EVALUATION REPORT

INDEPENDENT COUNTRY PROGRAMME EVALUATION

TURKEY

2011 – 2015

Evaluation Office

New York
October 2014

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FOREWORD

The independent Evaluation Office is pleased to present the evaluation of the UNFPA 5th country programme of assistance to the Government of Turkey for the period 2011-2015.

The evaluation is an independent assessment of the relevance, the performance, and the strategic positioning of UNFPA support in a context of rapid change. The evaluation draws lessons from past and current cooperation and provides a set of strategic and actionable recommendations to inform the next programming cycle.

The evaluation found that the UNFPA 5th country programme for Turkey was highly adapted to national needs in terms of reproductive health, gender equality and population and development. In the area of reproductive health and rights, UNFPA supported interventions have contributed to improved access and utilization of maternal health and family planning services, including for Syrian refugees. In the area of population and development, UNFPA has contributed to an increased availability of demographic and socio-economic data, and to raising the capacity of national stakeholders. In the area of gender equality, UNFPA has successfully expanded the stakeholder base for the fight against gender-based violence. UNFPA demonstrates significant added value to all of its partners, and is considered a main source of expertise with regard to reproductive health and rights, population and development and gender equality. The evaluation notes that UNFPA actively contributes to the coordination of the United Nations system in Turkey.

In a context of the protracted crisis in Syria, the UNFPA country programme has been increasingly aimed at addressing the needs of Syrian refugees, particularly in terms of reproductive health and rights and fight against gender-based violence. Overall, the evaluation found that UNFPA had been able to effectively adapt its programme to needs emerging from the crisis. However, the report confirms lessons previously learned from the independent evaluation of the UNFPA 3rd country programme in Lebanon (2013) with regard to the need to better identify and reach the most vulnerable groups. The evaluation highlights the crucial importance of improved coordination of the United Nations country team in the design, and implementation of an effective collective humanitarian response, in particular to meet the needs of the most vulnerable groups in light of a rapidly changing context and increasing funding requirements.

Looking ahead to the 6th country programme, UNFPA should focus more strategically on identifying, prioritizing and targeting the most vulnerable, marginalized and high risk people and groups. This should be underpinned by the integration of the programmatic areas, increased advocacy efforts and effective mainstreaming of gender and youth. In view of the pressing reproductive health and gender equality needs of those affected by the Syrian crisis, UNFPA should expand its humanitarian team and work, preferably jointly with other UN agencies, to raise additional resources in order to ensure that capacity and services address emerging critical needs.

I hope that this evaluation will be helpful in highlighting the UNFPA contribution to the development results of Turkey, and that, in particular, it provides useful lessons for consideration in the preparation of the 6th UNFPA country programme, and for the response to the Syrian crisis.

Andrea Cook

Director, Evaluation Office

ACKNOWLEDGEMENTS

The independent Evaluation Office of UNFPA would like to thank all who contributed to this evaluation. The evaluation team managed and led by Hicham Daoudi, evaluation adviser at the Evaluation Office, and Sheila Reed, expert on reproductive health and rights, consisted of Hülya Günaydin, expert on population and development and Ayse Ayata, gender expert. The evaluation team was supported throughout the evaluation process by Evaluation Office staff: Olivia Roberts, research assistant, and Alexandra Chambel, internal reviewer.

We would like to thank the staff of the UNFPA country office in Turkey, led by its Representative, Zahidul Huque, for their openness and collaboration, especially in assisting the evaluation team during the field phase.

We would like to express special thanks to all the stakeholders and beneficiaries who were consulted during the evaluation, giving freely of their time and opinions.

This report would not have been possible without the guidance and support of the evaluation reference group; particular thanks therefore go to: Mr. Murat Altinsoy, population expert, General Directorate on Social Sectors and Coordination, Ministry of Development; Ms. Deniz Çakmak, Head of Department, Turkish Public Health Institution, Ministry of Health; Ms. Zeynep Göknil Şanal, Head of Department, General Directorate on Women's Status, Ministry of Family and Social Policies; Ms. Ayşe Akin, public health Professor, Baskent University; Ms. Zeynep Şimşek, Professor and Head of Public Health Department, Harran University; Mr. Sinan Türkyilmaz, Vice-President of Hacettepe University Institute of Population Studies (HIPS); Mr. Ahmet Ayaz Yilmaz, Y-Peer national Focal Point in Charge.

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ABBREVIATIONS AND ACRONYMS

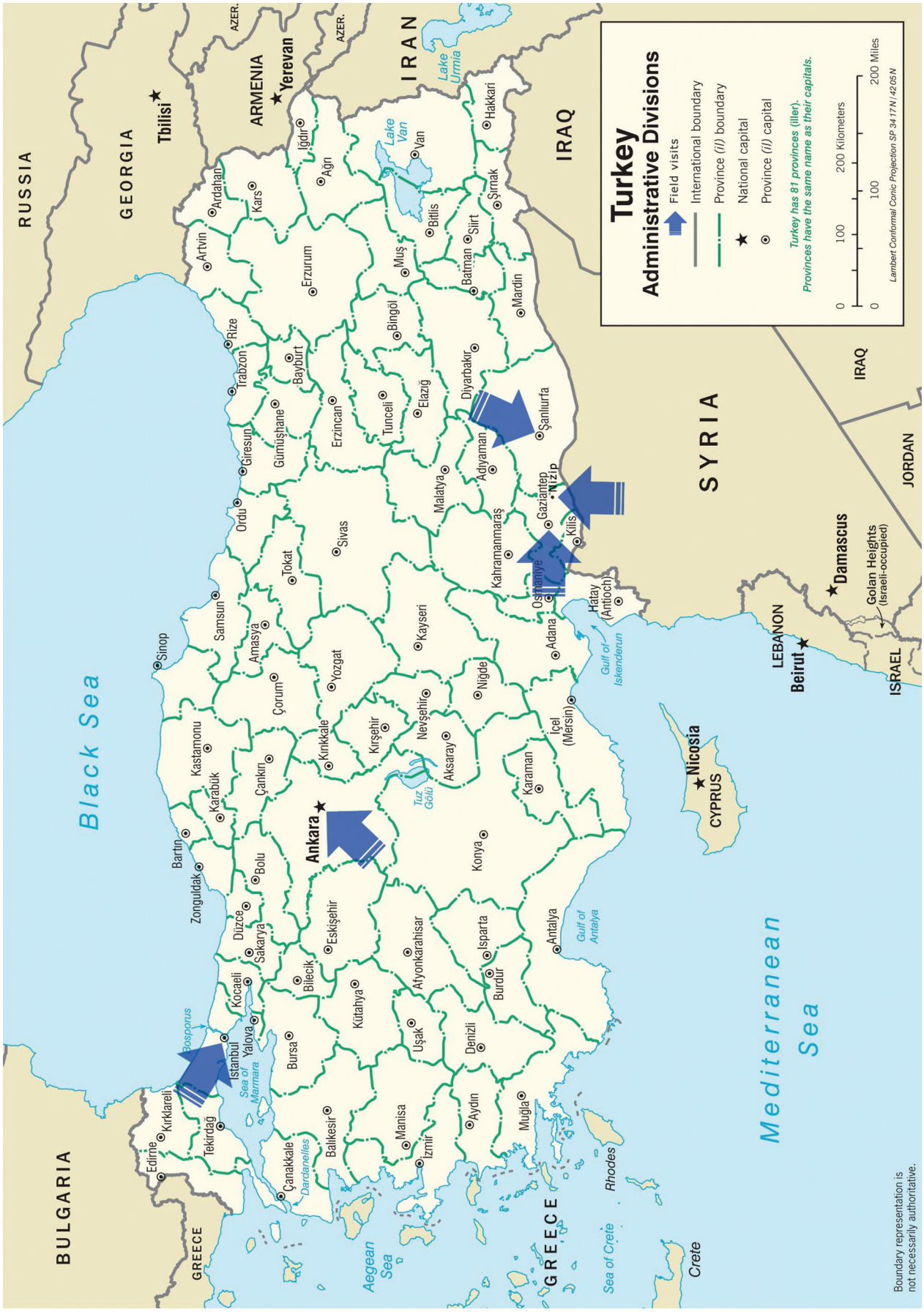
AFAD	Disaster and Emergency Management Presidency
ASRO	Arab States Regional Office (UNFPA)
AWP	Annual Work Plan
CEDAW	Convention on the Elimination of All Forms of Discrimination
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
CVF	Community Volunteers Foundation
DRC	Danish Refugee Council
EECARO	Eastern Europe and Central Asia Regional Office (UNFPA)
EU	European Union
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GDCS	General Directorate of Child Services
GDP	Gross Domestic Product
GDSF	General Directorate for Security Forces
GDSW	General Directorate of the Status of Women
GE	Gender Equality
GII	Gender Inequality Index
HA	Humanitarian Assistance
HDI	Human Development Index
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
HTP	Health Transformation Programme
ICPD	International Conference on Population and Development
IMC	International Medical Corps
IP	Implementing Partner
IS-KUR	Turkish Labour Agency
KAP	Knowledge, Attitudes and Practices
KEFEK	Committee on Equality of Opportunity for Women and Men
LEAP	Local Equality Action Plans

LGBT	Lesbian, Gay, Bi-sexual and Transgender
M&E	Monitoring and Evaluation
MARPS	Most At-Risk Groups
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package
MoD	Ministry of Development
MoFA	Ministry of Foreign Affairs
MoFSP	Ministry of Family and Social Policies
MoH	Ministry of Health
MoI	Ministry of Interior
MoLSS	Ministry of Labor and Social Security
MoNE	Ministry of National Education
MoU	Memorandum of Understanding
MSM	Men having Sex with Men
NGO	Non-Governmental Organization
OECD	Organisation for Economic Co-operation and Development
OIC	Organization of Islamic Cooperation
PCM	Project Coordination Meetings
PD	Population and development
PERYON	People Management Association of Turkey
PHAT	Public Health Agency of Turkey (MoH)
PHC	Primary Health Care
PHAT	Public Health Agency of Turkey (MoH)
PLHIV	People Living With HIV
RDA	Regional Development Agency
RHR	Reproductive health and rights
RSA	Revised Standard Agreement
SESRIC	Economic and Social Research and Training Centre for Islamic Countries
SHR	Sexual and Reproductive Health
SIDA	Swedish International Development Cooperation Agency
SPR	Standard Progress Report
SSC	South South Cooperation
SSRB	Skewed Sex Ratio at Birth
STI	Sexually Transmitted Infections

TAF	Turkish Armed Forces
TAP	Turkish Family Health and Planning Foundation
TDHS	Turkish Demographic Health Survey
TEPAV	Economic Policy Research Foundation of Turkey
TFR	Total Fertility Rate
TIKA	Turkish International Cooperation and Development Agency
ToT	Training of Trainers
TurkStat	Turkish Institute of Statistics
TUSIAD	Turkish Industry and Business Association
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDCS	United Nations Development Cooperation Strategy
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNJP	United Nations Joint Programme
US	United States
USAID BPRM	United States Agency for International Development, Bureau of Population, Refugees and Migration
VAW	Violence Against Women
WFC	Women Friendly Cities
WHO	World Health Organization

Figure 1 *UNFPA interventions in Turkey visited during the field mission*

MAP OF TURKEY



KEY FACTS: TURKEY

KEY FACTS AND FIGURES		SOURCE
COUNTRY		
Geographical Location	The Republic of Turkey is bordered by eight countries: Bulgaria, Georgia, Greece, Armenia, Iran, the Azerbaijani exclave of Nakhchivan, Iraq and Syria. It borders on the Mediterranean Sea and Cyprus, the Aegean Sea and the Black Sea. The Sea of Marmara, the Bosphorus, and the Dardanelles (which together form the Turkish Straits) demarcate the boundary between East Thrace and Anatolia; they also separate Europe and Asia.	http://en.wikipedia.org/wiki/Portal:Turkey
Land Mass	783,562 square meters	
POPULATION		
Population (inhabitants)	76,667,864 (end of 2013)	TurkStat (2013)
Urban population	The proportion of population living in the province and district centers: 91.3% (2013)	TurkStat (2013)
Population growth rate	1.37% (2013)	TurkStat (2013)
GOVERNMENT		
Type of government	Parliamentarian Republic	Grand National Assembly of Turkey
Key political events/dates	1923. Proclamation of the Republic of Turkey 1995. Formation of Customs Union with the EU 1999. Recognition of the Candidate Status of Turkey at the Helsinki Summit by the European Council October 2005 – Initiation of the Accession negotiations with EC	Grand National Assembly of Turkey The EC Progress Report on Turkey of 2013
Seats held by women in national parliament (Percentage)	77 woman MPs out of 550 total MPs (2013) 14.29% (2013)	Grand National Assembly of Turkey Mdgs.un.org (2013) UN Stats Millennium Development Goals Indicators
ECONOMY		
GDP per capita (PPP US$)	18,315 (2012) (10,781 in current prices) (2013)	TurkStat (2013)
GDP growth rate	4%	TurkStat (2013)
Main Industries:	Textiles and Clothing; Food and Beverage; Iron and Steel; Basic Metal Industry; Motor Vehicles and Trailers; Home Appliances (white goods); Wood and Cork Products including Furniture; Chemicals; Mining; Energy	Ministry of Science, Industry and Technology, Turkish Industrial Strategy Document (2011-2014), page 34

KEY FACTS AND FIGURES		SOURCE
SOCIAL INDICATORS		
Human Development	Rank 90 (2012)	UNDP Human Development
Index Rank	HDI 0.72 (2012)	Indexes https://data.undp.org/dataset/Table-2-Human-Development-Index-trends/efc4-gjvq
Unemployment	2,747,000 (2013) Rate: 9.7% (2013)	TurkStat (2013)
Life expectancy at birth	76.5 years (2013)	TurkStat (2013)
Under-5 mortality (per 1000 live births)	20 (2013)	TurkStat (2013)
Maternal mortality (deaths of women per 100000 live births)	15.4 (2012)	TurkStat (2013)
Health expenditure (% of GDP)	5.4% (2012)	TurkStat (2012)
Births attended by skilled health personnel, percentage	95% (2008)	The Turkish Demographic and Health Survey (TDHS)
Adolescent fertility rate (births per 1000 women aged 15-19)	28% (2013)	TurkStat (2013) http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=16048
Condom use to overall contraceptive use among currently married women 15-49 years old, percentage	19.6% (2008)	The Turkish Demographic and Health Survey (TDHS)
Contraceptive prevalence rate	73% (2008)	The Turkish Demographic and Health Survey (TDHS)
Unmet need for family planning (% of women in a relationship unable to access)	6.2% (2008)	The Turkish Demographic and Health Survey (TDHS)
People living with HIV, 15-49 years old, percentage	0.1% (2011)	UN Stats Millennium Development Goals Indicators (2011) Mdgs.un.org
Adult literacy (% aged 15 and above)	92.4% (2013)	TurkStat (2013)
Total net enrolment ratio in primary education, both sexes	Net schooling ratio (2012-2013) 98.96% (2013)	TurkStat (2013)

KEY FACTS AND FIGURES

SOURCE

MILLENNIUM DEVELOPMENT GOALS (MDGS): PROGRESS BY GOAL

1. Eradicate Extreme Poverty and Hunger	**Low poverty, very low hunger** • Proportion of population living below US$1.25 per day (%) in 2010: 1.3% • Percentage change between 1994 and 2010: -36%	www.mdgs.un.org MDG Country Progress Snapshot Turkey (2013)
2. Achieve Universal Primary Education	**High enrollment in primary education** • Net enrolment ratio in 2010: 98.9% • Percentage change in enrolment between 1990 and 2010: 7%	www.mdgs.un.org MDG Country Progress Snapshot Turkey (2013)
3. Promote Gender Equality and Empower Women	**Parity level of equal girls' enrolment** • Ratio of girls to boys in primary education in 2010: 0.99 • Percentage change between 1990 and 2010: 8% **Low share of women in paid employment** • Share in 2011: 23.6% • Percentage change between 1991 and 2011: 48% **Low representation** • Proportion of seats held by women in national parliament in 2013: 14.2% • Percentage change between 1991 and 2013: 800% **Over 40% of women have been subject to domestic violence at least once**	www.mdgs.un.org MDG Country Progress Snapshot Turkey (2013)
4. Reduce Child Mortality	**Low child mortality** • Under-five morality rate (deaths of children per 1,000 births) in 2012: 20 • Percentage change between 1990 and 2012: -81%	www.mdgs.un.org MDG Country Progress Snapshot Turkey (2013)
5. Improve Maternal Health	**Low maternal mortality** • Maternal mortality ratio (maternal deathsper 100,000 live births) in 2013: 16 • Percentage change between 1990 and 2010: -70% **High access to reproductive health** • Contraceptive prevalence rate in 2008: 73% • Percentage change between 1993 and 2008: 17% • Unmet need for family planning in 2008: 6.2% • Percentage change between 1993 and 2008: -58%	www.mdgs.un.org MDG Country Progress Snapshot Turkey (2013)

KEY FACTS AND FIGURES

SOURCE

MILLENNIUM DEVELOPMENT GOALS (MDGS): PROGRESS BY GOAL

6. Combat HIV/AIDS, Malaria and other Diseases	**Low HIV incidence** • Incidence rate in 2011: 0.01 **Low mortality** • Number of new tuberculosis cases per 100,000 population in 2011: 24 • Percentage change between 1990 and 2011: -55% • Number of deaths per 100,000 population in 2011: 0.7 • Percentage change between 1990 and 2011: -88%	www.mdgs.un.org MDG Country Progress Snapshot Turkey (2013)
7. Ensure Environmental Sustainability	**Medium forest coverage** • Proportion of land area covered by forest (%) in 2010: 14.7% • Percentage change between 1990 and 2011: -88% **High improved water coverage** • Proportion of population using an improved drinking water source (%) in 2011: 99.7% • Percentage change between 1990 and 2011: 17% **High sanitation coverage** • Proportion of population using an improved sanitation facility (%) in 2011: 91% • Percentage change between 1990 and 2011: 9% **Moderate proportion of slum dwellers** • Proportion of urban population living in slums (%) in 2009: 13% • Percentage change between 1990 and 2009: -44%	www.mdgs.un.org MDG Country Progress Snapshot Turkey (2013)
8. Develop a Global Partnership for Development	**High internet usage** • Internet users per 100 inhabitants in 2012: 45.1	www.mdgs.un.org MDG Country Progress Snapshot Turkey (2013)

EXECUTIVE SUMMARY

CONTEXT

This report presents the results of the final evaluation of the UNFPA 5th country programme of assistance to the Government of Turkey, covering the period 2011-2015.

The country programme had a total budget of 4.5 million USD and covered three components: (a) reproductive health and rights (allocated with 2.0 million USD); (b) population and development (allocated with 0.4 million USD); and (c) gender equality (allocated with 1.6 million USD). An amount of 0.5 million USD was allocated for programme coordination and assistance. In addition UNFPA had committed to mobilize 2.6 million USD from other sources to complement the programme activities.

In addition to its development programme of assistance, the UNFPA Turkey country office has also implemented a humanitarian programme in response to the needs of Syrian refugees fleeing civil war in their country since April 2011.

OBJECTIVES AND SCOPE OF THE EVALUATION

The objectives of the evaluation were: (1) to provide the UNFPA CO in Turkey, national programme stakeholders, the UNFPA EECARO, UNFPA headquarters as well as the wider audience with an independent assessment of the relevance and performance of the UNFPA 5th country programme; (2) to provide an analysis of how UNFPA has positioned itself within the development community and national partners with a view to adding value to the country development results; (3) to draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

The evaluation covered all activities planned and/or implemented during the period 2011-2014, under both the development programme of assistance (including soft aid activities) and the humanitarian programme launched in response to the Syrian refugee crisis.

In addition to the assessment of the intended effects of the country programme, the evaluation also aimed at identifying potential unintended effects.

METHODOLOGY

The evaluation was structured around two categories of evaluation criteria: (i) the criteria of relevance, effectiveness, efficiency and sustainability for the assessment of UNFPA interventions in the three programmatic areas of the country programme; and (ii) the criteria of coordination and added value for the analysis of the strategic positioning of UNFPA in Turkey.

The data collection tools used by the evaluation team consisted in: (i) a detailed review of all the documentation available regarding the country programme and relevant national public policies; (ii) semi-structured interviews with key informants and (iii) focus group discussions with final beneficiaries, including Syrian refugees.

Site visits were selected based on a purposive sampling, with a view to reflecting the UNFPA portfolio of interventions in Turkey. Aside from Ankara and Istanbul, the evaluation team visited the provinces of Sanliurfa and Gaziantep to interview the stakeholders providing humanitarian assistance for Syrian refugees. In the Gaziantep province, the evaluation team also visited the Nizip refugee camp, which allowed for a focus group discussion with Syrian refugee women.

The evaluation team ensured the triangulation of the data and information used for the evaluation through systematic cross-checking of data and information sources on the one hand, and data collection tools, on the other hand. Specific attention has been paid to the formulation of evidence-based findings by rigorously relating all findings to the supporting facts and data displayed in annexes.

Methodological constraints and limitations included: (i) the insufficient information provided by annual work plans regarding programme interventions (specially those relating to “soft aid activities” such as advocacy and policy dialogue);

(ii) a limited access to final beneficiaries within the time period allocated to the field phase of the evaluation and (iii) language constraints. These constraints and limitations were respectively mitigated through: (i) reviewing additional documentation (country office annual reviews, standard progress reports, financial and operational information from Atlas); (ii) resorting to interviews and focus group discussions with key informants closely related to final beneficiaries of UNFPA supported interventions and (iii) working with interpreters providing translation from (and to) Turkish and Arabic whenever required.

MAIN FINDINGS

The country programme was well adapted to the needs of the population, in particular to those of vulnerable groups, including Syrian refugees. However, prioritization of the most vulnerable in planned interventions did not systematically translate into specific targeting of these groups at implementation stage.

In the area of reproductive health and rights, UNFPA supported interventions have contributed to improved access and utilization of maternal health and family planning services, including for Syrian refugees. UNFPA was particularly successful in responding to the specific reproductive health needs of seasonal migrant agricultural workers. In the absence of a clear exit strategy, sustainability of the results achieved remains an issue.

In the area of population and development, UNFPA has contributed to an increased availability of demographic and socio-economic data, both at central and local levels. UNFPA supported interventions have contributed to raising the capacity of national stakeholders to address issues related to the ICPD and the MDGs. Sustainability of results still highly depends on support from UNFPA, although positive signs were noted, such as a strong ownership from some target groups as well as the establishment of effective partnerships with universities, public institutions and NGOs.

In the area of gender equality, UNFPA has successfully expanded the stakeholder base for the fight against gender-based violence, through an extension of its training activities to a variety of groups including police forces, gendarmerie, religious leaders and the youth. In the 5th country programme, the emphasis has been placed on the response to gender-based violence, while prevention and protection services for women still need to be further developed.

UNFPA has achieved a high level of disbursement of its financial resources and has been able to trigger various forms of additional resources from its partners, in particular for the funding of humanitarian interventions. However, given the rising numbers of Syrian refugees, resources have become insufficient to cover expressed needs.

UNFPA actively contributes to the good coordination of the United Nations system in Turkey through its participation to several thematic and working groups. Examples of synergies among UN organizations can be found in the work of the gender thematic group, which UNFPA has led from 2004 to 2013, as illustrated by the joint programme on Women Friendly Cities.

MAIN CONCLUSIONS

The UNFPA 5th country programme for Turkey was found highly adapted to national needs in terms of reproductive health, gender equality and population and development. Overall, UNFPA was able to adapt its country programme to the evolving needs of the country and, in particular, needs emerging from the Syrian crisis. However, the prioritization of the most vulnerable and high risk groups was not strong enough as the basis for strategic planning. Data and analysis was lacking on some groups leaving uncertainties over how to reach vulnerable populations with regard to strengthening reproductive health and rights and gender equality.

The UNFPA country office effectively activated its emergency response mechanisms in the Syrian crisis with UNFPA global and regional support as per the Minimum Initial Services Package (MISP) standards. UNFPA has contributed to the increased availability of gender-based violence prevention, and mother-child health and sexual and reproductive health care for Syrian refugees.

UNFPA human and technical resources are of high quality and expertise and strong team work among programmatic areas has served to cover escalating needs. However, due to the continuous increases in refugee numbers, the corresponding requirements for advocacy, technical assistance, information and response to the humanitarian situation could over-extenuate staff and funding resources may not be sufficient.

Stakeholders, whether in the public sector, NGOs or universities, all demonstrate strong interest in contributing to and actively taking part in UNFPA supported interventions. However, UNFPA partners' ownership and commitment is variable and follow-up to sustain programme outcomes is uneven. Factors promoting sustainability include commitment to outcomes, capacity of stakeholders, strength of follow-up, and level of investment by partners.

UNFPA demonstrates a significant added value to all of its partners and is considered a main source of expertise with regard to reproductive health and rights, population and development and gender equality. Most stakeholders stress the importance of UNFPA advocacy work and participation, especially through drawing in political, institutional and religious leaders. However, the impact of UNFPA advocacy and influence is limited regarding sensitive sexual and reproductive rights and gender equality issues in the conservative environment of Turkey.

Interventions related to youth, although mainly consisting of pilot interventions with limited coverage, have been implemented effectively and efficiently with the potential to influence a broad range of high risk groups capitalizing on the expanding volunteer networks. However, the results of UNFPA supported interventions on youth knowledge, attitudes and practices are largely anecdotal and more evidence is needed as to the outcomes. Furthermore, the understanding of youth sexual and reproductive needs and how to effectively reach them with reproductive health information is still limited.

MAIN RECOMMENDATIONS

UNFPA should focus more strategically in this country programme and in planning the 6th country programme on identifying, prioritizing and targeting the most vulnerable, marginalized and high risk people and groups. The strategy should emphasize prevention of sexual and reproductive health issues and gender-based violence and should clearly target the most vulnerable and marginalized with strategies to reach them. Integration of the programmatic areas and mainstreaming gender and youth should underpin the strategy.

In view of the pressing reproductive health and gender equality needs of the refugees, UNFPA should expand its humanitarian team and create strategies, preferably jointly with other UN agencies, to raise additional resources in order to cover capacity development and service needs, expand operations as required, and to address emerging critical issues.

UNFPA should ensure sustainability of results in the identification, formulation and planning of interventions, including foreseeing potential difficulties, challenges and mitigation measures. As an integral part of the country programme design and implementation, an exit strategy should be developed during the inception phase.

UNFPA should increase its advocacy effort and capacity building role in reproductive health and rights and gender-based violence prevention and protection through the UN thematic groups on gender-based violence and youth and coordinating mechanisms at regional level, promoting pro-active joint planning and follow-up. Advocacy should be stronger for resource sharing with donors, partners and UN agencies working on similar issues.

UNFPA should champion the issue of investing in youth development and the need for incorporating youth rights and needs into national policies and programmes.

1 INTRODUCTION

1.1 PURPOSE AND OBJECTIVES OF THE COUNTRY PROGRAMME EVALUATION

In accordance with the UNFPA evaluation policy[1] and the UNFPA biennial evaluation plan 2014-15,[2] the UNFPA Evaluation Office is conducting the final evaluation of the UNFPA 5th Country Programme of Assistance to the Government of Turkey (2011-2015).

The specific objectives of the evaluation are:

- to provide the UNFPA country office in Turkey, national programme stakeholders, UNFPA EECARO, UNFPA headquarters and a broader audience with an independent assessment of the relevance and performance of the UNFPA 5th Country Programme of Assistance to the Government of Turkey;
- to provide an analysis of how UNFPA has positioned itself within the development community and national partners with a view to adding value to the country development results;
- to draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

1.2 SCOPE OF THE EVALUATION

The evaluation covers all interventions planned or implemented by UNFPA in Turkey for the period 2011-2014, under both the development programme of assistance (in its three programmatic areas: (i) reproductive health and rights, (ii) gender equality and (iii) population and development) and the humanitarian assistance programme launched in response to the Syrian refugee crisis.

[1] DP/FPA/2013/5

[2] DP/FPA/2014/2

2 METHODOLOGY

2.1 EVALUATION PROCESS

i) During the **preparatory phase**, a scoping mission to Turkey (7 April – 11 April 2014) was undertaken by the co-team leader from the UNFPA independent Evaluation Office, and details of the evaluation terms of reference and work plan agreed with the country office. An evaluation reference group (ERG) was formed, composed of representatives from partner ministries (the Ministry of Health, Ministry of Development, and Ministry of Family and Social Policies), the Monitoring and Evaluation officer from UNFPA Eastern and Central Asia Regional Office, and a representative of the Y-PEER network in Turkey.

ii) During the **design phase** (April 2014), a design report was written based on a document review, containing the purpose and scope of the evaluation, the context and background of the country programme, a reconstruction of the intervention logic of the programme, a stakeholder matrix, the structure of the evaluation matrix containing key evaluation questions, and a detailed data collection plan, including proposed site visits. In the design report, proposed methodology was described as well as data collection and analysis strategies for each programmatic area.

iii) The in-country **field phase** took place from May 12th-30th 2014. A debriefing of preliminary results was conducted for country office staff on May 30th, 2014.

iv) The **reporting phase** started in June 2014. A first draft evaluation report was shared (for review and comments) with the country office and the ERG on June 27th, 2014. A second draft was submitted on October 10th, 2014, and formed the basis for discussions at a stakeholder workshop (attended by the main country programme stakeholders) in Ankara, on November 13th, 2014. The evaluation team finalized the evaluation report after the workshop.

v) Throughout the evaluation process, the ERG provided oversight to the evaluation, providing guidance for the evaluation team on key informants and data sources and reviewing the design report and the draft and final evaluation reports. The ERG participated in an initial briefing at the start of the field phase on May 12th, 2014, and in a virtual conference to discuss comments on the first draft report on July 9th, 2014.

Figure 2 *Evaluation Phases*

1	**PREPARATORY PHASE**	Drafting the terms of reference Scoping mission Constitution of the reference group
2	**DESIGN PHASE**	Documentary review Drafting of the evalutation questions Elaboration of a data collection and analysis strategy for the field phase Production of a report design
3	**FIELD PHASE**	Data collection and analysis on the field Debriefing of the preliminary results of the evaluation (at the end of the field phase)
4	**REPORTING PHASE**	Production of the draft final report Stakeholders workshop to present the results of the evaluation Production of the final report
5	**DISSEMINATION & FOLLOW UP PHASE**	Quality review of the final evaluation report Publishing and dissemination of the final evaluation report Management Reponse (from UNFPA services) Follow up of the recommendations of the evaluation (one year later)

2.2 EVALUATION QUESTIONS

The evaluation has been structured around the following evaluation criteria:

- four out of the five standard OECD-DAC criteria: relevance, effectiveness, efficiency and sustainability;[3]
- two additional criteria, specific to UNFPA, with a view to assessing the strategic positioning of UNFPA within the Turkey United Nations Country Team (UNCT): coordination and added value.

Based on these evaluation criteria, the evaluation team has formulated the following seven evaluation questions, which have guided data collection and analysis and reporting throughout the evaluation process.

EQ1 To what extent are the objectives of the UNFPA 5th Country Programme of Assistance to the Government of Turkey (2011-2015) (i) adapted to the needs of the population (in particular the needs of the vulnerable groups, including the Syrian refugees); (ii) aligned with government priorities; and (iii) aligned with the policies and strategies of UNFPA?

EQ2 To what extent have the interventions supported by UNFPA in the field of reproductive health and rights (RHR) contributed to (or are likely to contribute to) sustainably improve the access to and utilization of high quality maternal health and family planning services, in particular for the most vulnerable groups, including the Syrian refugees?

EQ3 To what extent have the interventions supported by UNFPA in the field of population and development (PD) contributed in a sustainable manner to an increased availability and use of data on emerging population issues at central and local levels?

EQ4 To what extent have the interventions supported by UNFPA in the field of gender equality (GE) contributed in a sustainable manner to: (i) improved responses to gender-based violence (GBV), including in emergency and post-emergency situations, in particular with regard to the Syrian refugee crisis and (ii) enabled women to fully exercise their human rights?

EQ5 To what extent has UNFPA made good use of its human, financial and technical resources in pursuing the achievement of the results defined in the country programme?

EQ6 To what extent has the UNFPA country office contributed to the good functioning of coordination mechanisms and to an adequate division of tasks within the UN system in Turkey?

EQ7 To what extent has UNFPA made good use of its comparative strengths in its programme of assistance to the Government of Turkey?

The correspondence between evaluation questions and evaluation criteria is illustrated in Table 1.

The evaluation questions have been translated into information needs, presented in the evaluation matrix (Annex 5). The evaluation matrix links evaluation questions with corresponding assumptions to be tested, indicators, sources of information and methods and tools for the data collection.

Table 1 *Correspondence between Evaluation Questions and Criteria*

	Relevance	Effectiveness	Efficiency	Sustainability	Coordination	Added value
EQ1	X					
EQ2		X		X		
EQ3		X		X		
EQ4		X		X		
EQ5			X			
EQ6					X	
EQ7						X

[3] The OECD-DAC evaluation criterion, impact, is not considered in UNFPA country programme evaluations (CPE), due to the nature of the interventions of the Fund, which can only be assessed in terms of contribution and not attribution. CPEs do not entail the assessment of the long-term societal effects (including behaviour changes) of UNFPA support, but instead focus on the identification of the more immediate effects of UNFPA support under evaluation

2.3 METHODS AND TOOLS USED FOR DATA COLLECTION AND ANALYSIS

The evaluation methodology is based primarily on standards and guidance described in *How to Design and Conduct a Country Programme Evaluation at UNFPA*[4] throughout the phases of the evaluation. Some suggested and prescribed tools, such as the evaluation matrix, were adapted for the country programme context. The team utilized the following methods for data collection: study of documentation, key informant interviews, focus group discussions (FGDs), and site visits. Triangulation was ensured throughout the evaluation process by cross-checking sources of information and data collection tools.

Cross cutting issues such as vulnerable groups, youth and gender equality were addressed in the data collection through the evaluation questions and indicators in the evaluation matrix and targeted questions formulated in the interview guides. No primary quantitative data was collected during the evaluation and data from secondary sources has largely been gender-specific or gender disaggregated.

Study of Documentation

For the purpose of the evaluation, the UNFPA country office in Ankara provided access to documentation, including country programming documents, Annual Work Plans (AWP), Standard Progress Reports (SPR), Country Office Annual Reports (COARs), Atlas data on budgeted interventions and actual expenditure, activity reports, joint programme proposals, evaluations, review and audit reports, relevant surveys and needs assessments studies, monitoring reports, as well as agreements signed with the partners of the respective programmes. In addition, the evaluation team collected and analyzed training materials, and booklets, brochures and websites designed for dissemination purposes, as well as working documents provided by individual project programmatic areas such as strategy papers. The team also reviewed international and national development statistics, national policy and planning documents and international legal instruments to which the Turkish government is a signatory such as the ICPD and the CEDAW. Additional documentation and information was found on the internet as required.

Key Informant Interviews and Focus Group Discussions

Selection of stakeholders for key informant interviews and focus group discussions (FGDs) aimed to cover a wide variety of stakeholders including beneficiaries, NGOs, public institutions, private sector representatives, as well as other UN agencies (see Annex 7: Stakeholder Matrix). The diversity of backgrounds, regions and levels of involvement with UNFPA projects were considered in selecting the interviewees (see Table 2: Interviews and Focus Group Discussions).

Prior to the launch of the field phase, the evaluation team prepared interview guides, which consisted of three types for each programmatic area: for programme staff, other UN and partners, and for the FGDs. The guides included questions related to implementation modalities, the progress achieved throughout the programming period, as well as perceived challenges, implications for sustainability, and factors affecting ownership. Interviews with beneficiaries were adapted in accordance with their own interests as well as levels of education (see Annex 9: Interview Guides).

The team carefully structured the FGDs to obtain the maximum input from participants during the group interviews. The following topics were discussed:

- Peer educators: satisfaction with UNFPA supported training and peer education interventions, impact on peer education, outcomes for information sharing, sustainability for the Y-PEER network, recommendations;
- Health mediators: satisfaction with UNFPA supported training and knowledge, attitudes and practices (KAP) gained, participation in planning, strengthening training materials, outcomes of the home health visits on reproductive health and rights (RHR) and gender-based violence (GBV), sustainability of the health mediator role, recommendations;
- Seasonal Migrant Agricultural Workers (SMAW) envoys: satisfaction with UNFPA supported training and KAP gained, outcomes of the training for their roles and the health of the SMAW, sustainability of registration process with the Ministry of Labor, recommendations;

[4] Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Evaluation Office, October 2013.

- Nurse and Midwives, Nizip camp: training received on Minimum Initial Services Package (MISP) and RHR in emergencies, applicability of training in Syrian communities, main health and RHR problems, adequacy of RHR and GBV resources, utility of UNFPA brochures, recommendations;
- Teachers, Nizip camp: types of training received in health and GBV issues, main health problems faced in schools, types of assistance received to address the health issues, recommendations;
- Beneficiaries of the "Human Rights Protection Systems and Mechanisms Programme" (Pomegranate Arils Project): Support provided by UNFPA staff, main impacts of the project on their lives, recommendations;
- Women leaders of the Syrian refugee community: Details of interventions conducted in the camp, problems and cultural clashes with the Turkish legal system;
- Coordinators of Women Friendly Cities (WFC) programme: comparative accomplishments and problems experienced in different cities;
- Neighbourhood/community initiative of WFC programme: the community leaders explained and discussed their methods for empowering women within the poor neighbourhoods.

All interviewees were assured by the evaluation team of the confidentiality of their responses. The interviews were mainly conducted in informal settings as discussions of GBV and sexual and reproductive health issues may require personal trust. Interviews were mostly face-to-face, with some additional phone interview meetings held due to a tight time schedule and budget for travelling. Interview log books were maintained by the evaluation team for the purposes of documenting, and facilitating cross-analysis of, data. The team closely adhered to the UN Evaluation Group Code of Conduct and Ethical Guidelines for Evaluations (2008).

Site Visits

The selection of sites outside of Ankara was based on purposive sampling, which means selection based on the knowledge of a population or groups, their characteristics, and the purpose of the study. The chosen locations were illustrative of the UNFPA portfolio in Turkey, with two sites for each programmatic area which were representative of the targeted populations and the planned interventions, demonstrated a range of challenges and successes at this point in the programme implementation, and which were accessible by air or ground transportation. For the RHR and the PD programmatic areas, members of the team visited Istanbul to interview staff from a key RHR implementing partner, CVF, regarding the Y-PEER interventions, as well as Y-PEER network leaders, the TAP Foundation, TUSIAD and the UNFPA Regional Office staff. The Gender Equality expert visited two Women Friendly City programme sites.

The evaluation team also visited the provinces of Gaziantep and Sanliurfa to interview the stakeholders providing humanitarian assistance for Syrian refugees in Gaziantep, and visited Nizip refugee camp south of Gaziantep, which required special permission from relevant authorities. In Sanliurfa, key informants at Harran University were interviewed regarding the interventions targeting the seasonal migrant agricultural workers (SMAW). Interviews and FGDs were also held with relevant stakeholders in Ankara.

Table 2 *Interviews and Focus Group Discussions*[5]

	Reproductive Health	Gender Equality	Population & Development	Humanitarian Assistance	Total
Key Informants (number of interviewees)					
UNFPA staff	(7) RH, Youth, Management; Regional Office	(10) Gender BV group; Humanitarian Aid GBV; Pomegranate Aril; WFC Project Staff; WFC Coordinators (2 Cities)	(3) PD Coordinator and Regional Office	(6) Ankara and Gaziantep	**26**
Ministries and Lead Government Agencies	(14) Ministry of Health/Public Health Institute, central, provincial; Ministry of Labor; Religious Leaders (Mufti)	(28) Ministry of Family and Social Policies; Ministry of Interior; Presidency of Religious Affairs; Turkish Armed Forces; Department of Security; Deputy Governor of Şanlıurfa; Deputy Governor of Gaziantep; Gaziantep Municipality Social Policy Directorate; Şanlıurfa Governorship Director of Women; Cultural Center; Gaziantep Development Agency; Şanlıurfa İŞKUR, Ministry of Development İpekyolu Development Agency, ŞÖNİM Gaziantep	(14) Ministry of Family and Social Affairs; TurkStat; Deputy Governor of Sanliurfa; ISKUR in Sanliurfa; Ministry of Development; Karacadag Regional Development Agency in Sanliurfa	(3) AFAD, Ankara, Gaziantep and Nizip Camp	**59**
Implementing partners	(13) CVF, Harran, Andolu, and TED Universities; Private Hospital; school counsellor	(4) KAMER (NGO in Gaziantep) Turkish Population Association Elbirligi Women Association in Sanliurfa	(8) CVF; Harran, Baskent, Hacettepe Universities; Population Association; Turkish Family Health and Planning (TAP) Foundation		**25**
Other UN agencies, Donors	(1) Resident Coordinator Office	(3) Donors-BOYNER Holding SIDA IOM UNDP	(1) TUSIAD	(4) UNHCR, WHO in Gaziantep	**9**
GBV Trainers		(3) National Expert Trainers from Religious Affairs International Experts		(2) IMCR in Sanliurfa	**5**
Total Key Informants	**35**	**48**	**26**	**15**	**124**
Focus Group Participants					
Implementing partners	(6) Y-PEER educators	(15) WFC coordinators	(3) WFC Local Coordinators of Antalya, Izmir and Sanliurfa		**24**
Beneficiaries	(9) SMAW Health Mediators and Envoys	(13) Pomegranate Arils (2) Women Neighbourhood Community Leader (Şanlıurfa) Nizip Camp Women Neighbourhood leaders		(5) Syrian School Teachers	**27**
Health care providers				(3) Nurses and midwives	**3**
Total Focus Group Participants	**15**	**28**	**3**	**8**	**54**

[5] The list of people met during the field mission is presented in Annex 3.

2.4 LIMITATIONS AND CONSTRAINTS

This section describes the limitations and constraints faced by the evaluation team during data collection and analysis. The measures taken by the team to mitigate these constraints are also detailed.

Limitations of Annual Work Plans as tracking tools

The Annual Work Plans (AWPs) form the basis for tracking programme interventions but are difficult to use to track and consolidate evidence with regard to the intended results for each programmatic area. The AWPs also do not list the "soft aid" interventions such as advocacy, policy dialogue, national consultations, and institutional mediation. To mitigate this constraint and to supplement the AWPs, the team referred to the Country Office Annual Reports (COARs), the Standard Progress Reports (SPRs) and the Atlas spreadsheets.

Limitations to data collection on final beneficiaries

This was limited due to a) time constraints (total of three weeks allocated for the field phase); b) high turnover of the staff of the governmental institutions and the NGOs, and movement of beneficiaries (such as the SMAW); and c) geographic dispersal (e.g. attendees to the ICPD seminars of the WFCs programme were geographically dispersed in three cities – Antalya, Izmir and Sanliurfa); and, d) budget constraints to travel.

This constraint was mitigated by use of secondary data (reports, publications, national plans, regional strategy plans, brochures, websites, etc.); through key informant interviews with groups directly involved in the interventions; purposive sampling after a comprehensive review of the documents to select the appropriate target groups; and, focus group discussions to gain a range of opinions (e.g. with the UNFPA WFC Coordinators in Ankara during their Coordination Meeting, ensuring geographic coverage of all seminars related to ICPD).

Limitations to data collection on programmes

It was challenging to cover the diversity of interventions, stakeholders and beneficiaries due to the broad scope of the programmatic areas. Despite this, the methodology employed served the purposes of evaluation. To the extent possible, only direct partners/beneficiaries have been interviewed, and in order to get an informed opinion, experts and trainers have also been interviewed.

Language constraints

In order to facilitate communications between English, Turkish and Arabic speakers during interviews and FGDs, translation was provided in all three languages.

Table 3 *Evaluation Limitations and Mitigation Measures*

Limitations / Challenges	Mitigation Measures
Limitations of Annual Work Plans as tracking tools; limited listing of soft aid interventions	Supplemented with Country Office Annual Reviews (COARs), the Standard Progress Reports (SPRs) and the Atlas spreadsheets
Data collection limited on final beneficiaries due to time constraints; high turnover of government and NGOs staff; geographic dispersal; and, budget constraints to travel	Use of secondary data; key informant interviews with groups directly involved in the projects; purposive sampling; focus group meetings
Data collection on programmes was limited due to broad scope of interventions	Interviews mainly with direct partners and beneficiaries, experts and trainers
Language constraints	Translation was provided in English, Arabic and Turkish

3 CONTEXT OF THE UNFPA TURKEY 5th COUNTRY PROGRAMME

3.1 POLITICAL, ECONOMIC AND SOCIAL CONTEXT

The Republic of Turkey was established in 1923 and became a multi-party system in 1946. Turkey was recognized as a candidate for European Union (EU) membership in 1999 and negotiations were initiated in 2005. To meet EU requirements, steps were taken to enhance equity, human rights and democratic participation of social groups, cultural and ethnic identities and introduce new amendments related to women's rights.[6] According to the World Bank, governance indicators of Turkey have improved since 2010 although some remain below the average.[7] The Government of Turkey aims to finalize a new democratic Constitution but concerns over the freedom of speech and press and environmental issues have been expressed in public protests. Since the onset of the Syrian conflict in 2011, over a million Syrians have fled to Turkey. The Government has adopted an 'open door' policy and established the Temporary Protection (TP) regime to provide protection and assistance to Syrian refugees.[8]

A member of Organisation for Economic Cooperation and Development (OECD) and the Group of 20 (G-20, comprised of representatives from major economies), Turkey's economy ranks as the 18th largest in the world according to the World Bank.[9] Turkey has achieved substantial growth over the past decade, nearly tripling its per capita income to US$18,315 gross domestic product (GDP) per capita in 2012 ($10,781 real GDP per capita in 2013). The Turkish economy has proved resilient to the impacts of the global financial crisis of 2008.[10] Recent developments, however, pose questions over the sustainability of the economic growth as the current account deficit of US$65 billion for 2013 is amongst the highest in emerging countries and the inflation rate surged to 8.3 per cent in March 2014, the highest in eight months.[11] The 10th Development Plan has proposed new measures under the Medium-Term Program to respond to the external weaknesses and to improve economic resilience.

According to the Human Development Report of 2013,[12] Turkey ranks 90th out of 187 countries in the Human Development Index. Turkey's Millennium Development Goal (MDG) Report for 2010[13] indicates significant improvements in achieving its MDG goals compared to the baseline figures of 2005. However, challenges remain related to substantial rural-urban, regional and gender inequalities, climate change and sustainable development. Turkey made progress with regard to poverty reduction, primary education, and reducing maternal and infant mortality. According to World Health Organization (WHO),[14] health care status in Turkey has significantly improved in the recent years.

Since the late 2000s, the importance of social policies has been increasingly acknowledged, as reflected in the 9th and 10th Development Plans.[15] The National Action Plan on Gender Equality developed for the period between 2008 and 2013[16] was followed by the formation of the Ministry of Family and Social Policies in 2011 to address domestic violence, support disabled people and elderly care and provide vocational education for women. Two National Action Plans, on 'Combating Domestic Violence against Women' (2007-2010) and 'Combating Violence against Women' (2012-2015) respectively, were adopted. Despite these accomplishments, serious challenges related to gender discrimination and women's participation in

[6] Turkey Progress Report 2013, EC; http://www.abgs.gov.tr/files/strateji/tr_rapport_2013_en.pdf

[7] http://documents.worldbank.org/curated/en/2013/01/17369150/turkey-country-partnership-strategy-period-2012-2015

[8] AFAD ; and http://www.washingtoninstitute.org/policy-analysis/view/the-impact-of-syrias-refugees-on-southern-turkey

[9] http://documents.worldbank.org/curated/en/2013/01/17369150/turkey-country-partnership-strategy-period-2012-2015

[10] http://www.imf.org/external/country/TUR/index.htm; http://www.oecd.org/turkey/going-for-growth-2014-turkey.htm

[11] http://www.worldbank.org/en/country/turkey/overview; http://www.tradingeconomics.com/turkey/inflation-cpi;

[12] http://hdr.undp.org/en/2013-report

[13] http://hdr.undp.org/en/2013-report; http://www.tr.undp.org/content/turkey/en/home/library/mdg/mdgreportTurkey2010/

[14] http://www.who.int/countries/tur/en/

[15] http://www.kalkinma.gov.tr/Pages/content.aspx?List=8661bcf7-9da5-4ecb-a190-

[16] http://www.kadininstatusu.gov.tr/upload/kadininstatusu.gov.tr/mce/2012/kadina_yonelik_sid_2012_2015.pdf

the work force persist. Participation of women was only 30.8 per cent, and representation of women in the Parliament was 14.2 per cent in 2013.[17, 18] At the same time, Turkey faces significant challenges in addressing the needs of the Syrian refugees requiring the establishment of clinics and schools within the 21 refugee camps in the South East provinces of Turkey and expanding services in the refugee hosting provinces.[19]

Since 2010, government institutions relevant to the UNFPA 5th Country Programme have undergone a restructuring process. The State Planning Organisation has been transformed into the Ministry of Development (MoD); and Regional Development Agencies (RDAs) were established to address regional disparity challenges of Turkey. Under the Health Transformation Programme (HTP) that aims to strengthen health care services in Turkey, the new Public Health Agency of Turkey (PHAT) has been established to support the work of the Ministry of Health (MoH) on preventive health care services.

3.2 SITUATION WITH REGARD TO REPRODUCTIVE HEALTH AND RIGHTS

The Ministry of Health is the main provider of health care services although private healthcare has increased in Turkey in the last decade due to health management problems, long queues and weak personal service in state-run hospitals. Turkey's average public expenditure on national health was 7.6 per cent of GDP in 2005, below that of the developed countries, but has increased steadily since 2000. In 2010, the Family Medicine Programme (FMP), which assigned each patient to a specific doctor, was established throughout the country. Community Health Centers (CHC), providing free-of-charge logistical support to family physicians for priority services such as vaccination campaigns, maternal and child health and family planning services, were established. Both Family Health Centers and CHC are under the supervision of Provincial Health Directorates (in 81 provinces) which are responsible for planning and provision of health services at provincial level and accountable to the MoH-PHAT.[20]

The Strategic Plan of the MoH which covers the period of 2010-2014 was reformulated according to the legislative changes made in line with the Health Transformation Programme (HTP). The new Strategic Plan covering the period of 2013-2017 embeds the new European Health Policy, Health 2020. As Turkey has a low ratio of doctors and nurses per population compared to other countries in the WHO European Region, the government attaches importance to human resources for health. Turkey is facing the challenge of providing quality medical education in the recently opened medical faculties. The total number of health professionals working in the MoH reached 482,000 in 2011, increasing from 256,000 in 2002. Additionally, the geographic distribution of health care providers also improved with the ratio of best-to-least endowed provinces in terms of human resources for health.

Figure 3 illustrates the narrowing of the base of the population pyramid of Turkey, resulting in a rapid decline in fertility. According to the Turkish Demographic and Health Survey (TDHS) 2008, the total fertility rate (TFR) declined to 2.16 children per woman, however, this drop masks significant regional differences in the TFR, ranging from a high of 3.27 in the East to a low of 1.73 in the West. The Turkish Statistical Institute estimated a further decline in TFR reaching 2.09 in 2012. The results of recent TDHS which was conducted in 2013 indicate a TFR of 2.22.

Young people aged 10 to 24 years comprise 24.9 per cent of the population. The absence of a comprehensive youth policy that covers sexual and reproductive issues and weak information on sexual and reproductive health and reproductive rights in school-based curricula are long-standing problems. National surveys indicate that the unmet need for reproductive health information and services is high among youth. The results of the TDHS 2008 show that 5.9 per cent of married women from the age group 15-19 years were pregnant at the date of the survey. However, there also large discrepancies in adolescent pregnancy rates, with the rate three times higher in Eastern Turkey.

[17] www.turkstat.gov.tr

[18] Gender Statistics, TurkStat, 2013: http://www.turkstat.gov.tr/Kitap.do?metod=KitapDetay&KT_ID=11&KITAP_ID=294

[19] UN 2014 Syrian Regional Response Plan http://www.unhcr.org/syriarrp6/

[20] WHO website on Turkey Country Cooperation Strategy: http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_tur_en.pdf?ua=1

There have been significant improvements in maternal and child health indicators over the last 10 years in Turkey. Success has been attained in health related MDGs (4, 5 and 6) in the last decade: the maternal mortality ratio decreased to 16 per 100,000 live births in 2013 from 28.5 per 100,000 live births in 2005, and the infant mortality rate decreased to 11.4 per 1,000 live births in 2013.[21] These achievements are partly due to the focus of the universal primary health care system on reproductive health, and which had been in place for decades, and partly due to service quality improvements through the recent Health Transition Program. However, these rates remain two-to-four times higher than OECD averages. In addition, regional and socioeconomic disparities are apparent, particularly in vulnerable groups such as seasonal agricultural migrant workers. A recent UNFPA study calculated the maternal mortality rate as 153 per 100,000 live births for seasonal agricultural migrant workers and their families, significantly higher than the national average stated above.[22] In 2013, the number of recorded people living with HIV (PLHIV) in Turkey reached 6,800, 1,096 of whom have symptoms of AIDS, according to MoH statistics. HIV most frequently occurs in the 20 to 49 age range while 72 per cent of all HIV-positive persons are male.

The overall contraceptive prevalence rate among married women is 73.1 per cent, including 27 per cent traditional methods which have limited effectiveness with geographical disparities ranging between 34 per cent and 53 per cent (2008). The use of modern methods is 46 per cent with over seven per cent difference in rates between urban and rural areas. The percentage of pregnant women who receive antenatal care ranges between 72.9 per cent and 95.7 per cent. Preventable causes of maternal mortality such as eclampsia still occur in some regions and rural areas. The unmet need for quality family planning is substantial at over 21 per cent. One fifth of married women use abortion as fertility regulation. Induced abortion decreased significantly, from 23 out of 100 pregnancies in the 1990s to 10 out of 100 pregnancies in 2008, as a result of high quality family planning services over the past decades and a supportive Turkey Population Planning Law of 1965, updated in 1983.

3.3 SITUATION WITH REGARD TO POPULATION AND DEVELOPMENT

The significant economic growth experienced in the last decade, described (see section 3.1), has not been shared proportionally within the overall population. In 2012, the highest 20 per cent in terms of income accounted for approximately 46.6 per cent of national income while the bottom 20 per cent accounted for only 5.9 per cent.[23] The Gini Index (0.4) ranked Turkey as having the third highest inequality in the OECD countries.[24] Furthermore, the poverty ratio (26.9 per cent) substantially varies across regions within Turkey; it is lowest in West Marmara region (3.1 per cent), and highest in South Eastern Anatolia region (31.9 per cent).[25] The influx of Syrian refugees into the South Eastern areas may have exacerbated the socio-economic conditions. The number of non-Syrian asylum-seekers and refugees has exceeded 50,000, adding to the strain on the country's provision of protection. The Government's response includes facilitating the flow of services and integration of the refugees through a newly established Directorate General for Migration Management.[26]

In addition to economic inequalities, social conditions vary demographically, between regions and between rural versus urban areas.[27] The highest unemployment rate is 14.5 per cent in South Eastern Anatolia region, while the national unemployment ratio is 9.7 per cent. About 46 per cent of people in the lowest 20 per cent income bracket reside in urban areas and 44 per cent in rural areas. The population at risk of poverty is 13.8 per cent for urban, yet 16.3 per cent for rural areas. Within the past decade, Government policies have emphasized investments at the Eastern regions and rural areas which have fallen behind in economic development and gender equality.[28]

[21] Estimations to be validated by the TDHS, 2013, final results

[22] Needs Assessment Study on Seasonal Agriculture Workers and Their Families, April 2012, Harran University and UNFPA, Summary, page 39.

[23] www.turkstat.gov.tr

[24] OECD http://www.oecd.org/berlin/47570121.pdf

[25] www.turkstat.gov.tr

[26] http://www.unhcr.org/syriarrp6/; and www.afad.gov.tr

[27] www.turkstat.gov.tr

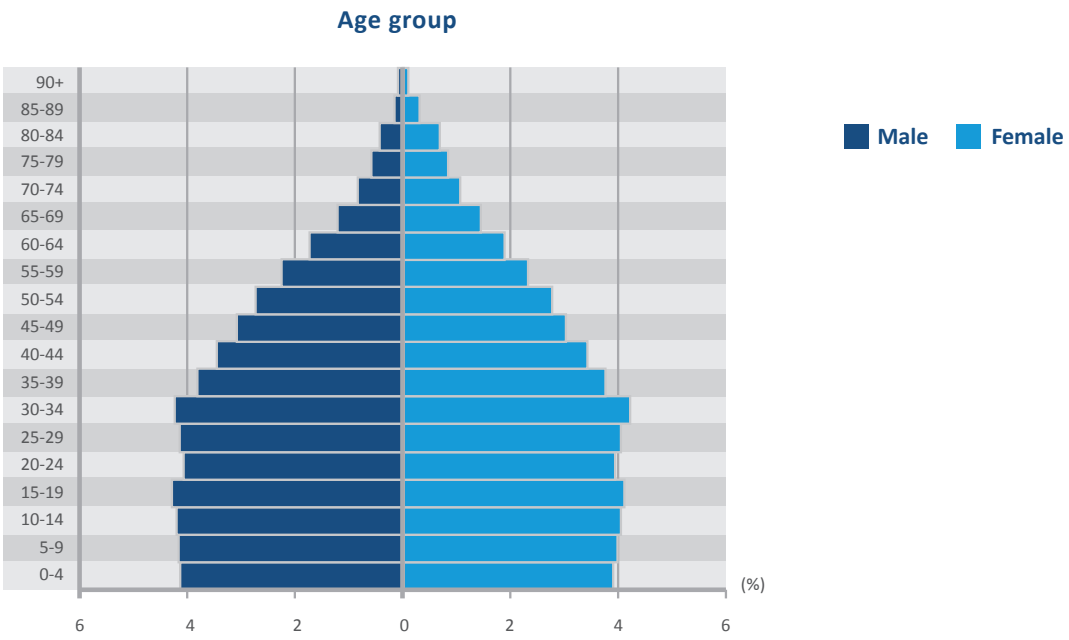
[28] www.kalkinma.gov.tr

As the agriculture sector has diminished (from 11.9 per cent GDP in 2000 to 8.9 per cent in 2013[29]), migration to cities has increased due to availability of employment opportunities. Rural development policies have been implemented through the 26 Regional Development Agencies since late 2000s.[30] Climate change is expected to promote urbanization requiring additional infrastructure and raising concerns about sustaining healthy and vibrant cities. The proportion of the population living in provincial and district centers has increased significantly from 76.3 per cent in 2010 to 91.3 per cent in 2013 and includes the large cities of Istanbul, Ankara and Izmir. Istanbul is the largest province and the population has increased by 2.2 per cent to 14,160,467. Istanbul's population includes the lowest proportion of unpaid female workers.[31]

According to the TurkStat,[32] the population of Turkey reached 76,667,864 at the end of 2013, an increase of 1,040,480 from 2012. Males comprise 50.2 per cent of the total population (38,473,360) and 49.8 per cent are females (38,194,504). The annual population growth rate increased to 13.7 per cent in 2013 from 12 per cent in 2012. The median age of the population in Turkey increased from 30.1 years in 2012 to 30.4 years in 2013 (29.8 years for males and 31 years for females in 2013).

Turkey has had a relatively young population – the working age group (15-64 years) increased by 0.1 points from 67.6 per cent in 2012 to 67.7 per cent in 2013 (to 51.9 million persons). However, life expectancy is increasing (76.5 years in 2013) and the proportion of the population above the age of 65 is rising (7.7 per cent in 2013, expected to be 10.2 per cent in 2023). The decrease in the fertility rate has prompted discussion on encouraging fertility to prevent a potential decline in the labour force. Gender inequality is reflected in the employment figures of the country. Women comprise only 25.8 per cent of the workforce. The early school dropout ratio for women is 50.2 per cent which is about six per cent higher than the overall ratio in Turkey.[33]

Figure 3 *Population Pyramid in 2013 (TurkStat)*



[29] www.turkstat.gov.tr

[30] www.kalkınma.gov.tr

[31] www.turkstat.gov.tr

[32] Ibid.

[33] Ibid.

3.4 SITUATION WITH REGARD TO GENDER EQUALITY

As in a number of countries, while the legislation in Turkey concerning gender equality meets international standards, the realization of these rights is deficient, and requires political and social intervention to empower women. Following the ratification of CEDAW in 1985, the Government, women's NGOs and UN partners have been very active in capacity building, advocacy and policy formulation. Turkey took significant steps to update and amend its fundamental laws pertaining to gender equality (Constitutional Amendments of 2001, 2004 and 2010; adoption of a new Civil Code in 2001 and a new Penal Code 2004). In addition, the national institutions promoting gender equality, General Directorate of the Status of Women (GDSW) and KEFEK[34] were established. A "National Action Plan for Gender Equality" was adopted for the period of 2008-2013 and this has drawn parallels with the 9th Development Plan 2007-2013.[35]

During 2009-2011, Turkey was actively involved in drafting the *Convention on Preventing and Combating Violence against Women and Domestic Violence of Council of Europe* (which is commonly known as the Istanbul Convention 2011) and was the first country to ratify it. At the same time, the national legal structure on domestic violence in Turkey was updated. The Istanbul Convention entered into force in 2014. A new "Law on the Protection of Family and Prevention of Violence against Women" (Law 6284) was enacted in 2012. A National Action Plan to Combat Domestic Violence against Women was prepared for 2007-2010, which was then updated as the National Action Plan to Combat Violence against Women for the period 2012-2015.[36] Similarly, women-friendly measures were taken in employment legislation to enhance female labour force participation. The legal amendments were enacted with Law 5763,[37] Law 4447,[38] and Law 6111.[39]

Despite these significant legal improvements, the discrepancy is still very large between legal frameworks and their actual impact on the lives of women. According to the 2013 Global Gender Gap Index, Turkey is ranked 120th amongst 136 countries. Turkey's rank in terms of women's economic participation and opportunity is 127, which shows that the high economic growth rate of recent decades has not been paralleled by an equivalent progress in women's economic participation and opportunity. In terms of political empowerment, the country is ranked 103rd. About 10 per cent of women are illiterate, and there are significant differences between male and female school graduation figures. Female labour force participation rate is the lowest amongst OECD countries with 29 per cent (2012), and is even lower in urban areas (26 per cent).[40] Despite some improvements in recent years in labour force participation, there has been a decline in the participation of women with university degrees, and women's representation in decision-making positions continues to be significantly low.[41]

The "National Research on Domestic Violence against Women in Turkey" (2009) study aimed to help stakeholders take appropriate actions to prevent violence and protect women. This study is currently being updated and its results are expected to be announced in 2014. According to the 2009 study, the forms of violence and abuse included physical violence, sexual violence, emotional violence/abuse and economic violence/abuse. According to the study, two out of five women have been exposed to physical violence by their husbands or partners at least once in their lifetime. Incidents of domestic violence are still widespread in Turkey. Geographical location also plays a part, with provinces in the West of the country having a lower prevalence than those in the East (see Figure 4).

[34] In 1990, General Directorate of Status and Problems of Women (Başbakanlık Kadının Statüsü ve Sorunları Genel Müdürlüğü) affiliated to the Prime Ministry was established. In 2004, its name was changed as General Directorate of the Status of Women (Başbakanlık Kadının Statüsü Genel Müdürlüğü – KSGM). In 2011, the General Directorate was restructured as one of the main units of the Ministry of Family and Social Policies. In 2009, the Commission on Equality of Opportunity for Women and Men of the Grand National Assembly of Turkey (TBMM Kadın Erkek Fırsat Eşitliği Komisyonu) was established.

[35] http://www.huksam.hacettepe.edu.tr/English/Files/NAP_GE.pdf

[36] http://kadininstatusu.aile.gov.tr/ulusal-eylem-planlari/kadina-yonelik-siddetle-mucadele-ulusal-eylem-plani

[37] http://www.tbmm.gov.tr/kanunlar/k5763.html

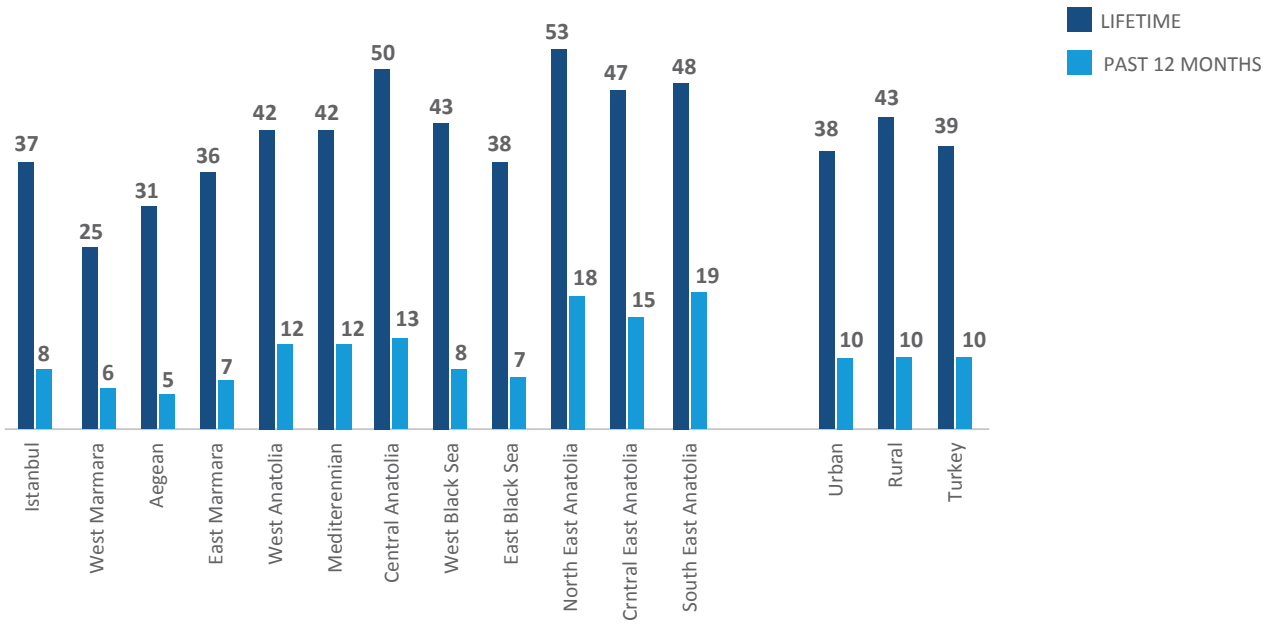
[38] https://www.tbmm.gov.tr/kanunlar/k4447.html

[39] http://www.gib.gov.tr/index.php?id=1079&uid=jRfYiUoqqvQOd3Yg&type=kanun

[40] http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf

[41] TUSIAD-KAGIDER. 2008. Turkiye'de Toplumsal Cinsiyet Esitsizligi. Sorunlar, Oncelikler ve Cozum Onerileri. Istanbul: Graphis.

Figure 4 *Prevalence of Physical Violence*



According to the 2009 study, 92 per cent of women subject to physical and/or sexual violence did not apply to any institutions or NGOs for support. Only four per cent sought help from law enforcement officials such as police and gendarmerie. According to the study, women in rural areas are less likely to ask for help than women living in urban areas. According to a media search conducted by BİANET (Independent Communication Network) on the basis of news collected from local and national newspapers, news portals and agencies,[42] in 2011, 257 women, and in 2012, 165 women were killed by their husbands or immediate partners. This means that one woman was killed in every 40 hours, and 24 per cent of 165 women who were killed in 2012 were killed by people with restraining orders against the women.

3.5 SITUATION WITH REGARD TO DEVELOPMENT AND HUMANITARIAN ASSISTANCE

Turkey is an emerging donor and has been responding financially to international humanitarian crises for a number of years. However, between 2011 and 2012, the country saw an exponential increase in humanitarian assistance by US$775 million,[43] which contributed to Turkey's overall humanitarian assistance figure of over US$1 billion in 2012, making it the fourth largest donor globally. Turkey's share of humanitarian assistance as a percentage of official development assistance (ODA) also increased to 41.4 per cent in 2012. In 2012, Turkey was the 15th largest government donor of ODA. A large proportion of humanitarian assistance has gone to the surrounding region and also to assist refugees within Turkey affected by regional crises such as the Syrian crisis. In 2011, gross ODA to Turkey increased to US$3.7 billion making it the sixth largest recipient globally. Prior to 2009, Turkey was not amongst the world's top 20 recipients of aid since 1991. The Ministry of Foreign Affairs oversees Turkey's development institutions and policy priorities and the Turkish International Cooperation and Development Agency (TIKA) is the principal body for administering aid.[44]

The United Nations presence in Turkey is coordinated through the Resident Coordinator (RC) system. Nine UN agencies are represented on the UN Country Team (UNCT): FAO, ILO, UNDP, UNFPA, UNHCR, UNIC, UNICEF, UNIDO and WFP. IOM, UNODC and WHO

[42] www.bianet.org

[43] Global Humanitarian Assistance 2014 website, citing 2011 figures, http://www.globalhumanitarianassistance.org/countryprofile/turkey

[44] Ibid.

maintain offices, but do not have a full time presence in the country. The World Bank and the International Monetary Fund are also part of the UNCT. Donor coordination takes place through EU donor group meetings and Project Coordination Meetings (PCM) of Swedish International Development Cooperation Agency (SIDA) for the UN Joint Programme on Women Friendly Cities. ODA contributions from UN agencies for the period 2011-2013 totalled almost US$29 million, with UNFPA contributing US$3.7 million (almost 13 per cent).

The role of the UN in Turkey is governed by the UN Development Cooperation Strategy (UNDCS 2011-2015). The UNDCS took note of the comparative advantages of the UN system in a Middle Income Country and the primary focus is on developing Turkey's donor capacities in line with aid effectiveness principles.[46] The UNDCS is a document unique to Turkey, formulated under the leadership of the Turkish Government. It focuses on promptly achieving higher level results and helps the UN system in Turkey to provide an integrated response to national priorities, including toward the achievement of Millennium Development Goals (MDGs). The UNDCS offers a new model of partnership with the Middle Income Countries (MICs) to achieve internationally agreed development goals and to support South-South and triangular cooperation.[47]

Humanitarian aid is administered by the Disaster and Emergency Management Presidency (AFAD) in coordination with the Turkish Red Crescent Society (Kizilay). The Syrian refugee response is managed by the Government through AFAD, in collaboration with UNHCR and other UN agencies. Access to the refugee camps is restricted to Government actors. The UN-System has declared the current scale of the Syria crisis as a Level 3 (the most critical level of the Humanitarian UN System-Wide Emergency Activation). Official data from April 201- indicates that there are approximately 220,000 refugees in the camps and over 800,000 refugees outside, with a considerable number living in temporary shelters, abandoned or ruined houses, tents and slums in major cities of many parts of Turkey.[48] For those refugees registered (almost 600,000) by the Government, all primary, secondary and tertiary level health services are provided free of charge. Registered refugees includes an estimated 250,000 women and girls of reproductive child bearing age, 40,000 pregnant women (8,800 in camps and 31,200 outside of camps) and approximately 150,000 youth, 33,000 in camps and 117,000 out of camps.[49] Reproductive health and rights indicators in Syria are less advanced than in Turkey: despite

Table 4 *Official Development Assistance by UN agencies to Turkey (2011-2013)*[45]

Agency	2011	2012	2013
UNFPA	0.96	1.41	1.36
UNDP	0.54	0.53	0.38
UNHCR	8.69	8.35	-
UNICEF	1.18	0.87	0.89
WFP	-	-	2.45
WHO	0.98	0.06	0.17
TOTAL	**12.35**	**11.23**	**5.25**

(Figures stated in US$ millions)

[45] Data extracted from OECD DAC Aid Activity Database, accessed 12 January 2015

[46] UNDP Turkey website: http://www.tr.undp.org/content/turkey/en/home.html

[47] Ibid.

[48] The estimated total number of Syrians in Turkey in October 2014 as per the UNHCR Sitrep of October 2014, is estimated to be nearly 1,600,000 as the armed conflict in Syria has continued to be intense near the Syrian border with Turkey. A religious sectarian internal armed conflict escalated in Iraq and Northern Syria causing further serious instability and displacement of populations in the region. Thousands of Ezidis are entering from southeastern borders of Turkey through legal gates and also illegally other than gates.

[49] UNFPA CO Briefing May 12 with April 2014 data

a slow decrease in fertility, the total fertility rate is still well above 3 (3.58 in 2004, and 3.6 in 2009). The Contraceptive Prevalence Rate (CPR) in Syria noted in the UNFPA CPAP is 58.3 per cent, with 42.3 per cent use of modern methods.[50]

The Syria Regional Response Plan is in its 6th version and is an undertaking by the five refugee hosting countries (Jordan, Turkey, Lebanon, Egypt and Iraq), with involvement of all contributing partners, including governments and external assistance actors. Unlike previous regional response plans, which were implemented directly by participating UN agencies, this effort requires partnering with national and international NGOs to ensure rapid response. The numbers of beneficiaries are expected to reach 1.5 million by the end of 2014. Since mid-2013, there has been an increase in the number of accredited NGOs providing assistance to refugees in urban areas. To date, 25 national and international NGOs are operating in various locations in the South East of Turkey. In 2014, UN agencies will work closely with accredited NGOs to ensure a wider delivery of assistance to all refugees especially those in urban areas.[51]

In 2013, the UNFPA HQ released its emergency fund (US$310,000) for UNFPA Turkey to address the humanitarian needs of Syrian refugees. Additional resources[52] have also been utilised for humanitarian assistance (US$1,491,915 in 2013 and US$883,416 in 2014 totaling US$2,375,331).[53] A Memorandum of Understanding (MOU) with AFAD was signed in 2012 to implement the country contingency plan. UNFPA country offices in the region are supporting reproductive health services for refugees and internally displaced people within the framework of the UN Regional Response Plan, and supporting the displaced people inside Syria within the framework of the Syrian Humanitarian Assistance Response Plan (SHARP).[54] As a part of its country contingency plan UNFPA has employed the Minimum Initial Service Package (MISP) as a priority set of life-saving interventions related to reproductive health and family planning in disasters and emergencies.

3.6 THE 5TH COUNTRY PROGRAMME IN TURKEY

3.6.1 Lessons learned from previous country programme cycles

The UNFPA Turkey 4th country programme evaluation (December 2010) offers valuable lessons and good practices which were considered in the planning of the 5th country programme. The following is a **summary of conclusions, recommendations and lessons from the 4th country programme evaluation**, which were compiled by the 5th country programme evaluation team **from the evaluation report** and are also reflected in the Country Programme Action Plan (CPAP) 2011-2105.[55] The CPAP stresses the importance of addressing the challenges related to sustainability of the results of the projects and programmes in the 5th country programme. Stronger communication between the stakeholders and integration of the beneficiaries into every stage of project implementation from preparation to evaluation and monitoring are important both to enhance a sense of ownership and to reflect the consistent demands of the beneficiaries in project interventions.[56]

Strategic positioning to build on the synergies created through the gender programme. The projects and programmes under the gender programmatic area of the 4th country programme (CP) filled an important gap by highlighting gender equality and Violence Against Women (VAW) issues as key concerns in achieving development goals in Turkey. The UN Joint Programme (UNJP) and Combating VAW projects in particular constituted important milestones in the conceptualisation of gender equality issues, in mobilizing a wide range of stakeholders around the issue, in establishing a platform for central and local governments and NGOs to work together to improve

[50] Multiple Indicator Cluster (MICS) Survey, 2006,

[51] Syria Regional Response Plan, 2014, Executive Summary

[52] USA Bureau of Population, Refugees and Migration; and Kuwait Fund

[53] Source: ATLAS May 2014

[54] UNFPA-Turkey Humanitarian Officer Handover Notes, January 2014

[55] UNFPA Turkey 4th Country Programme Evaluation Report, December 2010, Ayse Ayata, Ayse Idil Aybars, and Dogan Gunes Tamruk

[56] Country Programme Action Plan (2011-2015), pages 11-12.

women's rights, as well as in providing mechanisms of coordination and dialogue amongst relevant actors. The timeliness of the focus on gender also has been complemented by the implications of Turkey's EU membership bid.

Recommendations for the gender programme included: a) institutionalize the gender equality commissions established in the six programme cities; b) build upon the experience with the Local Equality Action Plans (LEAPs) developed within the framework of the UNJP, including a focus on action plans to create a platform for a discussion of priorities in relation to gender issues; c) pursue a more thorough integration of the trainers who received TOT, supported by the Ministries, and a wider dissemination of training materials and briefings to increase NGO involvement; d) use secondary education resources both to prepare and disseminate training materials; e) support change in the public opinion on women's shelters through local advocacy and communication efforts; f) place more emphasis on male involvement in the promotion of gender equality; and, g) reward good practices in gender equality and empowerment of women and help increase their visibility.

Continuity of joint programming. The UNJP constitutes a good practice in terms of UN joint programming and local capacity building in gender equality since it directly focuses on gender issues rather than taking a diffused mainstreaming approach. Its visibility within the framework of the Gender Thematic Group (GTG) has proved useful in terms of pooling human and technical resources, as well as drawing on the expertise of the agencies involved. Such productive partnerships should be scaled up and continued as achieving the desired changes in attitude will require a longer period of time than one country programme cycle.

Persistence in strengthening delivery of RHR education. Work carried out by UNFPA together with the MoNE to strengthen the delivery of RHR education through formal school systems during the 3rd CP were impeded by political constraints. The non-formal youth peer education interventions experienced stand-alone success in addressing the lack of information related to RHR amongst young people, encouraging them to use youth friendly health services and particularly proving itself as an effective tool for attitude change towards safer and healthier sexual behaviour. The logic for such an advocacy effort was to bypass the political constraints and the long term goal was to integrate RHR education into the formal school system. Thus, building upon experience gained in regard to youth RHR needs, it is an appropriate time to try a new attempt to work with MoNE or to initiate a joint advocacy effort involving all related civil society organizations (CSOs) which directly targets policy makers for the inclusion of youth RHR education into primary and high school curriculums.

Augmenting the UNFPA added value and development of in-house expertise. The development of in-house expertise is critical to facilitate and transfer know-how and to encourage international exchange of good practices. Aside from use of external experts, UNFPA country office expertise needs to be strengthened, particularly since the areas of UNFPA activity under the gender programmatic area are broad in scope, ranging from trainings provided for healthcare staff to promoting 'women-friendly cities'. This aspect is key to increasing the ownership of national stakeholders, as well as ensuring sustainability.

Integrating beneficiaries (e.g. trainees and end recipients of services) in all stages. The sustainability of the inputs under the 4th CP remains the most challenging aspect for the next programming period. Although the sense of ownership has been progressively developing, high rotation of managers in the related government institutions during project implementation was among the factors that slowed down national ownership. Accordingly, stronger communication between the stakeholders and integration of the beneficiaries into every stage of project implementation from project preparation to evaluation and monitoring are recommended both to enhance a sense of ownership and to reflect the demands of the beneficiaries in project interventions.

Tapping underused potentials. Inter-sectorial collaboration was ensured in all interventions of the 4th CP although more efforts should be made to involve different sectors, including civil society and the private sector in PD and RHR interventions, fostering

their partnerships with the government at central and local levels. UNFPA should continue resource mobilization efforts, include civil society in these efforts and should consider conducting training programmes for CSOs on resource mobilization. Since Turkey has tremendous potential to share its expertise with less developed neighbouring countries, the UNFPA country office should consider initiating regional programmes covering Caucasus or Balkan countries.

3.6.2 Reconstruction of the intervention logic of the 5th country programme

The intervention logic of the programme (see Figure 5. Logical Diagram of Effects), based on the country programme documents (i.e., the Country Programme Action Plan (CPAP), the Annual Work Plans (AWPs), the Standard Progress Reports (SPRs), and Atlas project data), is discussed below.

The interventions mentioned are highly relevant to contributing to the outcomes and results, however, some of the interventions referred to in UNFPA programming documents are insufficiently detailed (e.g.: "capacity building"; "increasing quality of health information") and it is unclear whether similar approaches are used across the programmatic areas. It is also unclear as to how interventions are integrated under a comprehensive strategy.

Generally, the interventions undertaken by the country office could be grouped as the following.

1. **Capacity building** including training (development of material, curricula preparation, quality assurance), mentoring, education, meetings, strategic planning, coordination, purchase of inputs, gender mainstreaming;
2. **Research and information support** including conducting studies and supporting publications;
3. **Advocacy** including advocacy with the media and through public events.

The intervention logic in the reproductive health and rights (RHR) programmatic area

The following three CPAP RHR outputs for the period 2011-2014 are meant to contribute to the **United Nations Development Cooperation Strategy (UNDCS) Outcome (Result 4)**: *Increased provision of effective, inclusive and responsive public services and community based services to strengthen equitable access to knowledge, information and high quality basic services.* The RHR interventions fall under "Utilization of maternal health services", "Reduce high risk pregnancies" and "Improved access to RHR for vulnerable populations".

- **CPAP Output 1**: *Access to and utilization of high-quality maternal health services are increased to reduce regional disparities in maternal morbidity and mortality. This contributes to global* **Strategic Plan RHR Output 1**: *Increased access to and utilization of MH services.*

The following **interventions under** "Utilization of maternal health services" were undertaken to contribute to **CPAP Output 1**:

Collaboration with Harran University Faculty of Medicine to build an evidence base for use of policy makers consisted of conducting a **"Needs Assessment Study on Seasonal Agricultural Workers and Their Families"**. The activity was planned and implemented in collaboration with the PD programmatic area, included training of interviewers and implementing a survey of over 1,000 households. The survey was published in 2012 and based on the results, in 2013, interventions to **strengthen access to RHR for migrant workers** were undertaken including capacity building of health service workers, local authorities and communities, development of curricula, peer education, increasing quality of health information and advocacy with the media. The RHR programme also provided technical support during the preparation of a new National Health Strategic Plan (2013-2017).

A recent (June 2013) long term collaboration has been developed with Anadolu University in the area of **advocacy and communication** including use of infrastructure of the university. In this context advocacy workshops will be conducted.

- **CPAP Output 2**: *Improved services and mechanisms are in place to reduce the number of high risk pregnancies and induced abortions.* This contributes to global **Strategic Plan RHR Output 2** which is similarly phrased.

The following **interventions under** "Reduce high risk pregnancies" were undertaken: Implemented with the Ministry of Health General Directorate of Mother, Child Health and Family Planning, support for the MoH "Health Transformation" programme, including integration of the RHR in the in-service and long distance **training programmes for newly assigned family physicians**, strengthening development and utilization of training and quality assurance tools, updating national family planning, training and M&E guidelines and tools. Further, technical support was provided to develop the **Minimum Initial Service Package (MISP)**, which aims to support RHR in disasters and emergencies, training guidelines and community-based RHR training materials including family planning advocacy.[57]

- **CPAP Output 3**: *Access to information and services on sexual and reproductive health and rights is improved for the most vulnerable population groups, including youth, marginalized groups, migrants and the Roma population*. This contributes to global **Strategic Plan RHR Output 3** which is similarly phrased.

In 2011-2014, a variety of interventions were undertaken to contribute to **CPAP Output 3**. These included support to implementing partners through visits to targeted areas, trainings, and outreach materials, including an **HIV/AIDS board game**. For Y-PEER, a meeting was organized for focal points, monitoring was undertaken by the programme staff of the training interventions and a **Youth coordination workshop** organized; support was developed for World AIDS Day. The national strategic action plan for youth friendly health services was updated with a vision to creating a new plan through a workshop led by the MoH. The status of RHR among high school students was promoted through development of a new tool and **teacher and counsellor training**. A needs assessment study was conducted in five provinces followed by development of a training curriculum and two pilot training events.

The intervention logic in the population and development (PD) programmatic area

The PD programmatic area is meant to contribute to the **UNDCS Outcome (Result 4)**: *"Increased provision of effective, inclusive and responsive public services and community based services to strengthen equitable access to knowledge, information and high quality basic services (education, health, nutrition, water and sanitation, and human safety)"*.

The PD output should also contribute to achieving the **SP Outcome**: *"Improved data availability and analysis around population dynamics, RHR (including family planning) and gender equality"*.

The planned **CPAP Output 1 for PD** is identified as *"Data on emerging population issues are analysed and used at central and local levels"*.

The availability of data is essential for policy formulation and dialogue. Thus, the CPAP output is designed to contribute to monitoring of national development plans on improvement of data collection and dissemination at local and central levels, including the data on emerging issues (migration, ageing, etc.) and other social spheres.

The PD interventions fall under: **"Data on Emerging Population Issues"**. The following **interventions** have been undertaken to contribute to the **CPAP PD Output 1 within the period 2011-2014 (present)**:

In order to contribute to the use of demographic data at central and local levels, UNFPA has collaborated with **Turkish Industry and Business Association (TUSIAD)** with parallel funding from 2009 to 2012. The outputs included four publications ("An Overview of the Health System", "An Overview of the Labour Market", "An Overview of the Social Security System" and "An Overview of the Education System") in addition to the former study on "Demography and Management towards 2050". Additionally, a "Needs Assessment Study on Seasonal Agricultural Workers and Their Families" was produced with the support of Harran University. These studies were printed, published

[57] In order to provide effective emergency comprehensive reproductive health care to populations in crisis the Minimum Initial Service Package (MISP) for reproductive health was established as a set of priority activities to be taken in a coordinated manner by trained staff during the onset of an emergency situation. When implemented in the early days of an emergency, the MISP can save lives and prevent illness, especially among women and girls. This is done through actions and guidelines set in place by the MISP that work to prevent sexual violence and provide care for survivors, reduce the transmission of HIV, prevent excess maternal and newborn mortality and morbidity, and plan for the provision of comprehensive reproductive health services that are integrated with primary health care, as the situation permits.

and disseminated by the end of 2012. The UNFPA/ NIDI Resource Flows Survey was also continued to track financial resources for PD and RHR issues.

In 2012, technical working group meetings were held in the context of the "Demography and Management" project for labour force, health and social security reports. UNFPA preparations continued for capacity development of the public officials, particularly the Ministry of Development and Regional Development Agencies.

The PD focus was shifted to ensure enough funds to support Turkey's ICPD beyond 2014 and Post MDG 2015 processes. In 2013 and 2014, focus has been on strengthened partnerships and national capacity, and enhanced dialogue on emerging PD issues. Thus, partnerships with **Turkish Family Health and Planning Foundation (TAP)** and **Population Association** are planned to facilitate some interventions, particularly advocacy/policy dialogue on emerging PD issues.

In 2013, local ICPD Seminars in three locations (Antalya, Izmir and Sanliurfa), a briefing meeting in Ankara for the national delegation to High Level Meeting, participation in High Level Meeting in Geneva and additional technical assistance to beneficiaries were implemented.

The current work plan for 2014 includes four interventions, namely, supporting "ICPD beyond 2014" and "Post 2015", a study on benefits of investing in women's RH, advocacy on population issues, and capacity development of development agencies.

The intervention logic in the gender equality (GE) programmatic area

The following two CPAP Gender Equality Outputs expected for the period 2011-2014 were meant to contribute to **UNDCS Outcome (Result 5)**: *The equal participation of women is ensured in all areas of the public sector, the private sector and civil society by strengthening institutional mechanisms to empower women and improve their status*. GE interventions are implemented under three main programmes, namely, "UN Joint Programme on Women Friendly Cities", "Human Rights Protection Systems and Mechanisms", and "Response to Gender-Based Violence" (GBV).[58]

- **CPAP Gender Equality Output 1**: *The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems*. This contributes to global **Strategic Plan Gender Output 1**: *Stakeholder base expanded to advocate better responses to GBV*.

The following **interventions under** "Response to Gender-Based Violence" were undertaken to contribute to **CPAP Gender Output 1**:

Emphasis on **prevention of GBV through involving young people**, collaboration with Population Association for the development of evidence base on young people's perception about GBV through a nationally representative survey: **'Qualitative research on perception of school aged children in formal education on VAW and Gender Equality'**, related advocacy interventions, **training programmes for National Police Forces**, **religious leaders and gendarmerie** to advocate against GBV, advocacy interventions with **private sector**, support for GDWS to monitor the National Action Plan on Domestic Violence.

Additionally, **interventions under** the humanitarian assistance programme addressing the needs of Syrian refugee camps should be outlined as contributing to CPAP **Gender Output 1:**

Capacity building on GBV and providing psycho-social support; advocacy, planning, coordination and staff development on **GBV services in emergencies**; capacity building on GBV in Nizip Camp; capacity building on GBV for policy makers and social service providers (with particular emphasis on the host community); capacity building on GBV for NGOs; **GBV ToT** for replication of the pilot Nizip ToT in other camps; capacity building on GBV and MISP for new

[58] These programmes aim to contribute to the main objectives of the Gender programmatic area in the current programming period, which are contributing to improved responses to GBV and enabling women to fully exercise their human rights.

social service experts; capacity building on GBV and MISP for interpreters serving Syrian refugee camps.

- **CPAP Gender Equality Output 2**: *Local mechanisms are established by cooperating with public, private and non-governmental partners to enable women to fully exercise their human rights*. This contributes to global **Strategic Plan Gender Output 2**: Local mechanisms established to enable women to exercise their human rights.

The following **interventions under** "UN Joint Programme on Women Friendly Cities" (UNJP) were undertaken to contribute to **CPAP Gender Output 2**:

Implemented through the framework of the UNJP between UNFPA and UNDP with the Ministry of Interior General Directorate of Local Authorities (GDLA), support was provided for an important number of interventions. These included the following: strengthening the capacity of local governments and women's NGOs in terms of **gender sensitive services, budgeting and planning; in-depth assessment study** on gender equality status of selected project provinces; awareness raising interventions on Women Friendly Cities; capacity building for women's NGOs and CSOs; **Women Friendly Urban Space Model**; local gender mainstreaming ToTs; distribution of grants and launch of grant programmes in project cities. Furthermore, support was provided for local governments and NGOs in the implementation of Local Equality Action Plans (LEAPs).

The following **interventions under** "Human Rights Protection Systems and Mechanisms" were undertaken to contribute to **CPAP Gender Output 2**:

Implemented in collaboration with Ministry of Family and Social Policies General Directorate of Child Services (GDCS) and a private sector donor, Boyner Holding, the Pomegranate Arils (PA) project supported the following interventions: capacity building of GDCS staff through various training programmes; establishing a mentoring mechanism for children who are raised in orphanages; monitoring the employment history of participants that have been part of the mentoring programme since 2009.

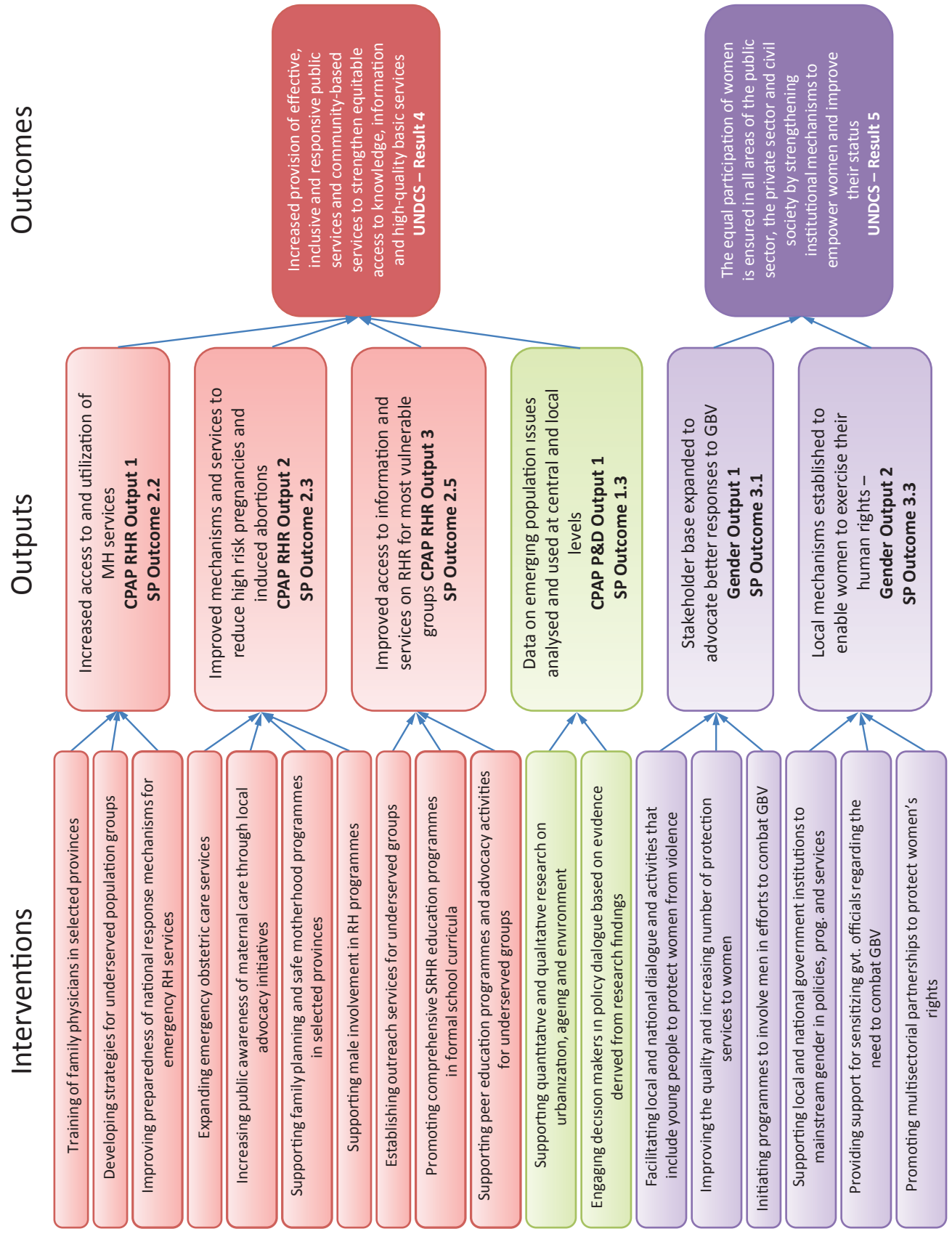
The intervention logic in the humanitarian assistance programmatic area

The 2013 workplan for the humanitarian assistance programme aimed to contribute to **UNDCS Result 4** and **Strategic Plan Outcome 2**: *Increased Access to and utilization of quality maternal and newborn health services*. The interventions were meant to contribute to the jointly planned interagency outcomes in the Syria Regional Response Plans (2012, 2013 and 2014).

The interventions consist of support for strategic planning and coordination, capacity building for the MISP, prevention and response to GBV and providing psychosocial support, the procurement of humanitarian kits, which provide RHR supplies, and for hygiene kits (also called 'dignity kits') for distribution to families, and monitoring and evaluation.

Humanitarian interventions are also funded by the Kuwait Fund (budget managed by UNFPA Arab States Regional Office-ASRO), whereby the UNFPA Turkey country office charges interventions under the Kuwait Fund to ASRO.

Figure 5 *Logical Diagram of Effects*



3.7 THE FINANCIAL STRUCTURE OF THE PROGRAMME

UNFPA initially committed US$4.5 million of core resources over the five years of UNFPA 5th Country Programme of Assistance to the Government of Turkey (2011-2015). The breakdown was as follows: (a) reproductive health and rights (US$2.0 million); (b) population and development (US$0.4 million); and (c) gender equality (US$1.6 million). An amount of US$0.5 million was allocated for programme coordination and assistance. As per the Country Programme Document, in addition to the US$4.5 million of regular resources, US$2.6 million was available through co-financing modalities and other sources, including regular resources.

SIDA funding substantially bolstered the GE programmatic area during the CP. Humanitarian assistance received substantial funds in 2013 and 2014, making it the largest programmatic area in 2013. At the same time, funds allocated to RHR and PD decreased in 2014, although not all funds for 2014 have been secured at the time of writing. Disbursements were somewhat less than budgeted amounts for 2011-2013. Major donors to UNFPA for humanitarian assistance are the US Department of State, Bureau of Population, Refugees and Migration (BPRM), and the Kuwait Fund, and SIDA for the gender programme (see Annex 5. Atlas Table of Budget and Disbursements).

Figure 6 *Overview of Budget and Disbursements 2011-2014*

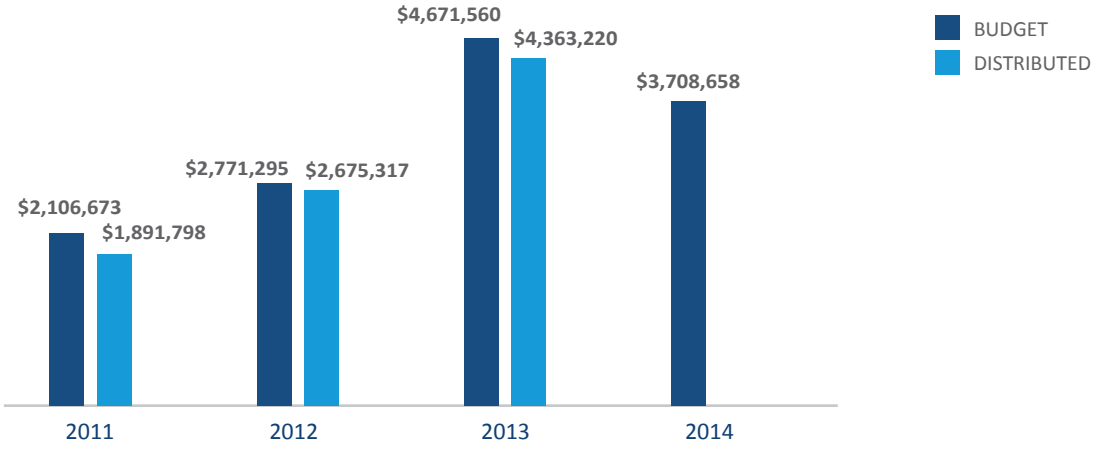


Figure 7 *2013 Country Programme Budget*

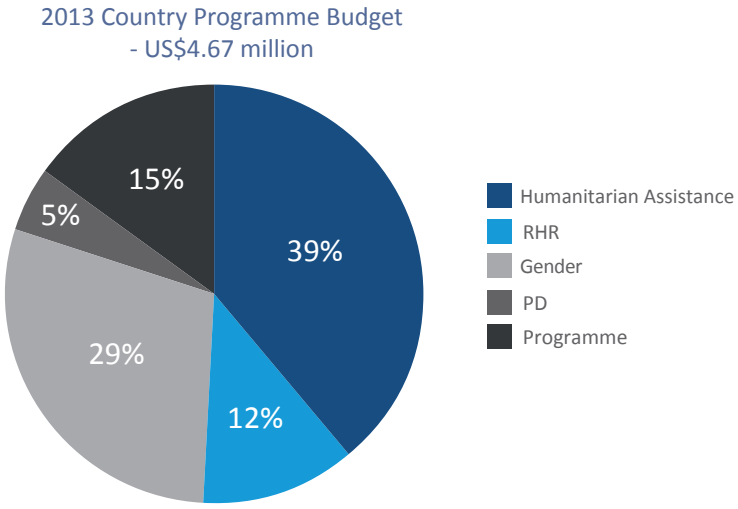
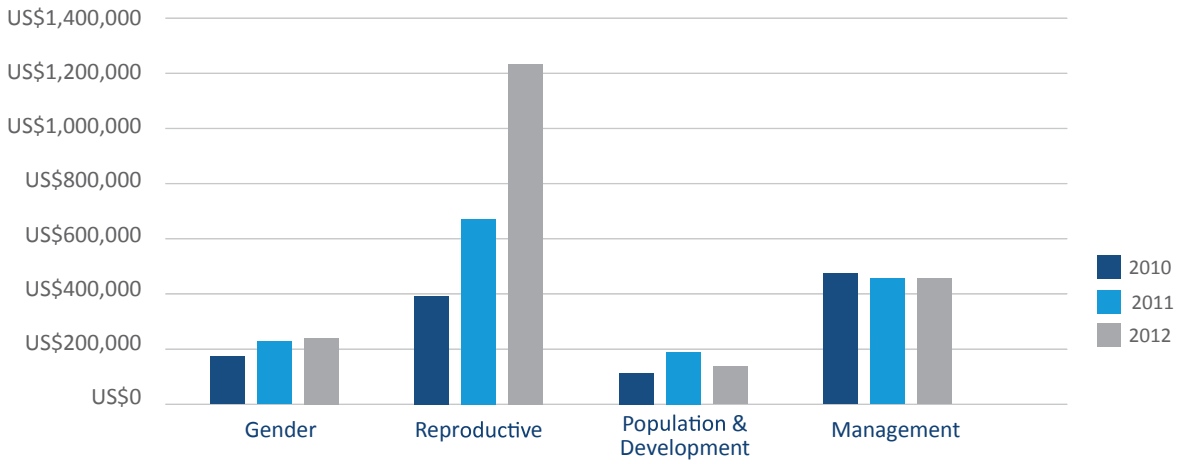


Figure 8 *Comparison Between Country Programme Budget Areas 2011-2014*



(Note: Programmatic area budgets in 2011 do not include programme personnel salaries. From the year 2012 onwards, the budget also includes salary costs.)

4 FINDINGS (RESPONSES TO EVALUATION QUESTIONS)

4.1 RELEVANCE

EQ1

To what extent are the objectives of the UNFPA 5th Country Programme of Assistance to the Government of Turkey (2011-2015) (i) adapted to the needs of the population (in particular the needs of the vulnerable groups, including the Syrian refugees); (ii) aligned with government priorities; and (iii) aligned with the policies and strategies of UNFPA?

SUMMARY

The country programme was adapted to the needs of the population, in particular to vulnerable groups in Turkey including the Syrian refugees, in a context of limited resources and of institutional changes in partner ministries. UNFPA adequately considered lessons learned, needs assessments, research results and survey data throughout the programme. Planned interventions targeted some of the most vulnerable groups, such as women vulnerable to gender-based violence, the Roma people, and those with high risk sexual and reproductive practices; however, prioritization of the most vulnerable was not apparent for targeting purposes.

The country programme is aligned with the United Nations Development Cooperation Strategy (UNDCS) objectives in the area of disparity reduction, social inclusion and basic public services, more strongly for gender equality. Alignment with Government policy documents is generally strong. While there is some integration of interventions among programmatic areas, gender and youth mainstreaming are not sufficiently evident in planning.

The country programme also showed a clear alignment with UNFPA policies and strategies. Peer education and school counselling are appropriate to address widespread youth needs for reproductive health and rights. Capacity development interventions (2011-2013) for reproductive health and rights were well matched to the Ministry of Health/ Public Health Agency of Turkey objectives. The Seasonal Migrant Agricultural Workers project includes interactions with government ministries, e.g. the local ministries of health, labour, and religion, to protect migrants' rights. There is potential to include more of the high risk groups, which is planned.

4.1.1 Adaptation of the country programme to the needs of the population, in particular those of vulnerable groups

UNFPA utilized studies and assessments to plan the 5th country programme but prioritization of the most vulnerable was not apparent for targeting purposes. The programme targets some of the most vulnerable and disadvantaged groups, however, there is potential to include more of the sexual and reproductive health and gender-based violence high risk populations. Some programmes are a continuation of successful partnerships and interventions from the 4th country programme while others reflect global or regional initiatives such as the Y-PEER network.

Reproductive Health and Rights

Planning for **reproductive health and rights (RHR)** was based on needs assessments, research and consultation with the targeted groups. The weak political commitment for voluntary family planning has led to a retargeting of the RHR strategy.

Table 5 *Demographics, Reproductive Health and GBV: Status of Seasonal Migrant Agricultural Workers (SMAW) in Sanliurfa and Adiyaman compared to Turkey averages*

Indicator or Data Category	Turkey Averages	SMAW Averages (Sanliurfa and Adiyaman)	Comments
Households living under the poverty line	18.8%	84.4%	Turkey Indicator – TurkStat Household Budget Survey
Illiterate Population	Men - 2.2% Women - 9.9%	Men - 6.9% Women - 20%	Turkey Indictor-TurkStat
Median Age (females)	30.3	18	Reflects fewer people over 50 among SMAW and smaller 25-35 age group due to migration – half of population is < 18
Median Age (males)	29.1	17	
Average Household Size	3.8	6.8	TDHS 2008 data
Fertility Rate	2.16	4.94	Turkey Averages = TDHS 2008 Southeast Anatolia = 3.47
Maternal Mortality	15.4 per 100,000 live births	153 per 100,000 live births (crude mortality)	Turkey Indicator – Maternal Mortality Survey, 2005
Kin Marriages	20%	50%	Marriages to cousins
Live Births during age 15-19	3.9%	7.2%	Turkey Average = TDHS live birth less than 19 year of age
Contraceptive use (married women)	76.2%	46%	Mixed modern and traditional methods
Not receiving antenatal care	8%	25.6%	Turkey Indicator – TDHS 2002
Infant mortality	17/1000	59/1000	33/1000 for Southeast Anatolia
Under 5 mortality	33%	74.8%	45% for Southeast Anatolia
Gender Disparity for secondary education	0.88	0.68	Turkey Indicator – TDHS 2008
Gender-Based Violence (incidence of physical violence for talking back to husband)	11%	38.2%	%ages for every reason for domestic violence significantly higher for SMAW as per the TNSA

Source: Harran University Study 2011

"Utilization of Maternal Health Services by Seasonal Migrant Agricultural Workers (SMAW)" is meant to contribute to CPAP Output 1: *Access to and utilization of high-quality maternal health services are increased to reduce regional disparities in maternal morbidity and mortality*. The country programme's focus on Seasonal Migrant Agricultural Workers, numbering over 3 million, is appropriate due to their marginalized status in Turkish society, poor living conditions and weak access to basic health services, which has led to early mortality and high rates of illnesses.

A "Needs Assessment Study on Seasonal Agricultural Workers and Their Families" was conducted by Harran University, located in Sanliurfa, in 2011

and published in 2012.[59] This study sampled 1,021 households in South-East Anatolia (Sanliurfa and Adiyaman) and provided baseline data on the situation of the SMAW with regard to their RHR needs, in addition to demographic and socio-economic data. The study is the first addressing the needs of this vulnerable group in the South East region where the poverty ratio is highest and other development statistics are less favourable. The 2011 survey revealed that awareness by SMAW of their reproductive health and rights was very low compared to Turkey national averages. The maternal mortality rate was calculated as 153 per 100,000 live births, more than 10 times the national average (15.4/100,000, 2012).[60] This high rate may be partly attributed to lack of antenatal care, heavy work during pregnancy and closely spaced births.

The baseline data and conclusions from the needs assessment study allowed Harran University and UNFPA to plan an RHR delivery model in coordination with the Ministry of Health (MoH) Public Health Agency of Turkey (PHAT) in three pilot areas: Sanliurfa, Adiyaman, and Eskisehir. The SMAW in these locations were consulted and their participation sought in programme interventions. Also consulted were religious leaders, envoys (employment agents), and local and provincial health providers. Focus group discussions (FGD) with migrant workers revealed that they felt included in planning and feedback process on the RHR training and brochures.[61]

A mid-term review of the interventions on behalf of the SMAW was commissioned in 2013 by UNFPA country office and the recommendations were used for ongoing implementation.[62] For example, steps were taken to improve relations with MoH/Public Health Agency of Turkey to enable the integration of the training programmes as well as improving relations with the Ministry of Labor and Social Security (MoLSS) and ISKUR, the Turkish Employment Agency of Turkey, affiliated with the MoLSS, to improve the legislation/regulations related to migrant workers. Interventions were implemented to contribute to the awareness raising and capacity development of the muhktars and the envoys.

Support to the MoH through the **Voluntary Family Planning** project was continued from the 4th into the 5th country programme (CP) based on successful prior collaboration with the MoH, particularly on the Turkish Armed Forces (TAF) RHR training, budgeting for family planning (FP) commodities, and decentralized in-service training. The 4th CP evaluation recommended the continuation of capacity strengthening for RHR services with the MoH and also including the Ministry of National Education (MoNE) and this was taken into account while planning the 5th CP. A high degree of collaboration and consultation took place between MoH and UNFPA staff regarding development of guidelines, training materials and curricula.[63] Key stakeholders were involved in the planning phases of the 5th CP.[64]

Relevant surveys that underpin the planned RHR interventions include the 2008 Turkish Demographic and Health Survey (TDHS). Focus on capacity support to the national health system continues to be relevant due to major challenges in achieving MDGs 3 (gender), 4 (child mortality) and 5 (maternal mortality) either partially or fully, and addressing serious regional discrepancies in RHR indicators.

Sexual and Reproductive Health (SRH) for Vulnerable Population Groups. The national youth survey supported by UNFPA ("2007 Turkey Youth Sexual and Reproductive Health Survey"[65]) indicates that 20 per cent of the population belongs to the youth category, defined as 15-24 years of age and notes that youth have insufficient knowledge on physiology, STIs, and HIV and AIDS, with the most vulnerable being in rural areas and among the poor. Unmet youth need for information, lack of information, and misinformation offered to the public, were confirmed in the key informant interviews and FGD. Suggested ways forward by

[59] Needs Assessment Study on Seasonal Agriculture Workers and Their Families, April 2012, Harran University and UNFPA, Summary.

[60] Ibid. page 39.

[61] Focus Group Discussions, Health Mediators, Sanliurfa.

[62] SMAW Interim Evaluation (no date) prepared by Assistant Prof. Kezban CELIK for UNFPA (in Turkish).

[63] Key Informant Interviews with MoH Ankara staff.

[64] UNFPA Turkey 4th Country Programme Evaluation (2006-2010), and Management Response to 4th CPE Evaluation.

[65] 2007 Turkey Youth Sexual and Reproductive Health Survey, Summary Report, National Population Association and UNFPA, Ankara 2007.

the 2007 survey included provision of RHR in early childhood, systematic coverage in formal education, and counselling through "youth friendly" coalition between the education and health institutions.

In addition, the UNFPA country office conducted a review in 2012 which compiled data from various sources regarding behavioural and epidemiological parameters characterizing the situation in Turkey with adolescent and youth reproductive health and their level of HIV awareness, as well as Turkish national policy on prevention education, organization, coordination and monitoring of prevention education and prevention education coverage, formats, and resourcing.[66]

Youth involved in the Y-PEER network have been heavily consulted regarding their capacity development, and youth needs are clear for RHR information. Youth peer educators indicated that the positive effects of information sharing are evident in knowledge, attitudes and practices; youth benefitting from peer education are knowledgeable of issues related to physiology, are more open to discussing their RHR problems with others and are utilizing health services more often for their RHR needs.[67] The Y-PEER network and peer educators offer the opportunity to inform a large number of adolescents and youth regarding their RHR rights, and strengthening the network should logically increase awareness of RHR among adolescents and youth in addition to strengthening the regional and global youth connections.

In 2014, a focus on **school counsellors**: "capacity building of counselling teachers on youth RHR and needs" was added to the programme, based on a pilot training and needs assessment conducted with the collaboration of TED University. The collaboration between UNFPA and TED University is relevant because universities in Turkey offer counselling as a university degree program, thus RHR may be added to their university curriculums and subsequently graduates employed as school counsellors can facilitate RHR interventions in their schools. This activity offers the potential to work with the MoNE to put RHR in curriculums as recommended by the 4th CP evaluation.

A number of underserved and marginalized groups targeted in planning were not fully reached due to funding constraints and lack of data and access to the vulnerable populations. According to the CPAP 2011-2015: "The main focus areas will be reaching underserved and marginalized populations including sex workers, men having sex with men, the Roma population, etc., decreasing regional disparities in reproductive health and promote safer sexual and reproductive behaviour among youth." The CP's main focus areas aimed to reach **underserved and marginalized populations** including sex workers, men having sex with men, and **minority groups** such as the Roma (500,000), the SMAW (over 3 million), the Syrian refugees (approximately 1.1 million) and people living in poorer rural areas who are the most in need of FP services. While resources became available to assist the SMAW and the refugees, the resources were not obtained specifically to assist the Roma population, although they may be part of other groups such as the SMAW.

Marginalized groups also include the rural poor, lesbian, gay, bi-sexual, and transgender (LGBT) people, minorities, and young people, especially adolescents and youth girls, and girls who drop out of school.[68] In addition, the unmarried and sexually active youth especially among these minority groups are in need of services and information as well as the LGBT group and sex workers. These groups were broadly discussed in the CPAP as well as the increasing risks for transmission of HIV and other STIs due to increase in trafficking and influx of sex workers and low levels of awareness of STIs among youth. However, it was unclear as to how they would be prioritized for targeted interventions.

Constraints to the inclusion of the most vulnerable groups for RHR include the lack of representative data on vulnerable populations and the sexually active most at risk groups (MARPs). For example, there is only limited data on unmet needs of MARPs. Furthermore, the experience of the UNFPA country office has indicated that donors have very limited interest in supporting programmes for the MARPs and that direct work, with, for example, sex workers and LGBT, is not well accepted in Turkish society.

[66] Sexual and Reproductive Health Education and Healthy Life Style Promotion in Turkey: Review report, UNFPA 2012.

[67] Focus Group Discussions and Key Informant Interviews, Ankara and Istanbul.

[68] Only 66% of girls remain in school for secondary education.

Population and Development

The **population and development** (PD) interventions fall under "Data on Emerging Population Issues" with the purpose of contributing to the **CPAP PD Output 1**[69]: **"Data on emerging population issues are analyzed and used at central and local levels"**. UNFPA aims to contribute to increased analysis of data and information at national and local levels with regard to population and development. The priorities and scope of the intervention areas have been set according to the changing country context and needs of the stakeholders. Depending on the scope and complexity of the interventions, different assessment methodologies have been employed. Some assessments of needs were conducted through meetings and interviews with stakeholders such as for ICPD-related capacity building activities, whereas others such as the Seasonal Migrant Agricultural Workers (SMAW) project implemented with Harran University were based on structured surveys. Before designing most of the activities, wide stakeholder consultations were undertaken to ensure that planned activities address the needs of the beneficiaries.[70]

Qualitative methodologies were utilised to assess the needs, which started within the 4th CP and continued in the 5th CP, related to the publications of **"Demography and Management towards 2050"**, which was jointly implemented with TUSIAD. The needs assessments helped to promote the creation of four additional publications (education, labour force, employment and health) to offer a demographic based development analysis and projections up to 2050. UNFPA conducted stakeholder consultations with the relevant public institutions (such as MoLSS, MoH, MoD, MoE, ISKUR and TurkStat), universities (such as Middle East Technical University, Hacettepe University Institute of Population Studies) and relevant NGOs in developing the content of the publications and their dissemination.[71] The research on the SMAW by Harran University, as described above, established a robust basis for planning the interventions.

Stakeholder consultations were effectively conducted with the main government partners, the MoD and some of the Regional Development Agencies (RDAs), through interviews and meetings, with a view to designing a capacity development intervention for the MoD and RDA staff. To support continuous needs assessment, the training design appropriately included piloting and utilization of the feedback in the subsequent training interventions.[72]

Furthermore, the PD and RHR programmatic areas jointly supported consultancies with specialised associations such as the Population Association and the TAP Foundation, and universities such as Hacettepe, Baskent and Harran. These relationships have been maintained while designing the programme interventions to support the national consultations on population dynamics, national policy documents and national planning processes, as well as the advocacy interventions related to ICPD and the MDGs.[73] Consultations with women's NGOs have also been conducted before designing the two day ICPD seminars in the Women Friendly Cities of Antalya, Izmir and Sanliurfa. Similarly, the MoFSP, MoD, MoH and NGOs have been consulted before designing preparation meetings for the higher level UN meetings and ICPD meetings to provide information, documents and guidance on the ICPD-related issues to promote their active participation in the meetings.

Gender Equality

UNFPA interventions under the **gender equality** (GE) programmatic area of the 5th CP, which focus mainly on developing improved responses to GBV and promoting women's human rights, are appropriately designed taking into consideration the major problems of gender equality and women's rights in Turkey, and they provide good examples of interventions aimed at empowering disadvantaged women. The target groups for UNFPA-supported interventions are consistent with identified and evolving needs, as exemplified by the re-targeting that occurred in several interventions mainly in response to the Syrian refugee crisis.

[69] Country Programme Action Plan 2011-2015 between the Government of Turkey and UNFPA, page: 14.

[70] Standard Progress Reports for Population and Development Component 2011, 2012, 2013.

[71] Key informants interviews.

[72] Standard Progress Reports, 2011, 2012.

[73] Key informants interviews.

The interventions in the current programming period build on the achievements of the previous CP, and take into consideration the main challenges faced in the implementation process. Overall, the results of the evaluation of the previous CP,[74] as well as qualitative and quantitative data stemming from a wide range of needs-assessments, national policy documents and action plans have been integrated in the planning process. These ensure that interventions identify and appropriately respond to the needs of women, particularly vulnerable women, who experience serious problems in exercising their rights. In general, the interventions of the GE programmatic area are based on a participatory approach, incorporating the views and needs of relevant stakeholders and beneficiaries, and promoting collaboration and cooperation between them. The stakeholders are regularly consulted and interventions are tailored and adapted to their specific needs.

On the other hand, the three main activity pillars of the GE programmatic area, namely (i) the Women Friendly Cities (WFC) programme, (ii) "Human Rights Protection Systems and Mechanisms"; and (iii) Response to GBV programme, display variable performance in terms of addressing the needs of the group concerned. The WFC programme successfully updates its interventions and expands its scope on the basis of needs assessments and a variety of indicators in order to reach the most vulnerable groups and adapting the programme accordingly.[75] Moreover, the programme has also developed the pilot project of its Community Empowerment/ Neighbourhood Mobilization initiative on the basis of the needs of the particular localities concerned, obtained through the views of local community leaders.[76] This programme has a significant gender mainstreaming and empowerment dimension, especially in terms of the LEAPs designed on the basis of local needs and problems, as well as the small grants programme, which offers seed money to local NGOs for their ideas to improve the gender equality situation in the respective participant cities with the aim to increase the ownership of NGOs, and therefore to strengthen the sustainability of the programme.

The "Human Rights Protection Systems and Mechanisms" (Pomegrante Arils, PA) project takes into account the low rates of female employment in Turkey in general and acknowledges the double disadvantages faced by its target group of young women grown up in orphanages in terms of skills, education and training opportunities. However, its scope is being redefined so as to also include young men in the next stage, which could undermine the emphasis on women, who are much more vulnerable in this respect. On the other hand, this could also entail a more comprehensive approach as it aims to involve men at a younger age. It is therefore important to keep the project's focus on combating gender discrimination and empowering young women.

Importantly, the scope of the "Human Rights Protection Systems and Mechanisms" project is being expanded towards the capacity building of service providers in order to ensure better service provision to beneficiaries. The capacity building of service providers is also significant in terms of ensuring the sustainability of the project. On the other hand, the project does not rely extensively on needs assessment and quantitative data in order to identify and reach the most vulnerable groups living in disadvantaged areas. While needs assessments have been effectively conducted to obtain information on the demands and needs of service providers, a sustainable mechanism to incorporate the changing needs and demands of the beneficiaries of the programme has not been established, since this would be useful for adapting and updating the programme in line with emerging needs.

The "Response to GBV" programme targets a wide variety of public officers and service providers across a large geographical scale in order to develop a preventive approach and therefore reach the most vulnerable women and their families. It particularly aims to integrate young people in the campaign against GBV, which is an important step to cross-cut gender issues with youth.[77] A survey to collect

[74] UNFPA Turkey (2010) *UNFPA Turkey 4th Country Programme (2006-2010) Evaluation Report.* Ankara, December 2010.

[75] Standard Progress Reports 2011-2013.

[76] Ibid.

[77] Ibid.

qualitative data on young people's perception about GBV is important to develop further interventions to combat GBV among young people.[78] However, given the wide scope of GBV issues, its private nature, and potential clashes between the cultural and legal structures, the interventions risk low effectiveness with regard to reaching the most vulnerable.

In general, the strategy for the 5th CP did not demonstrate a clear prioritization of the most vulnerable and high risk people, plan interventions that would specifically strategize outcomes for these groups, or develop means to overcome constraints to reaching them. For example, the marginalized youth, especially adolescent girls, and women living in disadvantaged areas, were identified as high priorities in regard to RHR issues and GBV but the strategic targeting was not clear and in some cases more assessment was needed to ensure that resources were directed toward those most in need (in the case of the seasonal migrant workers, the needs assessment was conducted after the CPAP was planned). In some cases, planned interventions appeared to target those groups who were accessible through partnerships and where funding was available. While these practicalities are understandably important for planning the programme, the prioritization of the most vulnerable groups and individuals was not an obvious planning strategy for RHR and GE.

4.1.2 Alignment of the country programme programmatic areas with the priorities put forward in the UN Development Cooperation Strategy and the UNFPA Strategic Plan

The 5th country programme objectives and strategies are aligned with priorities set by the UN Development Cooperation Strategy in the Disparity Reduction, Social Inclusion and Basic Public Services, most strongly for gender equality. The Country Programme Action Plan (CPAP) also complements the strategic direction set out in the UNFPA Strategic Plan; programmatic area interventions effectively reflect International Convention on Population and Development goals and principles. Capacity development interventions were adapted to identified needs and based on consultations with partners. The training designs using Training of Trainers, cascade training and feedback into materials and curriculum improvement aimed to promote long term continuity. There are a number of examples of South-South cooperation resulting from the country programme although their contribution to achievement of the planned outcomes is not well described.

Alignment of the country programme with the UNDCS

The UN Development Cooperation Strategy (UNDCS) 2011-2015 covers three major areas: Democratic and Environmental Governance; Disparity Reduction, Social Inclusion and Basic Public Services; and Poverty and Employment; with five result areas.[79] The objectives and strategies of the CPAP and **RHR and PD** annual work plans are meant to contribute to the Disparity Reduction, Social Inclusion, and Basic Public Services, **Result 4**: *Increased provision of effective, inclusive and responsive public services and community based services to strengthen equitable access to knowledge, information and high quality basic services (education, health, nutrition, water and sanitation, and human safety)*. UNFPA is mentioned as stakeholder and the MDGs are referenced, however, the results areas are broad and overarching. For **GE**, the objectives and strategies of the CPAP and annual work plans are in line with the goals and priorities which are more explicitly relevant for women's rights in **Result 5**: *The equal participation of women is ensured in all fields of the public sector, private sector and civil society with strengthened institutional mechanisms to empower women's status*.

Alignment of the country programme with the UNFPA Strategic Plan

According to the CPAP,[80] the 5th country programme will address key elements of the **strategic direction laid out in the UNFPA Strategic Plan 2008-2013**: *Ensuring National Ownership and Leadership, Supporting National Capacity Development, Engagement in Advocacy, Forming Multisectoral Partnerships,*

[78] Population Association (Turkey) and UNFPA (2013) Attitudes of Secondary and High School Students on Domestic Violence Against Women. Ankara, November 2013.

[79] UNDP Website.

[80] UNFPA Country Programme Action Plan, 2011-2015.

Strengthening Results-Based Management and Knowledge Sharing. The CPAP and programmatic area interventions incorporate and are based on **ICPD goals and principles**, which are applicable to the RHR, PD and GE issues in Turkey.

The **RHR** outputs and outcomes are closely aligned with **UNDCS Result Area 4**: *Increased provision of effective, inclusive and responsive public services and community-based services to strengthen equitable access to knowledge, information and high-quality basic services (education, health, nutrition, water, and human safety)*. The **PD programmatic area** has effectively identified the needs of the MoD, the main audience responsible for national planning, and the 26 Regional Development Agencies (RDAs) by consulting a broad range of stakeholders and subsequently designing the capacity development inputs.

The CPAP outputs are well designed for **developing national capacities** in the area of gender equality. In line with the objectives of the UNFPA Strategic Plan, the respective programmes include interventions to develop national capacities with a view to ensuring the continuity, sustainability and ownership of the interventions. The UN Joint Programme on Women Friendly Cities aims to develop capacities of local governments to mainstream gender into their planning and policy processes, while the Response to GBV project aims to develop the capacities of various governmental units to contribute to the prevention of GBV through a variety of training programmes. The Human Rights Protection Systems and Mechanisms programme aims to develop the capacities of service providers to meet the emerging needs of this particular group.[81] All three programmes are also effective in terms of fostering multi-sectorial partnerships through a participatory approach bringing together stakeholders from local and national governments, civil society organizations and private sector partners, although the extent and nature of these partnerships varies across the three programmes.

The CPAP mentions that "UNFPA expects to collaborate with the Turkish International Cooperation and Development Agency to encourage **South-South Cooperation** (SSC-defined as the exchange of resources, technology, and knowledge between developing countries), particularly for sharing experience and best practices of Turkey in demographic data collection and analysis with the countries in the region during the 5th CP". There are a number of examples of cooperation among countries of the region that have originated from the UNFPA country office, as well as a number of regional initiatives. These include: cooperation to operationalize the Istanbul Plan of Action in support for the national development plan; establishment of Address-Based Population Registration System in Iran; and a project on combating GBV in Azerbaijan to prepare a national strategic plan and also to develop a service model to fight against GBV (2013-2014) with the support of Baskent University Women and Child Health and FP Research and Implementation Center (BUWCRIC) (see Annex 6. Evaluation Matrix, for a complete list of SSC initiatives). These initiatives are linked to an appeal for global and regional funding with a few examples of cooperation between the hosting countries. However, the outcomes of the regional interventions are not always clear as to whether or how they are connected with the RHR, GE and PD objectives.

Integration of the country programme programmatic areas

The CPAP (2011-2015) does not set standards for integration, or illustrate examples of inter-connection among the programmatic areas and how they will create synergies to lead to outcomes. The separation of programmatic areas by theme in planning documents may be a constraint to integrated planning. However, it is noted that country office staff plan as an integrated team in view of the models of UNFPA integrated programme delivery. The elaboration of steps to be taken to promote integration in future planning may foster stronger inclusion or verification of inclusion of vulnerable groups for tangible results in the overall country programme.

There are a number of examples of collaboration and coordination among the programmatic areas. Some PD objectives were met through coordination and collaboration with other programmatic areas which increased programme synergies and contributed to cost efficiency. Examples include RHR and PD collaboration to collect data on the

[81] See Annex 4, Evaluation Matrix, p.33.

migration trends, challenges and basic social needs of the SMAW as described above.

Strong coordination has been achieved between the PD, RHR and GE programmatic areas with reference to the UN Joint Programme on Women Friendly Cities (WFC). Through coordinated efforts of the programmatic areas and excellent cooperation with the WFC Local Coordinators, interventions have been organized in three WFCs (Izmir, Antalya and Sanliurfa) to develop awareness and capacity on the ICPD as well as the MDGs. The RHR programmatic area provided support for development of the content and implementation of the local training for the WFC in 2014 for Local Equality Plans, as well as technical feedback for the Local Equality Plans.

The PD programmatic areas provided technical support to the design of youth GBV study implemented under the GE programmatic area. The RHR programmatic areas has supported the PD programme during the planning and implementation of the "Demography and Management towards 2050" Project and ICPD and RHR advocacy interventions. Similarly, staff from the RHR and GE programmatic areas actively participated in planning and implementation of the humanitarian assistance programmatic area. These constitute good practices for design with reference to cooperation and integration among programmatic areas.

Extent to which gender equality and women's empowerment have been mainstreamed

Gender equality and women's empowerment are vital and intrinsic parts of the **RHR** programme, especially regarding women's reproductive health rights including rights to birth spacing. Despite the importance of gender mainstreaming in the **PD** programmatic area, this issue has not been adequately reflected within the 2011 Annual Work Plan as the increased focus on gender empowerment, including the Gender Marker Worksheet annex, was only produced from 2012 onwards.[82] The activity undertaken in partnership with private sector union (TUSIAD), which started during the 4th CP and continued in the early years of the 5th CP, focuses on the sex-disaggregated population projections for Turkey for the period between 2000-2050 including a reference to MDG priority 3: *Promotion of gender equality and empowerment of women.* The gender empowerment focus has been improved since 2013, particularly through capacity building and advocacy activities of the PD programmatic area. Gender equality and women's empowerment have been mainstreamed in the **GE** programmatic area. Gender empowerment on the ICPD issues has been strongly mainstreamed by the WFC programme activities in three cities-Antalya, Izmir and Sanliurfa-where the LEAPs were structured accordingly. GBV trainings in Syrian refugee camps are also examples of gender mainstreaming.

Extent to which special attention has been paid to adolescents and youth in the programme

The CPAP 2011-2015 states that young people's concerns will be mainstreamed in all programmatic areas, collaboration with the Youth Advisory Board of the UNFPA country office. The youth-targeted interventions form one of the core focus areas of the RHR programmatic area of the country programme. As mentioned above, however, youth friendly health interventions do not include all of the at-risk groups within youth.

Considerable efforts have been made to devote attention to youth through various means, including attention to adolescents through schools, use of the Y-PEER network, and through collaboration with the MoH Child and Adolescent Health Development for accessible reproductive health services.[83] For example, peer educator methods were used among the SMAW and half of the health mediators are youth. The Youth Friendly Health Service Model supported by UNFPA is a national model and targets all youth groups.

In the GE programmatic area, the focus on the youth currently remains underexplored. The WFC programme in particular provides a relevant basis to include the specific needs of young women into programming processes. The LEAPs that are prepared by the participant cities have specific

[82] Turkey was selected as a pilot country for gender marker training in 2011 by UNFPA HQ and developed the first gender marker worksheets for all AWPs starting from 2012. PD AWP Annexes for Gender Markers, 2012, 2013 and 2014.

[83] Sexual and Reproductive Health Education and Healthy Life Style Promotion in Turkey: Review report, UNFPA 2012.

programmatic areas, such as participation in local decision-making processes, educational and health services, which offer a good opportunity to expand measures targeting young women. Additionally, the small grants initiative within the country programme has provided some good examples to focus attention to young women.

4.1.3 Alignment of the country programme with the Government policies, strategies and guidelines, both at central and decentralized levels

Government commitment to reproductive health and rights (RHR) is weak; RHR is not elaborated upon in the 10th Development Plan or in the national youth policy. The weak commitment has adversely affected the implementation of joint interventions that were agreed with the Ministry of Health at the start of the country programme.

For **reproductive health and rights (RHR)**, in the National Strategic Action Plan for the Health Sector, Sexual and Reproductive Health 2005-2015 (NSAP), published in 2005, Turkey identified four main priority issues: 1) high maternal mortality, 2) high frequency of unwanted pregnancies, 3) an increasing prevalence of STIs-HIV/AIDS, and 4) weak RHR knowledge by young people. The Action Plan also highlighted the need to reduce disparities between and within the regions and between different population groups as a fifth priority issue. All of these priorities were reflected in UNFPA 5th CP. However, in Turkey's 9th and 10th Development Plans, RHR has not been mentioned. Background documentation for the Gender and Youth areas elaborates on RHR but recommendations were not included to a large extent in the publicized plan.[84]

In the past, the Ministry of Health (now including the Public Health Agency of Turkey-PHAT) had been actively promoting RHR services, but recently there has been reluctance to discuss or implement certain RHR services. While there is no legislation or laws that directly act as barriers to family planning (FP) information and services, the current interpretation by the government of the law governing family planning ("Population Planning Law", Law No 2827 of May 1983, which governs transition to the "Practice of General Family Medicine") indirectly limits access to services and information. A number of issues pose challenges to FP, among them weak political commitment, increasing pro-natalist policies, and requirement for unmarried women below 18 years of age to have parental approval to receive FP services. Although there has been no change in abortion laws, fees are levied on abortion.[85] Production and import of rheumatic drugs containing misoprostol, contained in morning-after pills, have also been prohibited. Since 2008, population declines have influenced family planning policies and in 2012 a law was proposed that aimed to ban abortions, although it was not passed. Nevertheless, abortions in hospitals subsequently decreased due to a reported reluctance by doctors to perform them, among other reasons.[86]

The **absence of reproductive health in the national youth policy** and inadequate information on sexual and reproductive health and reproductive rights in school-based curricula are long-standing problems. RHR and needs of young people were covered through the National Strategic Action Plan for Health Sector, Sexual and Reproductive Health (2005-2015), however, in the new health management system, the plan is not actualized. While the inclination of the PHAT to address RHR needs of adolescents and youth lapsed during the MoH institutional reorganization, key informants, many of whom have worked extensively with UNFPA in the past, indicated their willingness to restart interventions and initiatives for youth.

UNFPA devoted significant resources under the 3rd and 4th CPs to development of 13 Youth Friendly Health Services centers in the Ministry of Health under the management of Public Health centers. Although nine of these youth friendly spaces were lost during the MoH reorganization, four remain and this concept could potentially take another form in the future. According to the results of a

[84] For the 10th Development Plan a group of national experts (overall 75 experts from various sectors and disciplines) worked on "Gender and Health, specifically SRH, education, employment, GBV, and involvement in decision making" and a 400 page report was submitted to the Ministry of Development in order to formulate the 10th Plan; however, few of the recommendations were included in the official document.

[85] Abortion is generally not free of charge in Turkey. With the provisions of the General Health Law, it is possible have the procedure free of charge in public hospitals if: An abortion is necessary for medical reasons: the pregnant women is under 18, insured and not married. http://istanbul.angloinfo.com/information/healthcare/pregnancy-birth/termination-abortion/

[86] Reproductive Rights, New Developments in Turkey; paper presented to World Congress on Constitutional Law 2014, Nisan Kuyucu, and Mehmet Murat Ongle.

UNFPA workshop in early 2014 with the MoH, Youth Friendly Health services will be re-established in hospitals. A training module for primary health care providers is being prepared for a youth friendly approach in the Family Health Services. Further, the MoH, with technical and advocacy support by UNFPA, is preparing a MoU with the Ministry of National Education to support adolescent health.

Planning and implementation with government and community partners and through national systems. The RHR programme results framework outputs exactly match those of the Ministry of Health's RHR outputs, which indicates a strong degree of consistency between UNFPA and MoH programmes. There is also consistency between the PD programmatic area and Government policies, strategies and guidelines at central and decentralized levels. The PD programmatic area interventions are designed to contribute to Turkey's progress within the framework of the 9th and 10th Development Plans[87] for 2007-2013 and 2014-2019 respectively, the Annual Programmes and Regional Development Strategies. Through these national plans, broader demographic factors have been considered, focusing on social and economic development. The new strategic approach of the Turkish government during preparation of the national plans enabled the involvement of various stakeholders who could influence policy and planning processes in line with the ICPD and MDG goals.

Turkey's 9th and 10th Development Plans target reduction of regional socio-economic disparities with a focus on realizing regional development which has been identified as a strategic priority. Within the 5th CP, UNFPA PD programme assistance has continued to be consistent with the national plans, annual programmes and regional strategies of the Turkish government which target reducing the regional socio-economic disparities within the country. Nevertheless, the Development Plans still lack an adequate focus on women and have almost no references to sexual and reproductive health but rather to "family well-being", a discrepancy that remains to be addressed by UNFPA. UNFPA has aimed to provide data, information and an analysis of population dynamics on such areas such as gender equality, gender-based violence, youth, elderly, migrants, employment, social security, etc. with specific emphasis on vulnerable and disadvantaged groups to policy makers regionally and centrally. Within the 5th country programme, starting in 2011, annual work plans have evolved to focus on the policy development capacity of the staff of Ministry of Development (MoD) and Regional Development Agencies (RDAs) to contribute to demographic based development planning centrally and regionally. In this respect, support to Ad hoc Committees and Working Groups of the 10th Development Plan such as on "Ageing", "Women" and "Reproductive Health" have facilitated the response of the Turkish government to these areas and its annual programmes and strategies. Meanwhile, UNFPA continued to be a valuable resource to contribute to the international databases such as UNFPA/UNAIDS/NIDI Resource Flow Survey for analysis of health-related development fields.

Turkey aims to achieve the **Millennium Development Goals (MDG)** by 2015, however, there are challenges particularly related to achieving gender equality. In addition to preparing the national plans, the MoD is responsible for preparing the MDG country reports, while TurkStat provides technical support. Two MDG reports were thus far prepared in 2005 and 2010,[88] which will be followed by the next report in 2015. The MDG reports provide essential insight to the Development Plans of Turkey. Capacity development to government partners has been supported within the 4th CP particularly to TurkStat for availability of development data to assess the MDG progress, while under the 5th CP this focus has shifted to advocacy work on Turkey's post-2015 progress in order to maintain the achievements to date.

For the PD programmatic area, there is a clear logical link between intended results and the indicators of the government within the **Programme of Action of the International Conference on Population and Development (ICPD)**, committed until 2015. UNFPA has appropriately designed some advocacy actions to support monitoring of the ICPD indicators, particularly by civil society. Three seminars designed under the Women Friendly Cities (WFCs) project in Antalya, Izmir and Sanliurfa

[87] www.kalkinma.gov.tr.

[88] http://issuu.com/undp_in_europe_cis/docs/turkey_mdg_report_2010.

were appropriate according to women's NGOs and partner local authorities in order to incorporate ICPD indicators within the Local Equality Action Plans (LEAP). Similarly, ICPD advocacy meetings with CSOs, universities and public staff, and policy briefs have targeted improved results in youth, gender equality, GBV and RHR, to be considered under the development policies.

The **Accession Programme of Turkey**,[89] ongoing since 2005, aims for harmonisation of legislation in line with the acquis and practices of the EU member states, to prevent inequalities in gender, poverty, public health, etc. These inequalities and issues of vulnerable groups have also been addressed by the PD programmatic area activities with a rights-based approach. UNFPA support to publications on demographic development has been designed to initiate a rights-based approach of the private sector in their planning through considering the linkages between population factors in education, labour, health and social security systems projected until 2050. Another PD programmatic area activity assesses the needs of a specific vulnerable group of seasonal migrant workers (SMAW) in order to address their basic health, accommodation and employment conditions.[90]

For the GE programmatic area, objectives and strategies are consistent with national priorities and strategies, particularly key policy and legislative initiatives, including the 10th Development Plan (2014-2018), National Action Plan for Combating VAW (2012-2015)[91], Istanbul Convention of 2012, the Law No. 6284 on the Protection of Women and Prevention of VAW adopted in 2012, as well as the draft National Action Plan on Gender Equality (2014-2018). For the latter, UNFPA provided significant input in terms of shaping the plan by promoting an enabling legislative environment for women's rights. The Turkish Government identifies strengthening women's roles in social, cultural and economic spheres as a key objective, and assigns priority to awareness raising in the struggle against GBV and discrimination against women. The focus of the GE programmatic area on promoting women's human rights and developing improved responses to GBV is therefore well attuned to governmental policies and priorities. The interventions under this programmatic area contribute to the attainment of these objectives, and there is continuous collaboration and cooperation between UNFPA and the Government for this purpose from the design to the implementation and monitoring of the interventions. Government partners act in different capacities and provide contributions to different aspects of the three key programmes of the GE programmatic area.

4.1.4 Adequacy of the country office response to the consequences of the Syrian crisis

UNFPA effectively activated its emergency response mechanisms in the Syrian crisis with global and regional support establishing a response team in Ankara and Gaziantep. Funding was largely obtained from donors and UNFPA emergency funds to support the UN Regional Response Plan, within the framework of the Syrian Humanitarian Assistance Response Plan. Timeliness was hampered by lack of coordinated response from the Disaster and Emergency Management Presidency (AFAD) and the Ministry of Health to the planned Minimum Initial Service Package resulting in delayed training. Need for lengthy procurement procedures resulted in slow delivery of hygiene ('dignity') kits. The UNFPA Turkey country office has maintained focus on the country programme objectives; the Women Friendly Cities programme also supports humanitarian assistance interventions through its field coordinators.

UNFPA is a part of the UN Level-3 response[92] to the Syria crisis. In Turkey, the Disaster and Emergency Management Presidency (AFAD) manages the response. In 2012 and 2013, UNFPA HQ released its emergency funds for UNFPA Turkey country office to address the humanitarian needs of Syrian refugees. UNFPA country offices in the region are supporting reproductive health services for refugees and internally displaced people. Services include maternal health and psychosocial support within the framework of the UN Regional Response Plan, and to displaced people inside Syria within the framework of the Syrian Humanitarian Assistance Response

[89] Ministry for EU Affairs, Accession Partnership Document for Turkey, 2008; and National Programmes for the Adoption of the Acquis (NPAAs), 2008. (http://www.abgs.gov.tr).

[90] See the Evaluation Matrix sections 3.1 and 3.2 for details.

[91] TC Aile ve Sosyal Politikalar Bakanlığı, Kadının Statüsü Genel Müdürlüğü (2012) Kadına Yönelik Şiddetle Mücadele Ulusal Eylem Planı 2012-2015. Ankara.

[92] A Level 3 Emergency, is the highest level of humanitarian crisis, will help trigger more resources and expedite administrative procedures for the response

Plan (SHARP).[93] In designing its country contingency plan, UNFPA has employed the Minimum Initial Service Package (MISP) as a priority set of life-saving interventions related to RHR/FP in disasters and emergencies to be implemented at the onset of every humanitarian crisis. A gender-based violence (GBV) programme is a primary programmatic area of the MISP but other programme areas have been developed for a broader intervention to enhance the social rights and well-being of the affected population.[94] A Memorandum of Understanding (MOU) with AFAD was signed in 2012.

Timeliness of response to refugee crisis. The UNFPA Turkey country office has established a unit for humanitarian assistance (HA) with a Humanitarian Officer (in post since February 2013), an English/Turkish/Arabic translator, and staff in charge of procurement, field coordination and gender-based violence activities. UNFPA, with support from the regional and global offices, responded to the growing influx of Syrians with fundraising and invested significant time in planning for the regional as well as the country office plan. UNFPA country office met with its Arab States Regional Office (ASRO) counterparts and established regional collaboration around a study visit to UNFPA Lebanon country office in late 2012.

However, due to the weak coordination with MoH, AFAD did not respond to the UNFPA request to hold MISP training at the end of 2012 in eight to ten provinces, and it took six to seven months to gain permission. Other ministries proposed their assistance and the Ministry of Family and Social Policies was supportive and advocated for GBV work. A strategic planning workshop planned for late 2012 in Gaziantep with key partners and managers from the field to develop a humanitarian RHR action plan could not be realized due to AFAD/MoH lack of response. Instead, through the commitment of the Governor, a provincial MISP echo-training was conducted on 11-13 December 2013 to train 35 key managers and service providers of public sector partners in Sanliurfa. This province is among the most populated refugee provinces, with high levels of GBV in the Turkish population.

UNFPA has reinitiated relations with the MoH via PHAT, and both have agreed to collaborate on RHR issues, including for Syrians. UNFPA conducted a MISP training of trainers in Ankara on 25-29 November 2013 with the facilitation of international trainers for 23 participants from the relevant NGOs working in Turkey and participants from Syria and Sudan.

Adaptation of response to emerging needs. With the influx of Syrian refugees and the establishment of camps, UNFPA adapted its interventions to this group. Initial assessments were conducted by AFAD and UNHCR. UNFPA also participated in a WHO-led health situation assessment. As per the MoU, in four instalments, a total of 116,000 hygiene kits were provided and distributed at camps through TRCS teams in 2012 and 2013. The hygiene kits were welcomed by the refugees; however, the need for hygiene dignity kits is still extensive and AFAD estimates that at least 100,000 are needed every three months.[95] UNFPA showed adaptability by responding to urgent needs expressed by AFAD in providing 10 dish-washing unit containers to the newly opened camp in Sanliurfa-Viransehir in July 2013 to help support hygienic practices. Upon request by the MoH, UNFPA procured and delivered three ambulances to AFAD by the end of 2013; these ambulances are used to take pregnant women to the hospital for delivery, among other services. UNFPA was asked to provide anti-head lice shampoo to address the outbreaks of head lice among the refugees that was posing a health hazard, which was provided in 2014, and this responsiveness was praised by other UN agencies.

The production of IEC materials and related training were important and timely initiatives despite certain implementation difficulties previously discussed (see Section 4.1. Relevance). The RH/GBV IEC materials were translated to English and Arabic. Products included 300,000 RHR brochures, a brochure on Turkish law and the service system for intervention in family violence; and inter-agency field manuals on RHR in emergencies and GBV. UNFPA provided GBV prevention and intervention trainings in camps through an expert team. These trainings focused on GBV assessment and referral as

[93] UNFPA-Turkey Humanitarian Officer Handover Notes, January 2014.

[94] "UNFPA-Turkey Humanitarian Officer Hand-over Report" (15 January 2014).

[95] Key Informant Interview, AFAD Ankara.

well as information on women's rights in Turkey, and included information on sanctions against polygamy and child marriages.

Extent to which UNFPA has continued to support the CPAP goals. The establishment of the humanitarian assistance (HA) unit has allowed UNFPA Turkey country office to focus on the CPAP goals, with programmatic area staff devoting time to humanitarian issues which promotes integration. Field coordinators for the UN Joint Programme (UNJP) on Women Friendly Cities in Gaziantep and Sanliurfa have been instrumental in facilitating collaboration with local government administrators, NGOs and universities. Monitoring reports indicated considerable humanitarian response achievements in terms of infrastructure, responsiveness, health services and education by public sector service providers and managers.

Sexual and Gender-Based Violence programmatic area of the MISP suffered from weaknesses in terms of technical and infrastructural support. The main findings at the Sanliurfa province with the highest refugee population were the need for increased number of service providers with capacity development trainings on RHR and MISP, and the need for the quality improvement on RHR services with particular reference to family planning and maternal care. [96]

UNFPA has adapted its interventions under the GE programmatic area to the influx of Syrian refugees, by extending its interventions to this group and tailoring its services accordingly. Gender sensitivity trainings provided in the camps, focusing on GBV and women's rights in Turkey and using material in Arabic, were significant initiatives addressing the specific needs of this group, despite certain implementation difficulties previously discussed (see Section 4.1. Relevance).

A key challenge is resource mobilization to meet the demand for hygiene kits and other inputs as requested by AFAD for the camp inhabitants. More collaboration is needed to share resources on behalf of the refugees and to meet the range of their needs.[97] In late May 2014, the Government called a meeting with assistance actors in Gaziantep to discuss a strategy to support Syrian refugees living outside of camps in the major cities.

[96] UNFPA-Turkey Humanitarian Officer Handover Notes, January 2014.

[97] Key informant interviews, Gaziantep.

4.2 EFFECTIVENESS AND SUSTAINABILITY IN THE REPRODUCTIVE HEALTH AND RIGHTS PROGRAMMATIC AREA

EQ2

To what extent have the interventions supported by UNFPA in the field of reproductive health and rights (RHR) contributed to (or are likely to contribute to) sustainably improve the access to and utilization of high quality maternal health and family planning services, in particular for the most vulnerable groups, including the Syrian refugees?

SUMMARY

The interventions supported by UNFPA in the field of reproductive health and rights have produced tangible results in terms of improved access and utilization of maternal health and family planning services.

These results are particularly visible for interventions targeted towards the seasonal migrant agricultural workers. A number of influential stakeholders and decision makers including ministries, health service providers, universities, religious leaders, envoys (employment agents for migrant workers) and land owners who hire the migrant workers, demonstrate heightened awareness and response to migrant workers' reproductive health issues through making information and services more accessible. As a result, migrant worker women have considerably increased their access to, demand for and usage of family planning and maternal health services in the locations where UNFPA supported interventions have been undertaken.

Sustainable results with the Ministry of Health include the revised National Family Planning Guideline, updated Emergency Obstetric Guidelines, and training guidelines for the Minimum Initial Services Package, all in use for training and reference, and a maternal mortality monitoring system, which will promote greater knowledge as to causes and prevention. Due to the Ministry of Health restructuring, the full scale effort to address abortion issues did not take place although advocacy efforts continued successfully to prevent a proposed ban on abortions.

As a result of UNFPA youth-focused interventions, demand has increased for information and reproductive health services among youth, particularly within the youth networks and school settings. Other high risk, underserved and marginalized populations who were targeted in planning were not fully reached to a large extent due to funding constraints.

UNFPA has contributed effectively to the increased availability of maternal and sexual and reproductive health care for Syrian refugees. Work through the Ministry of Health such as in-service and Minimum Initial Service Package training has influenced the quality of care in the camps and communities. Challenges included need for greater prioritization of the reproductive health humanitarian needs by government and donors.

UNFPA has promoted sustainability in the results of its reproductive health interventions through joint planning and resource sharing, training, and using the capacities of communities, school counsellors and youth. Data is insufficient on demand for reproductive health services from the high risk groups. An exit strategy is lacking, important in view of dwindling country office resources.

4.2.1 Profile of the reproductive health and rights programmatic area

There are three main programmes implemented under the reproductive health and rights (RHR) programmatic area during the 5th country programme (CP):

1. **Utilization of Maternal Health Services by Seasonal Migrant Agricultural Workers (SMAW)** is implemented with Harran University Faculty of Medicine, and in collaboration with Anadolu University Communications Department and the Ministry of Labor and Social Security as well as the Public Health Institute mainly at provincial level, using regular/core funds, and funds provided by MATRA of the Netherlands and the Toros Foundation.

2. **Utilization of Voluntary Family Planning Services** with implementing partner the Ministry of Health General Directorate of Mother, Child, Health and Family Planning, using regular/core funds. However, due to interruptions related to restructuring of the Ministry, some interventions could not be completed and unused funds were returned to UNFPA.

3. **Improved Access to Sexual Reproductive Health (SRH) for Vulnerable Population Groups** implemented by the Community Volunteers Foundation (CVF), the Y-PEER network, and in collaboration with TED University using regular/core funds and anonymous donor funds.

The humanitarian assistance programmatic area was integrated with RHR and was implemented with the Disaster and Emergency Management Presidency (AFAD) using UNFPA emergency funds and funding from US State department Bureau of Population, Migration and Refugees, and the Kuwait Fund. The following section describes in detail interventions undertaken in the three main programme areas.[98]

Utilization of Maternal Health Services by Seasonal Migrant Agricultural Workers (SMAW)

An agreement was signed in October 2011[99] with the Harran University Faculty of Medicine in Sanliurfa in collaboration with the population and development (PD) and gender equality (GE) programmatic areas, the Ministry of Health, Ministry of Labour and Social Security and local administrations. As described in section 4.4.1 the "Study on Seasonal Migrant Agricultural Workers' and their Families' Needs" was started in 2011 to research socio-demographic characteristics and reproductive health needs.

UNFPA provided extensive technical support to the study in both planning and implementation phases, including questionnaire development. The study was an opportunity to collect information on socio-demographic characteristics, RHR needs and status and gender-based violence (GBV) prevalence among the SMAW to formulate a multi-year programme to address their needs in RHR and GBV prevention. The study was facilitated by local consultants who speak local languages but was constrained by the characteristics of the SMAW families and their need to seek work opportunities, and therefore several visits to their houses were required to complete interviews. UNFPA participated in the training of interviewers which helped to reinforce UNFPA key messages and used monitoring visits to meet local stakeholders such as mayors to obtain support for the study.[100]

The "Study on Seasonal Migrant Agricultural Workers' and their Families' Needs" was published in 2012. During 2012, the UNFPA/Harran partnership worked to secure the support of local authorities including faith-based organizations, particularly imams. At this point, the Ministries (Health, and Labour and Social Security) were reluctant to work on RHR issues due to an increasingly conservative vision regarding sexual and reproductive health. Nevertheless, training for government and public institutions proceeded using the recommendations from the study to inform the audience on the maternal health data and urgent actions needed. The association between UNFPA and Harran University was extremely collaborative, and a number of professors became actively involved in analysis of the study.[101] Training on RHR was also conducted for religious staff, peer educators, imams, muhktars, envoys and health mediators, and some publicity work also took place.[102]

In 2013, based on the study results, a unique health delivery model was developed with the main aim to increase the RHR knowledge of the SMAW and to improve their health-seeking behaviour through

[98] Sources: Annual Work Plans (AWPs), Standard Progress Reports (SPRs), and Country Office Annual Reports (COARs) for 2011, 2012 and 2013.

[99] The AWP for 2011 was signed at the end of the year due to the late approval of the CPAP which was signed September 16, 2011.

[100] Standard Progress Reports, 2011 and 2012.

[101] Key Informant interviews, Sanliurfa and Ankara, May 2014.

[102] Activities for 2012 were supported by a budgeted amount of US$104,750 but there was a shortfall of US$3,000; there was nearly a 100 per cent implementation rate.

peer trainers and health mediators. An additional intervention targeted social service providers and media professionals. There was also a focus on development of information, education and communication (IEC) materials, such as brochures on key RHR issues to be distributed among the SMAW. Culturally-sensitive methods to develop the materials were employed. The interventions targeted SMAW in Sanliurfa and Adıyaman who migrate to 48 provinces all over the country during the agricultural season. The interventions of trained health mediators and peer educators take place in 12 provinces regularly monitored by the programme team.

The Ministry of Health has developed official regulations for the health services provided for SMAW based on UNFPA method and modality. The regulations were sent to all provincial public health directorates and are included in training for local directors. The MoH has posted on its website the official regulations, implementation and in-service training guidelines for the implementation of health services for the SMAW.

In 2013, interventions to strengthen access to RHR for migrant workers were undertaken including: capacity building of health service workers, religious leaders, local authorities and communities; development of curricula; peer education; increasing quality of health information and advocacy with the media. The target of training a minimum of 60 health mediators was achieved as was development and usage of in-service training guidelines, and regular radio/TV programmes on the SMAW. A recent (June 2013) long term collaboration has been developed with Anadolu University in the area of **advocacy and communication** including using of infrastructure of the university. In this context advocacy workshops will be conducted.[103] Training and advocacy will continue throughout 2014.[104]

Utilization of Voluntary Family Planning Services

Family planning (FP) interventions were implemented with the Ministry of Health General Directorate of Mother, Child, Health and Family Planning.[105] The main target for 2011 was to revise the National Family Planning Guidelines, including Training Skills and Monitoring and Evaluation modules and ensure their usage by the Ministry, and these goals were accomplished.

MoH shifted its training strategy in 2011 to decentralized in-service training programmes, and the Training Skills Curricula and advanced versions were reviewed and edited. Based on the MoH request, a simple tool was agreed upon to help health professionals advising on contraceptive usage. Working with WHO Europe, the Medical Eligibility Criteria for Contraceptive Use 'wheels' were adapted in Turkish and 1,000 printed and distributed, as per the planned targets.

UNFPA also provided incidental expenditures to support independent MoH commission to research the causes of maternal death and develop intervention mechanisms, since two-thirds of maternal deaths are preventable, supporting the achievement of MDG 5. The maternal mortality monitoring system involved each health facility reporting each maternal death to provincial levels where Provincial Committees consider each case. At the central level a **"National Maternal Mortality Technical Commission"** convenes to determine whether delays were the cause of maternal death (using the WHO three delay model). If the death was caused by the third delay for "receiving adequate care when a facility is reached", the MoH visits the facility to discuss any inadequacy and training needs.

Technical support was provided to develop the **Minimum Initial Service Package (MISP)** training guidelines and community-based RHR training materials including family planning advocacy. One official from MoH and one from the Social Security Institution participated in the regional training on integration of RHR services in MISP in crisis situations. In April 2011, with the help of UNFPA RHR analyst, an action plan for the integration was developed. The training materials were translated to Turkish, to be used for in-service training. UNFPA conducted policy dialogue within MoH

[103] A budgeted amount of US$190,435 for activities in 2013 were available from UNFPA regular funds (US$63,000), MATRA ($53,299) and TOROS ($74,135); there was nearly a 100% implementation rate.

[104] In 2014, a budget of US$130,846, US$45,000 from UNFPA regular funds and US$86,846 from the Toros Foundation.

[105] The 2011 AWP was signed in December 2011 with an estimated budget of US$40,000 from UNFPA regular funds matched with contributions from the MoH.

to ensure integration in the national action plan. However, it became clear that the proposed plans would not be valid unless they were integrated into larger, countrywide contingency plans which would be beyond the MISP. Due to MoH budgetary constraints, the dissemination of the training was postponed to 2012. Another constraining factor was the large scale structural change in the Ministry of Health. [106]

Challenges to effective RHR assistance identified in 2011 included:

- The formal education system does not cover comprehensive RHR thus young people are among the most vulnerable in terms of high risk pregnancies and abortions. MoNE resists adapting RHR content into formal curriculums, therefore MoH facilitation is needed for MoNE to review its policies.
- MoH had not decided on the service delivery models in primary health care which, compounded with the reluctance and increasing conservatism of the MoH, placed barriers to pursuing UNFPA strategic agenda on RHR.[107]

In 2012, UNFPA supported integration of the RHR curriculums into long distance training programmes for the MoH and developed quality assurance tools. The MISP guidelines were strengthened and training events prepared with the Turkish Red Crescent Society for government, NGOs and the international and local communities, and IEC materials were distributed which brought together audiences toward integrated approaches and bi-lateral collaboration. National capacity for the MISP was built through study tours and field visits. Due to the abolishing of the General Directorate on Mother and Child Health and Family Planning, and subsequent restructuring, the MoH was not able to implement interventions as agreed and all remaining funds were transferred back to UNFPA.[108]

Despite the challenges, UNFPA continued to advocate for sexual and reproductive rights and access to abortions. In 2012, the Government discussed banning access to abortion (abortions had been accessible since 1983 for pregnancies under 10 weeks). This was met with opposition from NGOs who were supported by UNFPA through the provision of information to the media and reporting to NGOs and government partners. The ban on abortion was not passed.

The main reasons for **unmet needs in family planning** (FP) include lack of priority on the part of the government who do not perceive FP as an essential service. In addition there is no sustainability in supplying contraceptives and the contraceptive supplies to regions are insufficient. Budgets allocated to regions for FP are very limited thus adding to regional disparities. Not all family doctors serving the population have FP services, consultations or the appropriate knowledge and skills. Further, physicians take care of 70-140 patients per day; they are paid according to a performance system which does not include some RHR services, including IUD insertion. Due to advocacy on the part of universities and the MoH Public Health Agency of Turkey, training on FP and IUD insertions has resumed for medical students/interns in 2013.[109] In order to support FP, a number of actions are important such as studies on FP service monitoring and unmet demands, training of health personnel and executives on FP rights, management and delivery, and constant supplies of contraceptives. NGOs working on women health and reproductive health could be instrumental in creating a platform and organizing programs in order to increase awareness.[110]

Improved Access to Sexual Reproductive Health (SRH) for Vulnerable Population Groups

As discussed in section 4.1 on Relevance, planning for the country programme did not include a prioritization of the most vulnerable groups and there was insufficient data on some groups. A number of underserved and marginalized individuals and groups, such as the Roma, were not fully reached due to funding constraints and lack of data, for example on the most at risk populations

[106] COAR, 2011.

[107] Key informant interviews, Ankara, May 2014 and Standard Progress Reports, 2011 and 2012.

[108] The implementation rate plummeted from 92% in 2011 to 33% in 2012, however the remaining 2012 funds (US$20,792) were re-allocated to youth and other RHR activities and were completely utilized.

[109] Key informant interviews, Ankara, Gazientep and Sanliurfa, and Standard Progress Reports, 2012, and 2013.

[110] Key informant interviews, Ankara.

(MARP). Direct work with LGBT and sex workers is not well accepted in Turkish society, yet they are generally high risk populations.

Interventions under this programmatic area targeted youth through peer education and through MoH services and school counsellors. As a vulnerable population in terms of sexual and reproductive health (as described in section 3.2), youth are targeted in accordance with the UNFPA global strategy on adolescents and youth. In 2011, UNFPA partner, CVF, which works through the Y-PEER network, planned and conducted regular peer education training sessions for young volunteers between the ages of 17-24, mostly in urban settings. CVF has branches in over 80 universities countrywide. Most of the youth volunteers are university students who use peer education methods both within their immediate environment and in voluntary sessions targeting other youth groups such as high school students.

An interactive learning tool on HIV prevention in the form of an **HIV/AIDS board game** was developed in 2010-2011. The game is for small groups of youth and includes questions regarding HIV/AIDS. There are a number of versions of the HIV/AIDS board games in use all over the world. The game provides factual information regarding HIV/AIDS and challenges conventional ways of thinking and preconceptions about people with HIV and AIDS. It seeks to help overcome fear, shame and injustice. The game was adapted for Turkey and received pilot testing, which was attended by the UNFPA Executive Director during his visit to Turkey. Production of the board game and training on the use of the game was completed in 2011. The tool was perceived to be cost-efficient for both financial and time resources since it facilitates reaching a large number of young people in a short time. It is also considered an attractive interactive tool for young people.[111]

In 2011, 24 peer educators were trained in RHR including HIV and STI prevention, and peer education sessions were conducted that reached 1,066 young people. To prepare for the May 2011 World Aids Day, 39 young people attended a workshop to develop advocacy skills, which exceeded planning attendance figures. Additionally, UNFPA supported the production of 12,000 handouts and 3,000 posters designed by youth which were delivered to youth in four cities.[112]

Challenges included trying to use the CVF network among university students to promote RHR messages, which was not customary for the organization. However, CVF has effectively incorporated RHR into its agendas and is addressing the difficult issues in promoting RHR messages. General conservatism among Turkish society is a major challenge particularly in the rural areas. There were also limitations on the number of young people who can be reached, and large turnover of the peer educators who move due to employment or other opportunities. The strong skills of trainers for the peer educators located around the country are a major facilitating factor. The implementation rate for youth interventions is very high, well over 95 per cent, partly due to the participation of volunteers.[113]

In 2012, UNFPA aimed to decrease regional RHR disparities and increase outreach services for underserved young people. The intention was to develop a national RHR quality data set and conduct a study on the Roma population but these were not accomplished due to funding constraints. The planned Y-PEER workshop for focal point coordination and RHR was conducted to strengthen the Y-PEER network in Turkey. Another coordination workshop was held specifically on RHR to support advocacy on HIV and AIDS and mobilize young people to participate in World AIDS Day 2010. Ways were sought to include RHR in school curricula through mapping and advocacy.

In 2013, UNFPA planned continuation of peer education and outreach interventions, support for “10 days of Activism”, and to contribute to support for a dedicated project manager at CVF. Priority interventions included collaboration with LGBT activists although this was not specifically seen in the actual interventions or reported results. A workshop led by the MoH Child and Adolescent Health Department was conducted to update the strategic action plan for youth friendly health services, attended by renowned academicians,

[111] COAR 2011.

[112] Standard Project Report, Improved Access to RHR for vulnerable population groups 2011.

[113] In 2014, a budget of US$130,846, US$45,000 from UNFPA regular funds and US$86,846 from the Toros Foundation.

which contributed to progress in planning. Partnership with Anadolu University also took place on promoting SMAW RHR rights in the scope of the Migration School. The MoH will conduct a survey on unmet needs of young people on RHR in 2014.

Emergency Obstetrics Care (EmOC) guidelines were revised, which was an important accomplishment as it is a sustainable input toward reducing maternal mortality. The guidelines help both rural and urban women; in rural areas access to EmOC is compromised by distance and a high turnover of medical staff and in the urban areas there is insufficient coverage and delays. The guidelines address the common causes of maternal death (obstetric haemorrhage and eclampsia) and need for women with these complications to access EmOC.[114]

Greater understanding was gained regarding the challenges facing teachers and counsellors to meet RHR needs through a study of RHR knowledge in five provinces, and piloting of the curricula for school counsellors with the aim of integrating it into MoNE, although this was found not to be a plausible option at that time.[115] Pilot training was undertaken by supportive academicians and the experience used as a build up to greater acceptance by the MoNE. Challenges also included greater need for youth NGO commitment to RHR problems. In 2014, UNFPA will continue to strategically include the Roma population, LGBT, and sex workers by identifying their unmet RHR needs for the development of service models, in coordination with the UNFPA Eastern Europe and Central Asia Regional Office (EECARO) and expert NGOs. Pilot training for school counsellors will be replicated in Ankara.

4.2.2 Contribution to an increased access, demand for and use of high quality maternal health services in selected areas

Interventions aiming at an "Improved access to sexual and reproductive health for vulnerable population groups" have led to significant gains for the seasonal migrant agricultural workers in realizing their reproductive health and rights and have resulted in heightened awareness for a number of influential stakeholders and decision makers including ministries, health service providers, universities, religious leaders, envoys and land owners. As a result, migrant women have considerably increased their access to, demand for and usage of family planning and maternal health services in the areas where assistance programmes have been undertaken.

Based on the "Study on Seasonal Migrant Agricultural Workers' and their Families' Needs", a service model and training programmes were developed. Pilot trainings were conducted for health mediators, service providers (family physicians, nurses and midwifes), medical students, Mukhtars, farm envoys, and religious leaders and media personnel. Achievements include:[116]

- Local authorities, as well as local municipalities, became involved in programme implementation which extended the basis for public support
- Faith-based organizations, particularly imams, were involved in capacity building interventions
- Ministry of Health organized a symposium on Migration and Health.
- A training curricula was developed for medical faculties on health needs of SMAWs and piloted in five universities by the Public Health Agency of Turkey. It is expected to be implemented in 12 universities in 2014.
- A private sector company partnered with UNFPA and increased the reach of the programme, both in fieldwork and advocacy/communication.
- Peer educators and health mediators visited SMAW and provided support for pregnant women through information and facilitating their access to services.

It is likely that interventions of peer educators and health mediators, as well as the use of IEC materials have **increased maternal health knowledge and awareness among rural women** (Output 1).[117] Although the interventions targeted a relatively small proportion of the SMAW (estimated to be

[114] Standard Progress Report, 2013, and Key Informant interviews.

[115] Key Informant Interviews, Ankara, May 2014.

[116] UNFPA Final Report to Matra, Embassy of the Netherlands, June 2014; confirmed by Key Informant interviews, Sanliurfa and Ankara.

[117] Key informant interviews, focus group discussion with health mediators,

100,000 of the estimated 3.2 million total SMAW, according to the UNFPA Turkey country office and Harran University), the approach is replicable for other groups of the SMAW, and the coverage is already growing, according to programme partner Harran University and MoH stakeholders. Key informants including staff from Harran and Anadolu universities, MoH (in Ankara and Sanliurfa) and UNFPA staff, as well as SMAW health mediators, provided some examples of increased maternal health knowledge. These included reduction in or discouragement of kin marriages, and evidence of behaviour changes including increases in referrals for birth control pills and IUDs, and increases in facilitated visits to clinics for cervical and breast cancer screening.

A number of stakeholders highlighted the effectiveness of booklets, brochures and magazine articles in promoting awareness. For example, topical brochures for distribution among the SMAW cover basic facts about the reproductive system and reproductive health care services, contraception and family planning, and the types of birth defects that may occur as an outcome of kin marriages. These brochures contain many photos and drawings which help those who cannot read to understand the concepts. SMAW health mediators found the brochures to be helpful aids for discussion during home visits. The brochures, produced by Harran University, have already been revised several times based on feedback from users. [118]

UNFPA has reported that approximately 1,000 SMAW women, among those in targeted locations, received antenatal care for the first time in their lives, and 200 subsequently chose to deliver their babies in health facilities. Additionally, trained health mediators and peer educators and health mediators visited 2,000 SMAW.[119] Surveys and analysis of routine data is required in order to verify the results of this programme. Provincial health directorates, UNFPA and Harran University are jointly monitoring the relevant services in 12 provinces and reporting to the MoH. Data collection by Harran University is essential for tracking changes in the SMAW population but the current effort may not be sustainable if support is withdrawn.

There are a number of challenges in collecting data on the migrant workers because they are not always definable due to variations in their migration habits over time, migrating in some years but not in others. An overall challenge is collecting continuous data on the SMAW. SMAW typically remain in groups for the winter months in the same location but they may be difficult to trace when they have migrated to various areas of work throughout Turkey during warmer months. This makes the SMAW hard to reach and identify those individuals who have participated in UNFPA and partners' supported interventions.[120]

UNFPA has worked with religious leaders to support **male involvement in increasing the access to maternal health services among SMAW** and to decrease the social barriers to access to the medical services **(Output 2)**. This approach is used by UNFPA in Turkey due to the strong influence that religious leaders have on their communities. CPAP (2011-2015) states: *The main objective of the male involvement programmes will be increasing sensitivity of men with regards to women's health, including antenatal care and family planning*. Males who have direct influence on promoting women's rights to access maternal and health services include national and local politicians, government staff and policy makers, envoys, landowners and SMAW males, particularly leaders and married men.

Based on information collected in interviews, the envoys or agents as well as land owners who are trained may change their management behaviors and attitudes toward the health of the SMAW, although this change is not yet substantiated through surveys and long term monitoring.[121] Envoys interviewed mentioned that after the training, they ensured that there was a tanker of chlorinated drinking water, soap is being used and toilets are moved further from tents, and noted that pregnant women should not work in the field. University and MoH staff working directly with SMAW populations and envoys noted that land owners who have received training or have been exposed to discussions on rights by male leaders in the community and media are more motivated to summon local authorities to provide water and electricity.

[118] Key informant interviews from Harran University, the MoH in Ankara and Adiyaman, and Focus Group Discussion with SMAW health mediators.

[119] UNFPA Final Report to Matra, Embassy of the Netherlands, June 2014.

[120] PHAT Key Informant Group Discussion.

[121] Key informant interviews, Harran University staff, MoH staff Adiyaman, and Envoys in Sanliurfa.

There are plans to train more of the politicians and land owners who have largely not been exposed to the health and reproductive health rights based approach to reinforce their responsibilities to provide basic health and hygiene services to the SMAW. Training for land owners has commenced (e.g. in Adiyaman) but has not been widely implemented at present. One constraint to changing attitudes about SMAW rights is that they are largely not registered with the government, by choice or by a lack of permanent addresses and in some cases because they do not have identity cards.[122]

Training of health service providers is designed **to strengthen the maternal health services for Seasonal Migrant Agricultural Workers** and to help them to understand specific health needs of the target group (Output 3). According to interviewees, the training of health system staff has had some effect in raising awareness on the issues affecting the SMAW, both at central and provincial levels. Provincial health staff who have experienced UNFPA-supported training said they have consequently made more visits to the SMAW fields for routine health visits since their training (see Annex 6. Evaluation matrix).[123]

Health service providers, including nurses and doctors from provincial clinics and MoH management, noted positive changes in the health and hygiene knowledge of the SMAW and increased demand for RHR services. These included greater attention to personal hygiene and demand for services such as clean water and latrines, more frequent visits to clinics for preventive check-ups, and greater interest in family planning.[124] Health mediators who are part of SMAW communities monitored issues affecting women, for example, the need for follow-up on the birth control methods to ensure their efficacy, e.g. IUDs may move as a result of heavy labour and need to be repositioned.[125]

A series of articles by Anadolu University journalism students in the widely disseminated periodical "balkon" (2013 and 2014)[126] provide photographic and narrative evidence of the work burdens of SMAW women, the health challenges they face and the improvements in health and sanitation services required for the SMAW. These articles and the process of writing them resulted in greater support from government service providers for water, shelter and health care. For example, when the workers set up their camps in Eskisehir, the municipalities provided electricity and water tankers.[127]

Among the challenges faced are the gaps in knowledge among the health workers nationwide regarding the impact of agricultural work on the migrants, including the long hours of heavy labour and exposure to pesticides, etc. as occupational health is not covered in their conventional training (see section 3.1 on Relevance for a discussion on the SMAW health indicators). Other challenges include reticence by the partner ministries (MoH and Ministry of Labor and Social Services) to take part in the training interventions due to shortages of staff time and low staff interest. However, it was noted in interviews that strong support was received by some management staff including contributions to curricula and facilitation of training, support for use of facilities, and advocacy efforts. This may indicate a need for stronger analysis of issues concerning participation of government partners and a more tailored outreach effort by UNFPA and its university partners.

4.2.3 Contribution to the reduction of high risk pregnancies and induced abortions in selected areas

Sustainable achievements that may contribute to reduce high risk pregnancies include the revision of the National Family Planning Guideline, updating of the Emergency Obstetrics Care guidelines, development of Minimum Initial Services Package training guidelines, and support for a maternal mortality monitoring system, which will lead to greater knowledge as to causes and prevention. Due to the Ministry of Health restructuring the full scale effort to address abortion issues did not take place although advocacy efforts continued.

Key interventions in the RHR programmatic area were completed which aimed to contribute toward

[122] Focus Group Discussion with Envoys, Sanliurfa.

[123] Key Informant Interview with PHAT provincial staff in Sanliurfa and from Adiyaman.

[124] Key informant interviews, MoH staff in Ankara and provincial clinic staff in Sanliurfa.

[125] Focus Group Discussion, Health Mediators, Sanliurfa.

[126] balkon, www.balkondergisi.com (in Turkish).

[127] Key informant interviews, Ankara and Sanliurfa.

the reduction of high risk pregnancies, despite the delays experienced in the restructuring of the MoH. There are a number of sustainable achievements which are contributing to capacity development on this issue nationwide. The revision of the National Family Planning Guideline was accomplished through a multi-agency technical working group established for the purpose, along with training curricula and monitoring guidance, and is now used in in-service training. The Emergency Obstetrics Care (EmOC) guidelines were updated for use by nurses and midwives, were accepted by MoH and have been used in routine training country-wide. Development of the Minimum Initial Services Package (MISP) training guidelines and materials required time but have subsequently been widely used in training. As described above, the support for the "National Maternal Mortality Technical Commission" may generate other opportunities for dialogue on the RHR services (see Annex 6. Evaluation matrix).

Interviewees from MoH have confirmed use of the guidelines for National Family Planning, EMOC, and MISP, all of which were supported by UNFPA. Nurses and midwives serving in Nizip refugee camp who were interviewed have received training on the use of the guidelines and confirmed their value in addressing the challenges. UNFPA RHR brochures have been widely disseminated and clinic staff employ them as educational tools, using the illustrations to help bridge the language barrier for health staff who do not speak Arabic. Although hospital, clinic and Turkish midwifery services are available, Syrian women may elect to deliver their children at home, although higher risk of complications may be associated with this practice. The language barrier is thought to be one reason that some Syrian women prefer home births in the camps.[128] There is some demand for contraceptives among the Syrian refugees but their usage is limited by various factors, such as weak usage by males of condoms and the desire to have children, particularly male children.[129]

Unfortunately there is no clear evidence in the form of recent positive changes in RHR indicators. Due to the reorganization of the MoH and less than supportive attitudes toward sexual and reproductive health interventions, it is possible that RHR gains that have been made in past years will decrease. According to key informants, they expect that the indicators will be negatively affected within a few years. As discussed in the background and relevance sections, the MoH structural changes have altered the working environment for family physicians. The Public Health Agency of Turkey has conducted an analysis of the workload of family physicians in early 2014 in terms of the average numbers of patients per day. For antenatal monitoring, doctors see approximately 0.7 women daily which is considered to be very low for RHR services. The target would be 2-3 pregnant women a day per doctor since women need to be monitored four times during the pregnancies.[130] The situation regarding provisions of family planning services is even more serious as many family physicians find that FP (IUD insertion, counselling, etc.) is too time consuming, so they refer women to the Community Health Centers for FP services and it is unclear how many women actually follow-up the referral.[131]

UNFPA has advocated from the beginning of the health transition programme for the integration of the RHR and FP services in the reform. In 2014, there is considerable optimism regarding restarting capacity development with the PHAT. MoH staff interviewed, particularly those who had worked closely with UNFPA, expressed their willingness and interest to restore the relationship and work with UNFPA for the remainder of the current CP, to help plan the new CP and to re-open the centers for youth friendly services, among other interventions. UNFPA is focusing on maternal mortality monitoring to help support FP programmes and FP commodity security. Signs of closer cooperation include MoH managers' participation in international FP Commodity Policy workshops, which is a sign that MoH is changing its conservative approach on FP. As a result of these efforts, the MoH has started to buy FP commodities and reimburse abortion expenditures. Therefore, there are indications that UNFPA persistence in advocacy and continuous work on strengthening relationships has made some progress.[132]

[128] Ibid

[129] Focus Group Discussions and Key Informant Interviews, Nizip camp, My 27, 2014.

[130] Ministry of Health, Public Health Agency of Turkey, Key informant interview, 2014.

[131] PHAT data and key informant opinions

[132] Key informant interviews, Ankara

4.2.4 Contribution to increased demand for RHR information and services by the most vulnerable population groups

Through adolescents and youth interventions both nationally and regionally, UNFPA has contributed to demand for information and reproductive health services among youth, particularly in the youth networks and school settings. Data is lacking on demand from other vulnerable groups.

As discussed in section 4.2.1, the potential to reach the marginalized and high risk groups has not been fully realized. Members of these groups may have benefited from a number of interventions but evidence is lacking in terms o f UNFPA contribution to the achievement of planned outcomes for these groups.

In terms of youth needs in Turkey, as mentioned in section 4.1, the 2007 youth study notes that youth have insufficient knowledge on physiology, STIs, and HIV and AIDS, with the most vulnerable being in rural areas and among the poor; these findings were largely confirmed in a 2012 UNFPA update and follow-up to the 2007 study.[133] Youth needs for information, lack of available information, and issue of misinformation offered to the public, were confirmed in the key informant interviews and focus group discussions (FGD). Youth interviewed mentioned that rudimentary information that is offered in school curricula, which in many cases only covers basic physiology with little information on reproductive health. Further, due to traditional family values which are widely practiced, youth are not likely to learn from their parents when they are young and single. Thus many youth reach reproductive age without understanding their own sexual and reproductive development.

While the youth interventions have increasingly addressed more of the sensitive issues in RHR, such as domestic abuse of youth and incest through the MoH PHAT and school counsellors, further efforts are required to reach the groups planned in the CPAP, including marginalized adolescent girls. As mentioned above, young women targeted in the Women Friendly Cities programme have only been reached to a very limited extent.

Turkey was selected by UNFPA among countries in Eastern Europe and Central Asia Region, together with Bosnia and Herzegovina, Georgia, Kyrgyzstan, and Moldova to be featured in 2010 publication: *Youth Participation in Policy Dialog and Programming, Good Practices from Eastern Europe and Central Asia*. A number of Youth programme interventions during the 4th country programme were highlighted as good practices.[134] According to interviewees, the regional Y-PEER focal points coordination meeting held in 2013 has helped progress in the collaboration between the Y-PEER Turkey network and other networks in the region.

The involvement of school counsellors through their teachers' network has potential to help progress in RHR information dissemination in schools. Y-PEER educators state the positive effects of information including enhanced decision-making power on choices in family planning; greater awareness of breast and testicular cancers; and increased confidence in the knowledge regarding RHR and seeking RHR services. In 2013-2014, the capacity building of counselling teachers on youth RHR and needs was developed and pilot trainings initiated. TED University is developing tools to measure the effects of RHR counsellor training.

A major challenge concerning the youth focus is the large number of youth in Turkey. According to EuroStat, Turkey has the highest population of youth in Europe, or nearly 19 million between the ages of 15 and 29 years.[135] UNFPA interventions are estimated to have reached approximately several thousand young people, mainly university level students with peer educator training, although the multiplier effect of the educators on other youth has not been scientifically analysed. This, however, is an extraordinary achievement given the conservative environment context. The peer education programme has a presence in over 20 cities through private sector support. İt is important that UNFPA continues to support the peer education programme due to the current non-existence of comprehensive sexuality education in school curriculums and in-ability to access primary-secondary level schools.

[133] 2007 Turkey Youth Sexual and Reproductive Health Survey, Summary Report, National Population Association and UNFPA, Ankara 2007; Sexual and Reproductive Health Education and Healthy Life Style Promotion in Turkey: Review report, UNFPA 2012

[134] Youth Participation in Policy Dialog and Programming, Good Practices from Eastern Europe and Central Asia, UNFPA, 2010. http://eeca.unfpa.org/sites/default/files/pub-pdf/Youth-Participation-092613_UN_Brochure_0.pdf (page 23)

[135] "Europe's largest youth population in Turkey, study shows", March 3, 2014.

4.2.5 Contribution to increased availability of MCH and RHR care for Syrian refugees and hosting communities

With the resources and opportunities available, UNFPA has contributed effectively to the increased availability of MCH and RHR care for Syrian refugees. Work through MoH such as in-service and MISP training and development of guidelines has influenced the quality of care in the camps and communities. Lessons were learned regarding the need for strong collaboration between UNFPA and government counterparts to support timely MISP training and providing RH inputs as soon as possible.

The intervention *"Effective Humanitarian RHR and GBV Response for Syrian Refugees in Turkey"* contributed to development of national capacity to respond to emergency situations within international standards through including the UNFPA MISP in the national emergency response plans and through capacity development for international and regional RHR/GBV response. The Humanitarian Action (HA) planning by UNFPA Turkey country office for the annual response plans (both the UN joint response and regional response) to the Syrian crisis took place both regionally and nationally and was timely and integrated with the RH and GE programmatic areas (see section 4.4 on Gender Equality). According to key informants, collaboration on the UN Regional Response Plans has contributed to the efficiency of the joint UN and regional response.

Among the lessons learned during the planning stages, the Ministry of Health's (MoH) response management unit, the General Directorate of Emergency Health Services did not give permission to hold the MISP training in 2012-2013 as the crisis deepened, despite the support of the Public Health Agency of Turkey (also part of the MoH) which is providing key RHR and preventive services country-wide.[136] This delay was partly due to the government's initial reluctance to involve international organizations in emergency response planning and delivery of services to the refugees. The experience indicated the need for **greater preparedness** in terms of advocacy and close coordination with the General Directorate of Emergency Services as well as AFAD to consult on and continuously update joint plans for RHR emergency response. AFAD had initially taken responsibility for meeting basic needs of the refugees with minimal help from the international assistance community. The restructuring of the MoH, which was ongoing at the start of the Syrian crisis, has also posed challenges in terms of changes in staff who held leadership positions and the time needed for UNFPA and the MoH to adjust to the new structures. Communications between UNFPA and the MoH suffered as a result of the restructuring.[137, 138] Communication activities coupled with high level advocacy work by UNFPA have not been effective enough to highlight the importance of prioritizing sexual and reproductive health needs of refugees by the government.

UNFPA contributions, as described above, have supported the availability and quality of MCH and RHR care. According to interviewees, RHR services in the camps are of high quality. Well-trained (with training partly supported by UNFPA) medical staff rotated from the provincial health services work in the camps seconded from their normal posts, thus bringing their knowledge and experience into the camps. Refugees living outside of the camps have access to the same quality of RHR care as Turkish citizens; however, the large number of refugees poses a constraint to quality of services. There are difficulties in establishing additional health facilities for over one million people in such a short period of time, however, services were available for a large numbers of births: 22,000 babies were born to Syrians in 2013, including 7,500 births in the camps.

Another constraint to quality services is the language barrier. UNFPA is exploring the possibilities for the involvement of Syrian health service providers, doctors and nurses to facilitate access of the refugees to RHR services. Assistance by Syrian medical personnel would help improve the use of the capacities of the refugees themselves. Syrian medical personnel are not able to work in the Turkish medical system without first being accredited; however this is unrealistic in a short period of time and also due to the language barrier. Further, these personnel have not had refresher training in the past three years in Syria due to the conflict and need training and support. Some are working with international NGOs or international clinics.

[136] UNFPA-Turkey Humanitarian Officer Handover Notes, January 2014 and Key Informant interviews

[137] Key Informant interviews in Ankara, Gaziantep and Sanlirufa

[138] In 2014, a budget of US$130,846, US$45,000 from UNFPA regular funds and US$86,846 from the Toros Foundation.

4.2.6 Contribution to the development of capacities among partners and establishment of mechanisms to ensure the sustainability of effects of UNFPA supported interventions in the field of reproductive health and rights.

UNFPA has made visible efforts to promote RHR capacity development of its partners and sustainability in the results of its interventions through joint planning and resource sharing, training, and using the capacities of communities, school counsellors and youth. Sustainable inputs include supporting development of nationally approved and well-utilized RHR guidelines. Inroads were made in national protection of the RHR of the SMAW and Syrian refugees. UNFPA lacks a specific exit strategy in the design of RHR interventions as a pre-requisite to sustainability and in view of decreasing UNFPA country office resources.

UNFPA supported numerous capacity building and awareness-raising interventions in all three RHR programme areas, which show promise of leading to sustainable outcomes. UNFPA advocacy and technical assistance has resulted in the national approval and utilization of guidelines on family planning, emergency obstetrics and MISP, as described in section 4.2.3. There is a multiplier effect gained through peer education, TOTs, and advocacy by CVF, and Y-PEER member NGOs such as inclusion of other NGOs and youth groups, conducting workshops and bringing advocacy messages and IEC to public forums.

Strong joint planning with government (MoH), universities (Harran, Anadolu), and community partners (Y-PEER, SMAW) strengthened their ownership. In 2011 and 2012, resource sharing with MoH was evidence of a high level of ownership. Challenges to sustainability include the staffing changes in the MoH and the difficulties in promoting RHR messages in the conservative environment.

Resource sharing and strong collaboration with Harran University led to wide public awareness on conditions for the SMAW and a movement on the part of national stakeholders to improve their health and welfare. Migrant workers and their envoys gained knowledge and skills (e.g. by health mediators) and their behaviours were improved leading toward a healthier living and working environment. In terms of assistance to the Syrian refugees, great improvements have been made in relationships with AFAD and MoH as evidenced by the rolling out of the RHR MISP through effective training and strong coordination mechanisms in Ankara and Gaziantep, which offer a solid basis on which to plan ongoing and expanding response efforts.

UNFPA inputs to the Y-PEER network have developed the capacity of individuals in the network as well as the network itself, according to key informants and focus group discussion participants. Although information has been disseminated in 20 regions, the outcomes on knowledge, attitudes and behaviour on stakeholders has not yet been ascertained through a survey. The turnover of a number of Y-PEERs (who start new jobs or university studies) is a challenge to the development of skilled peer educators and also to leadership of the network as the very experienced volunteers move on.

The vast majority of interviewees who received training supported by UNFPA attested to positive capacity gains and provided examples of sustainable effects. Inputs generally include ToT events, reviewing and updating training materials, IEC materials, and guidelines, and particularly training community members to have outreach skills benefiting their communities. Considerable efforts were made to collect feedback on training and test before and after knowledge levels. For example, the impact of pilot training for teachers on increasing their knowledge on the RHR needs of young people, in order to incorporate it into school curriculums, was evaluated by an independent expert. Positive feedback has resulted in requests from other provinces and scale up is likely.

An overall risk to sustainability is that successful interventions will be interrupted or discontinued due to lack of or reduced funding in the future. The presence of a UNFPA exit strategy as a prerequisite to sustainability is not apparent in the RHR planning documents. Decreasing core resources will limit the scope of UNFPA interventions and thus partner ministries should be ready to assume greater planning and budgetary responsibility for interventions previously supported by UNFPA. As per UNFPA strategy for the MICs, the role of UNFPA would be primarily at the policy and advocacy level.

4.3 EFFECTIVENESS AND SUSTAINABILITY IN THE POPULATION AND DEVELOPMENT PROGRAMMATIC AREA

EQ3

To what extent have the interventions supported by UNFPA in the field of population and development (PD) contributed in a sustainable manner to an increased availability and use of data on emerging population issues at central and local levels?

SUMMARY

UNFPA has contributed both at central and local levels to the increased availability of demographic and socio-economic data, particularly on emerging population issues such as ageing and urbanisation. UNFPA, through the establishment of partnerships with the private sector and universities, has supported comprehensive research for the purpose of sectoral and vulnerable group analysis. The demographic publications supported by UNFPA, including analyses on education, labour force and health and social security have promoted effective responses on related issues country wide. UNFPA continued to be a valuable resource for development of international databases such as the Netherlands Interdisciplinary Demographic Institute Development Resource Flow Survey.

UNFPA has supported a wide range of capacity development interventions which have contributed to national stakeholders' ability to address issues related to the ICPD and MDGs goals as part of the 9th and 10th Development Plans of Turkey. Strong ownership by target groups and effective partnerships established between the UNFPA Turkey country office and various stakeholders including universities, public institutions and NGOs have promoted sustainability of results. However, sustainable outcomes are still dependent on availability of UNFPA resources, external conditions, institutional capacity of the stakeholders, and support for follow-up actions.

4.3.1 Profile of the PD programmatic area

There is one major output area in the 5th country programme for population and development: PD Output 1: **"Data on emerging population issues are analyzed and used at central and local levels"**.[139]

PD activities are planned annually to achieve the PD Output 1. Within the 5th country programme, interventions for 2011-2014 have focused on strengthening national and local capacities for:

- Collecting statistical and disaggregated demographic data and information;
- Using this data and information in the development and implementation of social and economic policies.

Interventions are categorised as follows:

- Conducting research, studies, publications, etc.
- Contributing to the production of statistics.
- Promoting ICPD beyond 2014 and post MDG 2015 including awareness-raising, capacity building and advocacy interventions.
- Supporting national delegations to attend UN meetings.
- Supporting RHR and GE programmatic areas.
- Enhancing the capacity of MoD and RDA staff on PD issues.

PD programme annual work plans have ensured continuity of the activities started in the 4th country programme. Data availability and analysis around population dynamics with reference to sexual and reproductive health and gender equality are key needs. During the first half of the period being evaluated, PD activities focused on research to

[139] Country Programme Action Plan 2011-2015 between the Government of Turkey and UNFPA, page: 14.

contribute to the availability of data and analysis for policy makers both centrally and locally. This was followed by advocacy and policy dialogue to ensure that Turkey's priorities are well reflected in the ICPD beyond 2014 and the post-development agenda processes related to the MDG indicators after 2015. TurkStat, a counterpart during the 4th CP, has developed capacity to produce interactive statistics needed to measure the MDG indicators. Yet, within the 5th CP, TurkStat did not continue with the DevInfo database system prepared during the previous CP, as it included the development statistics within its interactive data base system during the restructuring of its overall system.

The **indicator for the PD Output 1** has been identified in the CPAP as *"number of up-to-date, costed action plans that national and regional development organizations have on emerging population issues"*. UNFPA contributed to the preparations for the implementation plan for ageing strategy document by the end of 2012; the document was prepared by the Ministry of Family and Social Policies. The PD Output 1 indicator has been revised in year two as *"percentage of regional development agencies trained on using population data in plans and programmes"*. The planned target for the third year was specified as *"relevant experts of one-third of active regional development agencies trained on population and development linkages."*[140] The achievement of the planned target has been hindered by difficulties in allocation of human resources and limited funding allocated to the PD and it is planned for the fourth year. These indicators refer to activity based targets, thus, the outcomes for the target groups also need to be assessed, such as increasing the capacity of government partners to influence the decision making and policy making process.

4.3.2 Contribution to increased availability of demographic and socio-economic data, particularly on emerging population issues, both at central and local levels

UNFPA has effectively worked toward population and development outputs, contributing to increased availability of demographic and socio-economic data. It is likely that the 2014 target will be realized as long as conditions are conducive to successful implementation of interventions.

During the 4th country programme[141], UNFPA cooperated with TurkStat, the main statistics provider, on the development of the national databank (DevInfo data base system), which could be utilised to monitor the MDG indicators.[142] It was decided to use the globally accepted DevInfo database system to share data at the country level and to enable international organizations to use the data. DevInfo's advantages include that it is a simple and user-friendly tool and has features that can be used to produce tables, graphs and maps for inclusion in MDG reports, presentations and advocacy materials. However, there were difficulties in transferring the data from the existing Oracle database to the DevInfo system.[143] Thus far, DevInfo has not become operational as a separate system, but as a part of the overall system. Meanwhile, TurkStat has developed its statistics database capacity while including the Oracle database with reference to population and development indicators[144] and has started to make them available in an interactive format on its own website.[145] Therefore, no activity has been planned as a follow-up to the DevInfo database system prepared during the former period.[146] UNFPA interventions within the former period have fully been utilised by TurkStat in identifying the classification of the development statistics in line with the UN definitions and accordingly the relevant data have been produced and published interactively on the Turkstat website, while the data processing system was aligned with its own main database within its own budget.

UNFPA has worked effectively on research and publications, following upon the publication of **"Demography and Management towards 2050",** which had already begun during the previous country programme. In partnership and with parallel financing with **TUSIAD (Turkish Industry and Business Association)**, the main publication

[140] CPAP Planning and Tracking Tool

[141] UNFPA Turkey (2010) UNFPA Turkey 4th Country Programme (2006-2010) Evaluation Report. Ankara, December 2010, page 17.

[142] Development Agenda of Turkey for Post-2015, National Consultations Report. (http://www.un.org.tr/v3/templates/allcss/report2015.pdf)

[143] UNFPA Turkey (2010) UNFPA Turkey 4th Country Programme (2006-2010) Evaluation Report. Ankara, December 2010.

[144] Key informants interviews.

[145] www.turkstat.gov.tr

[146] Interviews with the UNFPA CO and TurkStat.

on "**Demography and Management towards 2050:** Repercussions on Education, Labour, Health and Social Security Systems" was produced and published in 2010[147] with the purpose of reflecting demographic views and promoting use of population data in decisions taken in the public and private sectors. This publication provides an historical perspective on the fundamental changes in Turkey's demographic structure, and projects the demographic structure of Turkey up to 2050. Additionally, the project has yielded four sector reports focusing on the effect of demographic changes on education, labour force, health and social security that were published under the overarching main publication. All of these publications have provided detailed and reliable data and information and are an effective resource to contribute to the capacity development of stakeholders.

According to stakeholders interviewed,[148] these publications are used as references by 1) academics in their studies and university courses; 2) specialised NGOs on population and development in their research and published articles; and, 3) public institutions such as the Ministry of Labour and Social Security in developing its labour and social security strategies. Thus, this intervention is a **good practice**. For example, the sector report on health is utilised by academics working on women-child-youth and family health projects who have based their analysis on the projections related to demographic health factors.[149]

There are a number of design aspects which contributed to the success of the UNFPA collaboration with TUSIAD and the government ministries.[150] Firstly, the 2050 projections on population dynamics are useful for planning as are the interlinkages between population factors and sectors on education, labour, health and social security systems. The main objective of the publication is to inform public and private sector managers on the opportunities, risks and problems for Turkey created by the changing demographic structure; and to shed light on how the future demographic developments in Turkey can assist key managers in decision-taking processes. This is new particularly to the private sector. TUSIAD, being an independent and influential association of companies, has demonstrated strong ownership of the data and information produced, and has pioneered a demographic management approach by its members in their business plans. Furthermore, TUSIAD has continued to disseminate the projected data towards 2050 and its implications in four sectors to the related public institutions, mainly to Ministry of Development (MoD), Ministry of Labour and Social Security (MoLSS), Ministry of Education (MoE) and Ministry of Health (MoH) to contribute to the decision making by the public sector based on these sector reports and projected demographic data.

Secondly, the private sector has been effectively mobilised to raise funding and dedicated human resources. TUSIAD provided co-financing (US$45,723.22) and allocated two experts who still continue to disseminate the publications.[151] Additionally, TUSIAD reported that a number of well-known professors from top universities has been mobilised to help ensure wide use and reference to the publications.[152]

Thirdly, there was a well-designed dissemination strategy. A wide range of decision-makers from the public and private sector as well as the universities and civil society organisations were informed about the publications, and the first meeting was headed by the Minister of Development. The publications were then distributed to the relevant ministries (MoFSP, MoD, MoE, MoH, etc.), public institutions (ISKUR, Social Security Institution, etc.) both at central and local level, in addition to the TUSIAD members, universities and NGOs. It has been reported by the implementing partner and UNFPA that the dissemination still continues through various means including websites of TUSIAD and UNFPA which contribute to the availability of information to policy makers. A key issue not covered in the publications has been the PD issues related to the most vulnerable groups in the society such as youth and women particularly at the least developed

[147] Demography and Management towards 2050:November 2010, TUSIAD and UNFPA

[148] Interviews with key informants from universities, NGOs and public sector; and the SPRs of PD

[149] Interview with Baskent University

[150] Key informants interviews and the SPRs of PD. See also Evaluation Matrix, EQ 3 for details.

[151] See also Section 4.4.4 and Evaluation Matrix Section 5.2.

[152] See also Evaluation Matrix EQ3 for details.

regions of the country, as the publications target the overall population and society with no detailed reference to disadvantaged groups.

The **"Needs Assessment of the Seasonal Migrant Agricultural Workers and Their Families"**, as described in section 4.2.1, was implemented in partnership with **Harran University** and in collaboration with RHR programmatic area. A strong collaboration between PD and RHR components resulted in collaboration between Harran University and the Population Association and TurkStat on technical issues of the study. This then resulted in collaboration between PD and RHR programmatic areas to design a project based on this needs assessment which has been implemented in three locations and is expanding.[153]

UNFPA and UNAIDS implemented a joint initiative, the Resource Flows Project, in collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI), aiming to assess the size and structure of worldwide funds for population and AIDS interventions. UNFPA continued to contribute to the NIDI Resource Flow for Population and AIDS Interventions Survey[154] in 2011 and 2012. UNFPA contribution to and support for the **UNFPA/ UNAIDS/NIDI Resource Flow Survey** was effectively implemented. The survey findings were shared with UNFPA HQ and NIDI for further analysis. As a result, the PD programmatic area contributes to the availability of data in international statistical classification to enable PD analysis comparatively among different countries. The UNFPA/UNAIDS/ NIDI Resource Flow Survey is widely used by central government in Turkey and international organisations to contribute to prevention of HIV related illnesses.[155]

Support by the PD programmatic area for national policy documents contributed to the availability of data and information on PD. Since the 4th CP, UNFPA has contributed to the analysis of the statistical data to support demographic based policies on ageing to be included in the 10th Development Plan[156] and the Implementation Strategy of National Action Plan on Ageing Population.[157] Additionally, through the support of UNFPA to NGOs such as the Population Association, *"policy brief papers"* will be prepared on selected population issues. This will also contribute to capacity building of various stakeholders on PD issues, including the progress of Turkey on ICPD indicators and their implication on socio-economic development in different sectors and regions.

Within the past two years, supporting actions **for ICPD[158] Beyond 2014 and post MDG advocacy (2015)** have produced significant outcomes. Stakeholders interviewed said that they have benefited from UNFPA interventions related to ICPD Beyond 2014 and post MDGs 2015. Women, family and NGOs developed awareness on the need for education of girls, equal opportunity for employment to women, youth and disabled, and means to improve maternal and child health. Local public administration, employment and health staff in the least developed regions have developed capacity to address the needs of vulnerable groups including women, migrants, the disabled, and brought institutional improvements, which, in turn, will contribute to reduce the poverty and regional disparities as addressed by the MDG.

The timing of UNFPA interventions was well chosen to mobilize the stakeholders and contribute to the decision making mechanisms. UNFPA interventions which contributed to global and national policies are as follows:

- A national consultation meeting took place in November 2012 in Ankara on the Post-Development Agenda process took place on 24-25 May 2012 in Istanbul, and supported national stakeholders to assess PD priorities. UNFPA was the leading UN agency mobilising discussions on achievements with regard to the MDG goals and ICPD principles. Stakeholders developed

[153] Final Report of SMAW to Matra, Embassy of the Netherlands, June 2014

[154] https://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/GPAR%202010%20Final%20Draft%20Nov%2030.doc

[155] Key informants interviews.

[156] http://www.mod.gov.tr/Pages/content.aspx?List=106b84f3-3a88-4a71-bb9b-090a7bca5542&ID=4&Source=http%3A%2F%2Fwww%2Emod%2Egov%2Etr%2FPages%2FDevelopmentPlans%2Easpx&ContentTypeId=0x01006B34392831415F499C9D04E36A573089

[157] http://www.unece.org/fileadmin/DAM/pau/age/country_rpts/TUR_report.pdf; and http://www.monitoringris.org/documents/tools_nat/trk.pdf

[158] The 1994 International Conference on Population and Development (ICPD) in Cairo is the most important broadly participated international conference that sets the scope, traits and content of population and development concept. The ICPD Cairo Conference is widely recognized with a binding ICPD Programme of Action with concrete impacts on population and development introducing human rights based approach. The ICPD indicators developed by the UNFPA after the Cairo Conference can be grouped under three main topics: 1.Reproductive health indicators, 2.Population and development strategies indicators, and 3.Advocacy and information, training, communication indicators. http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development

http://www.ippf.org/our-work/what-we-do/advocacy/icpd

awareness of achievements related to regional development and reduction of poverty, as well as on outstanding issues particularly gender equality and sustainable development. Follow-up interventions are planned to reinforce the gains made by stakeholders. The results of these interventions will vary with individuals as to their long term sustainability.

- Three local seminars promoting the ICPD mandate were respectively held in 2013 in Antalya, Izmir and Sanliurfa in collaboration with the UN Joint Programme on Women Friendly Cities (WFC).[159] An effective cooperation with the RHR and GE programmatic areas through the three WFC Local Coordinators has been achieved with the Ministry of the Interior with the aim of developing the capacity and awareness of the NGO and public sector staff on ICPD related issues. ICPD working groups were established in 2013 in the three cities. In each city, a two day workshop was held, tailored to local needs. Participation by NGOs was very high (total of about 100 NGO participants). The WFC Local Coordinators supported the process with significant contribution from local governorates.

- UNFPA also supported the Women Rights Councils in the three cities to develop advocacy capacity on ICPD and Post-Development Agenda processes. As a result, some ICPD indicators have been considered by the policy makers in the 2014 Local Equality Action Plans (LEAP) of the three WFCs.[160] For example, in Sanliurfa, the LEAP includes references to the issues such as protection of the women against gender-based violence, employability of women and youth, education of the girls, and maternal mortality.[161] A newly established NGO[162] on agricultural vocational issues has disseminated information on women's employment during the ICPD Workshop in Sanliurfa in an effort to improve their employment and health conditions. In Antalya, the NGOs and the public institutions (schools, municipality, provincial health directorate) have decided to collaborate on ICPD-related issues such as youth health and education, protection of youth sexual and reproductive health.[163] In Izmir, the Maternal Mortality Working Group has addressed the problems in the LEAP to develop awareness through campaigns.[164] This is assessed to be a **good practice** to help ensure effectiveness.

- Supporting the Cairo +20 Platform[165] has contributed to availability of data and information on ICPD through civil society. This Platform was successfully established in 2013 with the support of UNFPA following the two Platform meetings in Istanbul in 2013 with participants from 24 CSOs from various locations throughout the country. Technical assistance was provided to empower the participants on ICPD-related issues (SRH and rights, and gender equality) beyond 2014 and Post Development Agenda of Turkey. Meetings aimed to ensure the realization of lifelong sexual and reproductive health rights of all individuals in Turkey and incorporate them into the UN sustainable development goals. In this framework, the Platform targets advocating as a civil society in national and international venues for sexual and reproductive health issues within a gender equality framework. Thus, it functions as a national monitoring mechanism on right violations and the national progress on these ICPD issues, which should contribute to policy decisions to prevent violations and to sustainable development. Platform members interviewed reported their advocacy activities for wide support to ICPD targets[166] as also stipulated at the Regional High Level Meeting on ICPD held in Geneva in 2013.

- Guidance and information support given by UNFPA to the national delegations to UN meetings. Information and analysis was

[159] http://www.migm.gov.tr/en/PDF/WOMEN_FRIENDLY_CITIES_2.pdf

[160] Local Action Plans (LEAP) are prepared in each of the WFCs under the WFC Project (UNJP). The LEAPs are prepared with a participatory approach through involvement of a wide range of stakeholders, including governorships, municipalities, special provincial administrations, provincial directorates, regional development agencies, women's civil society organizations, universities, professional organizations and the private sector.

[161] Sanliurfa WFC ICPD Report, 26-27 December 2013, and interview with the Local Governorate of Sanliurfa.

[162] Mevsimli Tarım İscilerinin Haklarının Korunması ve Geliştirilmesi Dernegi, Sanliurfa – established by the initiation of Harran University as a result of the SMAW project

[163] Antalya ICPD Report, 16-17 December 2013.

[164] Izmir WFC ICPD Seminar Report, 22-23 December 2013.

[165] http://www.kahire20.org/

[166] Key informants interviews (Turkish Foundation for Family Health and Planning (TAPV) Foundation, Community Volunteers Foundation (TOG), Baskent University and UNFPA CO)

made available to the members of the five UN meetings held in 2013 and 2014,[167] which were orientation/preparation meetings for the national delegations to develop capacity to monitor ICPD and MDG related targets. The UN conferences of 2013 and 2014 were part of the global review process of the ICPD before 2014. Members of national delegations were informed about the meeting and worked on a common strategy to better reflect Turkey's needs and priorities. UNFPA advocated for inclusion of academics and NGO representatives to the national delegation at the level of Ministry of Foreign Affairs, which resulted in their attendance at the Commission on Population and Development (CPD) meeting as members of national delegation in April 2014. Staff from universities and NGOs were included in addition to the public institutions that participated in the orientation meetings of UNFPA to develop capacity to monitor ICPD and MDG related targets in the country. Their statements have been included in the meeting agendas and contributed to the policy making processes related to ICPD and MDG targets.[168] The contents of statements indicates that some of these stakeholders such as academicians (Baskent University) and members of NGOs (TAP Foundation[169], Community Volunteers Foundation) continue to further disseminate the PD-related priorities to other stakeholders through analysis documents, meetings, policy briefs, etc.

- Human resource and institutional conditions exist for the planned capacity development activity for the Ministry of Development (MoD) and Regional Development Agencies (RDA). MoD is an important stakeholder of the PD programme, as it has been preparing the national development plans (the most recent one being the 10th Development Plan for 2014-2018) and policy papers including medium term programmes, sectoral and thematic policy/ strategy papers and regional development strategies through RDAs. UNFPA support has contributed to the integration of demographic and socio-economic data produced through publications into the national plan, as demonstrated by the contributions to the Ad hoc Committees for preparation of the 10th Development Plan. The aim has been to inform staff about the availability and analysis of PD data and information to be utilized in the national and regional development plans to help address inequalities and regional disparities. In this respect, a capacity development preparation activity was included in the 2012 work plan, yet the training activity is planned to take place in late 2014 due to limited UNFPA staffing for PD programmatic area and budgetary limitations.

4.3.3 Contribution to the development of capacities and establishment of mechanisms for analysis and the integration of demographic and socio-economic data into development plans at central and local levels to ensure the sustainability of effects of UNFPA supported interventions

UNFPA has achieved planned results for the analysis and the integration of demographic and socio-economic data into development plans at central and local levels. UNFPA has made significant contributions to the national development plans in gender equality and violence, aging, sexual and reproductive health emphasizing ICPD and MDG targets. At local level, capacity development support has contributed to the involvement of the civil society organisations and universities in planning particularly to address the vulnerable groups such as migrants, women, youth who lack adequate conditions needed for equitable development. Sustainability is affected by limited capacity of NGOs in terms of human resources and financial capacity. Support by the governorships varies for three Women Friendly Cities LEAPs. They are also affected by external conditions mainly related to their recognition and support received from other institutions such as municipalities to be active to sustain the results.

UNFPA actions have contributed to building capacity and strong ownership of the results by the stakeholders as evidenced through interviews.[170]

[167] See Evaluation Matrix EQ 3.1 for the list of UN meetings participated in 2013 and 2014 by the stakeholders who received capacity building support from the UNFPA CO.

[168] Turkey Delegations Statement to ICPD at International Conference on Population and Development Beyond 2014 (http://www.kahire20.org/download/ICPD%20ve%20SDG%20Link'i%20icin/Statement%20of%20Turkey%20for%2047%20CPD%20last.pdf)

[169] Turkish Family Health and Planning Foundation (Turk Aile Sagligi ve Planlamasi Vakfi) was established in 1985 and works towards a foundation of gender equality in order to improve women and girls' access to education and raise the quality of life of all individuals. (http://www.tapv.org.tr/en/tci/22/ORGANISATION)

[170] Key informants interviews.

Stakeholders either in the public sector or NGOs or universities all demonstrate high interest in participating in activities. High interest and ownership is valid not only at the central level but also at local level. UNFPA support has contributed to integration of demographic and socio-economic data produced through publications into the national plan, as demonstrated by the contributions to the Ad hoc Committees for preparation of the 10th Development Plan. In addition to strong ownership by the main public stakeholders, their regional planning structures need to be improved to reduce the regional disparities in respect to the demographic based development policies. The objective has been reaching a population structure compatible with a balanced and sustainable development, and to reduce disparities while improving gender mainstreaming, increasing the accessibility of integrated health services including the reproductive health services especially for the benefit of the most vulnerable population. An integration of demographic variables into the entire socio-economic development planning process is essential to ensure that sustainable outcomes are attained. The trends in fertility, mortality and migration determine the size, structure and spatial distribution of the population, which, in turn, reflect the disparities among population groups.

In this regard, UNFPA has supported the national policy documents particularly related to the demographic based policies on "Aging" and "Gender Equality", which were used as a reference in the 10th Development Plan[171] and the National Action Plan on Ageing Population.[172] Thus the target of the CPAP PD Output 1 indicator[173] has been successfully achieved. Interviews with the universities, NGOs, and the public stakeholders reveal that UNFPA has significantly contributed to the Working Groups and Ad hoc Committees in addressing equity-based development.

Furthermore, the planned forthcoming activity in 2014 for capacity development of the Ministry of Development (MoD) and Regional Development Agencies (RDA) on PD, described in section 4.3.2, targets contributing to effective planning and developing strategies for medium term national programmes. This action has significance to fulfil the PD Output Indicator revised in 2012 as *"percentage of RDAs trained on using population data in plans and programmes"*. Both MoD and the RDA staff interviewed indicate the availability of human resource and institutional conditions to contribute to regional and national planning with a consideration of vulnerable groups to reduce the regional disparities.

The project on "Demography and Management towards 2050" has produced a set of analytical publications for the stakeholders and provided a projection of the demographic structure of Turkey up to 2050 in four sectors. As a result of this extensive work, UNFPA in partnership with TUSIAD has widely contributed to the decision making for population and development, as discussed above in section 4.3.2. Despite the lack of focus in the publications on the most vulnerable groups such as marginalised women and youth at risk, the project has produced reliable, high quality publications to reflect demographic view and promote use of population data in decisions taken at public and private sectors by different stakeholders. In this perspective, the project provided a concrete document providing input to the 10th Development Plan. For example, while producing the document "Sustainability of the Social Security System-2023", the Ad hoc Committee of the 10th Development Plan made clear reference to the publication "Demography and Management Towards 2050" and the sector reports on "Labour Market" and "Social Security".[174] Evidence indicates strong ownership of the results of the implementing partner reinforced by its continued financial and human resources for the wide dissemination of the publications to different stakeholders.[175]

UNFPA support provided at local level has contributed to the active participation of local actors in

[171] http://www.mod.gov.tr/Pages/content.aspx?List=106b84f3-3a88-4a71-bb9b-090a7bca5542&ID=4&Source=http%3A%2F%2Fwww%2Emod%2Egov%2Etr%2FPages%2FDevelopmentPlans%2Easpx&ContentTypeId=0x01006B34392831415F499C9D04E36A573089

[172] http://www.unece.org/fileadmin/DAM/pau/age/country_rpts/TUR_report.pdf; and http://www.monitoringris.org/documents/tools_nat/trk.pdf

[173] CPAP PD Output 1 is defined as "Data on emerging population issues are analyzed and used at central and local levels". The indicator for the first year of the CP is defined as "two – implementation plan for ageing strategy document to be completed in 2011"

[174] http://www.kalkinma.gov.tr/Lists/zel%20htisas%20Komisyonu%20Raporlar/Attachments/220 SosyalG%C3%BCvenlikSisteminiS%C3%BCrd%C3%BCr%C3%BClebilirli%C4%9Fi.pdf

[175] Interviews with the TUSIAD and UNFPA CO.

the planning and programming processes.[176] In this respect, UNFPA support in the three WFCs (Antalya, Sanliurfa and Izmir) has increased involvement of the local civil society and administrators in particular with reference to the corresponding legislation in the country with a right-based approach in accordance with the principles of the ICPD Programme of Action[177] on the population-related goals and policies. These issues were included in the 2014 Local Equality Action Plans (LEAP) while mainstreaming gender into their planning processes. Examples in Sanliurfa include issues such as protection of the women against GBV, employability of women, education of girls, and maternal mortality, whereas in Antalya and Izmir health issues particularly reproductive health of adolescent girls and youth education in addition to gender mainstreaming and GBV were included in their respective LEAPs.[178] This is assessed to be a good practice ensuring effectiveness of the overall country programme.

As a result, a civil society monitoring of the ICPD principles particularly on literacy and education of women, maternal health, and women employability has been initiated along with the Local Equality Action Plans.[179] However this is still at its initial stages and is dependent on the WFC programme and the efforts of the WFC Local Coordinators. As the Phase 2 of the WFC programme will end within a short period of time, the conditions for sustainability are therefore very weak and civil society monitoring is unlikely to continue in a structured manner, and there is substantial need for further capacity development of other stakeholders (municipalities, vocational and adult training institutions, etc.) in cooperation with the other two UNFPA programmatic area (RH and GE).

At the local level, UNFPA has contributed to policy making and planning in the least developed South East region of the country through the needs assessment work on "Seasonal Migrant Agricultural Workers (SMAW) and Their Families". Quantified analysis of this vulnerable group has contributed to demographic evidence-based local planning related to seasonal employment at the local administrative structures. Interviews with the local public institutions (Turkish Public Health Institute Local Directorate, ISKUR and Local Governorate in Sanliurfa) indicated that the identified needs have been considered when developing local policies and plans. The Governorship of Sanliurfa considered the issues raised by this study in setting its agendas to provide services particularly to the vulnerable groups. The study has contributed to the efforts to improve the conditions of the seasonal workers not only by the public sector but also by the employment agents. One example is that ISKUR recognizing the functions of the employment agencies in seasonal employment, and in 2014 prepared and operationalised a regulation for "agricultural employment agencies".[180]

Advocacy support by UNFPA to the staff of public institutions, NGOs and universities has contributed to their involvement in and facilitation of local and central policy making and planning based on development dynamics. As indicated in section 4.3.2, along with the new participatory strategic planning process for the national development plans, a wide variety of stakeholders have been targeted to participate actively in the planning processes during the consultancy phase.

An example is the establishment of the Cairo +20 Platform in 2014 to promote ICPD targets with a bottom-up approach mobilising wide stakeholder involvement in the policy making and development planning process throughout the country. This Platform is likely to contribute to the sustainability of the results, as a structured mechanism will be established to develop capacity on ICPD and MDG as well as to maintain systematic advocacy activities.

Similarly, the comprehensive cooperation established between UNFPA and universities (Baskent, Hacettepe and Harran Universities), coupled with their established mechanisms and high ownership,

[176] The Resolution adapted by the General Assembly of the UN with ref: A/RES/52/188/Population and Development on 4 February 1998 stipulates in its decision number 11 that "Stresses the need for the effective participation of actors of civil society, particularly non-governmental organizations, in preparation for the special session, as well as the need to ensure appropriate arrangements, taking into account the practice and experience gained at the International Conference on Population and Development, for their substantive contributions to and active involvement in the preparatory meetings and the special session, and in that context invites the President of the General Assembly, in consultation with Member States, to propose to Member States appropriate modalities for their effective involvement in the special session"

[177] http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development

[178] See also Evaluation Matrix EQ 3.2 for detailed evidence in 3 WFCs.

[179] The Focus Group discussion with the Local Coordinators of the WFC Project.

[180] Interview with the project coordinator from the Harran University and ISKUR in Sanliurfa

facilitate the sustainability of achievements such as quantitative studies and policy briefs on sexual and reproductive health and gender equality, health statistics, migration as population dynamics for development.

CSOs interviewed[181] expressed their commitment to the ICPD and UNFPA mandate, and they continue to gain leadership capacities in Turkey where there is high need for their democratic participation in the policy making phases. Evidence of high ownership of the CSO partners (Population Association, Turkish Family Health Foundation, Community Volunteers Foundation, etc.) continues to exist, yet establishment of mechanisms to sustain the capacity and leadership developed at the CSOs is dependent on their human resources and funding.

UNFPA support to the national consultations on population dynamics and ICPD priority areas has also contributed to policy making at national and international meetings where members of the national delegations to UN meetings have developed a common strategy with regard to ICPD areas. However, these activities remain effective only on an individual basis. Follow-up activities are therefore planned by UNFPA to support the national policy making processes for the UN meetings.

[181] Population Association in Ankara; Turkish Family Health Foundation and Community Volunteers Foundation in Istanbul; Elbirligi Women Association in Sanliurfa

4.4 EFFECTIVENESS AND SUSTAINABILITY IN THE GENDER EQUALITY PROGRAMMATIC AREA

EQ4

To what extent have the interventions supported by UNFPA in the field of gender equality (GE) contributed in a sustainable manner to: (1) improved responses to gender-based violence (GBV) including in emergency and post-emergency situations, in particular with regard to the Syria refugee crisis and (2) enable women to fully exercise their human rights?

SUMMARY

Gender equality (GE) programmatic area is the largest of the 5th country programme, comprising a significant part of the resources allocated to UNFPA for the current programming cycle, as well as a great variety of stakeholders and a wide geographic scale. Overall, UNFPA interventions have contributed to improved responses to gender-based violence (GBV) as well as enabling women to fully exercise their human rights, although both of these objectives are long-term in character and require continuous work. While the interventions have been effective in terms of addressing the needs of the target groups, as well as adapting and re-adapting in line with emerging needs, the extent and nature of the gender equality problems in Turkey require a more dynamic, comprehensive and integrated approach in order to yield tangible results, which also necessitate constant monitoring, updating and upscaling of programme objectives and interventions.

In the current programming period, UNFPA has successfully expanded the stakeholder base for combating GBV, extending its training interventions to a variety of groups including the police forces, religious leaders, gendarmerie, as well as the youth. The training interventions have contributed to increasing gender sensitivity and awareness on GBV amongst service providers, and have successfully involved men and youth. Nevertheless, the increasingly conservative attitude of the Government leads to uncertainties about the gender focus of relevant interventions, and might undermine the achievement of advocacy objectives.

UNFPA has partly contributed to improved response to GBV, but not enough emphasis has been placed on increasing the quantity and quality of women's protection services, such as shelter, as well as monitoring and follow-up of training interventions, which are currently not uniform across the different geographic locations that the programmes are implemented, as well as amongst various partners. On the other hand, the expansion of GBV activities to a new dimension by the emphasis on prevention opens up new potentials for advocacy and visibility, which should be further exploited in the upcoming programming cycle.

UNFPA interventions build on effective cooperation with public, private and NGO partners, but the extent and scope varies across the three major GE programmes. Partnership with government units and state parties have been largely effective, but more emphasis needs to be placed on collaboration with NGOs (particularly at the national level) as well as the private sector. Ownership of the interventions conducted under the GE programmatic area has significantly expanded in the current programming period, but remains uneven and irregular across stakeholders and programmes.

4.4.1 Profile of the gender equality programmatic area

The gender equality (GE) programmatic area of the 5th country programme (CP) aims to contribute to UNDCS Result 5: *The equal participation of women is ensured in all areas of the public sector, the private sector and civil society by strengthening institutional mechanisms to empower women and improve their status*. GE interventions fall under "UN Joint Programme on Women Friendly Cities – WFC", "Human Rights Protection Systems and Mechanisms", and "Response to Gender-Based Violence".

The country programme action plan (CPAP) 2011-2015[182] states that the GE programmatic area focuses mainly on promoting gender equality and combating gender-based violence (GBV). It assigns priority to addressing women's human rights through interventions designed to promote an enabling policy environment, with a view to preventing and reducing GBV, as well as empowering women. The CPAP highlights that further efforts are needed in GBV, with a specific focus on prevention interventions. It also emphasizes that advocacy and capacity development at both central and local levels are urgently needed to help bring about social change in the perceptions of the status of women, gender equality, and GBV especially among young people. The CPAP specifies two outputs under the GE programmatic area for the current programming period, together with the interventions that will be undertaken to achieve the stated outputs:

Output 1. Stakeholder base expanded to advocate for better response to gender-based violence and particularly domestic violence through improved policies and protection systems.

This output is meant to be achieved through the following interventions:

- Facilitating national and local level dialogue and interventions aimed at improving the protection of women from violence, including young people;
- Enabling civil society organizations to partner with national and local government on advancement of women and to combat with gender-based violence (GBV);
- Improving quality and quantity of women's protection services through strengthening of the referral network and integration of GBV prevention and response in service provision. Initiating programmes to involve men and young people for combating GBV.

UNFPA provided support to facilitating dialogue and interventions aiming at **improving the protection of women from violence, including young people, at both national and local levels**. UNFPA expanded its interventions and stakeholders for addressing GBV, developing a focus on prevention, despite problems faced with a number of partners during the implementation process. Support also focused on involving young people against GBV, and an intervention has been designed for this purpose.

With regard to **engaging with civil society organisations**, achievements remained rather limited. In the current programming period, while NGOs were targeted by UNFPA in terms of capacity development particularly with a view to enabling them to participate in local decision-making mechanisms, and thereby to contribute to women's advancement, partnerships with civil society remained insufficient in terms of combating GBV. Particularly, dialogue with NGOs which has efficiently taken place at the local level, did not reach similar standards at national level, even though individual experts from NGOs have been consulted especially in the area of GBV. Developing more institutional partnerships with NGOs and building their capacity to partner with national and local government, particularly in GBV-related issues, remains a priority.

Interventions aiming at improving the quality and quantity of women's protection services were not fully implemented. The training programmes targeting service providers, as well as the establishment of a special unit on violence against women in the police forces and the adoption of a registry system, which was later expanded to gendarmerie, have been important steps for strengthening the referral network and integration of GBV prevention and response in service provision. However, beyond these interventions, the progress in this activity has remained limited to Local Equality Action Plans (LEAPs) in a few provinces participating in the Women Friendly Cities (WFC) programme. Whilst UNFPA effectively initiated

[182] *The Country Programme Action Plan 2011-2015 between the Government of Turkey and UNFPA*, Ankara.

programmes for involving men and young people on GBV, the stated aim of establishing partnerships with CSOs to reach young men in universities was not fully operationalised, with the exception of the survey conducted with Population Association on the perceptions of young people on GBV. Also, the expectation that the Ministry of National Education (MoNE) would take a major role for this activity, modifying the school curricula to include gender equality and GBV themes by the end of the programme, was not realized, and MoNE has not been an effective UNFPA partner in this programme cycle. The partnerships to be formed with national and international NGOs in the curriculum development process, as well as advocacy interventions for gender-sensitive education at schools that were planned in the CPAP have also not taken place. Moreover, while CPAP indicated that a pilot project for working with GBV perpetrators was to be launched with the participation of Probation Unit in Ankara, no such initiatives were taken in the current programming period.

Output 2. Local mechanisms established through cooperation of public, private and nongovernmental partners to enable women exercise their human rights fully.

The interventions to achieve this output, together with specific measures, were outlined as follows:

- Supporting local and national government institutions to mainstream gender into their policies, programmes and services.
- Providing support to sensitization programmes for government officials to combat GBV.
- Promoting partnership among the government, CSOs and private sector for comprehensive programmes on women's human rights.

In the current programming period, these interventions have been effectively realized. Local and national government institutions have been actively supported to mainstream gender into their policies, programmes and services through the LEAPs as part of the WFC programme. New cities were selected as WFCs, and dialogue was enhanced with local women's NGOs, grass-roots women groups and local administrations. MoI provided support for the implementation of LEAPs, and local gender equality mechanisms track implementation. A mini-grant programme was initiated to enhance the implementation of LEAPs through NGO projects, which aims to expand the capacity of local women's NGOs to collaborate with local administrations.

Furthermore, support was provided for sensitization programmes for government officials to combat GBV. Despite problems experienced with some stakeholders, as well as problems relating to the high turnover rates of public personnel, significant achievement has been obtained in this activity as UNFPA continued its training and capacity-building efforts in the area of GBV.

Finally, UNFPA has continued its focus on promoting partnerships with government, CSOs and the private sector for comprehensive programmes on women's human rights. The agency continued supporting the "Pomegranate Arils: Stronger Young Women, a Happier Future" programme that started during the 4th CP, which constitutes the only significant example of private-public partnership in the field of gender equality in the current programme period. Partnership with the private sector appears to be a significant element to increasing the visibility of the interventions and can generate significant funding for the cause of promoting women's human rights. However, this remains limited in the current programming period.

SUMMARY OF ANNUAL WORK PLANS (AWPS) 2011, 2012 AND 2013 FOR THE THREE KEY PROGRAMMES UNDER THE GE PROGRAMMATIC AREA.

- **CPAP Gender Equality Output 1:** Interventions under the **Response to GBV Programme** are most relevant for the attainment of this output:

  Emphasis on prevention of GBV through involving young people, collaboration with Population Association for the development of evidence base on young people's perception about GBV through a nationally representative survey: 'Qualitative research on perception of school aged children in formal education on VAW and Gender Equality', related advocacy interventions, training programmes for Turkish Armed Forces, National Police Forces, religious leaders and gendarmerie to advocate against GBV, advocacy interventions with private sector, support for GDWS to monitor the National Action Plan on Domestic Violence.

- **CPAP Gender Equality Output 2:** Interventions under the WFC programme and Human Rights Protection Systems and Mechanisms programme provide the key contributions for the attainment of this Output

UN Joint Programme on Women Friendly Cities

Support was provided for an important number of interventions, including the following: strengthening the capacity of local governments and women's NGOs in terms of gender sensitive services, budgeting and planning, in-depth assessment study on gender equality status of selected project provinces, awareness raising interventions on Women Friendly Cities, capacity building for women's NGOs and CSOs, Women Friendly Urban Space Model, local gender mainstreaming ToTs, distribution of grants and launch of grant programmes in project cities. Furthermore, support was provided for local governments and NGOs in the implementation of Local Equality Action Plans (LEAPs).

Human Rights Protection Systems and Mechanisms

Capacity building of GDCS staff through various training programmes, establishing a mentoring mechanism for children who are raised in orphanages, and monitoring the employment history of PAs that have been part of the mentoring programme since 2009.

A number of contextual factors have affected the implementation of UNFPA interventions under the GE programmatic area. Firstly, there have been significant structural changes in the government units relevant to the GE programmatic area. The State Ministry responsible for Women was restructured as the Ministry of Family and Social Policies in 2011, demonstrating the increasingly conservative outlook of the government as women were now mainly considered in the context of the family and policies developed accordingly. The General Directorate on the Status of Women (GDSW) attached to the Prime Ministry was restructured as one of the main service units of the Ministry of Family and Social Policies (MoFSP). The Social Services and Child Protection Agency attached to the Prime Ministry was also attached to MoFSP and renamed as the General Directorate of Child Services.

The change of bureaucrats and personnel within public units has also been an important factor for the continuity and coherence of interventions carried out under the current programming cycle. The Minister for Family and Social Affairs changed when the former Minister was elected Mayor in the March 2014 local elections. The Ministers of National Education, Interior and Justice were all changed during 2013. All these have considerably affected the ongoing projects and programmes implemented in partnership with these Ministries, which was also highlighted by a number of stakeholders. Moreover, the change in the high levels of administration at the Presidency of Religious Affairs, including its

President, as well as the changes in the leadership of General Directorate of Security, have also had serious implications for the ongoing GBV training interventions between UNFPA and these units.

Regarding the onset of the Syrian conflict in 2011, almost a million Syrians have fled to Turkey, which faces significant challenges in addressing the needs of the Syrian refugees, requiring the establishment of clinics and schools within the 17 refugee camps in the South East provinces of Turkey and expanding services in the refugee hosting provinces. In terms of gender equality, UNFPA had to expand its interventions to the refugee camps and to make significant re-adjustment and re-targeting to address the specific and urgent needs of this group.

4.4.2 Contribution to the expansion of the stakeholder base to advocate for better responses to GBV

The stakeholder base for the campaign against gender-based violence has expanded, but the conservative attitude of the government might undermine the achievement of advocacy objectives.

The overall performance of UNFPA in terms of achieving the stated objectives of promoting of an enabling policy environment to reduce GBV and to empower women to fully exercise their human rights is remarkable. Significant progress was achieved in terms of capacity development, and it placed considerable emphasis on changing young people's perceptions on GBV. However, there has been limited progress in terms of UNFPA advocacy role.

In the current programming period, UNFPA interventions in the field of GBV have strongly contributed to the expansion of related stakeholder base. The GBV training programmes continued with police forces[183] and religious leaders,[184] and started or renewed with gendarmerie[185] and Turkish Armed Forces (TAF),[186] which aimed to encompass a large geographical scale and reach significant numbers of public officers and service providers with increased gender sensitivity and awareness on gender equality issues. In addition, UNFPA has placed a significant emphasis on increasing the involvement of young people in the efforts to combat GBV.[187] For this purpose, UNFPA supported the development of evidence base on young people's perception about GBV and conducted a survey in collaboration with Population Association to form the basis for a new intervention to combat GBV among young people.[188]

In the current programming period, additionally, UNFPA has continued its support to capacity development at both central and local levels. In addition to the GBV trainings aiming to enable key community leaders to contribute to GBV prevention policies and referral systems, UNFPA has also contributed to the establishment of a specific unit to combat VAW in police forces, aiming to provide support to victims of violence and to coordinate interventions in this respect. Also, a Domestic Violence Registration Form and a nationwide registry system were developed through the support of UNFPA, which has also been recently adopted by the gendarmerie. UNFPA capacity-building interventions were also directed at the GDSW, supporting the institution for the preparation of the new legislation on violence against women (2011), and for the development of the legislation regarding Shelters and Violence Monitoring and Prevention Centres (2013).[189] On the other hand, partnership with CSOs remains limited in the context of GBV and a decline in the partnerships with NGOs can be observed at the national level. Government stakeholders interviewed underline that there are significant problems regarding partnership with NGOs due to several reasons, including ideological incompatibilities and lack of expertise. This has led to the underused capacity of some NGOs which has been partially compensated by using NGO experts as independent trainers. However, the advocacy

[183] Partnership with MoI General Directorate of Security Forces (GDSF) had started in 2006 and reached 45,000 police officers across Turkey by 2011. During the 5th CP, emphasis has been placed on developing in-house capacity at the GDSF, and master trainers were trained for that purpose.

[184] Partnership with the Presidency of Religious Affairs continues from the 4th CP, and in this programme period, it focused on ToTs and awareness-raising trainings for religious leaders across numerous cities in Turkey, as well as information trainings for staff appointed abroad, awareness raising for young women in Koran courses, etc.

[185] Collaboration with Gendarmerie begin in 2013 and ToTs were conducted for the Gendarmerie school staff.

[186] A new programme was initiated with TAF in mid-2013 upon a protocol signed with MoFSP and MoD, requiring UNFPA to provide technical assistance and to coordinate the programme. ToTs are envisaged to start in March 2014 with the aim to reach 3,000 field trainers who will provide gender equality and GBV trainings to 400,000 recruits a year.

[187] Standard Progress Reports 2011-2013

[188] The results of this survey are published in Population Association (Turkey) and UNFPA (2013) *Attitudes of Secondary and High School Students on Domestic Violence Against Women*. Ankara, November 2013.

[189] Only a by-law on Shelters was passed at the end of this process.

function of UNFPA has been negatively affected, as well as the visibility of the respective programmes. Further efforts to address these difficulties and expand cooperation with NGOs is required.

Advocacy and awareness-raising interventions in the current programme period were limited to several media interventions and efforts to promote evidence based advocacy, particularly focusing on awareness-raising interventions on GBV amongst politicians, decision-makers and the media. These interventions are mainly expressed in programming planning documents and on UNFPA website,[190] with no further evidence. The stakeholder interviews emphasize the insufficient advocacy role played by UNFPA in spite of its knowledge and expertise in gender issues, which constitute great assets if complemented by effective advocacy efforts, especially as the gender policies of the state partners display significant inconsistencies. In this regard, the development of advocacy to support gender-related interventions should be prioritised in the upcoming period.

The main challenge in terms of UNFPA contribution to the expansion of stakeholder base to combat GBV in the current programme period relates to high turnover rates among public officers, which seriously impedes sustainability. Furthermore, as acknowledged particularly by UN stakeholders, the increasingly conservative attitude prevailing among public stakeholders risks the achievements of these projects. In particular, the change of the President of Religious Affairs in 2010, together with the change in the status of the institution in the same year from a General Directorate to an Undersecretariat,[191] which was accompanied by a less progressive attitude towards gender issues and more emphasis on the family and children instead, demonstrate a risk to keeping the focus on gender equality and protection of women from violence.

While the trainings with the Presidency still continue, the content of material, the participants of the trainings and the curriculum have changed significantly, and UNFPA now appears to have only partial influence in determining the content of the trainings, as acknowledged by interviewed stakeholders and the relevant annual work plans and standard progress reports.[192] Nevertheless, the training programme continued in 2014 and reached the target of 100 religious leaders from the South and Southeast Anatolian regions of Turkey. Also, UNFPA highlights that the recent change in the administration of the partner unit in the Presidency, with a new Head of Department, might result in the potential for positive change in the upcoming period. A similar situation has also occurred with the GDSF, and most interventions planned with the institution for 2013 were cancelled as a result.

In summary, despite the relatively large scale of the training programmes for service providers to combat GBV, high turnover rates, insufficiencies in terms of capacity, as well as the increasing conservative attitudes towards gender issues amongst government partners, constitute significant challenges for the attainment of GBV objectives. There needs to be more emphasis on establishing more partnerships with civil society and the private sector in the area of GBV prevention, as these two aspects appear to be rather weak in the current programming cycle, where UNFPA interventions on GBV mainly rely on partnerships with governmental units. Finally, despite its widely acknowledged and appreciated expertise on gender equality and GBV, the advocacy activities of UNFPA for GBV targeting the government currently remain underexplored, as acknowledged by interviewed stakeholders, particularly NGO partners, and evidenced by reviewed programming documents. There is currently limited advocacy, which may be due to the conservative attitude of the government.

4.4.3 Contribution to improved response to gender-based violence, particularly domestic and sexual violence, through adapted policies, protection systems, legal enforcement and sexual and reproductive health and HIV prevention services

UNFPA has contributed to improved response to gender-based violence (GBV), but increasing the quantity and quality of women's protection services, as well as monitoring and follow up of training interventions, remain as important objectives for future efforts. The expansion of

[190] i.e. Campaign to Stop Violence against Women, Private Sector Coalition for VAW Prevention, etc.

[191] The organizational structure of the Presidency, which was established with Law No. 633, was amended with Law No. 6002 adopted on 1 July 2010. With the said amendment, the status of the Presidency was raised to an Undersecretariat, and 14 service units were established, including two permanent commissions and nine general directorates.

[192] See Annex 4, Evaluation Matrix, p. 63-64.

the GBV interventions to a new dimension by the emphasis on prevention is extremely important and opens up new potentials for advocacy and visibility.

UNFPA has provided continuous support to the General Directorate of the Status of Women (GDSW) in their efforts to monitor the National Action Plan on Combating Violence against Women, which is also widely acknowledged by the GDSW staff, who underline that UNFPA staff actively participate in national and international interventions or seminars, provide formal or informal assistance for several interventions, including the GBV working group established for the 10th Development Plan in the Ministry of Development and National Action Plan on Combating Violence against Women. This is an important aspect of improved response to GBV; however, the impact and scope of this support is not well documented, and its effects on improved response remain unclear for the current programming period.

With regard to the quantity of women's protection services, a key indicator determining the nature of response to GBV, it is not uniform and comprehensive across all the areas where the interventions are being implemented. GBV protection measures are included in all the Local Equality Action Plans (LEAPs) in WFC participant cities, however, the quality and the quantity of protection services vary across the participant cities. Shelters already exist in some cities, whereas new initiatives are added to already existing ones in other cities (i.e., Gaziantep, where plans are made in the LEAP for the establishment of a new shelter in Nizip, and where training, information and awareness-raising interventions are conducted in shelters, counselling centres, universities, religious organizations, youth centres, etc.).[193] Small grant projects, funded by SIDA as part of the WFC initiative, aimed at improving the capacity of the public institutions and/or CSOs as regards protection services (i.e. in Mardin, where women's NGOs benefited from the small grants programme in order to strengthen the 'Emergency Response Team' established to offer effective services to women experiencing violence).[194] However, lack of similar initiatives in other WFC leads to question marks about the inconsistent approach to improved responses to GBV. Interviewed stakeholders acknowledged that a systematic and uniform approach incorporating the objective of GBV prevention into the objectives of WFC is difficult to achieve in the short-term due to the structure of the current country programme which implements GBV and WFC initiatives in separate programmatic areas, whereby GBV is currently not an integral objective of the WFC programme. Nevertheless, suggestions can be made to other participant cities to include this dimension in their respective LEAPs. Since GBV prevention is among the policy priorities of the current government, such a step would create significant synergies and opportunities for the promotion of efforts to combat GBV.

As for the quality of women's protection services, which is another crucial aspect of effective response to GBV, one of the most visible interventions in the current programming period has been the organization of training programmes targeting a wide group of service providers, from religious leaders to the armed forces. The establishment of a special unit on combating violence against women (VAW) in the police forces, as well as the adoption of a VAW registration system in the police and gendarmerie,[195] have also been important in terms of increasing the quality of women's protection services as these initiatives demonstrate capacity development in the respective institutions in the area of combatting GBV.

In the specific context of Syrian refugee camps, UNFPA interventions in the form of a variety of training programmes targeting both the administrators in the camps, as well as Syrian men and women community leaders, are further indicators of progress, as these initiatives constitute important steps towards capacity building and improving the effectiveness of services provided. However, while the content of the trainings and the services provided in the camps are of high quality, provided by qualified international experts and leading to increased knowledge and information amongst the camp administrators as well as refugee women,[196] the system leads to contradictory results due to weak community back up and lack of empowerment of women. Based

[193] Gaziantep LEAP, http://www.kadindostukentler.com/proje-yeep.php, also see Annex 4, Evaluation Matrix, p. 66.

[194] www.kadindostukentler.org

[195] COAR 2011 Turkey, also see Annex 4, Evaluation Matrix, p. 63.

[196] See Annex 4, Evaluation Matrix, p. 66.

on the field visit conducted to the Nizip camp, it is important to note that there is significant potential for cultural and legal conflict between the refugees and the Turkish system, which may have quite negative consequences for the women involved.[197] For example, the functioning of the referral system may be hampered due to the unfamiliarity of the refugees with the Turkish legal system. On the other hand, if the protection mechanism does function, and husbands are expelled from the camp, women may face particular difficulties of social pressure and even exclusion. This may lead women who experience GBV to refrain from reporting incidents as the Turkish legal system does not allow for mediation in cases of violence.

A more tangible indicator in this respect is the emphasis by UNFPA on programmes targeting men and young people for combating GBV, which would, in itself, strengthen the response capacity in GBV cases. A positive step has been the development of an evidence-base on young people's perception about GBV through a survey conducted in 2013.[198] In 2014, a pilot GBV prevention programme will be implemented on the basis of the findings of this survey, covering in-school and out of school trainings in Ankara and Istanbul, targeting school-age children between 11 and 14 years of age. Moreover, efforts are under way to involve the private sector in the issue of GBV through a partnership established with Sabancı University, Corporate Governance Forum of Turkey (CGFT) and Gender and Women Studies Forum on a GBV survey to understand the working conditions for women. UNFPA indicates that the results of the survey will be incorporated to support the development of new interventions.

An equally important aspect is the training programmes mentioned above, targeting religious personnel, gendarmerie, police officers and armed forces staff, who are mostly men. The importance of targeting men in efforts to combat GBV has been acknowledged by most stakeholders interviewed. Moreover, most of these trainings aim not only at protection, but also have a strong prevention dimension. Nevertheless, it is important to note that while the number of men involved in combating GBV has increased from a quantitative perspective, the quality of this involvement remains questionable, as the ownership of the various stakeholders and beneficiaries of these programmes remain uneven and irregular. In this respect, monitoring and follow up of the training programmes is a weak element in this programming period, especially in areas where UNFPA does not have direct control (i.e. religious personnel), and needs to develop further in order to ensure sustainability of interventions.

Gender sensitivity trainings provided in the camps, focusing on GBV and women's rights in Turkey and given through material in Arabic were significant contributions to programme objectives. However, given the strength of the cultural norms of gender within the group and their potential clash with the Turkish legal system, these interventions have led to contradictory results, with some refugees refraining from these practices as they entail serious sanctions whereas others conceal the incidents of GBV, early marriages and polygamy, and do not seek assistance from authorities.[199] Comprehensive implementation of laws against GBV in Turkey requires efforts to establish a stronger support system for women and men in refugee camps.

After three years of the war, the importance of the MISP has very recently been realized by MoH. On the other hand, service providers have expressed their initial difficulty providing RH/FP services to refugees without any guidance. UNFPA has continuously worked in collaboration and cooperation with MFSP and AFAD on GBV issues, and while additional support is needed, tremendous effort has been put into this process. Lack of collaboration therefore relates to reluctance of others to implement Turkish law around GBV. Continuous monitoring and follow-up is therefore necessary to ensure UNFPA and government efforts to address GBV are fulfilled.

Overall, it can be argued that UNFPA contribution to improved response to GBV appears to have been limited, as results mostly depend on the individual commitment of stakeholders. Ensuring the quality and quantity of women's protection services seems to be insufficiently developed in the current programming period, apart from the capacity building of the security forces.

[197] Focus Group Discussion, Nizip Camp, Gaziantep, 26 May 2014.

[198] Population Association (Turkey) and UNFPA (2013) Attitudes of Secondary and High School Students on Domestic Violence Against Women. Ankara, November 2013.

[199] Focus Group Discussion, Nizip Camp, Gaziantep, 26 May 2014.

4.4.4 Cooperation between UNFPA and public, private and NGO partners at local level with a view to enabling women to fully exercise their human rights

UNFPA interventions aiming to enable women to fully exercise their human rights build on active cooperation with public, private and NGO partners, but the extent and scope varies across interventions with variable effects on capacity development and cooperation patterns.

The most important example of cooperation with public, private and NGO partners at the local level is the WFC programme in the current programming period. The programme is based on a comprehensive partnership among public, private and NGO stakeholders, and it encourages collaboration amongst them with a view to enabling women to fully exercise their human rights by encouraging their participation in decision-making mechanisms and ensuring gender mainstreaming of local policies, strategies and services. In its second phase, which started in April 2011 upon successful completion of the first phase in 2010, the programme expanded to include seven more provinces to the original pilot cities (namely, İzmir, Kars, Nevşehir, Şanlıurfa, Trabzon), which are Antalya, Bursa, Gaziantep, Malatya, Mardin, Samsun and Adıyaman.[200]

The WFC programme places a significant emphasis on strengthening the capacity of local institutions, increasing the capacity of women's NGOs, as well as establishment and strengthening of local gender equality mechanisms (consisting of Provincial Women's Rights Coordination Councils; Equality Units in Governorships, Provincial Special Administrations, Municipalities; Equality Commissions in Local District Councils and Provincial Councils) through a participatory approach bringing together all relevant stakeholders to identify local needs and local solutions to problems.[201] Interviews with local coordinators and stakeholders indicate varied levels of institutionalization of these mechanisms in different cities. This depends on personal capacity of local coordinators, willingness of local governments, ownership of civil society and the duration of the project in the city concerned.

Local gender equality mechanisms are responsible for the incorporation of gender mainstreaming into local policies, programmes and services. They aim to ensure the implementation and monitoring of Local Equality Action Plans (LEAPs) based on the identification of local needs and problems faced by women in the city where they reside and on the development of solutions tailored to the specific local needs in a collaborative and participatory manner. In each city, a wide range of stakeholders, including governorships, municipalities, special provincial administrations, provincial directorates, regional development agencies, women's civil society organizations, universities, professional organizations and the private sector come together to design suitable interventions.

The LEAPs set out the roles and duties that are needed to be fulfilled by each stakeholder institution in the areas of participation in local decision-making mechanisms, urban services, VAW, economic empowerment and working life, educational services and health services. They therefore provide a concrete division of labour for addressing local needs. This participatory approach was acknowledged by relevant stakeholders, who emphasized in their interviews the importance of the contributions from a wide variety of actors and organizations, including bar associations, chambers of commerce, universities and local NGOs, to the common objective of promoting an enabling environment for women to fully exercise their human rights.

Through LEAPs, the principle of gender equality becomes an institutional goal and is owned by the respective institutions. Such a dialogue not only improves the cooperation among local stakeholders but also makes partnerships among different institutions possible. However, NGO involvement is essential for the sustainability of the interventions and objectives, given the weakness of civil society and women's NGOs. A small grants programme funded by SIDA as part of the WFC initiative has been developed in this regard to support NGOs and to improve their capacity to write and implement projects.

[200] Standard Progress Report 2011, TUR5G11A.

[201] Standard Progress Reports 2011-2013.

It can be argued that the WFC programme has been effective in establishing local mechanisms for the promotion of gender equality, which significantly promotes collaboration and division of labour between all relevant actors at the local level, including government offices, NGOs, bureaucracy, universities and experts. However, variation was observed between cities in terms of implementation and ownership of the processes and mechanisms, as well as among stakeholders. The establishment of an Emergency Response Team in Mardin, a Women's Support Center in Adıyaman, and Equality Councils in Bursa stand as good examples of implementation and ownership, but this is not equally reflected across all participant cities.[202] Particularly, there are serious problems in terms of gender-sensitive data collection, as standardization in this area remains a challenge for the next programming period. Almost all local coordinators have indicated that important problems of gender-disaggregated data collection remain across municipalities, leading to inadequate needs assessment and implementation problems. For example, almost none of the municipalities collect gender-disaggregated data on the use of municipal services. The report on Local Gender Empowerment Index developed by TEPAV[203] on the basis of various indicators on employment/income, education, violence, health, representation, and equality mechanisms, as well as the trainings that followed for local experts was an important intervention to raise awareness on the deficiency of data at the local level.

In a more limited sense, the Pomegranate Arils (PA) project implemented as part of the Human Rights Protection Systems and Mechanisms Programme has also been important in terms of promoting cooperation with public, private and NGO partners, with its specific emphasis on the elimination of issues caused by gender discrimination. The PA project is also based on an extensive partnership with the private sector (Boyner Holding), civil society (PERYÖN), and the public sector (General Directorate of Child Services – GDCS of the Ministry of Family and Social Policies and Turkish Employment Organization – İŞ-KUR). This project is significant as it promotes the key public-private partnership under the gender equality (GE) programmatic area in the current programming period. This partnership has proved to be very useful in terms of generating resources for the empowerment of women by providing visibility to the interventions through media campaigns, as well as advertisements and information provided in Boyner Group Company shops. More partnership with the private sector appears to be crucial for these purposes across the other programmes, but currently there is no evidence on additional public-private partnership in the GE programmatic area.

The PA project as part of the Human Rights Protection Systems and Mechanisms programme started with the aim to provide training for young women and to empower them through the development of skills to start their own life. The trainings comprise various topics ranging from stress management to career planning and interview techniques, and also includes gender and power relations, women's rights, VAW, and women's health and body perceptions. The significant contribution of this programme is the assignment of mentors to each beneficiary in order to monitor their progress and motivate them with a role model. Trainings are also provided to the mentors and to social services workers with a view to ensuring sustainability.[204] However, the high turnover rate of the GDCS personnel was highlighted by the stakeholders as a significant impediment for the effective implementation of the programme. The plan to establish a model for young men and women under 18 years old based on best practices of the previous phase entails a more comprehensive approach if it succeeds in promoting male involvement at young ages, but also raised concerns about undermining the emphasis on gender.

In a more general perspective, the interventions under the GE programmatic area contribute to the establishment of cooperation and partnership among a wide array of stakeholders to enable women to fully exercise their rights. The scope and intensity of this partnership, as well as its effectiveness and sustainability, however, varies depending on the intervention and the type of stakeholder involved. This is supported by interviews

[202] See Annex 4, Evaluation Matrix, p. 71-72

[203] The Local Gender Empowerment Index and Local Gender Equality Index formed the basis of a scoreboard prepared by TEPAV for 81 provinces published in January 2014. For details, see http://www.tepav.org.tr/upload/files/haber/1391012395-8.81_Il_icin_Toplumsal_Cinsiyet_Esitligi_Karnesi___Taslak.pdf

[204] Standard Progress Reports 2011-2013

conducted with relevant stakeholders. As indicated above, the personal capacity of coordinators in each partner, the willingness of respective institutions to pursue the objective of promoting gender equality, the ownership of civil society organizations, as well as the contribution of the private sector, are the main elements in assessing the quality and extent of partnerships.

There are two challenges: firstly, the technical and human resources of stakeholders to disseminate gender sensitivity and train others remains uneven and irregular, as exemplified by the different attitudes of the Presidency of Religious Affairs and the Turkish Armed Forces; and secondly, the partnership with the NGOs, as well as the private sector, remains limited to particular projects. For example, Human Rights Protection Systems and Mechanisms programme is the only initiative based on partnership with the private sector or particular sectors (i.e. WFC initiative extensively fosters partnership with local NGOs, which is not carried to the national level, nor endorsed by other interventions in the current programming period). Currently, while there is an emphasis on partnership with civil society at the local level, this is reliant on the willingness and involvement of local NGOs to pursue the objective of gender equality (which is also related to the conservative attitude of the current government), and the collaboration with NGOs remains remarkably weak at the national level. This impedes the involvement of the civil society fully in the promotion of gender equality.

On the basis of interviews conducted with stake-cvholders, UNFPA has the capacity to play a crucial role in this respect, as it has considerable knowledge and expertise which is acknowledged and appraised by its existing partners, and which could certainly be deployed to develop more partnerships. In addition, the partnership with the private sector, which has provided significant input to women's empowerment through the Human Rights Protection Systems and Mechanisms programme, currently remains limited to this particular programme. In fact, partnership with the private sector should not only be considered for "funding" purposes but should be considered as a means to increase visibility and be an important base for advocacy. Moreover, as the case of the Human Rights Protection Systems and Mechanisms programme proved, through the participation of the company employees, the capacity of the company itself has been enhanced both in terms of social responsibility and gender sensitivity, as emphasised by interviewed stakeholders.

4.4.5 Contribution to the development of capacities among partners and establishment of mechanisms to ensure the sustainability of effects of UNFPA supported interventions

Sustainability and ownership has expanded, but remains uneven and irregular across stakeholders.

The sustainability of the interventions of the gender equality (GE) programmatic area is largely based on the development of ownership amongst the stakeholders and the capacity built as a result of UNFPA interventions in the current programming period.[205] In this respect, UNFPA initiatives have significantly expanded the ownership of the stakeholders, although the extent and scope varies. Interviews conducted with government stakeholders indicate that the ownership of the various programmes, interventions and objectives is significant and most stakeholders underline the positive contribution of the collaboration with UNFPA in terms of expanding their knowledge, expertise and experience on gender equality. This is particularly the case for General Directorates attached to Ministries such as GDSW, GDCS and GDLA. UNFPA is seen by these institutions as a valuable partner having significant knowledge on gender, which is widely deployed for the capacity development of its partners. Most stakeholders indicate that they have come to understand and acknowledge the importance of the issue, and they attach importance to the expansion of their role and involvement in the cause. In general, they also display a commitment to assume leadership in planning and implementation of the various projects and programmes in collaboration with UNFPA. However, the level of ownership is uneven and irregular amongst public stakeholders, whereby not all of them display the same level of willingness and commitment to the cause of promoting gender equality, as exemplified by the case of the Presidency of Religious Affairs.

[205] This section largely draws on the stakeholder interviews with government, NGO and private sector partners, as well as UN CO teams, and Focus Group Discussions conducted during the field phase.

While the public partners of the WFC programme indicate the positive inputs in terms of incorporating significant gender dimension in local planning and implementation processes, and motivating the ownership of its partners, the public partners of the Response to GBV programme do not display the same level of ownership. In particular, the conservative attitude of various government units, such as the Presidency of Religious Affairs, entails significant problems for the sustainability and ownership of respective programmes, considering the latters' conservative attitude to the realisation of women's rights. It has already been indicated that the conservative attitude of the new administration of the Presidency, placing the emphasis on children and the family instead of women, entails risking the gains obtained so far within the Response to GBV programme. The increasing conservative attitude in the government may thus lead to undermining the focus on gender equality and women's empowerment, as well as losses in the ownership of the respective partners. Moreover, lack of gender sensitivity and high turnover rates of the trained personnel lead to uneven and contradictory results.

The first phase of the PA project as part of the Human Rights Protection Systems and Mechanisms Programme, comprising the period 2009-2013, directly targeted young women, with a view to empowering them. This has proven to be highly successful, attracting new funding, and resulted in the ownership of the beneficiaries and partners. In the second phase envisaged for the period 2013-2015, the project was upscaled into a pilot for modeling towards policy development. This second phase started with a needs-assessment in carefully chosen provinces (the design of which was based on the size of operation, ratio of child houses, and regional disparity). The new model support system is planned not only for youth, but also for the care personnel, involving mentors and trainers. The project involves partnerships between the public (İŞ-KUR, MoNE etc.) and the private sector (BOYNER), as well as NGOs (TAP).

At present the project is piloted and aims to model a policy intervention to be implemented firstly in the four project provinces. The evaluation of the outcomes will then develop into a model to be adapted by the child protection services. At present, ownership is strong amongst the implementing personnel including the experts of the state (public servants), as evidenced by interviews conducted with relevant stakeholders in the GDCS. However, whether this model will lead to the ownership by the government and the ministry and national implementation is not clear.

As for the private partners, which are in the current programming period mainly limited to the PA project as part of the Human Rights Protection Systems and Mechanisms programme, it can be argued that their ownership remains high, as in many aspects they assume responsibility and leadership for the implementation of the programme. The collaborative framework developed between BOYNER Holding and UNFPA, and their contribution towards formulating working solutions as well as technical knowhow, is considered to be positive by all parties.

The partnership with NGOs (especially at the national level) is also not very extensive in this programming period, apart from the consultation of individual experts from NGOs, and their role appears to be limited in most cases. The WFC programme is an exception in this sense, encouraging the active participation and input of local women's NGOs particularly in the process of the preparation and implementation of LEAPs. Also, the trainings on project management and writing provided to local NGOs as part of the WFC initiative appear to have enhanced the capacity of NGOs to administer budgets, as emphasized by relevant stakeholders during the interviews. However, the NGOs' views regarding sustainability vary, and most believe that the interventions will stop once the funding ends, as the continuity of the established mechanisms depends on the willingness and commitment of individual actors, and funds are the most important sources to secure commitment. Furthermore, the expertise and gender sensitivity of NGOs needs to be developed, since funds are available through a variety of sources, particularly EU civil society programmatic area, and their interest in gender equality appears to be weakening in the recent period, which is also acknowledged by the interviewed informants. The expansion of the small grants programme as part of the WFC programme can provide valuable input in this respect. UNFPA has already taken important steps in this direction, through the gender equality

training programmes provided for the grantees on project implementation,[206] as well as through capacity development efforts aiming to provide expertise regarding gender issues with the creation of a special fund for expert support to the granted projects where needed. It was stated in stakeholder interviews that these measures have helped small NGOs to develop contracts at the national level.

UNFPA places significant emphasis on the capacity building of its partners in order to enable them to continue the interventions once the projects end. The capacity of the stakeholders to work together in a participatory approach seems to have expanded, as evidenced by stakeholder interviews, and the WFC initiative has significant input in that respect. Also, the knowledge and experience gained in gender issues is significant for many stakeholders, and the contribution of UNFPA is acknowledged by almost all of them who have been interviewed. The WFC initiative has also significantly contributed to the integration of a gender perspective to local budgets, plans, circulars and motions. However, the technical and human resources capacities of stakeholders to disseminate gender sensitivity and to train more stakeholders remain uneven and this is an issue that requires further attention. An important aspect impeding capacity development is, as indicated above, the high turnover of trained personnel.

The sustainability of the various interventions and interventions significantly depend on the establishment of sound mechanisms, as the stakeholders in general do not have a uniform and consistent approach and capacity in this respect. Most of them underline that the achievements are strongly dependent on funding, and once they stop, there are no mechanisms to ensure the continuation of interventions. In some cases, they even emphasize that there will be regression in terms of progress and achievements. Therefore, sustainability remains an issue, and stakeholders indicate a lack of technical and financial resources, as well as commitment in some cases. Particularly in the case of WFC, it seems clear that a strong legal framework should be established as a mechanism to ensure sustainability.

A legal framework (if enacted) will ensure the sustainability of local gender equality mechanisms, and make the gender mainstreaming of budgets and strategy documents compulsory. The changes in the structure of the local governments resulting from the elections of 30th March 2014 may bring new opportunities. At this stage, the ownership of the WFC programme by the newly established metropolitan municipalities may be sought, as they have greater budgets. Furthermore, mayors may be more sensitive to the demands of women as s/he is an elected official. This, however, needs a strong NGO presence that will articulate the demands and a strong civil society participation, especially by women in the cities concerned.

In summary, the ownership and sustainability of UNFPA interventions under the GE programmatic area have significantly expanded, but need further focus as there are still significant problems of capacity and commitment across the stakeholders. Moreover, there is a significant need to ensure the sustainability of the mechanisms and interventions through the establishment of legal measures, particularly in the case of WFC programme. As the interventions conducted under WFC programme aim at establishing certain mechanisms to promote an enabling environment for women to exercise their human rights, including the establishment of local coordination units and incorporation of gender mainstreaming into local policy processes, and in light of the variance between cities, the importance of legislative initiatives is clear.

[206] See Annual Report, UNJP, 2013

4.5 EFFICIENCY

EQ5

To what extent has UNFPA made good use of its human, financial and technical resources in pursuing the achievement of the results defined in the Turkey country programme?

SUMMARY

UNFPA has achieved generally high levels of disbursement of its financial resources (over 90 per cent); however, institutional restructuring of government ministries has reduced efficiency in achieving the agreed upon outcomes.

The high level of expertise of human resources within UNFPA is widely acknowledged. UNFPA effectively triggered many forms of additional resources from its partners, particularly for reproductive health and population and development, however, the human and financial resources allocated to these two programmatic areas are not sufficient to cover the needs. For gender equality, considerable challenges remain for mobilizing sustainable resources.

Significant resources were raised for Syrian refugees, but delays in getting agreements for training from government partners and in procuring hygiene dignity kits affected the timing of inputs in 2012. Given the rising numbers of Syrian refugees, resources have become insufficent; in Gaziantep, a full time reproductive health presence is lacking, although it is critical for programme coordination in the South-East region.

4.5.1 Adequate and timely allocation of resources for planned UNFPA support to beneficiaries

UNFPA has demonstrated timely disbursement of funds for most of its interventions throughout the 5th country programme. The main exceptions have been through partnerships with the government when planned interventions could not take place due to difficulties with institutional restructuring and for humanitarian assistance where permission from the Disaster and Emergency Management Presidency (AFAD) to begin training for the Minimum Initial Service Package was delayed. Insufficient human and funding resources affected achievement of some planned interventions in Population and Development and are not optimum for Reproductive Health including for youth interventions. Human and technical resources were of high quality and expertise; additional burdens on staff due to the increased needs for advocacy and for the humanitarian assistance interventions need to be factored into human resources planning.

An audit conducted at the beginning of the 5th country programme[207] found that internal controls and risk management practices were adequately established and the UNFPA Office Management Plans were likely to be achieved. The audit recommended enhancing the CPAP planning and tracking tool to reflect annual output targets for the entire programme cycle. The tool was updated in 2012, on an ongoing basis. A national execution (NEX) auditing of implementing partners was also undertaken, with results such as the partner Community Volunteers Foundation (CVF) received good marks for conformity with the financial requirements.[208]

According to programme documentation, the rate of disbursement has been high, largely 95 to 99 per cent. The exceptions are lower implementation rates due to restructuring of the administration of key government partner ministries, including the Ministry of Health, the Presidency of Religious Affairs and the General Directorate of Security Force, as some interventions needed to be revised or cancelled. This affected the allocation of resources as foreseen in agreements with partners. For example in the reproductive health and rights (RHR)

[207] Oversight Assessment of UNFPA Turkey Country Office, Division for Oversight Services (DOS), 2011 (covering 2009 and 2010)

[208] Independent Auditor's Report to UNFPA, Financial Audit, Toplum Gonulluleri Vakli, (Community Volunteers Foundation)

programme, the funds allocated to the Utilization of Voluntary Family Planning Services with the MoH in 2013 met with implementation issues and the remaining funds (US$20,792) were returned to UNFPA and fully used for other interventions.[209]

In the population and development (PD) programme, restructuring of the line ministries and relevant public institutions caused implementation delays in 2011 for revisions to "Demography and Management Toward 2050" sectoral publications. The activities are adjusted according to the availability of UNFPA funds and human resources, as well as mobilization of other funds, particularly from the private sector. For example, the budget allocated to the activities for training of the Ministry of Development (MoD) and Regional Development Agency (RDA) staff (in 2014) was limited in comparison to the scale of the training programme targeting the staff of 26 RDAs in addition to the staff of the MoD. Nevertheless, UNFPA is likely to make appropriate arrangements to implement the activity within this budget. Despite this flexibility, due to the resource difficulties, the planned training activity for the MoD and RDAs has been postponed to 2014.

In the gender equality (GE) programme, due to the structural changes in the Presidency of Religious Affairs, the gender-based violence (GBV) training programme had to be revised and the Presidency started to co-share the costs. UNFPA, therefore, only allocated a budget for fees, travel and accommodation of the trainers, printing training materials, travel and accommodation for the staff of the General Directorate of the Status of Women (GDSW). While the approved budget was US$228,166 at the beginning of 2013, a total of US$221,412 was actually disbursed.[210] The stakeholders, particularly donors, were very positive about the timely and accurate allocation of resources and funds.[211] Implementing partners were also positive about the allocation of resources but the administrative procedures, such as completing reporting and forms, are still burdensome for some organizations.

In humanitarian assistance programme area, beneficiaries received the planned resources, yet difficulties in obtaining approvals from AFAD to begin the Minimum Initial Services Package (MISP) training were experienced in 2012, as described in section 4.1.4. However, capacity building on MISP and GBV was provided in accordance with the MoU. The procurement of hygiene or dignity kits was implemented but the delivery of the kits took more time than expected due to the need for compliance with UN policies, which prevented adequate planning by AFAD. Subsequent procurement of urgently needed items was efficiently carried out and addressed the needs of Syrians in the camps as requested by AFAD. Positive feedback has been received from the camp staff and Syrian refugees. The contents of the hygiene kits were selected according to the international standards, yet adjusted according to the local needs.[212]

In terms of human resources, UNFPA is perceived to have very qualified staff who have the technical capacity to achieve the objectives of the country programme. Many staff are considered by stakeholders to be valuable contributors to the partners' capacities. Many responsibilities of staff incorporate the "soft interventions" which may not be specifically described or budgeted in the annual work plans yet require a great deal of staff time. For example, RHR and GE staff face many responsibilities in terms of the breadth of interventions and communicating with a large number of stakeholders, which in the past two years has expanded to joining the discussions on humanitarian assistance interventions. The human resources allocated to the PD programmatic area are very limited and do not include a full time expert. Dependency on a part-time PD staff member has created some risks of discontinuity, despite the high commitment and efforts of the PD staff.

The humanitarian unit in Ankara is staffed by a humanitarian officer, a humanitarian consultant, a logistics assistant, and an interpreter. In Gaziantep, UNFPA is staffed with a project coordinator responsible for coordination among UN and other assistance actors working in the South East region.

[209] Standard Project Reports, 2011-2012

[210] Standard Progress Report 2013

[211] Key Informant interviews, donors, May 2014.

[212] UNFPA provides two types of kits for the MISP (a concept designed to reduce mortality and morbidity associated with reproductive health issues during crisis situations, particularly among women and girls of reproductive age), RHR kits which are actually RHR medical supply units containing drugs, medical supplies and equipment aimed at facilitating the implementation of lifesaving RHR interventions.; and personal or family-sized hygiene or dignity kits containing personal items such as soap, shampoo, toothbrushes and towels.

However, as more refugees enter Turkey, the needs are growing and expansion of UNFPA interventions may be needed to assist more refugees, for example, the urban and cross border refugees. Thus, the existing capacities in Gaziantep may not be sufficient for future planned interventions.

Conducting monitoring visits to programme sites is mandatory for implementing partners and for UNFPA staff. Monitoring visits and reports are important inputs to improving steering of the interventions and thus efficiency. An analysis was conducted of monitoring inputs based on documents provided by UNFPA for 2011-2014. It has been observed that the same format has not consistently been used for monitoring reporting. It was noted that not all documentation provided can be considered monitoring reports. For several interventions, monitoring reports are largely trip reports containing mainly logistical information. They do not contain substantive monitoring information, such as observations and other quantitative and qualitative data collected at the site as well as documenting problems or issues that need attention and follow-up, although the reporting may serve as a record that monitoring activity took place. There is also variance in the amount of documentation provided, e.g., only two monitoring visits per year in one example. This is particularly the case for GE interventions, but is also applicable for RHR and humanitarian assistance.

There is also variation in detail: some monitoring findings and recommendations are clear, specific and practical and would serve as useful monitoring tools. Others contain only one brief comment (e.g. "Friday prayers lengthen the last day of the second session of the trainings") that adds little value. Good practice is evident for PD monitoring, but very few monitoring reports were provided (only one for 2011 and 2013). There are examples of some good monitoring reports for all programmatic areas but different staff members appear to have different understanding of how to use monitoring reports.

An orientation meeting for programme staff was conducted in the beginning of 2014. Starting from 2014, it was agreed to use the standard format which was updated in 2012 and also conduct monitoring visits at least once per year even if there is no implementing partner (e.g. interventions that take place in different cities or by partners under MoUs, grant agreements, etc.).

4.5.2 Leverage effect of resources provided by UNFPA

There are many examples of UNFPA soft and financial resources triggering provision of other resources from government at the national and sub-national levels and from communities and partners. This was particularly successful in RHR and PG programme areas, but both programmatic areas continue to face serious funding shortages. Resource mobilization was exemplary to motivate private donor funds for youth peer education and to obtain SIDA funding for GE interventions. For GE programme area, considerable challenges remain for triggering sustainable resources to maintain the momentum of the interventions.

Although funds were limited, particularly for RHR and PD, UNFPA was able to provide technical expertise and support for soft aid interventions in ways that assisted its partners (further described in section 4.7) and to provide funds to supplement the activities. Partners such as TUSIAD commented positively on UNFPA clearly describing its resource limitations and clarifying its available contribution. There were numerous types of contributions from partners, for example, local administrators in Women Friendly Cities (WFCs) contributed to the project activities through in-kind contributions such as offering meeting rooms and human resources for logistics.

In terms of resource mobilization efforts, nearly US$3.6 million was raised for gender equality interventions, specifically US$3.2 million for WFCs from SIDA, an amount greater than the budget of the entire programme. Another example is the private sector donation by Eczacibasi to the Y-PEER education programme, particularly important given the conservative environment regarding sexual and reproductive health. This programme was the only one serving youth in 2013 and has reached over 20 cities through private sector support. Private sector contributions (e.g. Toros Holding) were also obtained to support interventions for the Seasonal Migrant Agricultural Workers and helped

increase the reach of the tailored RHR delivery model to several cities in Turkey. The delivery model was developed through partnership with the Netherlands Embassy and served to increase UNFPA alliances for RHR issues.

However, overall, key informants emphasize the serious budgetary restrictions that exist between planned and needed interventions. For example, RHR programme staff have worked as trainers and researchers in addition to their planning and supervision roles due to the lack of funds to hire consultants. With regard to the RHR budgetary situation, the conservative environment presents challenges whereby funds are critical for advocacy and joint strategic planning to meet UNFPA global and national RHR objectives, but where resource mobilization from national and international sources has become more difficult. Similarly, NGOs interviewed state their support of ICPD and UNFPA mandate, and they continue to gain leadership capacities; however, it is noted that NGOs need to raise continuous funding in order to be systematically effective. This is a general condition in Turkey where there is high need for their democratic participation in the policy making phases.

RHR programmatic area offers examples of good practice in leveraging resources. UNFPA shared responsibilities with most of its partners including the MoH and University partners, which generally have their own resources. Resource sharing by partners was a result of strong dedication to the jointly planned outcomes and successful resource mobilization efforts by UNFPA staff. MoH had previously contributed its human and funding resources extensively especially for the in-service training but, due to the previously mentioned issues with restructuring, was not able to contribute to the interventions as planned in 2012. However, partner universities, Harran, Anadolu and TED Universities have honoured their agreements. Other examples of leveraging resources and resource sharing in RHR are:

- Support to CVF for youth interventions was successful in obtaining private sector funds, and also utilised youth volunteer network which contributes to cost efficiency.
- Support to SMAW has triggered increased attention from the government for basic services such as water and electricity, as well as enhancing their health services.
- SMAW have provided health mediators and other support mechanisms from their communities.

PD programmatic area was successful in leveraging external resources for its activity conducted with TUSIAD to produce four publications, which started in the 4th country programme and continued in the first two years of the 5th country programme. The additional financing (US$45,723.22) provided by TUSIAD was a result of UNFPA partner relations that were cultivated over a number of years and partner's confidence in UNFPA capacity. The TUSAID contribution promoted greater efficiency through timely and appropriate allocation of resources and payments in accordance with the expenditure accruals. UNFPA and TUSIAD staff agreed that good coordination and collaboration among the agencies contributed to efficient implementation of activities.

Furthermore, UNFPA collaborated with MoD to provide in-kind contributions in 2012 to ensure the technical quality of the research for the "Implementation Strategy of the National Action Plan on the Ageing Population" conducted by MoFSP.[213] In-kind contributions have also been mobilized through the local administrations,[214] particularly during ICPD seminars held in three WFCs, and by academics and NGOs in terms of support for ICPD advocacy. An example is the contribution of the academics from Hacettepe University and Baskent University, volunteers (the Community Volunteers Foundation), NGO leaders (HIPS, Population Association, TAP Foundation), among others, to the newly established Cairo+20 Platform.

Leveraging external resources under the GE programmatic area was successful to some degree. Apart from the WFC programme funded by SIDA, the Pomegranate Arils project's private sector partner, Boyner Holding contributed US$123,046 in 2012 and US$96,916 in 2013. However, as these are the regular donors of these two programmes,

[213] http://www.unece.org/fileadmin/DAM/pau/age/country_rpts/TUR_report.pdf; and http://www.monitoringris.org/documents/tools_nat/trk.pdf

[214] The local governorates of Izmir, Antalya and Sanliurfa have made their facilities available while the ICPD seminars are organized and implemented.

no additional funding has been leveraged from external sources. The GBV programme also did not leverage any additional sources to the existing core sources during the current programming period. It should be noted, therefore, that although the interventions in GE programme area were successfully implemented, the provision of additional resources to promote continuity toward long term goals remains unclear. Most stakeholders interviewed stressed that once the funds stop, there is no way to ensure the continuity and sustainability of interventions. Some stakeholders also stated that achievements to date will be jeopardised when the interventions end. Therefore, the ability to mobilise additional resources remains a significant challenge for sustainability of most of the interventions in the current programming period.

UNFPA has leveraged other resources for the purpose of implementing humanitarian assistance (HA) interventions and funding was well timed to support its response. A key challenge is resource mobilization to meet the demand for hygiene kits and other inputs as requested by AFAD for the camp inhabitants. Furthermore, UN organizations such as UNFPA and WHO typically have less resources than other agencies and more collaboration is needed to coordinate resources on behalf the refugees and to meet the range of their needs.[215] In May 2014, the government called a meeting with assistance actors in Gaziantep to discuss a strategy to support Syrian refugees living outside of camps in the major cities, which will require coordination of resources. A larger assistance effort will require more coordination and collaboration among the UN and NGOs.[216]

[215] Key informant interviews, Gaziantep

[216] Ibid.

4.6 COORDINATION WITHIN THE UNITED NATIONS COUNTRY TEAM

EQ6

To what extent has the UNFPA country office contributed to the good functioning of coordination mechanisms and to an adequate division of tasks within the UN system in Turkey?

SUMMARY

UNFPA effectively contributes to several thematic and working groups and to the coordination of the UN response to the Syria crisis. The UN Country Team's documentation on groups outputs is inconsistent so UNFPA cumulative contribution is difficult to assess. The Women Friendly Cities programme is a good example of joint programming which helped to build capacities at the local and legislative level, and with UNFPA taking strong leadership. UNFPA could bolster its critical role in the humanitarian response through more joint implementation.

The UN Development Cooperation Strategy was prepared through UN Country Team and Government participation and reflects national development objectives; the UNFPA contribution is reflected in implementation documents. Closer collaboration between UNFPA and the UN Country Team leads to better leverage on sensitive issues in reproductive health and rights (RHR) and gender equality (GE), particularly with other UN agencies working on similar issues. There is little overlap between the RHR and population and development (PD) inputs and those of other agencies, however, in GE, agency interventions may overlap although synergy is created through the Gender Thematic Group. The Humanitarian Gender-Based Violence Working Group has promoted good working relationships between the government and the UN.

4.6.1 Contribution of the UNFPA country office to UNCT working groups and joint initiatives

UNFPA effectively contributes to a number of thematic and working groups and leads the Youth Thematic Group while formerly leading the Gender Thematic Group.

As per the annual report of the Resident Coordinator (RCAR, 2013), the UN system monitors the implementation of the United Nations Development Cooperation Strategy (UNDCS). This is coordinated partly through UNDCS Theme Groups, namely Public Administration and Justice, Gender, Sustainable Environment and Resilience, Equity and Inclusive Public Services, and Regional Development and Poverty Alleviation held regular meetings to monitor the operationalization of the UNDCS under the leadership of UNDP, UNFPA, UNICEF, and FAO which between them chaired the five theme groups that fall under their respective mandates. In addition to the existing UNDCS Theme Groups, a Working Group on Human Rights was established in Turkey for the first time, chaired by UNDP, with the aim of implementing joint initiatives on human rights as well as to build internal and external capacities on human rights.

In 2014, the Youth Thematic Group (Youth TG-Interagency network on youth and development) was revived, chaired by UNFPA. The establishment of the Youth TG responds to the Secretary-General's priority on youth, the assignment of a special envoy and creation of a Youth Volunteer Programme in a System Wide Action Plan on Youth (Youth SWAP). The objectives of the Youth TG are to exchange information on youth programmes and build in-house capacity on youth issues and youth rights mainstreaming into existing programmes. The Youth TG will prepare an annual plan and budget for membership contributions.

In addition to Youth TG, UNFPA has participated in the following thematic or working groups: Communications, Equity and inclusive public services, Gender, HIV AIDS, Human Rights, and Humanitarian GBV. It can be observed from the available meeting minutes provided to the evaluation team that UNFPA has been an active and committed participant. This includes regular attendance, contribution of agenda items and

suggesting action points for the group. However, there is an overall weakness of documentation and it is difficult to identify the frequency of the meetings or whether the minutes are consistently recorded. For example, only the ToR and workplan is available for Youth Thematic Group for 2014, no minutes at all are provided.

The Humanitarian GBV Working Group (WG) was established in Turkey in 2013 and UNFPA has suggested options for collaboration with others and offered support for the work of others. This WG is an example of good practice in terms of UN coordination and UNFPA fulfils its role well. The reasons for success are the regular meetings of the group (every two months), high levels of attendance due to awareness of need for strong coordination in this area, which was highlighted as a need by AFAD in one of the meetings. The WG is also responsive, e.g. discussed how to respond to incorrect media reports by sharing information with media. Meeting contents are well documented and, importantly, there has been recorded attendance by MoFSP and/or AFAD at all meetings to date (see Annex 6. Evaluation matrix).

UNFPA was among the leading agencies in the Gender Thematic Group (GTG) since its establishment in 2000. The GTG met regularly from 2004 onwards, and UNFPA has acted as the lead or co-lead agency for the period 2004-2013, until UN Women assumed full responsibility in 2014. UNFPA is an active member of the UN GTG, which can be considered as a good example of synergies created between UNCT members. During this time, two different patterns of intra-agency relationship have developed. Several larger agencies such as UNDP, UNFPA and UNESCO had 'competed' in many fields including gender-related youth issues, while other agencies with smaller gender programmes such as IOM cooperated with other agencies in conducting joint work on gender issues. There were three joint initiatives that were planned through the Gender Thematic Group; however, no funds were secured for their operationalisation. In the area of gender equality, especially GBV, UNFPA is still known as the leading agency through its accumulated expertise.

There have been three successfully funded joint programmes on gender equality. The joint programme on "Fostering an Enabling Environment for Gender Equality in Turkey" (UNDP, UN Women, Swedish Government) concluded in June, 2014. The joint programmes on "Promoting the Human Rights of Women" (UNDP, UN Women, Sabanci Foundation) and on Women Friendly Cities (WRC) (UNDP, UNFPA, Sweden) helped build capacities at the local and legislative level. Cooperation between the UN system and the Parliamentary Committee on Equality of Opportunity for Women and Men as well as the Ministry of Family and Social Planning also improved through regular and productive dialogue. The WFC programme is a good example of joint programming by UNFPA and UNDP in terms of both planning and implementation. However, in the Phase 2 of the programme, UNFPA appears to have assumed the leading role and, as emphasised by the relevant stakeholders during the interviews, the major support and assistance comes from UNFPA and is perceived as the main respondent to the needs, problems, and questions arising in the implementation process, which raises questions about the 'jointness' of the programme.

4.6.2 Contribution of the UNFPA country office to an adequate division of tasks among the UNCT

UNFPA contribution to the UN Country Team helps support the leadership and the membership through financial support for the Resident Coordinator's office, and participation in coordination for the UN response to the Syria crisis, among others. UNFPA advocacy role in the response through joint implementation is not strong enough given its relatively small financial contributions. UNFPA needs to work with the UN Country Team members to gain better leverage on sensitive sexual and reproductive health and gender issues. There is little or no overlap between RHR and PD inputs and those of other agencies, however, in gender, UNCT roles may not be clear cut with some duplication and overlap. Synergy is created through the Gender TG; UNFPA has assumed the lead role in the WFC with UNDP not as actively involved.

Overall, the contribution by UNFPA to the UNCT is well regarded. The Resident Coordinator's Annual Report (RCAR) of 2013 notes that the members of the United Nations Country Team (UNCT) have generally been supportive in sharing the burden of the cost of the RC system. Most resident and non-

resident agencies contributed on an equal basis to the cost of the RC office. UNFPA, FAO, UNICEF and UNDP have also contributed to some aspects of the UNCT work-plan. The UNDCS is one of the first examples of a simplified UNDAF process tasked to the UNCT by the Regional Directors Team. The strategy framework consists of one level of results with up to five indicators each and the results are directly linked to the national development goals. The Government of Turkey participated in the programme development by identifying the main development problems, including poverty and disparities, their causes and strategies to tackle them. A mid-term review of UNDCS was conducted in cooperation with the Ministry of Development and the recommendations will be implemented in 2014. The report highlighted a need for evidence of more harmonization among the UN agencies and more effective communication.[217] Capacity development is needed at the management level and participation in interventions such as monitoring and evaluation training is not strong enough.[218]

In particular, stronger harmonization is needed in order to influence policy and key decision makers, and for a united approach by the UNCT when in dealing with sensitive issues such as sexual and reproductive rights and gender-based violence. According to a number of key informants, UNFPA needs to work more closely with the UNCT members to gain better leverage on these issues, particularly with other UN agencies working on similar issues.

The contribution of UNFPA to the attainment of UNDCS goals is evidenced throughout the programming documents, especially the annual work plans and standard project reports. There is no evidence of overlaps between RHR interventions and those of other UNCT members. Indeed, UNFPA is the only agency undertaking RHR and family planning work in the UN system in Turkey. Under the PD programmatic area, the national committee members have developed awareness through national consultancies provided by UNFPA in the context of Post-Development Agenda process.

The CPAP GE outcomes are in line with UNDCS results and are regularly acknowledged and referenced by respective programmes in the GE programmatic area. In the area of gender, UNFPA is acknowledged as the lead agency by other UNCT members, with extensive expertise and knowledge on the issue. Moreover, it is influential in creating synergies and leading towards new projects. The stakeholders underline that, while synergies created amongst UN agencies in Turkey is often beneficial, there is also strong competition amongst UNCT members particularly UNFPA, UNDP and IOM, in the field of gender equality, as this area has potential for substantial and continuous funds. However, this could mean that the division of labour within the UNCT members is not so clear cut, as many agencies work on similar issues and similar projects.

The influx of Syrians into Turkey since the onset of the crisis has far surpassed initial projections. UNHCR agreed to fully fund a coordination assistant post in the office of the RC dedicated to the impact of Syria crisis in Turkey. This level of cooperation, including the creation of a Syria Response Group at Representative level which was formed in April 2013 and has met frequently, in addition to the UN Task force on Syria which enhances collaboration at a technical level, should be acknowledged as positive achievements for 2013. The outbreak of the polio virus in Syria at the end of October 2013 poses an additional strain and challenge to the Government of Turkey. The UN response was supported by WHO and UNICEF who led a supplementary vaccination initiative for children under five years old in Turkey to help confine the possible spread of the polio virus.

Mobilizing additional human, financial and technical resources, UNFPA has cooperated and collaborated with the UN and national partners. As described above, UNFPA effectively provided and secured funds, created a humanitarian assistance unit and appointed a coordination staff in Gaziantep. UN partners include the UN Crisis Response Team (UNCRT) including UNHCR, UNICEF, WHO, WFP, IOM and UNDP under the coordination of the UN Resident Coordinator, the Disaster and Emergency Management Presidency (AFAD), Ministry of Foreign Affairs (MoFA), and Ministry of Health (MoH), Ministry of Family and Social Polices (MoFSP), Turkish Red Crescent Society (TRCS), universities including Harran University in Sanliurfa, NGOs such as Woman Solidarity Foundation,

[217] UNDP website, Resident Coordinator's Office Annual Report, 2013.

[218] Key Informant Interview.

the Turkish Medical Students' International Committee, and others. OCHA has established a coordinating role in Turkey with NGOs and others, mostly for the cross-border operations.

Communication on the Syria crisis response between UNCT agencies is ongoing mainly through weekly Task Force meetings in Ankara to provide updates on agencies' response interventions. Updates are provided on contingency response plans, and official permissions by MoFA for visiting refugee settlement areas. A UNCT subgroup has also been established on Protection. UNFPA GBV consultant has helped organize and facilitate regular monthly GBV Working Group coordination meetings on GBV issues with UNHCR, UNICEF and the MoFSP and AFAD. UNFPA is also playing a crucial role at the UN Task Force on Syria established at technical level though its expertise in the development of the RHR and GE inputs for the MISP and the emergency response (see Annex 6. Evaluation matrix).

Cooperation with the other UN agencies in Turkey within the framework of the 6th Response Plan[219] has been ensured by monthly meetings headed by UNHCR in Gaziantep. UNFPA is a key partner in coordination in Gaziantep and since its resources are relatively small, there is a need for joint programming with larger agencies under UNHCR leadership. A key challenge is resource mobilization to meet the demand for dignity kits and other inputs as requested by AFAD for the camp inhabitants. However, organizations such as UNFPA and WHO typically have fewer resources than other agencies and more collaboration is needed to share resources and meet the refugees' range of needs.[220] In late May 2014, the Government convened a meeting with assistance actors in Gaziantep to discuss a strategy to support Syrian refugees living outside of camps in the major cities. A larger assistance effort will require more coordination and collaboration between the UN and NGOs.[221]

[219] Syria Regional Response Plan, 2014, Executive Summary

[220] Key informant interviews, Gaziantep

[221] Ibid.

4.7 ADDED VALUE OF UNFPA COUNTRY PROGRAMME

EQ7

To what extent has UNFPA made good use of its comparative strengths in its programme of assistance to the Government of Turkey?

SUMMARY

The comparative strengths of UNFPA have been identified through the earlier country programmes and have been built upon, including advocacy, policy making, leadership, coordination, technical expertise and knowledge sharing. UNFPA is considered the main source of expertise among UN organizations in Turkey with regard to Reproductive Health and Rights (RHR), Population and Development (PD) and Gender Equality (GE).

UNFPA is a preferred partner due to its openness and flexibility. There is significant evidence that UNFPA comparative strengths are reflected in its cooperation with other development partners at central levels. Most stakeholders stress the importance of UNFPA oversight and participation especially through drawing in political, institutional and religious leaders, and its continuous advocacy.

4.7.1 Identification and use by UNFPA of its comparative strengths in designing and implementing its country programme

UNFPA has identified its corporate and country based strengths and built upon them for the 5th country programme within the development context and in view of the Syrian crisis. These strengths include advocacy, policy making, leader-ship and coordination, provision of technical expertise, and knowledge transfer and awareness raising. UNFPA has expanded the potential for results though successful collaborations, including public/ private partnerships and with local stakeholders, to reach vulnerable groups, such as women, youth, the seasonal migrant agricultural workers and the Syrian refugees.

One of the main comparative strengths of UNFPA, at corporate level, is its ability to convene national and international stakeholders to address sensitive issues relating to family planning, reproductive health rights, and related fields in which UNFPA expertise is acknowledged, such as gender equality. UNFPA is highly regarded for its ability to bring together senior policy officials to discuss sensitive issues about which UNFPA has clear expertise. The strategic focus of UNFPA is well understood at the national and country level, thus UNFPA has a comparative advantage recruiting highly specialized talent and operating as the primary agent on relevant issues. This expertise legitimates UNFPA to take a leadership role in addressing issues related to its mandate.[222] For example, UNFPA has been developing its expertise in delivering the Minimum Initial Service Package (MISP) for RHR since 2008 and creating capacity globally, regionally and nationally.[223]

According to the evaluation of the previous country programme, UNFPA has also identified its strengths and worked effectively to realize them. This evaluation clearly identified UNFPA strengths which were taken into consideration when planning the 5th country programme and as the programme. Interviewees in Turkey have unanimously confirmed that the role of UNFPA is appropriate and relevant and based on the expertise and experience that the organization has to offer and the niche that UNFPA fills in the spectrum of development.

Part of the strength of UNFPA comes from its presence in Turkey and the strong relationships established with stakeholders. The expertise of UNFPA and the relationships it has developed have contributed to the prompt response to the Syrian refugee crisis. The presence of UNFPA as an international organization is important at the refugee camps, as no other external assistance actor is offering support to AFAD, the Ministry of Health

[222] Review of UNFPA Business Model, Deliverables 3 and 4, Comparative Advantages, Brad Herbert Associates, January 2014.

[223] http://www.unfpa.org/public/global/pid/1058.

(MoH) and the Ministry of Family and Social Policies (MoFSP), among other government institutions, with reference to trainings and awareness raising for the RHR MISP and the GBV and psycho-social trainings. MoFSP supported UNFPA in promoting the MISP training as described in section 4.2.

The extent to which UNFPA has built upon its strengths to strategically position itself within Turkey's development context (and taking into account the particular context of the Syrian crisis) is discussed below.

- **Advocacy**-Advocacy efforts are intrinsic to interventions undertaken by UNFPA and have taken the form of high level consultations, such as with AFAD and the MoH regarding assistance to the Syrian refugees for RHR and GBV prevention, and public advocacy such as the concerted efforts to successfully argue, with others, against the proposed abortion ban, described in section 4.2.

- **Work with vulnerable and high risk groups**-UNFPA has successfully engaged stakeholders to collaborate on interventions for vulnerable groups and these relationships have extended the potential for results. This includes the training of soldiers in RHR and GBV in the Turkish armed forces (TAF), ongoing since 2003. Another example is the assessment of SMAW health status and establishment of successful partnerships to promote RHR and better living conditions. UNFPA addresses sensitive issues in sexual and reproductive health and GBV that no other development actor is working on.

- **Policy**-As described in section 4.2, policy dialogue resulted in nationally accepted guidelines on family planning, emergency obstetrics and MISP training, as well as progress toward solutions for a consistent supply of contraceptives. The outputs of the PD programmatic area successfully underpinned decision-making and dialogue in policy making forums as discussed in section 4.3. UNFPA supports availability of data and information analysis papers, studies, briefs, documents on these critical demographic based development areas. UNFPA addresses those ICPD issues that may not otherwise be considered as demographically evidence-based development issues and plays a balanced and transparent role with high quality deliverables. In this aspect, UNFPA has an important role in providing guidance and mobilisation of marginalised civil society stakeholders toward human rights based equitable development.[224]

- **Leadership and Coordination**-UNFPA has taken leadership of the Gender Thematic Group and the Youth Thematic Group and works with partner ministries to coordinate agency efforts. UNFPA has demonstrated strong leadership on joint programmes including the UN Joint Programme on Promoting and Protecting Human Rights of Women and Girls in Turkey and the UN Joint Programme on Women Friendly Cities. In the area of GE, UNFPA has bolstered its gender staffing and has a comparative advantage in Turkey where staff members have distinguished themselves as experts and thought leaders in gender issues. UNFPA leadership role in gender equality is clear and carried out in cooperation with other UN agencies. The revival of the Youth Thematic Group serves to illustrate UNFPA expertise on youth development and youth RHR. To assist Syrian refugees, UNFPA has positioned staff in charge of coordination in Gaziantep and actively participates in the humanitarian forums such as the GBV Working Group.

- **Technical expertise of staff in programmatic area interventions**-UNFPA staff are highly specialized in the areas of reproductive health, family planning, censuses and surveys, and gender equality. For technical advice on matters concerning RHR, stakeholders point to the strong knowledge and skills of the staff in guiding the process of guideline development, determining content of in-service and MISP training and interventions relating to youth development. The history of involvement with the Ministry of Health (MoH) and the development of the youth focus, including broadening the scope of peer education to 20 cities, among UNFPA staff is extensive and the relationships established have been strong. Current progress concerning re-engagement with the MoH has arisen partly from the strong relationships that have been established and efforts to seek solutions to the contraceptive supply issues.

[224] See also Evaluation Matrix section 3.1 for examples related to the comparative strengths of the UNFPA.

For PD programmatic area, the successful production and promotion of the wide utilization of demographic publications by different stakeholders including the private sector, public sector and universities attests to the strength of UNFPA staff. For GE, UNFPA staff have demonstrated strong commitment as well as professional quality and expertise in the subject. Their previous familiarity with women's NGOs, feminist groups, administration and media has enabled them to draw considerable attention to the projects and mobilise significant networks. UNFPA has a comparative advantage in recruiting top talent in the fields related to its mandate. Without such a clear focus, UNFPA would be less successful in cultivating such a specialized talent pool.

- **Knowledge transfer and awareness-raising**- Interviews and focus group discussions testified as to the practical knowledge gained through the MoH in-service training, PD training at central and provincial levels, the MISP training, the training of soldiers in the TAF, and through non-formal youth peer education success in addressing lack of information related to SRH amongst young people, encouraging them to use youth friendly health services. Meanwhile, at local level, the provincial public institutions such as the regional development agencies need further transfer of knowledge on PD issues. Youth peer and education through counsellors is an effective strategy to bypass the political constraints although ultimately work with the MoNE is essential to initiate a joint advocacy effort involving all related CSOs which directly targets policy makers for the inclusion of youth sexual and reproductive health education into primary and high school curriculums.

4.7.2 Acknowledgement of these comparative strengths by other development partners, particularly other UN agencies

There is significant evidence that UNFPA comparative strengths are reflected in its cooperation with other development partners.

The national stakeholders in reproductive health and rights (RHR) almost unanimously agreed on the many comparative strengths of UNFPA. According to key informants, UNFPA assistance is needed to revise pilot project designs and to bring them to scale while sharing knowledge and expanding initiatives to other countries. Importantly, it was pointed out that UNFPA advocacy at high levels is critical for ensuring acceptance by the senior officials in the country such as the governors. Key informants stated that UNFPA reminds them of commitments including charters and global instruments that have been agreed to. Furthermore, UNFPA is seen as being able to help maintain the momentum and motivate refresher training particularly as the health staff have a large turn over and are often relocated from west to east at times to serve in those areas.

Since UNFPA is the main UN supporter of RHR to national partners, the importance of this support has been emphasized as critical to reach facilitating stakeholders such as the religious leaders. The impact of interventions is accelerated through UNFPA coordination among the actors. UNFPA is perceived as having significant expertise, particularly by the NGOs which UNFPA has supported through capacity building and awareness-raising. NGOs state that they gain prestige when they cooperate with UNFPA.

Stakeholders have mentioned the numerous strengths of UNFPA to address sometimes sensitive and complex issues in partnership with ministries, NGOs and youth networks. UNFPA support is valued to reach populations not fully covered in the national health system. The disadvantaged minority groups like LGBT are not supported in a society with conservative perspectives. UNFPA support enables CSOs dealing with such disadvantaged groups gain power and legitimacy to express their views and to undertake initiative, actions, and interventions. Many informants said that without UNFPA, the work on RHR would not be as widely accepted, as UNFPA, due to its global mandate based on internationally accepted instruments and diplomatic presence, can draw attention to the issues among top level decision-makers. In addition, UNFPA works on a practical level to support data collection and design of appropriate programmes and also contributes to the implementation.

In the area of gender equality, UNFPA is widely recognized by all stakeholders as the main actor in Turkey. NGOs thus expect UNFPA to do more advocacy on women's rights issues with the government. UNFPA contribution is particularly

acknowledged by stakeholders in the area of GBV. As such, UNFPA is considered as the main resource for technical knowledge and expertise on GBV. Trainings provided for security forces and the training materials were highlighted by interviewees in this respect. UNFPA (at country, regional and corporate level) is found to be supportive, flexible and familiar with specific national and local conditions in comparison with other development partners. Most of the stakeholders (gender experts, NGO representatives and government partners) mention the agency as 'UNFPA has excellent staff' and underline the following points:

- UNFPA has capacity, flexibility, knowledge and is extremely approachable.
- UNFPA is immediately responsive to emerging needs.
- UNFPA is focused on identifying solutions.
- UNFPA has technical capacity for advocacy; however, this is not used to its full extent due to limited human and financial resources.

Almost all stakeholders emphasize that their relationships with UNFPA are based on trust, which may not exist with development partners. UNFPA is perceived as having an equal partnership strategy, and as being flexible. It is therefore often preferred over other international partners. The open partnerships promoted by UNFPA are greatly appreciated by NGO partners that are part of the small grants programme.

In the humanitarian response, the role of UNFPA has been praised by other UN agencies and a greater understanding has emerged regarding the critical role that RHR and GBV prevention services play in meeting needs of and protecting women in the crisis response. However, at provincial level, actors, for example, in the health and religious systems, according to interviews, were not sure what value UNFPA added to the services they or other government agencies were already providing, denoting a need for greater interaction and clarification.

In summary, stakeholders and partners are in wide agreement regarding UNFPA comparative strengths. Many interviewees felt that UNFPA strengths needed to be expanded and built upon. Some thought that UNFPA needs to do a better job of promoting its programmes, projects and good practices, for example when compared with UNICEF, UNFPA does not promote itself as well. Furthermore, UNFPA visibility can be improved in the more remote areas of Turkey as its mandate is not always clear for some local/provincial actors, local NGOs and local public stakeholders.

5 CONCLUSIONS AND RECOMMENDATIONS

This section presents the nine evaluation conclusions and associated recommendations organized by priority order and grouped under strategic or programmatic-related headings. Each conclusion mentions the associated evaluation question(s) (EQ).

5.1 STRATEGIC LEVEL

CONCLUSION 1 (C1)

The UNFPA 5th country programme was found highly adapted to national needs in terms of reproductive health, gender equality and population and development. It was designed in view of the country context and in consideration of lessons from the 4th country programme, as well as the United Nations Development Cooperation Strategy and national policies and strategies. Overall, UNFPA was able to adapt its country programme to the evolving needs of the country and, in particular, needs emerging from the Syrian crisis. However, the prioritization of the most vulnerable and high risk groups, particularly adolescents and youth, especially marginalized youth, young women, lesbian, gay, bi-sexual, trans-gender people and sex workers, was not strong enough as the basis for strategic planning. Data and analysis was lacking on some groups leaving uncertainties over how to reach vulnerable populations with regard to strengthening reproductive health and rights and gender equality.

ORIGIN EQ1

RECOMMENDATION 1 (R1)

UNFPA should focus more strategically in this country programme and in planning the 6th country programme on identifying, prioritizing and targeting the most vulnerable, marginalized and high risk people and groups. The strategy should emphasize prevention of sexual and reproductive health issues and gender-based violence and should clearly target the most vulnerable and marginalized with strategies to reach them. Integration of the programmatic areas and mainstreaming gender and youth should underpin the strategy.

PRIORITY LEVEL HIGH

ADDRESSEE UNFPA COUNTRY OFFICE

OPERATIONAL IMPLICATIONS

- In this country programme and the next, UNFPA should conduct and/or consolidate assessment exercises to prioritize and illustrate the prioritization for planning purposes, of vulnerable and high risk groups and individuals, their characteristics and locations.
- UNFPA should design strategies and interventions to reach the most vulnerable and high risk people to help improve indicators and reduce disparities, including regional ones. In order to do this, UNFPA should consider expanding interventions at the local level.
- UNFPA should plan more joint programmes with other UN agencies, Ministries such as the Ministry of Health, and Universities, targeting the vulnerable groups, using effective coordination mechanisms such as the Resident Coordinator system, and the Thematic and Working Groups to create synergies and promote resource sharing.
- UNFPA should ensure that youth and gender equality are integrated to the extent possible in all interventions to improve efficiency through integrated planning, implementation, and monitoring.

- UNFPA should intensify efforts to reach more youth, especially girls, through the Women Friendly Cities (WFC) programme, as planned. The WFC initiative provides a relevant basis for the inclusion of the specific needs of young women into programming processes, particularly through the Local Equality Action Plans (LEAPs) that are prepared by the participant cities.
- UNFPA should plan effective monitoring methods to report on results, including changes in behaviour and knowledge, such as through periodic surveys and collection of evidence in monitoring visits.

CONCLUSION 2 (C2)

The UNFPA country office effectively activated its emergency response mechanisms in the Syrian crisis with UNFPA global and regional support as per the Minimum Initial Services Package (MISP) standards. UNFPA has contributed to the increased availability of gender-based violence prevention, and mother-child health and sexual and reproductive health care for Syrian refugees. Work through the Ministry of Health and the Disaster and Emergency Management Presidency (AFAD) such as delivery of dignity kits and MISP training has contributed to the quality of reproductive health care in the camps and communities. The gender-based violence prevention interventions built capacity to facilitate reporting of incidents. However, this in itself was insufficient in light of the strong cultural barriers and the need for empowerment of women within the Syrian community. UNFPA human and technical resources are of high quality and expertise and strong team work among programmatic areas has served to cover escalating needs. However, due to the continuous increases in refugee numbers, the corresponding requirements for advocacy, technical assistance, information and response to the humanitarian situation could over-extenuate staff and funding resources may not be sufficient.

ORIGIN EQ1, EQ2, EQ4, and EQ6

RECOMMENDATION 2 (R2)

In view of the pressing reproductive health and gender equality needs of the refugees (Syrian and others, i.e. Iraqi), UNFPA should expand its humanitarian team and create strategies, preferably jointly with other UN agencies, to raise additional resources in order to cover capacity development and service needs, expand operations as required, and to address emerging critical issues.

PRIORITY LEVEL HIGH

ADDRESSEE UNFPA COUNTRY OFFICE, REGIONAL OFFICE AND HEADQUARTERS

OPERATIONAL IMPLICATIONS

- UNFPA should expand its humanitarian team, particularly to hire or second a reproductive health and rights expert with continuous presence in the South East to assist the present coordinator to promote reproductive health and family planning inputs and to offer technical advice and coordination around these issues.
- UNFPA should develop a fund raising strategy that takes into account the middle income country status of Turkey, to focus on receptive donor countries and foundations in partnership with other UN agencies. UNFPA response should use all available networks, including the Syria Response Group and the UN Task Force on Syria, regional offices and coordination groups, and multi-agency working and thematic groups to find possibilities for sharing of resources and potential funding sources.
- The strategy should build upon lessons from UNFPA response with the MISP and explain how UNFPA will take steps to use the human resources, including the knowledge and skills existing within the refugee community, and to expand and strengthen partnerships.
- Depending on availability of funds and human resources capacity, UNFPA should:

- Provide Reproductive Health and Rights kits (containing contraceptives and medical supplies) to the Ministry of Health for both Turkish host and refugee populations according to the numbers provided by the Ministry with monitoring and follow-up.
- Provide a minimum of four Minimum Initial Services Packages (MISP) trainings until the end of 2014, in accordance with needs assessments.
- Provide additional courses to Syrian service providers regarding Reproductive Health and Rights and negotiate with the Ministry of Health to allow refugee health workers to practice at the Turkish health facilities under the supervision of Turkish service providers.
- Support the opening of four Women's Health counselling centers to provide Public Health Center services to Syrian women, including referral to secondary and tertiary levels, and collect reproductive health and gender-based data.
- Promote UNFPA planning for expansion of assistance to cities such as Istanbul, Izmir, Adana, Mersin, and Antalya with UN, NGOs and the Government to provide services to the out of camp population.
- Work more closely with the Ministry of Family and Social Policies, specifically on the issue of early and forced marriages to develop a programme which focuses on advocacy and awareness-raising to prevent high risk pregnancies and promote women's reproductive rights.
- Support the well-developed gender-based violence intervention in the humanitarian assistance programme.

CONCLUSION 3 (C3)

Stakeholders, whether in the public sector, NGOs or universities, all demonstrate strong interest in contributing to and actively taking part in UNFPA-supported interventions. However, UNFPA partners' ownership and commitment is variable and follow-up to sustain programme outcomes is uneven. Factors promoting sustainability include commitment to outcomes, capacity of stakeholders, strength of follow-up, and level of investment by partners.

ORIGIN EQ2, EQ3, and EQ4

RECOMMENDATION 3 (R3)

UNFPA should ensure sustainability of results in the identification, formulation and planning of interventions, including foreseeing potential difficulties, challenges and mitigation measures. As an integral part of the country programme design and implementation, an exit strategy should be developed during the inception phase.

PRIORITY LEVEL MEDIUM

ADDRESSEE UNFPA COUNTRY OFFICE, HEADQUARTERS

OPERATIONAL IMPLICATIONS

- As an integral part of the country programme and design, UNFPA should develop an exit strategy that addresses sustainability issues with the main government partners, such as the high turnover of government personnel.
- The formulation stage of interventions should go beyond the understanding of sustainability as the capacity developed and sustained by the partners and stakeholders. Sustainability should also include measures to ensure alignment with international norms and with a rights-based approach. Therefore, quality and content assurance should be part of sustainability.

- In cases where different levels of ownership and sustainability are observed within the same intervention, best practices should be developed and disseminated as examples to the less successful.

CONCLUSION 4 (C4)

UNFPA demonstrates a significant added value to all of its partners and is considered a main source of expertise with regard to reproductive health and rights, population and development and gender equality. Most stakeholders stress the importance of UNFPA advocacy work and participation, especially through drawing in political, institutional and religious leaders. However, the impact of UNFPA advocacy and influence is limited regarding sensitive sexual and reproductive rights and gender equality issues in the conservative environment of Turkey.

ORIGIN EQ2, EQ4, and EQ6

RECOMMENDATION 4 (R4)

UNFPA should increase its advocacy effort and capacity building role in reproductive health and rights and gender-based violence prevention and protection through the UN thematic groups on gender-based violence and youth and coordinating mechanisms at regional level, promoting pro-active joint planning and follow-up. Advocacy should be stronger for resource sharing with donors, partners and UN agencies working on similar issues. Since gender equality is already a government priority, advocacy can take place through women's empowerment interventions, research, and studies demonstrating the benefits of investing in women and girls, especially within the government.

PRIORITY LEVEL HIGH

ADDRESSEE UNFPA COUNTRY OFFICE

OPERATIONAL IMPLICATIONS

- UNFPA should use its expertise and technical assistance to provide support for mainstreaming gender and youth sexual and reproductive health into national policies, utilizing its excellent relationship with national counterparts and in collaboration with UNCT in order to underline a joint UN position on the issue.
- Building on its cordial relations with national NGOs and women's movement, UNFPA should encourage them to take a more active role in the implementation of interventions as well as in advocacy activities, particularly focusing on gender-based violence and particularly those targeting the Turkish government.
- An important area for advocacy concerns the implementation of the Istanbul Convention. For this purpose, UNFPA should collaborate with NGOs working with rights-based approaches and promote advocacy for the realization of the rights and establishment of mechanisms envisaged in the Convention.
- UNFPA should augment efforts to create joint advocacy work emanating from the UN thematic groups for gender-based violence and youth to address sensitive issues such as need for stronger youth sexual and reproductive services and finding ways to confront the cultural barriers to reducing gender-based violence. It should also work to improve the outputs of the thematic groups with follow-up actions on discussions that have taken place.
- UNFPA should disseminate its already well-developed training material not only within the country, but also across the wider region including the Middle East, Europe and Central Asia, by bringing together the training material prepared for the Presidency of Religious Affairs, Security Forces, Turkish Armed Forces, etc. and by re-evaluating and revising its content with the help of the Regional Office. This material should then be disseminated within the wider region with the help of organizations such as the OIC. This will definitely increase the visibility of UNFPA country office interventions in the area of GBV.

CONCLUSION 5 (C5)

Interventions related to youth, although mainly consisting of pilot interventions with limited coverage, have been implemented effectively and efficiently with the potential to influence a broad range of high risk groups capitalizing on the expanding volunteer networks. However, the results of UNFPA supported interventions on youth knowledge, attitudes and practices are largely anecdotal and more evidence is needed as to the outcomes. Furthermore, the understanding of youth sexual and reproductive needs and how to effectively reach them with reproductive health information is still limited. Greater knowledge would further highlight the expertise and the mandate of UNFPA in regard to youth development and provide a foundation for stronger influence on youth-related policies in Turkey. Given UNFPA successes in youth interventions and the sizable youth population, the emphasis on youth is not sufficiently stressed in planning and resource allocation, or in collaboration with partners to seek greater coverage of marginalized youth.

ORIGIN EQ2, EQ4, and EQ6

RECOMMENDATION 5 (R5)

UNFPA should champion the issue of investing in youth development and the need for incorporating youth rights and needs into national policies and programmes.

PRIORITY LEVEL HIGH

ADDRESSEE UNFPA COUNTRY OFFICE, REGIONAL OFFICE AND HEADQUARTERS

OPERATIONAL IMPLICATIONS

- UNFPA should continue to advocate and support inclusion of sexual and reproductive rights in the national youth policy and explore partnership opportunities with the Ministry of Education and Ministry of Youth and Sports on efforts to raise awareness on gender-based violence among the youth.
- UNFPA should ensure youth mainstreaming in the other programmatic areas and interventions through planning to that objective with benchmarks and monitoring of the progress.
- UNFPA should work towards a strong youth thematic group to create effective synergies among UN organizations to promote reproductive health and rights through youth networks and generally increase visibility and youth mainstreaming among the UN Country Team.
- UNFPA should extend the youth peer education network and awareness raising efforts (using, for example, informal trainings, and or sports interventions) on reproductive health and rights and gender-based violence to create effective models for reaching more marginalized and underserved groups, such as the refugees in communities, Roma population, lesbian, gay, bi-sexual and transgender (LGBT), sex workers, men having sex with men (MSM), among others, and especially adolescent youth and girls.
- UNFPA should strengthen outreach interventions in collaboration with more NGOs with previous experience in working with those groups.
- UNFPA should build the evidence base on youth, including knowledge, attitudes and practices, through periodic data collection such as sample surveys and the promotion of studies focusing on the key issues affecting youth sexual and reproductive health such as sexually transmitted infections (STI) incidence, sexual behaviors, feedback on best means of prevention, education, etc. UNFPA should enhance collaboration with Ministries, donors and other UN agencies to advocate for the conduct and use of these studies.
- UNFPA should continue work to develop formal and non-formal education curricula for integrating SRH, by building very close and technical collaboration with the Ministry of National Education and the Ministry of Health. GBV prevention activities should continue and be expanded particularly through interventions targeting young male students in secondary schools.
- Prevention interventions should be coupled with media advocacy, so that greater visibility of UNFPA and its projects can be achieved.

5.2 PROGRAMMATIC LEVEL

Reproductive health and rights

CONCLUSION 6 (C6)

Following the restructuring of the Ministry of Health (in 2012-2013), progress toward achievement of jointly planned objectives was limited, particularly at provincial level. However, achievements included sustainable gains in revision and use of nationally approved guidelines and development of decentralized in-service training programmes. Contraceptive supply remains uneven and functioning youth friendly health services have been reduced. The "Utilization of Maternal Health services" intervention for seasonal migrant agricultural workers (SMAW) has increased their access to and utilization of reproductive health services in the targeted locations. Gains made include heightened awareness of migrant workers' rights by the central and provincial health system staff, envoys and land owners, the general public and the international community. There is insufficient evidence as to the trends and changes occurring in reproductive health indicators particularly for the most at risk groups on which to base planning and mitigation measures.

ORIGIN EQ2

RECOMMENDATION 6 (R6)

UNFPA should continue to strengthen strategic and working relationships with the Ministry of Health and other partners for more effective reproductive health services at the central and provincial levels with a focus on reducing national disparities, to promote resumption of joint capacity building, increased contraceptive supply, greater attention to youth and marginalized groups, and facilitation of reproductive health assistance to refugees.

PRIORITY LEVEL HIGH

ADDRESSEE UNFPA COUNTRY OFFICE

OPERATIONAL IMPLICATIONS

UNFPA should:

- Work more closely with Social Security Institution and Ministry of Health on legislation related with service providing and health finance mechanisms.
- Continue to advocate and support the existing laws and regulations (e.g. Law # 2827) as they effectively respect reproductive rights, as well as being gender sensitive.
- Advocate for collaboration and support the Ministry of Health to work with and influence the Ministry of National Education as well as UNICEF in regard to responsibilities to incorporate information on reproductive health and rights into school curricula.
- Advocate for the effective restoration of the Youth Friendly Health Centers or equivalents.
- Undertake joint interventions with WHO for advocacy, service providing mechanism for young people and vulnerable group and on HIV Prevention, human papilloma virus vaccination and youth friendly health services.
- Continue to advocate for and collaborate on increasing the supply of contraceptives to the provinces, through for example, partnerships with the private sector.
- Enhance collaboration to restore decentralized in-service training on reproductive health and rights and family planning including counselling (along with Ministry of Health provision of sufficient incentives for service provision).
- Include Minimum Initial Service Package training as part of the in-service and the national health service contingency planning.
- Strengthen communications and relationships with the Ministry of Health General Directorate of Emergency Health Services to promote collaboration for the humanitarian response and support for MISP training and RHR inputs provided by UNFPA.

- Include refugees with medical training in capacity development interventions so that they may serve their communities.
- Advocate at provincial level for increased attention by the Public Health Agency of Turkey Community Health Centers and Family Physicians to the Seasonal Migrant Agricultural Workers as a special needs group through increased visits to fields and use of mobile clinics.
- Work more closely with Ministry of Development and Regional Development Agencies on improving health services in rural areas.
- Work more closely with the Ministry of Interior to increase coordination capacity of local administrators, for example, regarding coordination of empowerment of public health and primary health care service mechanisms in collaboration with Ministry of Health especially for vulnerable groups.
- Focus on religious leaders and staff to empower male involvement in reproductive health and rights.
- Create policy advocacy network through NGOs to advocate and partner with woman NGOs to strengthen sexual and reproductive rights for women and young girls.

Population and development

CONCLUSION 7 (C7)

UNFPA supported interventions in the field of population and development have effectively contributed to increased analysis of data and information on population dynamics, both at central and local level. The demographic publications supported by UNFPA, including analyses on education, labour force and health and social security have promoted effective responses on related issues country wide. Through its support to the capacity development of the Ministry of Development and the Regional Development Agencies, UNFPA has put in place the conditions for a greater use of demographic and socioeconomic data in the development of medium term national programmes and regional development strategies, in particular with a view to reducing regional socioeconomic disparities.

ORIGIN EQ3

RECOMMENDATION 7 (R7)

Within the forthcoming 6th country programme, UNFPA should further improve both its advocacy role and its role in data availability and analysis on population and development issues, particularly sexual and reproductive health and rights, adolescent and youth and gender equality, while having a specific focus on the most vulnerable and disadvantaged groups such as women, youth, and migrant people, including humanitarian refugees.

PRIORITY LEVEL MEDIUM

ADDRESSEE UNFPA COUNTRY OFFICE

OPERATIONAL IMPLICATIONS

- The advocacy role of UNFPA on population and development, with specific reference to the ICPD Beyond 2014 and post 2015 Development Agenda, needs to be continued and enhanced to support policy and decision making for further actions. Both ICPD and MDGs call for

unrestricted and universal access to sexual and reproductive health care in addition to the gender equality with a right-based approach. Advocacy interventions will contribute to mobilisation of political will and resources for population based development programmes.

- Concurrently, UNFPA needs to further enhance its role in contributing to the availability and analysis of development data to reflect the population dynamics considering the significant regional and local socio-economic disparities in the country. This role should continue to be at two levels: (1) collecting and producing statistical and disaggregated demographic data and information, and (2) using these data and information in the socio-economic policies and development plans. UNFPA should also continue to support building national capacities in population and development data collection, research and analysis to contribute to the policymakers for setting strategies and actions and making population based strategic planning not only at central level but also at the regional and local level.

- In performing these roles, the focus needs to be on population and development issues which are specific to the most vulnerable and disadvantaged groups, such as gender equality, youth reproductive health, aging, internal displacement, migration and humanitarian refugees.

- To achieve these roles, UNFPA should continue and enhance its cooperation with the main public partners (such as Ministry of Family and Social Policy, Ministry of Development, Regional Development Agencies and local governorates who are responsible for national planning and setting regional and local development plans, strategies and action plans, respectively), as well as the private and civil society partners including the specialised NGOs (such as Population Association, women's associations, ICPD Cairo+20 platform) and universities.

Gender equality

CONCLUSION 8 (C8)

UNFPA has accummulated considerable expertise and know-how in the area of gender-based violence, as well as in other areas contributing to the establishment of an enabling environment for women, which is currently not paralleled across other UNCT members. UNFPA has not limited its gender-based violence interventions to the protection of victims, but is increasingly widening them to promote prevention and awareness. UNFPA has been effective in sustaining collaboration between the government, NGOs and the private sector in terms of establishing an enabling environment for women to exercise fully their human rights. However, there is scope for further developing partnerships with NGOs and the private sector.

ORIGIN EQ4

RECOMMENDATION 8 (R8)

UNFPA should continue to work towards establishing an enabling environment for women and combating gender-based violence. Areas for further development include establishing gender equality indicators at regional and local level and expanding its partnership base.

PRIORITY LEVEL MEDIUM

ADDRESSEE UNFPA COUNTRY OFFICE

OPERATIONAL IMPLICATIONS

- UNFPA should maintain its leading role in the programmatic area of gender equality, so as this accummulation is sustainable and is used effectively to contribute to the capacity development of national partners.

- The accummulated know-how and expertise of UNFPA, particularly in the area of gender-based violence, should now be deployed to build the monitoring capacity of NGOs, as well as to develop gender equality indicators to

monitor progress in this field and to promote comparability across cities and regions. These indicators should then be disseminated to local governments through the Women Friendly Cities programme in order to provide the participant cities with the possibility of comparing their performance with each other. This would also prepare the grounds for dissemination of best practices and providing a competitive environment for the participant cities.

- Considering the importance of partnership with NGOs in terms of advocacy, UNFPA collaboration with NGOs, particularly at the national level, should develop further in the upcoming programme cycle.
- More possibilities for partnership with the private sector need to be explored, as this has proven to generate additional resources for, and increase the visibility of, the programmes implemented under the gender equality programmatic area. Since a few companies have shown interest in the issue of gender-based violence, it is considered advisable for UNFPA to develop a broader range of partnerships.

CONCLUSION 9 (C9)

UNFPA, in partnership with the Turkish government, is working effectively on mainstreaming gender into the policies of local governments through its Women Friendly Cities (WFC) initiative.

ORIGIN EQ4

RECOMMENDATION 9 (R9)

UNFPA should push for a policy level intervention for gender mainstreaming in the strategic plans and activities of local governments.

PRIORITY LEVEL HIGH

ADDRESSEE UNFPA COUNTRY OFFICE

OPERATIONAL IMPLICATIONS

- Advocacy at the national level is necessary, particularly in the Parliament, for the adoption of a new law making local gender equality mechanisms obligatory. This law should also ensure that strategic documents, including budgets, are gender mainstreamed. The promotion of gender-sensitive budgeting may provide a good instrument towards this end.
- Drawing on the new Metropolitan Municipality Law and benefiting from the increased budgets and capacities of metropolitan municipalities, gender mainstreaming should be incorporated into the strategic plans of municipalities through the Local Equality Action Plans (LEAPs) in order to enhance their ownership and capacity.
- In order to provide the legal basis for local equality action plans (LEAPs), the Committee on Equality of Opportunity for Women and Men (KEFEK), national and local NGOs, as well as women's branches of political parties should be further motivated and convinced for this purpose. This should be further expanded through lobbying activities and, possibly, efforts to involve the EU in this process.
- The most important first step in any policy level intervention is the collection of sex-disaggregated and gender-sensitive data. This is an important basis for revealing the existing inequalities to the community and for determining effective allocation of resources. Therefore, the coordinators of the Women Friendly Cities should carefully follow up data collection, and use the guidance of Local Gender Empowerment Index report. This will enable the generation of gender equality indicators and provide a comparative and competitive medium for the participant cities.
- Efforts should be made to enhance the visibility of the Women Friendly Cities programme so that the achievements are more widely recognized.
- A roster of best practices developed through the experiences of the different Women Friendly Cities interventions should be filled. This would provide examples to be emulated by the other cities and for dissemination in the media.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