned from the first four years of programming. These include:

1. Strengthening an M&E framework that permits a better understanding of programme impact on individuals and communities and informs programme effectiveness. At present, the co-created *Amna* theory of change for key programmes will inform the Monitoring, Evaluation and Learning framework.
2. Recent new hires with expertise in their relevant roles will firm up team structure, professional development and well-being designed to favourably benefit programme delivery. While support for frontline workers and *Amna* staff is a core value and strategy in the implementation of *Amna* strategies, staff turnover has been a challenge.

Section 4: A Summary of the COVID-19 Response: Impact and Key Lessons Learned (2020-2021)

The COVID-19 pandemic exacerbated stressors in the lives of refugees, often negated in global attention and discourse about the pandemic.

During 2020 and 2021, *Amna* continued to deliver the *Baytna* Hub programme, reaching young children and caregivers, as well as *Dinami* services for youth and therapeutic services for women through *Body & Mind* sessions. *Amna* also expanded its programmes to reach a wider audience. Furthermore, *Amna* developed the *Dinami* Hub training programme, drawing on lessons learned from Year 1 of the *Baytna* Hub programme. New strategies were also implemented in response to local needs. For example, findings from *Amna*'s '*The Impact of COVID-19 on Refugees in Greece*' report found evidence of exacerbating mental health issues among refugees, particularly those living in camp settings, who suffered from the withdrawal of NGOs that stopped operating due to COVID-19.

In response to this unmet need, *Amna* launched an online pilot therapeutic group for male refugees. As noted earlier in the report, *Amna* also collaborated with Indigo Volunteers and The Human Hive to roll out a *Humanitarian Wellbeing Pilot* to train grassroots humanitarian organisations working to support refugees across France, the Balkans and MENA regions to develop and embed better wellbeing policies and practices within their organisations (See Table 3 below for a list of *Amna*'s programmes between 2019 and 2022).

Table 3: Amna Programmes between 2019 and 2022

	2019-2020	2020-2021	2021-2022
Baytna **ECCD Programme**	*Baytna* Hub Year 1/3	*Baytna* Hub Year 2/3	*Baytna* Hub Year 3/3
Dinami **Youth Programme**	*Dinami* Direct Delivery Youth Traineeship Scheme	*Dinami* Direct Delivery Youth Traineeship Scheme Dinami Hub	*Dinami* Direct Delivery Youth Traineeship Scheme Youth Facilitator Training
Therapeutic Work	Women's Mind and Body Group	Women's Mind and Body Group Men's Therapeutic Group	Emergency Response therapeutic groups Men's Therapeutic Group

Humanitarian Capacity Building	Humanitarian Capacity Building	Humanitarian Wellbeing Pilot	Humanitarian Wellbeing Pilot continuation and evaluation Dedicated humanitarian wellbeing spaces through Afghanistan and Ukraine Response Introductory safe spaces principles training for frontline workers (global)
Emergency Response Fast-Track Training			Afghanistan Response Ukraine Response

Though *Amna* carried out a range of programmes during 2020-2021, this section focuses solely on the *Baytna* early years and *Dinami* youth programmes, how they were adapted to meet the needs of communities during COVID-19, their impact and lessons learned.

Baytna Hub

As described in Section 3 of this report, the *Baytna* Hub (comprising a group of organisations receiving small operational grants, and undertaking training and capacity building together) was launched in the summer of 2019. Training sessions, as well as *Baytna* service delivery, continued to take place in person during the first few months of 2020 until the Greek government introduced restrictions on movement and gatherings in March 2020. Following restrictions, *Amna Baytna* team moved its programmes online, adapting training material and delivery, increasing frequency of capacity building calls, and providing support through clinical supervisions and peer support calls.

Through capacity building calls and training, the *Amna Baytna* team supported *Baytna* Hub partner organisations to provide remote service delivery. They advised Hub partners, helping them adapt the *Baytna* service for online delivery and support families through weekly check-in calls, home visits, PSS Craft boxes with material provided in languages spoken by the children and caregivers, and Facebook Live sessions[27]. *Baytna* Hub partners found this support was very useful

[27] Hub partner organisations provided different services based on their location and the needs of the community. For example, Elix facilitators, who worked with children and families in Eleonas camp, were able to conduct home visits by visiting the different families in the camp. ACL provided Facebook Live sessions which were viewed by children and families all over the world.

to help facilitators '*think about new and different ways to keep in touch with families and offer activities for children*[28]*'. Amna* and partner organisations produced a range of PSS resources, including audio, text, and video activities and content, which were sent to caregivers via WhatsApp or Telegram App to use with their young children. These resources were accessed widely via Facebook, YouTube and the *Amna* website, generating over 175,000 views worldwide. While *Amna* has continued to provide online training and support since the first lockdown in Greece, *Baytna* Hub partner organisations moved back and forth between in-person and online service delivery as the Greek government fluctuated between stricter and looser COVID-19 restrictions.

Despite COVID-19 related closures and challenges, ***the Hub directly served 220*** *young children and* ***60*** *caregivers in 2020, and around* ***1180*** *children and* ***100*** *caregivers in 2021.*

Impact on Caregivers and Children

An internal evaluation of the first year of *Baytna* Hub, which drew on three focus group discussions[29] and three End of *Baytna* Hub Year 1 *'Impact on Community'* forms[30], reported perceived benefits from families including: **Reduced stress**, **Improved child behaviour**, and a **Sense of community and belonging.** These findings re-emerged in the End of *Baytna* Hub Year 2 '*Impact on Community'* forms[31], and several additional impacts of *Baytna* on children and caregivers were reported:

1. *Baytna* caregivers felt **a sense of connection, belonging, and safety,** strengthened by a trusting relationship with the *Baytna* team. This positive, trusting and caring connection between the children, caregivers and facilitators was vital to children's desire to return to and take part in *Baytna* sessions. Most caregivers mentioned that their children regularly spoke about *Baytna* at home, and that they loved attending *Baytna*, with one adding '*My child loves you and when we are at home he keeps saying I want to go to school and he asks what day it is'*. Some caregivers noted that facilitators went above and beyond to help, even providing support with '*papers and asylum'*. One mother also noted, '***You are the only person who came to my house only to ask how are you doing****. […] you are always present. When me and my child need you, you are always here trying to find a way to help us'*.
2. Caregivers and children were provided with **materials, games and resources** at *Baytna* that they would not otherwise have access to. Caregivers appreciated being given '*games and materials to have at home*'. Some caregivers noted having a lot of fun at *Baytna*,

[28] End of Year 2 *Baytna* Hub - SLT Feedback Forms

[29] Three out of four *Baytna* Hub Year 1 partners (Elix, Perichoresis and OCC) took part in focus group discussions

[30] Three out of four *Baytna* Hub Year 1 partners (Elix, ACL and OCC) provided 'Impact on Community' data

[31] Three forms in total, one form completed per Hub partner organization, through interviews and focus group discussions with children and caregivers attending their *Baytna* service

whether in person or online. They enjoyed dancing, playing, creating, and exploring. *Baytna* provided children with a schedule and routine, and with children their age to play with.

3. Children **learned new skills** including language, arts, music, literacy and numerical skills, gross and fine motor skills, and how to strengthen relationships. As one caregiver noted '*sometimes when [my daughter] plays at home alone I hear her count in Greek*'[32]. Another caregiver emphasized the benefits of group or circle time, adding that her one-year-old daughter sits on the ground and sings the *Kalimera* song every night.
4. Caregivers from all three groups reported a **change in their children's behaviour, self-expression and self-regulation**. For instance, one mother explained that her child used to be afraid of people but since attending *Baytna,* she is no longer afraid. Caregivers noticed changes at home with their children. They noticed how their children began voicing their needs rather than throwing tantrums, and that their children began expressing their feelings in words instead of hitting and throwing things. Caregivers also noticed positive progress and development in their children's mood and emotional development, with most reporting that because of *Baytna*, their child is more autonomous, takes initiative and helps at home. They mentioned that now they can talk to their child calmly and that their outbursts of anger have a shorter duration and less intensity.
5. Caregivers found that as a result of Baytna sessions, their children's **sleep had improved**. The parents noticed how their children seem to soothe themselves more easily having learned to do so in Baytna sessions.
6. The **caregiver-child relationship was impacted** by attending *Baytna*. Caregivers mentioned feeling closer to their child and having more "warm" moments together. Caregivers gave examples of this deepened caregiver-child relationship by saying *'he hugs me more now'*, '*he wants to read books together'*, *'in the morning when he wakes up […] he says good morning to me in Greek and sings a song he learned […] at Baytna'*, '*he tells me how he feels. He says now I am happy or sad*', and '*he apologizes for small things in a playful way. He never did that before*'.
7. *Baytna* encouraged caregivers to **focus more on their children**, at times when they were taken up with many stresses and problems. As one caregiver noted: '*my wife and I talk more often about our child*'. Caregivers expressed how happy they were that the facilitator was there to support them and their children.

Through KII, the partners expressed programme benefits for the community included stability for young children who participated in the programmes and indicators of quality included high rates of return visits, active engagement of caregivers, and observed community cohesion. One organisation opted to discontinue its partnership with *Amna* as a result of the COVID-19 pandemic and difficulties in identifying longer-terms funding to run their programme.

[32] Although learning Greek is not a primary outcome of *Baytna*, several caregivers reported excitement hearing their children learn Greek.

In another case, *Amna* terminated a partnership with an organisation following the end of *Baytna* Hub Year 1, due a misalignment in values (See Annex 2). Partners corroborated findings from the document analysis, attesting to *Amna*'s unique footprint in the community with respect to the organization's mission, services and meeting the needs of refugee groups that are often not adequately addressed.

Impact on Facilitators

The Year 1 evaluation of *Baytna* Hub found improved knowledge and skills of staff delivering the programme to families. This was also witnessed during the second year of *Baytna* Hub and was reported in feedback forms and interviews with facilitators.

Commenting on her own experience, one facilitator with lived experience of being a refugee found that the training and support provided by *Amna* impacted her both personally and professionally:

> *"Before joining Amna, I was very scared, a frustrated and confused person, I felt lost and could not be found again. I [thought that I] had no identity and I will never have an identity because I am no longer in my homeland. But after a while, maybe after three or four months, I became hopeful, hoping that Amna clinical supervisions and training would help me do my job (because my job was to care for refugee children and to communicate with mothers, and I am an asylum seeker myself).* ***I was able to think again about being a mother and being strong, it made me find myself*** *and .... I feel from the bottom of my heart that God wanted me to be a small member of Amna and be saved and able to help others"*

FEMALE FACILITATOR WITH LIVED EXPERIENCE, END OF *BAYTNA* YEAR 2 FEEDBACK FORM

Another *Baytna* facilitator described seeing:

> *"a huge change and empowerment both personally and in my role after the last year of Baytna. In particular,* ***I have developed the ability to set boundaries*** *and work with them, having great results in forming relationships at work, in relationships with families, with children, but also on a personal level in life outside of work. In the last year, I especially feel that Baytna is, among other things, a way of life with an impact on many levels. The value based and identity informed methods we work with are a very useful tool for every aspect of our lives and are constantly evolving through our work at Baytna"*

FEMALE *BAYTNA* FACILITATOR, END OF *BAYTNA* YEAR 2 FEEDBACK FORM

Data from feedback forms similarly points to a clear increase in knowledge and understanding across every training topic among participants (Example: Figure 5, Figure 6 andFigure 7, Section 3). Critically, the new Hub partners benefited from an improved post-training support system from *Amna*, that was put in place specifically to help partners during COVID-19 (See Table 4 below).

Table 4: Capacity Building and Support Provided by Amna to Baytna Hub Partners throughout COVID-19

Training, Capacity Building and Support	Frequency	Baytna Hub Attendees	Description
***Baytna* Collective Trainings**	Quarterly	Facilitators and Senior Leadership Team (SLT)	*Baytna* Y1 and Y2 trainings on *Baytna* Theory and Practice, including Trauma sensitive, Identity Informed and Values Based Approaches
Community PSS Training	Monthly (Throughout *Baytna* Year 2)	Facilitators with lived experience of being refugees	Bring new facilitators with lived experience of being refugees up to date on *Baytna* theory and practice
Capacity Building Call (CBC)	Weekly	Facilitators (each organisation separately)	Purpose: to check in, receive updates, provide support required by partners including COVID-19 support, support deeper understanding of the model, support trauma sensitive identity informed thinking and practices
Peer Support Call	Fortnightly	Facilitators (all organisations in one call)	Purpose: to check in, provide support to each other re. *Baytna* practice
Clinical Supervision	Fortnightly	Facilitators with lived experience of being refugees	Purpose: to check in, receive support re. practices, process feelings
SLT Calls	Monthly	SLT (each organisation separately)	Support partner organisations with specific challenges and to

			have a self-sustained *Baytna*
SLT Workshops	Twice a year	SLT (all organisations in one call)	Support partner organisations to have a self-sustained *Baytna*

This additional support was greatly valued by *Baytna* facilitators, as reported in the end of year feedback forms and interviews. At the end of *Baytna* Hub Year 2 (September 2021), facilitators were asked to rate on a scale of 1 to 10 how useful they found the different types of support provided to them by *Amna*. As seen in Figure 8 below, Clinical Supervisions (9.2) and Capacity Building Calls (8.88) had the highest average rating among facilitators, followed by Community PSS Training (8.17). Collective Trainings and Peer Support Calls, although rated highly, had relatively lower ratings (both 7.86). This may be due to the more individualised nature of support provided through clinical supervisions and capacity building calls.

Through KIIs, partners noted that the training workshops offered by *Amna* were found to be helpful in strengthening knowledge and skills pertaining to ECD services. Partners expressed they were able to implement the strategies without excessive burden on their existing programming, which was likely due to the practical resources, regular communication with *Amna* and technical support on implementation. This resulted in little to no barriers in implementing programmes.

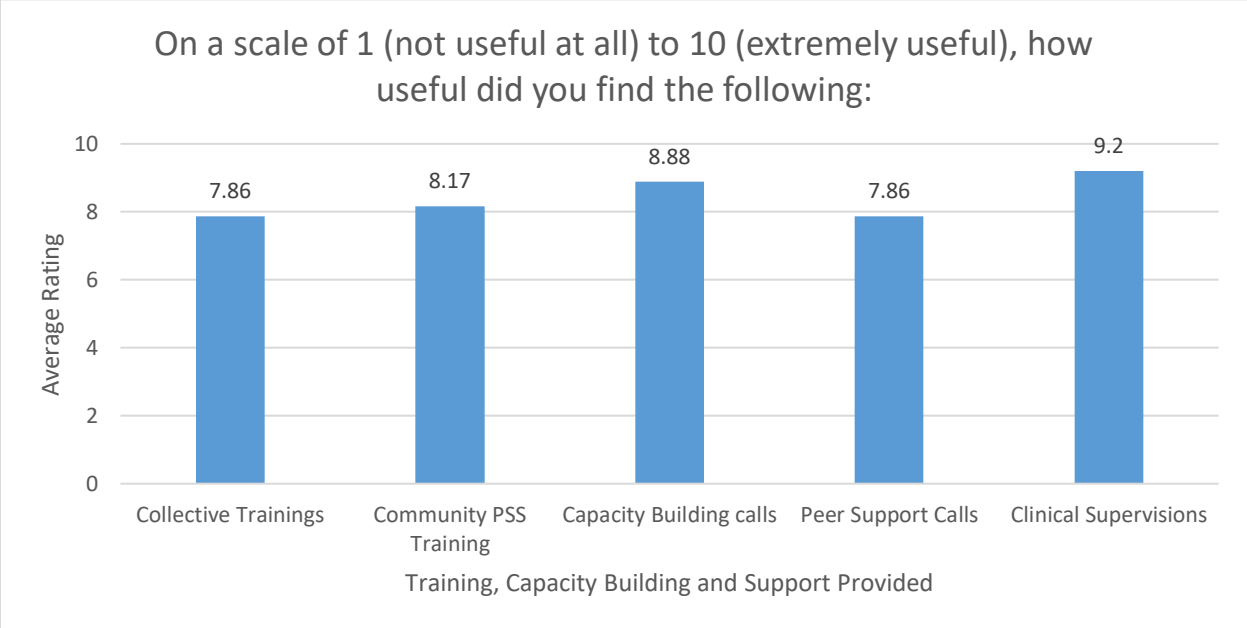


Figure 8: Findings from End of Year 2 Baytna Hub Feedback Forms Depicting Facilitators' Average Rating of Training, Capacity building and Support Provided by Amna during Baytna Year 2

With the ongoing support of *Amna*, the *Baytna* Hub partner organisations that continued into the second year of *Baytna* Hub worked towards spreading *Baytna* values beyond their daily operations by setting up their own projects that promote values-based, trauma-sensitive and identity-informed practice. These projects included a 'Healing Storytelling' programme, an

'Educators Training' programme and the creation of two children's storybooks written with and for the refugee community.

Impact on SLT

During *Baytna* Hub Year 2, *Amna* started a more intensive SLT sustainability planning support programme, which included monthly calls and workshops with leaders from the partner organisations, helping them work through challenges and support them to become a self-sustained *Baytna,* aiming to:

1. Build a strong network that advocates for quality ECD.
2. Become more community led and involve more displaced people in programme design and delivery.
3. Take steps to becoming a self-sustained quality ECD service.
4. Spread Baytna values across the organisation and other partner organisations.

Amna supported partners by reviewing hiring policies and practices and working with partners to ensure they are more trauma- and identity-informed, for example by reviewing how jobs are advertised to ensure they do not unintentionally exclude refugees. SLT from partner organisations highlighted that '*the meetings with [Amna SLT] have been very supportive*', '*extremely helpful'* and were '*a great opportunity to catch up and discuss in detail specific challenges*' they were facing in their work. One partner organisation, managed from outside Greece, found the calls helped them better understand *'how the system works in Greece*' adding that '*for us this is a great help, because many times we have many doubts about it, and it is difficult for us to understand'*.

In response to the *Baytna Hub Year 2 End of Year Feedback form*, SLT from partner organisations reported on key changes they had made in their work as a result of the support provided by *Amna*, through training sessions, SLT workshops, monthly SLT calls, and other support as they managed their *Baytna* space. These changes included:

- Reorganising and rethinking their programme and practice following the pandemic and COVID-19 related challenges.
- Raising awareness about identity-informed workplace practices.
- Good practice when hiring and supporting a facilitator with lived experience.
- Better supporting their teams with self-care and motivation during this period.
- Growing and creating new services for the community, based on the community's current needs, informed by the identity informed, trauma sensitive and values based practices.
- Learning to be more resilient and flexible and to embrace ideas, thoughts and needs coming from down to top.

SLT added that some areas they would like to further develop through training and capacity building include:

- Programme sustainability, M&E and reporting, and fundraising.
- Identities informed management.
- Trauma informed practice.

Despite the overall successful nature of partnerships, one limitation noted by partners was the lack of an M&E framework that could inform progress in their organisation. A key future recommendation for *Amna* by two key informants was the need to include Child Psychologists in programme implementation to better inform trauma- and identity-informed practice.

Impact Summary

According to the data collected through ongoing monitoring the *Baytna* Hub programme has had several impacts on the children and caregivers attending *Baytna* sessions and on the facilitators and SLT of partner organisations as follows:

1. Impact on caregivers and young children: Reduced stress, improved child behaviour, self-expression, self-regulation, and sense of connection, sense of community, belonging, and safety, access to resources (space, toys, arts materials, play partners), improved sleep, improved caregiver-child relationships, child-centred focus.
2. Impact on facilitators and SLT: gain in knowledge around training topics (including values-based, trauma-sensitive, and identity-informed practice, and self-care), improved application of training in practice, flexibility and creativity in navigating changing environments to continue to meet the needs of children and caregivers, sense of empowerment, belonging and connection, improvement in setting boundaries, promoting and practicing self-care, improved hiring and HR policies and practices, making decisions based on needs of community.

In addition to the benefits for the Hub partners and the communities being served, this period also saw strengthened capacity in *Amna*. Two key strengths are noted:

1. A recognition of the need to improve internal monitoring systems and develop more standardized tools led to greater time and resources invested to meet this need. This is evident from the review of the 2020 and 2021 data sources and end of year report for *Baytna* Hub in 2020, which, in comparison to 2016-2019, utilises significantly improved data gathering (quantitative and qualitative) to assess progress (See Annex 4 for a complete list of M&E tools used in 2022).
2. Another key organisational strength evident in 2020 is the nimble responsive approach of *Amna* that benefited the local COVID-19 response by enabling the organisation to adapt and continue to provide support to partners through emails, phone calls and online platforms. During this period a host of resources, accessible in multiple languages to

support children and family well-being, were also made available to populations in need and providers.

Lessons Learned from Baytna Hub (2020-2021)

By the end of the first year of the launch of *Baytna* Hub, the *Amna Baytna* Hub Pilot Year evaluation report identified key lessons to take forward into 2021 and beyond:

1. Improved partner selection criteria to ensure readiness of a Hub partner for new learning, service delivery and managing challenges.
2. Creating a peer-to-peer network of Hub partners (or building a community of practice).
3. Creating space for deeper rooted links between partners running *Baytna* spaces and communities.
4. Improving staff retention.
5. Continuing to improve M&E.

Since the start of the second year of *Baytna* Hub (September 2020), *Amna* has worked towards incorporating lessons learned into practice as follows:

1. Improvements have been made to partner selection criteria, to ensure that the values of selected partner organisations are aligned with those of *Amna*.
2. *Amna* has worked to strengthen the *Baytna* Hub network by setting up Peer Support Calls, SLT workshops, and setting up the *Facebook Workplace* group where partners can stay in touch and provide updates and ideas for activities with children and caregivers (Refer to Table 4 above).
3. *Amna* has made it a requirement for all *Baytna* Hub partners to hire facilitators from the refugee community.
4. Throughout 2020 and 2021, *Amna* has worked to develop and standardize Monitoring and Evaluation tools and practices.
    a. Baytna now has a clear Theory of Change (Annex 5) and Evaluation Framework.
    b. All attendance registers across programmes are kept in a password-protected and encrypted database.
    c. Feedback forms have been standardized and are distributed after every training. The forms include both quantitative and qualitative questions on facilitators' change in knowledge, and quantitative and qualitative questions around the strengths and weaknesses of the training.
    d. End of Year Evaluation forms have also been standardized to gain *Baytna* facilitators' and SLT's feedback and suggested improvements across the year.

e. Findings from feedback forms are analysed and the *Amna Baytna* team comes together to reflect on learnings, which are in turn incorporated into the next training session.

f. Notes from Capacity Building Calls and Peer Support Calls are kept in Monitoring Sheets which have been adapted to fit the structure of the calls.

g. A Facilitator Development Tracker has been created as a tool to encourage *Baytna* facilitators to reflect on their practice, and to better shape capacity building calls.

h. Due to COVID-19 and restrictions to in-person gatherings, *Amna* was no longer able to conduct observations in *Baytna* spaces. An 'Impact on Community' form was created and sent out to partner organisations at the end of each year to gain feedback and insights from children and caregivers attending *Baytna*.

Over the coming period, *Amna* is working to further improve its M&E practices with an increased focus on learning, particularly with regards to better understanding the impact of *Baytna* on children and caregivers. Through play, children can experience joy and belonging, develop emotional regulation allowing them to calibrate their emotions when unexpected events arise, and develop attachment allowing them to maintain and regulate social relationships. *Amna* therefore plans to measure *playfulness* and *joy* among children attending *Baytna*, and in doing so, better understanding the impact of *Baytna* on children's sense of belonging, attachment, and self-regulation.

With spaces reopening and restrictions loosening, on-site visits are slowly resuming, allowing *Amna* to gain deeper insight into the impact of *Baytna* on children and caregivers. Due to the nature of *Amna*'s work and the instability in the field, staff retention across Hub partner organisations remains a challenge that they continue to work on.

Dinami

The *Dinami* youth programme continued to run throughout 2020 and 2021, as *Amna* delivered projects to youth across Greece and trained interns through its *Youth Traineeship Scheme*. In August 2020, *Amna* drew on learnings from the *Baytna Hub* programme and *Dinami* Direct Delivery projects and created the *Dinami* Hub pilot programme, offering training and capacity building support to organisations in Northern Greece.

COVID-19 was an ongoing challenge for programme planning and delivery. The *Dinami* team worked around COVID-19 restrictions as they found ways to deliver *Dinami* projects and training, quickly adapting them and moving them online. As such, attendees continued to join projects and training sessions, although attendance and engagement were impacted, as participants emphasized their preference for meeting up in person rather than online.

Dinami Direct Delivery

As COVID-19 restrictions came into place in early 2020, *Amna Dinami* team moved some projects online while others that required specific resources (eg. Football for All and Drumming) were put on hold. During that period, *Dinami* offered several creative projects including dance, comedy, and a writing workshop, in addition to the two groups *Dinami* Friends and *Dinami* Girls Club.

*Between March 2020 and December 2021, **8** Dinami Direct Delivery **projects took place across 111 sessions to 151 individuals** from the refugee and host communities in Greece.*

Data from KIIs found that youth generally learned about *Amna* programmes through personal and social connections, and information fliers. Motivations for participating in the programmes included needing a space to mentally rejuvenate, acquire new life skills, make new social connections and have the opportunity to serve the refugee community. The *Amna* culture was described as positive one in which recipients felt welcomed and supported with personable, collegial, and helpful staff.

Projects were set up based on the interests of youth. For instance, the *Dinami* Girls Club emerged in December 2020 when young women attending other *Dinami* projects voiced their interest in setting up a safe space where girls can come together, have fun, discuss topics that interest them and learn new things. In a Focus Group Discussion (FGD) with four former *Dinami* Girls Club participants, the respondents explained that this group '*is very special*' and that it was 'great, friendly and joyful'. The group made them '*feel free*', and it was '*encouraging to have a group of friends to go out with'.* As one girl said:

> *I can speak freely, they are very friendly, I was very happy with them, When I was in the camp it was very bad, but when I met them, it was very good.*

DINAMI GIRLS CLUB MEMBER, FOCUS GROUP DISCUSSION

Another FGD participant explained the benefits of attending the Girls Club during COVID-19:

"At first, during lockdown, [the Girls Club] was good, it was so helpful. In the beginning of lockdown being alone was so difficult and boring, but having ***the sessions was peace of mind for me****."*

DINAMI GIRLS CLUB MEMBER, FOCUS GROUP DISCUSSION

Several community members attending *Dinami* Direct Delivery projects welcomed access to services (including online programmes) during the pandemic. In an interview with a young woman who regularly attended a range of *Dinami* projects, she noted that:

"Because of COVID, I have become very lazy… Mainly I don't want to get out of bed. I just want to sleep and stay at home. That was a boring routine. ***Since joining Dinami classes, I say OK, it's time for class. I have to get up*** *and get fresh and be more active than before…Online classes have been beneficial."*

FEMALE DINAMI PROJECTS ATTENDEE, SEMI-STRUCTURED INTERVIEW

This was especially important for young people who lost access to school and felt that inequities were further compounded between refugee and local communities with regards to education access during lockdowns.

KII data found that benefits of *Dinami* projects emerged both at the individual and community levels:

- At the individual level, perceived benefits of programme participation included socio-emotional support, building social network, economic empowerment, personal growth (e.g., language skills, building confidence).
- At the community level, perceived benefits included the creation of safe spaces for young refugees, feeling supports (particularly during the COVID-19 pandemic), fostering value for psychosocial wellness, and strengthening community cohesion through creating connections between diverse populations in the setting.

Features of programme **success** that were identified included the variety of healing activities to build community (e.g., creative arts and theatre), emphasis on social-connectedness and building confidence. **Challenges** were also expressed including distance of service and limited variation of content after initial exposure. In the case of an intern, retention was challenging because of a lack of clarity with respect to roles and responsibilities. **Recommendations** for programme improvement included addressing livelihoods both with respect to skills workshops with the goal of job attainment (e.g., preparing a curriculum vitae), and facilitating the identification of basic supports (e.g., food and shelter), which remain significant stressors in the lives of refugees. *Amna*'s continued reflexive practice enabled iterations of resources and strategies throughout

the pandemic period of 2020-2021, which can now be reviewed to determine which ones are critical to take forward in the next phases of the pandemic and the recovery period.

Dinami Hub

In 2020, *Amna* launched the *Dinami* Hub pilot programme (See Annex 3), which ran alongside the *Dinami* Direct Delivery Programme. The *Dinami* Hub pilot was developed to scale the existing *Dinami* approach into a capacity building programme that supports other humanitarian and grassroots organisations to run values-based, trauma-sensitive and identity-informed collective healing youth projects. By doing so, *Amna* would be able to increase its impact and influence by training multiple partners to deliver *Dinami* projects.

The aims of the *Dinami* Hub pilot programme were:

- Capacity building of partner organisations around trauma and identity informed practice and Project-Based Learning (PBL) project design and facilitation toward refugee youth.
- Learning and building on the *Dinami* Programme by implementing it in different settings.
- Improving inclusiveness of language and appropriateness of our content regarding working with the refugee community.

Following initial meetings with potential *Dinami* Hub partner organisations, *Amna* selected two partners to take part in the pilot programme: A Drop in the Ocean (Drop), a humanitarian non-profit organisation based in Nea Kavala camp in Northern Greece that provides support to refugees, and ARSIS, a camp-based youth organisation providing a safe zone for minors. Eight facilitators with lived experience of being refugees attended the training from the former, while nine Greek facilitators attended from the latter.

The *Dinami* Hub pilot programme was set up as a one-year programme which included:

- 12 weekly training sessions with each *Dinami* Hub partner organisation focusing on project-based learning, trauma-sensitive, identity-informed, values-based and collective healing practices over a three-month period.
- Ongoing capacity building and support for partners as they set up their own youth projects.

Due to COVID-19 restrictions, sessions were adapted for Zoom since in-person meetings were not possible, and data to access the internet was provided to participants to ensure they could join the training. *Amna* developed tools to monitor and evaluate the *Dinami* Hub Pilot programme (2020-2021), and took on an iterative approach to adapting and improving the tools over time. These tools included:

- **Feedback forms**: to capture participant's understanding of training topics, change in knowledge, and to gain their feedback on the training sessions.

- **Session reports**: updated after every training session and capacity building call to record the strengths, weaknesses, opportunities and challenges experienced of each session.
- **Summary reports**: to gain input of coordinators from the two *Dinami* Hub partner organisations into what they considered to be the strengths, weaknesses, opportunities and challenges of the *Dinami* Hub Pilot Project.
- **Focus group discussions**: to gain feedback from training participants on their overall experience with *Dinami* Hub Pilot Programme at the end of the programme.
- **Database**: to keep track of attendance.

Impact on Trainees

Participants noted that they were not sure what to expect before joining the *Dinami* Hub training but looked forward to meeting new people and receiving training that would allow them to better set up projects.

According to feedback forms, reports and FGDs the *Dinami* Hub training had several impacts on participants:

- **Respite**: the training sessions became increasingly fun, enjoyable, engaging, interesting and relevant as time progressed. Participants liked the training style and the inclusive way the sessions were delivered. They enjoyed the interactive activities, discussions, and breakout rooms.
- **Safety**: Participants felt safe sharing ideas and exchange opinions.
- **Connecting**: the sessions helped participants bond and connect with others, and participants valued the friendliness and the conversations that took place in the sessions. The session encouraged team building by creating a time and space to talk, draw and dance about how participants are feeling.
- **Learning**: The training material was useful and helpful with their work and the training provided participants with *'useful advice for ways to plan and apply workshops in the field'*, and the subjects they discussed were relevant to their work and goals. Participants commented on learning new things that could be applied in their work and personal lives.
- **Skills**: participants commented on improvements in their levels of confidence, reflectivity, and leadership and communication skills.
- **Self-care:** Self-support and self-empowerment regarding burn out.
- **Changes in practice:** participants incorporated learnings from the training into their new projects with youth.

Participants were asked to rate on a scale of 0 (lowest) to 4 (highest) their understanding of the training topics before and after the training. Figure 9 depicts the change in training participants' knowledge before and after the third set[33] of training sessions (session 9-12).

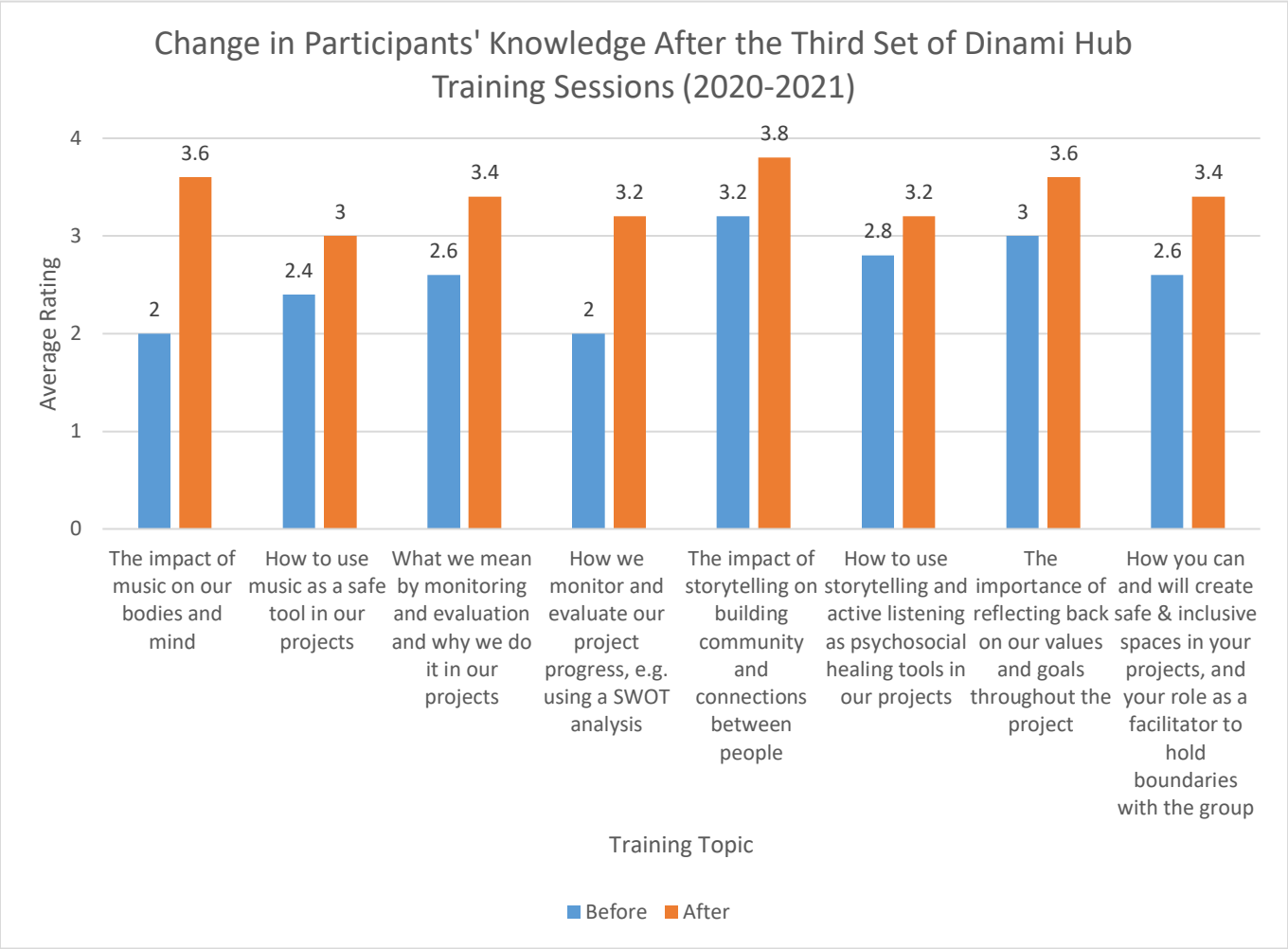


Figure 9: Change in Participants' Knowledge After the Third Set of Dinami Hub Training Sessions (2020-2021)

As seen in Figure 9, there is a clear increase in learning across all training topics, albeit with different levels of change across topics. Similar findings emerged from the first and second feedback forms that covered sessions 1-4 and 5-8 respectively.

Participants noted that they learned a lot from the sessions, such as how music affects people, how it can calm people and help them focus, what a story is and how to tell a story. They learned how to interact with people when they are in charge, and how to work on projects. As one participant noted, *'Our sessions went beyond their basic themes in a good way'*. Additional topics

[33] Feedback from the third set of *Dinami* Hub training sessions was selected, mirroring the data selected for *Baytna* Hub Year 1 (refer to Section

that respondents gained more knowledge in included: self-care, trauma, creating a safe space, values, and methodologies regarding cooperating and implementing projects in the field.

One FGD participant noted becoming more conscious of incorporating values-based, trauma-sensitive, and identity-informed practice in his projects. Another participant explained that the training helped him be more alert and aware of certain signals coming from project participants that he would have previously ignored, even though they '*were right before my eyes*'. He added, '*That was really important because it had me thinking in a whole different way [….] I took things [from the training and capacity building] and put them into practice from the very start of the radio project'*.

While FGD participants found the capacity building calls useful and appreciated the fact that the *Amna* team supported them to find solutions to issues, they added that the weekly capacity building calls were too frequent, especially as their projects only took place once a week. They suggested setting up calls when there is an issue that required *Amna*'s guidance.

Change in Participants' Practice

Following the training, training participants listed different ways in which they planned/started to incorporate what they learned from the training in their practice with youth. They mentioned:

- Using the check-ins, check outs, energizers and body movement more regularly when conducting activities with youth and/or meetings with volunteers.
- Being more inclusive, cooperative, calm and focused in their work with their teams.
- Managing activities better, project planning, and improving the structure, organisation and implementation of project-based learning activities.
- Setting up and running projects purposefully, while being trauma-sensitive and identity-informed by, for example planning activities based on the needs and reflections of minors.
- Being flexible to change.
- Creating a booklet with images, simple definitions and instructions that could be shared with youth who attend their projects.

Following the training, four youth projects were set up by *Dinami* Hub trainees: a Women's Space, a Carpentry project, a Radio Workshop and a Photography Workshop.

*Across the four projects, the **facilitators delivered** over **55** sessions, reaching over **80** individuals.*

One female participant who was a refugee herself set up the 'Women's Space' for refugee women living Nea Kavala camp, a space where women can come together, relax, practice self-

care and socialize. She explained how she had adapted some the check-ins and check-outs that she learned from the training to work in her setting:

> *'In the women's space, we cannot do a circle for the check-in because people come in to do their hair and leave – they don't have time to stay – so* ***when they come in we ask them how they feel, and before they leave we ask them how they feel now****. This is how we incorporate the check-in and check-out in our women's space'.*

DINAMI HUB FEMALE PARTICIPANT WHO SET UP WOMEN'S SPACE PROJECT, FOCUS GROUP DISCUSSION

Another participant who had set up a radio project following the training found some aspects such as the check ins and check outs more difficult to implement because of the conditions in the safe zone and because implementing those was dependent on the mood of participants.

Challenges

Although seventeen facilitators in total had signed up for the *Dinami* Hub training sessions, the team witnessed a drop in attendance over time. Towards the end of the training, there were 9 stable attendees across the two training groups. Reasons for this drop in participants include:

- Inconsistent attendance, leading those who missed earlier sessions to be unable to keep up with content.
- The volatile situation and instability among refugee communities who often left Greece with little notice.
- High demands, workload and scheduling issues made attendance and time for sessions unstable.
- Personal reasons, such as legal or health issues, illness, or travel.
- COVID-19.
- One centre was in the process of being shut down which impacted on staff attendance and capacity to follow through on projects.

COVID-19 was highlighted as a main challenge in feedback forms, FGDs, and Summary reports. COVID-19 impacted attendance levels, as well as participant's ability to set up and deliver projects. As one participant noted: '*COVID definitely shaped the way we work. There is no doubt that it would be better if we continued to do these sessions in person, they'd be more interesting, interactive and useful to us. Doing this training online gives us some ease maybe, but some things are better done in person*'.

Another participant noted that while delivering his own projects to youth online had some positive aspects such as not having to worry about someone not being able to attend a project, '*there was a real effect on everybody's mood and inner worlds. It really affected the minors [….]*

They were […] locked up, couldn't do anything, at some point there were no classes, activities, schools, nothing'.

Lessons Learned from Dinami Hub

The *Dinami* Hub pilot programme had several strengths that can be carried on when providing the programme in the future:

- Working with bigger established organisations.
- Maintaining close communication and support with Hub partner focal points.
- Training people from the host country and refugee communities.
- Working with camp residents in a way where the training supports their personal growth as well as their professional growth.
- Building relationships and a close community in the training sessions to support a sense of safety and understanding.
- Balancing between theory, practice and creative approaches during the training sessions.
- Providing training on project-based learning and self-care.
- Enhancing participants' understanding of how to plan and implement workshops by setting goals and core aims of each project, structuring the interventions and keeping track of monitoring data.

By the end of the *Dinami* Hub pilot year, several key lessons were identified which have since informed *Amna*'s expansion and ongoing training programmes:

5. Improvements to the training itself: Ensure that session plans are set up before training commences, training material is available before sessions and translated to participants' spoken languages, improved time management of training sessions, improved sequencing of training topics, more eye-catching training slides, provide certificates of completion from *Amna* to those who have completed the training.
6. Spend more time on outreach and setting criteria for partnership with grassroot organizations.
7. Ensure there is capacity and time to commit to the project from the partners' side and that participants commit to attending all training sessions.
8. Increase focus on advocacy and support participants who are interested to take part in advocacy efforts.
9. Improve M&E practices for projects set up by participants and ensure tools are in place to gain data from the community.

Beyond 2021

By the close of 2021 and transition to 2022, six years since launching, *Amna* now has consolidated programmes for children, youth, families, and communities. By the end of 2021, *Amna* was delivering the following:

- Third and final year of *Baytna* Hub programme.
- *Dinami* Direct delivery projects.
- *Dinami* Youth Facilitator Training programme.
- Therapeutic work.
- Additional programmes have been set up at the end of 2021/ early 2022 as detailed under the *Amna* Strategy section below.

In addition to service delivery and capacity development with partners, *Amna* strengthened advocacy and communication efforts through webinars, blogs, media articles and podcasts. The content shared included promoting concrete guidance on what can be done to equitably and effectively support refugee communities, advocating for the rights of refugee populations, clarifying terminology and drawing attention to the political, structural and other challenges faced by refugee communities (including discrimination).

A key lesson learned from the period of 2020-2021 is that the theory and practice of *Amna*'s trauma- and identity-informed model can be conveyed remotely to effectively support people working directly with refugees and permit continued operations serving refugee communities. This enables an opening to further expand trauma- and identity-informed programming, championed by *Amna*, in humanitarian response organizations beyond Greece.

Afghanistan Response

In September 2021, following the worsening situation in Afghanistan which has devastated the lives of women, children and men, and has forced many families to flee to safety, *Amna* made the decision to set up the 'Afghanistan Response' Programmes, leading to an expansion beyond Greece sooner than anticipated. These programmes drew on lessons learned from the past six years, adapting previous programmes to a different context.

Since September 2021, *Amna* has launched the following Afghanistan Response programmes:

- **Introductory training on Principles for Setting up Safe Collective Healing Spaces**: A standalone three-hour training to give practitioners and frontline workers an introduction to safe, good practice principles when setting up psychosocial support spaces/services for refugee communities.
- ***Amna Afghanistan Response Fast-track Training***: This is a 6-month-funded training and capacity building journey to support partners to establish safe spaces for children, families, youth or adults where they can deliver structured psychosocial support that

helps the wellbeing and regulation of the communities that attend. Through this programme, *Amna* began its expansion into Europe, training new partner organisations based in Albania, Kosovo and Italy. Following the successful launch of this first round of training, *Amna* are currently in the process of planning for the next round of training and capacity building with partner organisations in Pakistan who are working with newly arrived Afghan refugees.

- ***Online therapeutic groups for Afghan refugees:*** The purpose of these groups is to provide a safe community space, to promote emotional healing, stabilisation and emotional regulation through an introduction to grounding and regulation practices and psychoeducation about trauma. Groups use a range of methods, including talking, arts and/or movement.
- ***Humanitarian Wellbeing Groups:*** The purpose of the groups is to provide a safe, confidential, grounding reflective practice space for humanitarian workers where group members can express any difficult emotions and are introduced to practices to support their wellbeing and emotional regulation.

The different Afghanistan Response programmes largely draw on lessons learned from the *Baytna* Hub and *Dinami* Hub programmes, therapeutic work with men and women, and *Humanitarian Wellbeing Pilot*. Monitoring and Evaluation tools and frameworks have been adapted to meet the needs of these shorter form programmes.

In 2022, *Amna* will be commissioning two external evaluations, one for the 3-year *Baytna* programme that comes to an end in September 2022, and another for the Afghanistan Response, and will continue to systematically track organizational progress and milestones over the coming year.

Ukraine Response

By March 21, 2022, more than 3.5 million people[34] had fled Ukraine in search of safety, heralding one of the biggest humanitarian crises in Europe since the second world war. The shock of violence, loss and death leaves an indelible impact on the lives of all those affected that can last for many years, transmitting across generations if not addressed.

Amna's response to the conflict and ongoing humanitarian situation in Ukraine draws on their experiences of providing mental health support to refugees in Greece from 2016, and more recently on their work with organisations supporting Afghan evacuees seeking safety following the withdrawal of allied forces in Afghanistan. They also provide opportunities for volunteers and professionals working on the frontline to come together in a supervised space to explore their practice.

Amna launched their Ukraine Response programmes in March 2022 comprising:

[34] UNHCR. Operational Data Portal. Ukraine Refugee Situation. Available at https://data2.unhcr.org/en/situations/ukraine (Accessed: March 22, 2021)

- Introductory Training to set up safe spaces – online 3 hour introductory sessions set out informing principles and basic practice when establishing a safe space for refugees.
- Selfcare for frontline staff – frontline staff come together to share their experiences and look after their own mental health, so they are better able to help others.
- Strengthening existing safe spaces and services – organisations already providing emergency responses have an opportunity to strengthen their programmes by integrating trauma informed approaches into ongoing work supported by small grants to facilitate implementation.

Amna Strategy

Amna has reviewed and updated its organisational goals, vision and mission to develop a new five-year organisational strategy (2022 - 2026). With nearly six years' experience in direct delivery, training and capacity building, *Amna* plans to scale to new regions of the world with populations affected by conflict and displacement.

Through this expansion to new countries beyond Greece, *Amna* plans to:

- Partner with community-based organisations to strengthen their trauma and identity informed programming with diverse refugee communities.
- Influence humanitarian and multilateral organisations to strengthen community-led trauma informed healing in their interventions, so that refugees can determine their own futures, free from the worst impacts of trauma resulting from conflict and displacement.
- Promote a network approach to ensure work is embedded within communities, sustain practice, sustain organisations through financial grants, strengthen connections with other community-based organisations, and leverage people's voices for advocacy.

Annex 1

The *Baytna* Hub Programme (2019-2022)

Baytna Hub is a 3-year programme of capacity building to train and support local organisations around Greece to deliver '*Baytna*', a trauma- and identity-informed Early Childhood Care and Development (ECCD) programme. *Baytna* has been designed to support refugee children and caregivers, and the *Baytna* Hub initiative is *Amna*'s approach to scaling up *Baytna* to reach more families. Since the start of the *Baytna* Hub programme in June 2019 to date, five partner organisations have taken part in training and capacity building, and have delivered *Baytna* initiatives in Athens and Northern Greece. From Autumn 2020, three of those partner organisations started taking forwards the values and broad objectives of *Baytna* into new initiatives, such as trainings for colleagues, and support for caregivers.

Broadly, the objectives of *Baytna* Hub Year 1 (2019-2020) were:

- Refugee children create positive relationships and are part of a strengthened community that fosters resilience by participating in quality *Baytna* sessions.
- *Baytna* facilitators deliver *Baytna* sessions with high quality and fidelity to the *Baytna* model by participating in capacity-building activities, and receiving ongoing support from *Amna* and the *Baytna* Hub members.
- Partner organisations develop effective, sustainable, trauma-sensitive and identity-informed systems, policies, and organisations.
- The network of *Baytna* partners is well-functioning, and influential in the wider sector through effective knowledge exchange within and between Hubs, and collective advocacy.

In Year 2 (2020-2021) and Year 3 (2021-2022), the five main objectives set out for partner organisations in *Amna's Baytna* Hub programme were:

- Continue and where possible expand *Baytna* Hubs and service reach, in person or through future lockdowns.
- Spread *Baytna* values and approach, to either other organisations and / or within their own organisation.
- Be more Community-led and involve more displaced people in its design and delivery
- Take steps towards becoming a self-sustained *Baytna* through fundraising and advocating for services.
- Work as a team to respond to crises to ensure families accessing *Baytna* services continue to be provided with Psychosocial Support (PSS) in person or remotely, as needed.

Annex 2

The *Baytna* Hub Partners

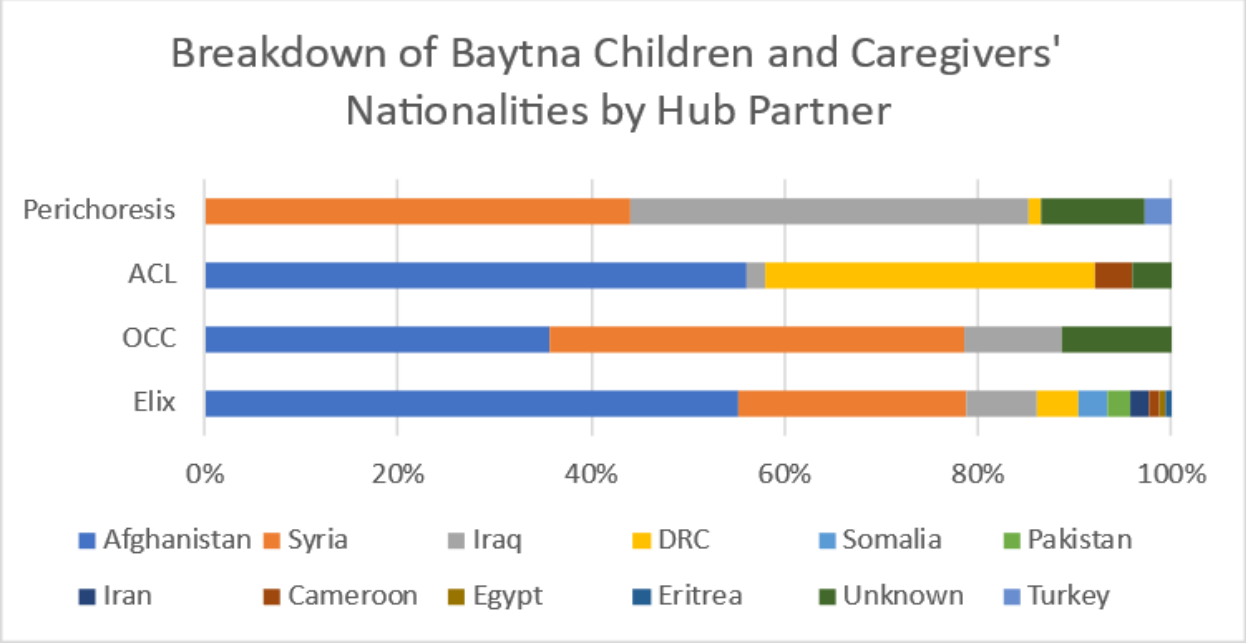
Timeline

2019-2020
- *Baytna* Hub Partners: Elix, ACL, Perichoresis
- Child Friendly Spaces: OCC, Irida

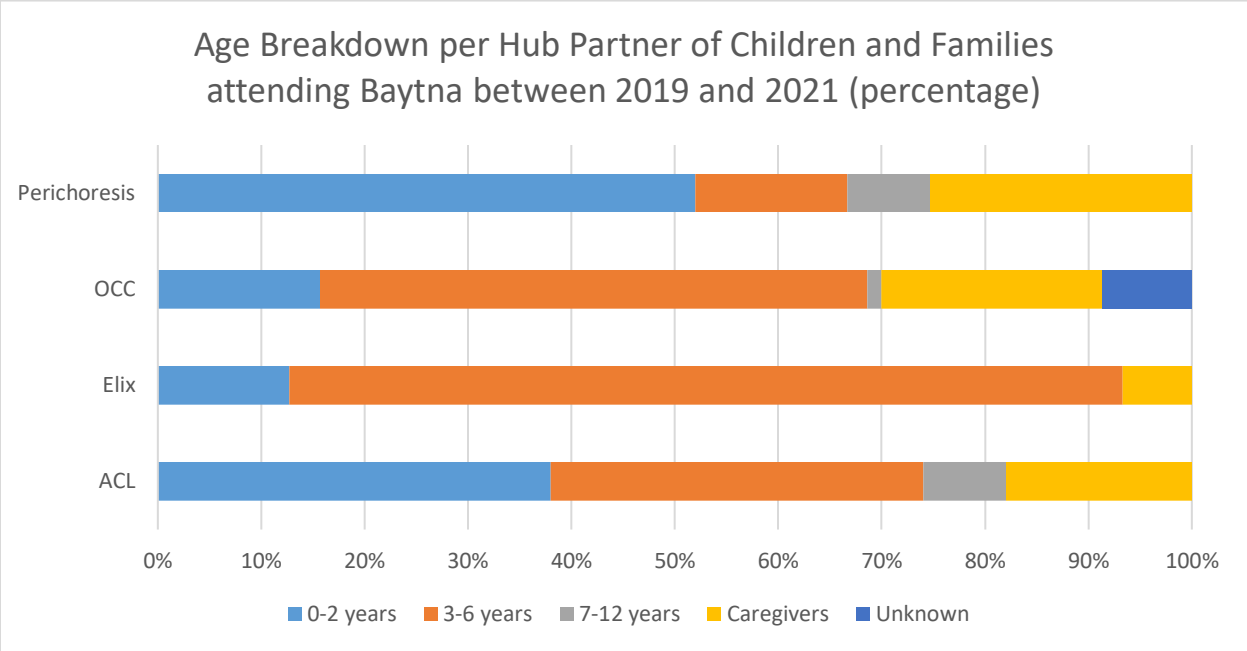
2020-2021
- *Baytna* Hub Partners: Elix, ACL, OCC
- Child Friendly Space: Irida

2021-2022
- *Baytna* Hub Partners: Elix, ACL, OCC

Nationality Breakdown per Hub Partner



Age Breakdown per Hub Partner



Overview of Partner Organisations[35]

Athens Comic Library (ACL)

Before *Baytna*, *Athens Comic Library* was not a humanitarian actor like the other organisations selected, but instead it was a collection of women storytellers and educators. *ACL* promotes the art of storytelling through a comics library, website and workshops. In the last few years, they have led storytelling workshops with refugee children.

Elix

Elix is one of Greece's largest volunteer organizations, matching volunteers to volunteer opportunities and projects in need of support. As one of their programmes, *Elix* supported refugee families from diverse backgrounds, and children as young as 2 years old. Their *Baytna* team is located in the Eleonas refugee camp in Athens.

Perichoresis

Perichoresis is a Greek NGO founded in 2016 by a group of volunteers from the Greek Evangelical Church of Katerini with the mission of providing relief to refugees arriving in Katerini, Greece. Their other initiatives include a housing and integration programme and a nursery programme.

[35] Amna. (December 2020). *Baytna* Hubs Pilot Year Evaluation Report.

Open Cultural Centre (OCC)

Based in Polykastro, *OCC* works towards the inclusion of refugees, migrants and asylum seekers in the local community through offering early age development, non-formal education, sports, leisure activities and mobility. Since 2016, *OCC* has set up four non-formal schools in refugee camps in Greece. The organisation currently manages four spaces in Polykastro (in Northern Greece) where different education activities, including early age development, psychosocial support, legal and asylum support, and health assistance to the refuge community are facilitated.

Between 2019-2020, *OCC* was not yet a *Baytna* Hub partner. The capacity building support provided by *Amna* had the same objectives as the official *Baytna* Hub partners, however, the delivery method differed. Instead, *Amna* did this through on-site training and joint *Baytna* delivery with the *OCC* facilitators once per week. In July 2020, *OCC* officially became a *Baytna* Hub partner and was welcomed to the Hub network in quarter one of *Baytna* Hub Year 2. *OCC* has since been provided with the same capacity building support as the other Hub partners.

Irida

In January 2018 *InterVolve* established Thessaloniki's first multicultural women's centre: a safe, welcoming, and participatory space where women have a voice, a sense of ownership, and the opportunity to receive information and support. At Irida women have a chance to make social connections and build community; “to bond, to develop, to thrive — all in an environment of safety, trust, and diversity.” Up until the first lockdown in March 2020 the *Amna Baytna* team *Amna* directly delivered a *Baytna* service to women and children attending the Irida centre. Thereafter, they received guidance from *Amna*.

Annex 3

The *Dinami* Hub Programme (2020-2021)

In 2020, *Amna* launched the *Dinami* Hubs Pilot Programme. This programme, which ran alongside the *Dinami* Direct Delivery Programme, was developed to scale the existing *Dinami* approach into a capacity building programme to support other humanitarian and grassroots organisations to run values-based, trauma-sensitive and identity-informed collective healing youth projects. By doing so, *Amna* would be able to increase its impact and influence by training multiple partners to deliver *Dinami* projects.

The aims of the *Dinami* Hubs Programme were:

- Capacity building of partner organisations around trauma and identity informed practice and PBL project design and facilitation toward refugee youth.
- Learning and building on the *Dinami* Programme by implementing it in different settings.
- Improving inclusiveness of language and appropriateness of our content regarding working with the refugee community.

In July 2020, *Amna* decided to recruit two partner organisations, A Drop in the Ocean and ARSIS Lagkadikia, to help them embed *Dinami* within their youth programming. Over three months, *Amna* provided both organisations with weekly capacity building training and tailored support to either set up new youth projects informed by Dinami principles or incorporate *Dinami* principles into existing projects.

A Drop in the Ocean

A Drop in the Ocean is a humanitarian non-profit organisation based in Nea Kavala camp in Northern Greece where it provides support to refugees. Through the *Dinami* Hub Pilot Programme, *Amna* provided training to 8 Camp residents, refugees who live in the camp and who volunteer as teachers, to train them to adapt or set up new projects for youth according to *Dinami* principles.

ARSIS

ARSIS (http://www.arsis.gr/en/home/) is a camp-based youth organisation providing a safe zone for minors. While educators and social workers had already been working in the safe zone to provide education to youth, *Amna* supported and trained a rotation of 9 staff members to promote psychosocial support work and make their practice more trauma- and identity-informed.

Annex 4

M&E Plan from September 2021

Programme	Training/Support	M&E Tools	Frequency
Afghanistan & Ukraine Response	Introductory training	Expression of Interest	Once
		Sign -up form	Baseline
		Feedback Form	Endline
	Humanitarian Wellbeing Space	Expression of Interest	Once
		Feedback Form	Baseline/ Midline/ Endline
	Fast-track Training	SLT Reports	Baseline/ Midline/ Endline
		Feedback Forms	Endline
		Pre-session questionnaire	Before Training
		Post-session questionnaire	After Training
	Therapeutic Groups	GHQ12	Assessment/Week 11
***Baytna* Hub**	Kick-off Gathering	Mentimeter Feedback	Once
	Refresher Trainings (1/quarterly - 3 in total)	Feedback Form	Once/training
	Electives Trainings	Feedback Form	Once/training
	Capacity Building Calls (Monthly) Peer Support Calls (Monthly) PSS Supervisions (Fortnightly)	Feedback Form	Baseline/ Midline/ Endline
		Monitoring Sheets	Ongoing
	SLT Calls	Pre- and Post- Questionnaire	Baseline/Endline
	End of Year Feedback	Impact on Community	Endline
		End of year Evaluation Form	Endline
Dinami	*Dinami* Girls and *Dinami* Friends	Monitoring Sheets	Ongoing
		Focus Group Discussion	Twice a year
		Interactive Feedback	Ongoing
		Pre/Post session team reflection	Baseline/Endline

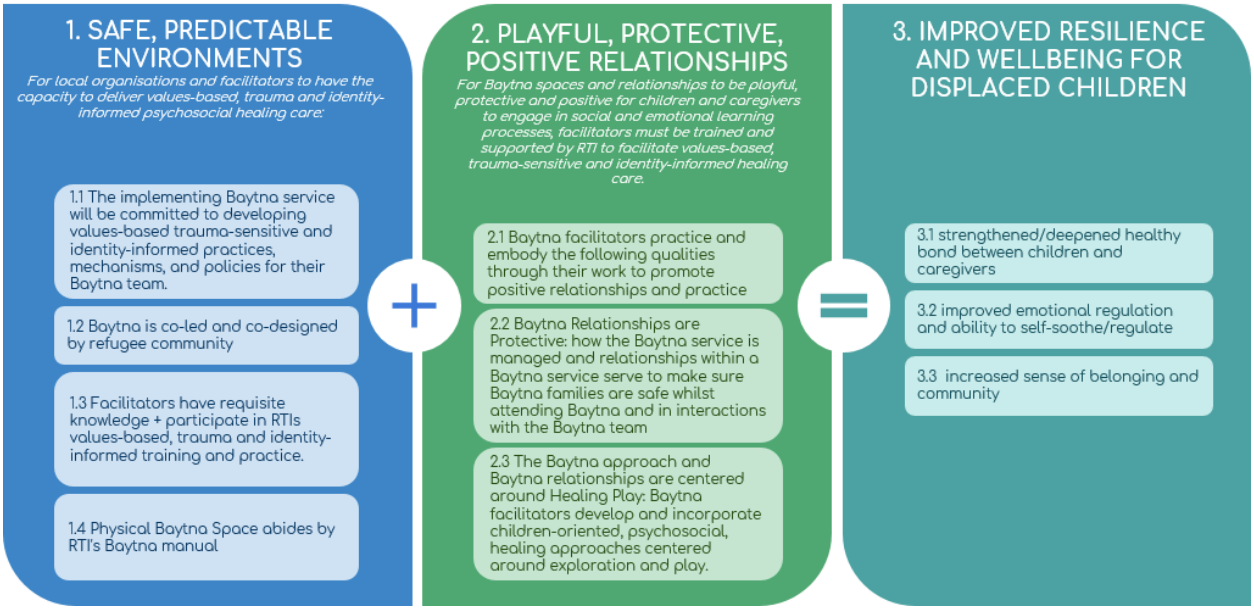
	Dinami Direct Delivery Projects	Monitoring Sheets	Ongoing
		Pre-session questionnaire	At start of project
		Feedback Forms	At end of project
		Pre/Post session team reflection	Baseline/Endline
	Dinami Hub	Monitoring Sheets	Ongoing
		Pre-session questionnaire	Baseline
		Feedback Forms	once/training
		Pre/Post session team reflection	Baseline/Endline
Therapeutic Work	Mind and Body	GHQ12	Assessment/Week 11
	Therapeutic Groups for men	GHQ12	Assessment/Week 11

The Amna Database is used on an ongoing basis to monitor attendance across all programmes.

Annex 5

Baytna Hub Theory of Change

If 1) environments are safe, predictable, protective, and 2) families (caregivers and children) engage in playful, positive relationships that foster social and emotional learning processes, then displaced children's well-being and sense of identity will be strengthened, the existing bond/attachment between caregivers and children will deepen, and displaced children and caregivers will feel more empowered and resilient.



Annex 6

Overall reflection from KII

Overall, the KII revealed a positive and supportive organization culture. Corroborating evidence from the qualitative document analysis, key informants attest to the unique footprint of *Amna*'s operations in Greece. Features of success include meeting the unmet needs of vulnerable groups at important times in the life course, employing evidence, identity- and trauma-informed approaches, a focus on healing therapies, a commitment to expansion through deep partnerships and community connectedness, a range of programme activities and content that engage participants, and a programmatic responsiveness to changing contexts and needs.

However, there are areas of the organization that require strengthening.[36] With respect to current sustainability of services, diverse sources of funding are needed as well as strengthened management structures. Other areas for improvement include:

- Firstly, improved communication (both internal and external) is necessary. Currently potential partners and service recipients mainly hear about *Amna* through personal communication and networks; however, a more proactive intentional communication strategy can raise awareness and information about the programme to include a wider target audience.
- Secondly, building on monitoring and evaluation frameworks that have been initiated during 2019-2020 that can be used across programmes and settings (with appropriate modifications) are necessary to support *Amna*'s growth beyond the present settings in Greece.
- Thirdly, addressing stressors related to inadequate economic and protection opportunities in refugee communities through new skills orientated content (specifically for *Dinami*), and partnerships with multi-sector NGOs that can link recipients to other essential services (e.g., food security).
- Fourth, the need for an organisational Theory of Change and an Impact Table.

[36] Several improvement areas are being addressed at present (e.g., co-creation of programme theories of change), and since these interviews new management structures are in place to support Amna's growth.