

INDEPENDENT COUNTRY  
PROGRAMME EVALUATION  
ANNEXES

# TURKEY

2011-2015

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**Evaluation Office**

New York  
October 2014



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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

## Annex 1 Terms of reference



Evaluation Office

### **TERMS OF REFERENCE FOR THE EVALUATION OF THE UNFPA 5TH COUNTRY PROGRAMME OF ASSISTANCE TO THE GOVERNMENT OF TURKEY (2011-2015)**

#### **1. INTRODUCTION**

The Evaluation Office is planning to conduct the independent evaluation of the UNFPA 5<sup>th</sup> Country Programme of Assistance to the Government of Turkey in 2014 as part of its annual work plan, and in accordance with the UNFPA 2013 evaluation policy (DP/FPA/2013/5).

As per the evaluation policy, evaluation at UNFPA serves three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute important lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

The evaluation will be managed by the Evaluation Office and conducted by a team of independent evaluators, in close cooperation with the UNFPA country office (CO) monitoring and evaluation (M&E) focal point and the Eastern Europe and Central Asia regional office (EECARO) M&E adviser.

#### **2. CONTEXT**

UNFPA Assistance to Turkey is subject to the provisions of the Revised Standard Agreement (RSA) signed between United Nations and the Government of Turkey in October 1965 and ratified by the Government of Turkey in 2000. The RSA applies to UNFPA activities and personnel, mutatis mutandis, in accordance with the Letter of the Ministry of Foreign Affairs of Turkey dated 29 December 1999 ref. No CEGY/II-4297. Thus, the UNDP Standard Basic Assistance Agreement and the above Letter constitute the legal basis for the relationship between the Government of Turkey and UNFPA. UNFPA is implementing its 5th Country Programme (CP) in Turkey which came into effect in 2011 and will be completed by the end of 2015.

Turkey is a middle income country with a population of 76.7 million in 2013 . Turkey continues to be the most populous country in the Middle East and the third largest in Europe with an annual population growth rate of 13.7‰. In 2012, Turkey had a gross domestic product per capita of \$10,496 . Turkey ranks 90th out of 187 countries in 2012 according to the Human Development Index. The percentage of population living in severe poverty is 1.3, whereas the percentage of population living below the national poverty line is 18.1 .

European Union membership continues to be on the agenda of the Government of Turkey, though losing its acceleration compared to the previous years. The reform process for harmonization with European Union rules and regulations is continuing as well as the Government has been introducing many other reforms such as the democratization package. Turkey has recently launched its 10th National Development Plan which covers the period 2014-2018 and designed as a milestone to advance the welfare of population in accordance with the 2023 vision of the Government.

Turkey displays the characteristic pattern of countries which, following a period of high fertility rates now sees a fast decline. The narrowing of the base of the population pyramid of Turkey shows this rapid decline in fertility. According to Turkish Demographic and Health Survey (TDHS) 2008, the total fertility rate (TFR) declined to 2.16 children per woman, however, this drop masks the 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 (TurkStat) estimates a further decline in TFR reaching 2.08 in 2012. The results of recent TDHS which was conducted in 2013 are expected to be announced in October 2014, which will provide valuable data in most of the UNFPA mandate areas.

Young people aged 10 to 24 make up 24.9 per cent of the population. The absence of comprehensive youth policy and comprehensive information on sexual and reproductive health and reproductive rights in school-based curricula is a long-standing problem. National surveys show that the unmet need for reproductive health information and services is high among youth. Majority of youth who actually use SRH services is married young women. The results of the TDHS 2008 show that 5.9% of the 15-19 years age group among married women were pregnant at the date of the survey. Huge discrepancies in adolescent pregnancy rates are noticeable in the survey results. The range differs with over 3 times higher percentages in Eastern Turkey.

Turkey showed tremendous improvements in maternal and child health indicators over the last ten years. Particularly great success has been attained in health related MDGs (4, 5 and 6) in the last decade. The maternal mortality ratio dropped to 16 per 100,000 live births in 2013 from 28.5 per 100,000 live births in 2005. The infant mortality decreased to 7.4 per 1000 live births, however these rates still remain two-to-four times higher than OECD averages. In addition, regional and socioeconomic disparities still exist, which are apparent particularly in vulnerable groups such as seasonal agricultural migrant workers. In the context of a recent UNFPA study the maternal mortality rate was calculated as 153 per 100,000 live births for seasonal agricultural migrant workers and their families.

As an outcome of decline in fertility and mortality rates and an increase in the life expectancy, Turkey is facing an ageing population as many other developing / developed countries. The proportion of elderly (65 and over) in the total population reached 7.7% in 2013, however the absolute number of elderly is 6 million people, which is higher than the total population of many other countries. This number is expected to reach 17 million in 2050.

The Government took measures during the last ten years to improve the implementation of existing legislation to advance the status of women and to promote human rights. According to the Gender Inequality Index, Turkey moved to the 68th position out of 148 countries in 2012 from its 77th rank out of 138 countries in 2010. Despite the existence of a supportive legislative framework and government commitment during the last ten years, more than 39 per cent of women in Turkey have been subjected to physical violence by an intimate partner.

There have been significant changes in the government's organizational structure since the 2011 which also had direct effects on UNFPA programme implementation. In the context of the Health Transformation Programme of Turkey, the traditional partner of UNFPA, the Ministry of Health General Directorate of Maternal and Child Health and Family Planning was abolished at the end of 2011 and new Public Health Institution was established which encompasses a department on reproductive health. Likewise, the family physician system was scaled up nationwide replacing the 1961. However, neither the sexual and reproductive health (SRH) care services nor the

responsibilities of new health units to provide SRH services were well defined under the new system, which generates concerns on the availability and accessibility of SRH services including family planning. The pronatalistic view and talks of the current Government and increasing conservatism among the public policy and decision makers put additional stress on continuity of SRH services and creates a challenging environment for UNFPA to implement its activities.

Another significant organizational change at the Government was establishment of a line ministry on family and social policies which encompasses all previously existing general directorates and departments such as General Directorate on Women's Status, General Directorate on Child Services, General Directorate on Elderly and Disabled, General Directorate on Family under one umbrella. In addition, another traditional partner of UNFPA, the State Planning Organization, who prepares the national development plans and programmes of Turkey, was transformed into the Ministry of Development in this process. UNFPA had to rebuilt her relations with all newly established / transformed institutions as well as reorganize her activities including meeting the emerging capacity development needs during the implementation of the 5th CP.

UNFPA decided to commit 4.5 million USD over the five years of its fifth programme of assistance to the Government of Turkey (2011-2015). The programme which was designed to focus particularly on disparities consists of 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 committed to mobilize 2.6 million USD from other sources to complement the programme activities.

In addition to the current development programme of assistance, UNFPA Turkey CO is implementing a humanitarian programme in response to the needs of the Syrian refugees fleeing civil war in their country since April 2011. AFAD, the Turkish Disaster Presidency estimates that by January 2014 700,000 Syrians had entered Turkey. Of those approximately 210,000 people live in camps administered by AFAD, and the remaining 500,000 live in towns and cities around Turkey. In response to the increasing needs of Government of Turkey to be able to respond to the existing humanitarian crisis, UNFPA Turkey CO places serious efforts to mobilize internal and external resources (Australia, Kuwait, Germany, EU). In designing its programme in Turkey, within the Regional Response Plan 6, interagency and corporate contingency plans, UNFPA has employed its Minimum Initial Service Package as a priority set of life-saving activities.

### **3. OBJECTIVES AND SCOPE OF THE EVALUATION :**

The objectives of the independent evaluation of the UNFPA 5<sup>th</sup> country programme for Turkey are:

- 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 5<sup>th</sup> country programme;
- 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 programming cycle.

The evaluation will cover 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.

Besides the assessment of the intended effects of the country programme, the evaluation also aims at identifying potential unintended effects.



#### **4. EVALUATION CRITERIA AND EVALUATION QUESTIONS**

In accordance with the methodology for CPEs as set out in the Evaluation Branch Handbook on How to Design and Conduct Country Programme Evaluations (2012)<sup>1</sup>, the evaluation will be based on a number of questions (limited to a maximum of ten) covering the following evaluation criteria:

##### ***Relevance***

- To what extent are the objectives of the programme (i) adapted to the needs of the population (in particular the needs of vulnerable groups), (ii) aligned with government priorities (iii) as well as with policies and strategies of UNFPA?
- To what extent has the country office been able to respond to changes in the national development context and, in particular, to the Syrian refugee crisis?

##### ***Effectiveness***

- To what extent have the interventions supported by UNFPA in the field of reproductive health and rights contributed an improved access to and utilization of high quality maternal health and family planning services, including for the most vulnerable groups?
- To what extent have the interventions supported by UNFPA in the field of population and development contributed to an increased availability and use of data on emerging population issues at central and local levels?
- To what extent have the interventions supported by UNFPA in the field of gender contributed to: (i) improved responses to gender-based violence, including in emergency and post-emergency situations; (ii) enable women to fully exercise their human rights?

##### ***Efficiency***

- To what extent were programme resources (funds, expertise, time, etc.) converted into results?

##### ***Sustainability***

- To what extent have UNFPA supported interventions contributed to the development of capacities of its partners?
- To what extent have the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?

Besides the above standard evaluation criteria, the programme will also be assessed against the two following specific criteria, with a view to characterizing the strategic positioning of UNFPA within the UN system in Turkey:

##### ***Coordination***

- To what extent did UNFPA contribute to coordination mechanisms in the UN system in Turkey?
- To what extent is the UNFPA country programme aligned with the United Nations Development Cooperation Strategy (UNDCS)?

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<sup>1</sup> <http://www.unfpa.org/public/home/about/Evaluation/Methodology>

### ***Added value***

- What are the main comparative strengths of UNFPA in Turkey – particularly in comparison to other UN agencies?

*The questions listed above are only indicative; the final set of evaluation questions will be determined during the design phase, after a discussion with the evaluation reference group.*

## **5. EVALUATION METHODOLOGICAL APPROACH**

### *Data Collection*

The evaluation will use a multiple-method approach including documentary review, group and individual interviews, focus groups and field visits as appropriate.

### *Validation mechanisms*

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme managers and the evaluation reference group members.

### *Stakeholder participation.*

An inclusive approach, involving a broad range of partners and stakeholders, will be taken. The evaluation team will perform a stakeholder mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the Government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

## **6. EVALUATION PROCESS**

The evaluation will unfold in five phases, each of them including several steps.

### **1) Preparatory phase**

This phase will include:

- the drafting of terms of reference for the evaluation;
- the gathering of initial documentation regarding the country programme (including a list of Atlas projects);
- the selection and recruitment of the external evaluation team;
- the constitution of an evaluation reference group.

During the preparatory phase, the evaluation manager will conduct a short preliminary mission in Ankara with a view to:

- introducing the UNFPA CO and UNFPA main national partners to the evaluation process;
- gaining a clearer understanding of the portfolio of activities of UNFPA in Turkey;
- refining the scope of the evaluation (and thus the formulation of evaluation questions);
- identifying potential projects and site-visits for the field phase.

## 2) Design phase

This phase will include:

- a *documentary review* of all relevant documents available at UNFPA headquarters, regional office and country office levels regarding the country programme for the period under assessment: 2011-2014;
- a *stakeholder mapping* – The evaluation team will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- a reconstruction of the *intervention logic* of the programme, i.e. the theory of change meant to lead from planned activities to the intended results of the programme;
- the finalization of the list of evaluation questions;
- the development of a data collection and analysis strategy as well as a concrete workplan for the field phase.

At the end of the design phase, the evaluation team will produce a **design report**, displaying the results of the above-listed steps and tasks.

## 3) Field phase

After the design phase, the evaluation team will undertake a three-week in-country mission to collect and analyze the data required in order to answer the evaluation questions as agreed upon at the design phase.

At the end of the field phase, the evaluation team will provide the CO with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and recommendations.

## 4) Reporting phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the CO at the field phase debriefing meeting. This **first draft final report** will be submitted to the evaluation reference group for comments (in writing). Comments made by the reference group will then allow the evaluation team to prepare a **second draft of the final evaluation report**.

This second draft final report will form the basis for an **in-country stakeholder workshop**, which should be attended by the CO as well as all the key programme stakeholders (including key national counterparts). The **final report** will be drafted shortly after the seminar, taking into account comments made by the participants.

## 5) Dissemination and follow-up phase

During this phase, the country and regional offices as well as relevant divisions at UNFPA headquarters will be informed of the results of the evaluation. The evaluation report, accompanied by a document listing all recommendations will be communicated to all relevant units within UNFPA, with an invitation to submit their response. Once filled, this document will become the management response to the evaluation.

The evaluation report, along with the management response, will be published in the UNFPA evaluation database. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

## 7. USERS

The main audience and primary users of the evaluation are the UNFPA Turkey country office (CO), the UNFPA Eastern Europe and Central Asia regional office (EECARO) and UNFPA headquarter divisions, which may all use the evaluation as an objective basis for decision-making. The evaluation will also benefit government partners, the civil society, as well as other development partners (such as other UN agencies and the European Commission) in Turkey, through the dissemination of its results.

## 8. INDICATIVE TIMEFRAME

Phases/deliverables	Dates
1. Preparatory phase - <i>Drafting of ToR</i> - <i>Preparatory mission</i> - <i>Finalization of the ToR and recruitment of evaluation team</i>	March 2014/April 2014 <i>March 2014</i> <i>April 2014</i> <i>April 2014</i>
2. Design phase <i>Submission of the design report</i>	April 2014 <i>end of April 2014</i>
3. Field Phase	12 May-30 May 2014
4. Reporting phase - <i>1<sup>st</sup> draft final report</i> - <i>2<sup>nd</sup> draft final report</i> - <i>Stakeholder workshop (in Turkey)</i> - <i>Final report</i>	June-October 2014 <i>end June 2014</i> <i>September 2014</i> <i>September 2014</i> <i>October 2014</i>
5. Dissemination phase	November 2014/January 2015

## 9. COMPOSITION OF THE EVALUATION TEAM

The evaluation team will consist of:

- an **evaluation manager / co-team leader** (Evaluation Adviser at the Evaluation Office, UNFPA), with overall responsibility for the evaluation process, from the preparation of the ToR to the production and dissemination of the final report. He will lead and coordinate the work of the evaluation team during all phases of the evaluation and will be responsible for the quality assurance of all evaluation deliverables.
- a **co-team leader** (consultant), who will assist the evaluation manager / co-team leader in the coordination of the evaluation team and provide expertise in one of the three programmatic areas of the evaluation (reproductive health and rights, gender or population and development). She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the draft final and final evaluation reports, including (but not limited to) sections relating to her/his area of expertise. She/he will be responsible for putting together the design report, the draft final and the final evaluation reports based on inputs from other evaluation team members.
- two **evaluators** (consultants), who will each provide expertise in (at least) one programmatic area of the evaluation. Each evaluator will take part in the data collection and analysis work during the design and field phases. Each evaluator will be responsible for drafting key parts

of the design report and of the draft final and final evaluation reports, including (but not limited to) sections relating to her/his area of expertise.

The team might be assisted by a translator/interpreter, according to its needs.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

## **DELIVERABLES**

The evaluation team will produce the following deliverables:

- a design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and the corresponding judgement criteria and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase;
- a debriefing presentation document (*Power Point*) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase;
- a draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group);
- a powerpoint presentation of the results of the evaluation for the in-country stakeholder workshop;
- a final report, based on comments expressed during the in-country stakeholder workshop.

All deliverables will be drafted in *English*.

## **10. MANAGEMENT OF THE EVALUATION**

The team leader will also be the manager of the evaluation.

He will be assisted by an evaluation **reference group** composed of the UNFPA country office M&E focal point, the UNFPA EECARO regional M&E adviser as well as representatives from relevant UNFPA headquarter services and representatives from the national government partners and the civil society.

The role of the reference group will be of a technical nature. Its main tasks will be:

- to discuss the terms of reference drawn up by the Evaluation Office;
- to provide the evaluation team with relevant information and documentation on the programme under assessment;
- to facilitate the access of the evaluation team to key informants during the field phase;
- to discuss and provide comments on the reports produced by the evaluation team;
- to advise on the quality of the work done by the evaluation team;
- to assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

The team leader and the reference group will communicate mostly via e-mail, although “virtual” meetings (via tele or videoconference) may also be convened.

## 11. QUALIFICATIONS OF EXPERTS

### 1. Co-team leader

- An advanced degree in social sciences, political science, economics or related fields;
- Extensive previous experience in leading complex evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and significant experience in one of the programmatic areas covered by the evaluation (reproductive health and rights, gender or population and development);
- Familiarity with UN and/or UNFPA mandate and activities;
- Experience regarding operations in humanitarian settings;
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Excellent analytical, communication and writing skills;
- Fluency in English is required;
- Fluency in Turkish would be an asset.

### 2. Evaluators

- An advanced degree in social sciences, political science, economics or related fields;
- Specialization and/or significant experience in one of the programmatic areas covered by the evaluation (reproductive health and rights, gender or population and development);
- Significant knowledge and experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Familiarity with UN and/or UNFPA mandate and activities;
- Experience regarding operations in humanitarian settings;
- Strong interpersonal skills and ability to work in a multi-cultural team;
- Excellent analytical, communication and writing skills
- Fluency in English and Turkish is required

## 12. REMUNERATION AND DURATION OF CONTRACT

Repartition of workdays among the evaluation team will be the following:

- 70 (seventy) workdays for co-team leader;
- 50 (fifty) workdays for each evaluator.

The repartition of workdays per expert and per evaluation phase is the following:

	Co-team leader	Evaluator 1	Evaluator 2
<b>Design phase</b>	15	10	10
<b>Field phase</b>	15	15	15
<b>Reporting phase</b>			
contribution to final report	20	20	20
coordination + consolidation of evaluation report	15		
Subtotal	35	20	20
<b>TOTAL</b>	<b>65</b>	<b>45</b>	<b>45</b>

Workdays will be distributed between the date of contract signature and 31 October, 2014.

Payment of fees will be based on the delivery of outputs, as follows:

- Upon satisfactory contribution to the design report: 20%
- Upon satisfactory contribution to the draft final evaluation report: 50%
- Upon satisfactory contribution to the final evaluation report: 30%

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

## **ANNEX I : Ethical Code of Conduct for UNEG/UNFPA Evaluations**

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business

Evaluation Team /Evaluators:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future.

Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and: respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover evidence of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

[http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc\\_id=21](http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21)

[ Please date, sign and write “Read and approved”]



## **ANNEXE II : Management response**

<b>UNFPA Management response</b>	<b>Country Programme Evaluations (from-to): .....(name of the country)</b>
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*Note: The following management response lists the recommendations as they appear in the evaluation report. Please refer to the report for more details on each recommendation. Recommendations may be organized by clusters, e.g.: strategic recommendations, recommendations associated with the country programme, recommendations associated with cross-cutting issues. Within each cluster, recommendations should be ranked by priority levels (from 1 to 3).*

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year later.

Cluster 1: Strategic recommendations				
Recommendation #	To ..... (e.g. Executive Director's Office)	Priority Level ....(from 1 to 3)		
<b>Management response - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:</b> ..... ..... ..... .....				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

Recommendation #	To .....(e.g. Country office)	Priority level ....
<b>Management response - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:</b> ..... ..... ..... .....		

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

### Cluster 2: Recommendations associated with the programme

Recommendation #	To .....	Priority level .....		
<p><b>Management response -</b> Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

### Clusters 3: Recommendations associated with cross-cutting issues

Recommendation #	To .....	Priority level .....		
<p><b>Management response -</b> Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

## Annex 2 Evaluation Reference Group Members

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Mr. Murat Altınsoy	Ministry of Development	Population Expert in the Ministry of Development General Directorate on Social Sectors and Coordination
Ms. Deniz Çakmak	Ministry of Health	Head of Department, Public Health Institution
Ms. Zeynep Göknıl Şanal	Ministry of Family and Social Policies	Head of Department, General Directorate on Women's status
Ms. Ayşe Akın	Başkent University.	Public Health Professor, Mother Child Health and Family Planning Research and Implementation Center
Ms. Zeynep Şimşek	Harran University	Professor and Head of Public Health Department
Mr. Sinan Türkyılmaz	Hacettepe University	Vice-President of Hacettepe University, Associate Professor at the Institute of Population Studies
Mr. Ahmet Ayaz Yılmaz	Y-PEER network	National focal point in charge

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## Annex 4 People Interviewed and consulted

### People interviewed and consulted

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Ms. Zeynep Göknıl Şanal	Head of Department, GDSW, Ministry of Family and Social Policies

Mr. Mustafa Çadır	GDSW, Ministry of Family and Social Policies
Mr. Gürkan Özkan	GDCS, Ministry of Family and Social Policies
Mr. Tarıkhhan Çetiner	General Directorate of Security
Mr. Numan Demirtaş	General Directorate of Security
Ms. Elif Akbulut	General Directorate of Security
Two officers	Turkish Armed Forces
Ms. Zehra Tosun	Trainer for GBV Projects
Ms. Aysun Sayın	Boyner Holding and Group Companies
Ms. Tuba Yavaşan	PA Project Beneficiaries
Ms. Elif Araz	PA Project Beneficiaries
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Mr. Ahmet Yılmaz	Peer Educator, Y-PEER National Focal Point in charge (also member of ERG)

### Focal Groups of the Reproductive Health and Rights component

Locations	Participants	Themes
Nizip Camp (near Gaziantep)	Turkish Health staff – one male nurse and 2 female midwives	Reproductive health, in-service and MISP training, outcomes of UNFPA inputs such as the brochures in Arabic, contraceptives and the RHR MISP inputs (hygiene kits, shampoos, ambulances, washing containers), challenges for RHR
Nizip Camp	Syrian Teachers – one woman speaking Turkish and several males speaking Arabic	Overcrowding in the camps and schools; issues; head lice outbreaks and their impact on children in school; impact of shampoos donated by UNFPA
Sanliurfa	Physician and Nurses, Provincial Health office	Results on quality of health services for SMAW; training and how training has changed the approach of the health service staff toward the SMAW; observable changes in the SMAW health and reproductive health behaviors
Sanliurfa	Seasonal Migrant Agricultural Women Workers – Health Mediators	Role of the health mediators; successes and challenges; effect of the UNFPA/Harran supported inputs such as brochures and training; individual observations on the changes in behavior
Sanliurfa	Envoys or Agents	Role in supporting the SMAW working



		conditions; Training quality and outcomes; challenges and successes in improving quality for the SMAW
Ankara	Y-PEER educators	Roles in RHR education; Training received from CVF/UNFPA; perceived effects of the training and education; individual observations on RHR behaviour changes

#### **Focal Groups of the Gender Equality component**

<b>Locations</b>	<b>Participants</b>	<b>Themes</b>
Ankara	Local Coordinators of Women Friendly Cities (12 participants)	Management, implementation, ownership, problems encountered, exit strategy
Nizip Camp	Representatives of women in the camp (9 participants)	Content of trainings, problems encountered

## Annex 5 Overview of Budget versus Expenditure 2011-2014

### OVERVIEW OF BUDGET VS. EXPENDITURE FOR UNFPA TURKEY COUNTRY PROGRAMME 2011-2014

		2011		2012		2013		2014
AWP Code	Project detail	Budget	Disbursement	Budget	Disbursement	Budget	Disbursement	Budget
RAB6U207	RH AND GBV RESPONSE FOR SYRIAN REFUGEES IN TURKEY	\$0	\$0	\$0	\$0	\$607,331	\$550,239	\$467,837
U203	RH AND GBV RESPONSE FOR SYRIAN REFUGEES IN TURKEY	\$0	\$0	\$0	\$0	\$1,194,584	\$1,067,484	\$415,579
A11A	Technical support to country programme	\$100,000	\$94,877	\$565,100	\$528,712	\$100,000	\$98,751	\$94,202
A21A	STAFFING	\$460,796	\$429,935	\$0	\$0	\$0	\$0	
G11A	UN Joint programme on promoting Gender Equality at local level	\$390,055	\$244,653	\$557,519	\$515,100	\$935,362	\$831,558	\$1,278,787
G31A	Vocational skills for women in orphanages/empowerment of young women	\$129,851	\$119,374	\$227,069	\$204,235	\$218,372	\$183,629	\$134,923
G41A	BETTER RESPONSE TO GBV THROUGH POLICIES AND PROTECTION SYSTEMS	\$119,190	\$119,090	\$245,106	\$242,977	\$224,166	\$220,980	\$140,663
P31A	DATA ON POPN ISSUES	\$35,000	\$29,913	\$168,100	\$166,866	\$230,459	\$217,330	\$186,962
R21A/U201	Utilisation of maternal health services	\$53,500	\$49,735	\$101,750	\$101,604	\$190,439	\$190,330	\$45,000
R31A	Reduce high risk pregnancies	\$40,000	\$36,934	\$1,995	\$656	\$0	\$0	\$0
R51A	Improved access to SRH for vulnerable population groups	\$98,355	\$93,799	\$298,855	\$296,877	\$352,757	\$351,397	\$282,313
M0809	BSB STAFF COSTS	\$679,926	\$673,487	\$605,801	\$618,290	\$618,090	\$651,522	\$662,392
	<b>TOTALS</b>	<b>\$2,106,673</b>	<b>\$1,891,798</b>	<b>\$2,771,295</b>	<b>\$2,675,317</b>	<b>\$4,671,560</b>	<b>\$4,363,220</b>	<b>\$3,708,658</b>



## Annex 6 Evaluation Matrix

### (Revised) Evaluation Matrix – Evaluation of the UNFPA 5th Country Programme of Assistance to the Government of Turkey (2011-2015)

Date of Submission to the Country Office: June 10, 2014 - Revised in September 2014

Evaluation Question (EQ) 1: To what extent are the objectives of the Turkey Country Programme 2011-2015 (1) adapted to the needs of the population (in particular the needs of the vulnerable groups, including the Syrian refugees); (2) aligned with government priorities; and (3) aligned with the policies and strategies of UNFPA?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<b>A 1.1 : The evolving needs of the population, in particular those of vulnerable and special groups, such as women and refugees, and those from remote or less developed geographic areas, were well taken into account during the planning and implementation processes.</b>	<ul style="list-style-type: none"> <li>The existence and evidence of consultation of needs assessments, studies, evaluations, and qualitative and quantitative data analyses, that identify needs and lessons learned prior to programming and during the CP, updated periodically to guide the programme</li> <li>Separate components are integrated in planning with cross cutting aspects such as gender and equity</li> <li>The choice of target groups for UNFPA supported interventions is consistent with identified and evolving needs</li> <li>Extent to which the interventions supported by UNFPA were targeted at</li> </ul>	<ul style="list-style-type: none"> <li>CPAP, CPAP M&amp;E Calendar</li> <li>AWPs</li> <li>COARS</li> <li>National policy/strategy documents</li> <li>Needs assessment studies</li> <li>Evaluations – Evaluation of the 4<sup>th</sup> Country Programme</li> <li>Syria RH, PD and Gender data</li> <li>Syria Regional Response Plans, 2012-2014</li> <li>Key Informants from Government and Development/Assistance partners, academic institutions</li> <li>Beneficiaries and others living in</li> </ul>	<ul style="list-style-type: none"> <li>Documentary analysis</li> <li>Interviews with UNFPA CO staff</li> <li>Interviews with implementing partners</li> <li>Interviews/Focus groups with beneficiaries and communities in targeted sites</li> <li>Visits to targeted areas and people</li> </ul>

	<p>most vulnerable, disadvantaged, marginalised and excluded population groups, and retargeted as needed</p> <ul style="list-style-type: none"> <li>• Extent to which the targeted people were consulted in relation to programme design and activities throughout the programme.</li> </ul>	remote and less developed areas	
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**Reproductive Health and Rights (RHR)**

There were three main programmes planned and implemented under the Reproductive Health and Rights component during the 5<sup>th</sup> Country Programme (CP) and Humanitarian Assistance was integrated with the RH and Gender components in 2011.

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 Faculty) 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. This programme ended at the close of 2012 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.
4. **Humanitarian Assistance** was integrated with the RH component, with partner Disaster and Emergency Management Presidency (AFAD), funded by UNFPA emergency funds, US Dept of State Bureau of Population, Refugees and Migration, and the Kuwait Fund.

**The existence and evidence of consultation of needs assessments.** The main partners and target groups for capacity development interventions, the Ministry of Health, Harran and Anadolu Universities, the SMAW, the NGO CVF and Y-PEER were consulted in the design of the programme.<sup>2</sup> The weak political commitment for voluntary family planning has led to retargeting of the RH strategy. The CPAP tracking tool was revised in 2012. The programme reaches some of the most vulnerable and disadvantaged groups, however, some of the SRH high risk populations, such as the Roma people, sex workers, and the lesbian, gay, bi-sexual and transgender people, were not included specifically but may be part of other groups participating in UNFPA interventions. The Country Office had planned a study early in the CP on the unmet SRH needs of Roma Population including young people in Turkey, and subsequently develop RH service delivery models and intervention, however, the activities had to be postponed due to funding shortages. Furthermore, Turkey is a geographically wide and populated country, the programme implementation area and coverage is limited due to financial and human resources constraints.

<sup>2</sup> Key Informant Interviews and Focus Group Discussions

Needs assessments and studies relevant to the RHR component are:

**Seasonal Migrant Agricultural Workers** - The “**Needs Assessment Study on Seasonal Agricultural Workers and Their Families**” conducted with support of UNFPA in 2011 and published in 2012<sup>3</sup> formed the basis for activities to strengthen access to SRH for migrant workers. This study covered many aspects of worker’s health. The maternal mortality rate was calculated as 153 per 100,000 live births for seasonal agricultural migrant workers, more than ten times the national average (15.4 percent, 2012).<sup>4</sup>The baseline data obtained from this study allowed Harran University and UNFPA to plan a RH delivery model in coordination with the MoH/Public Health Institution (PHI) in three pilot areas in South-East Anatolia (Şanlıurfa and Adıyaman) and Eskisehir.

The SMAW were subjects of the study with the purpose of finding out their problems and priorities. The SMAW are considered as a group that experiences all aspects of social exclusion and exposure to the worst working conditions, including a high rate of early death and diseases due to far-from-decent living and accommodation conditions, insufficient-unbalanced diet, accidents and injuries, reproductive health problems, exposure to pesticides, extreme hot and cold, and failure to access services. The SMAW in Turkey are one of the most disadvantaged groups in terms of poor access to primary health care services, mainly to housing, food, means of transportation and reproductive health services, all of which are main health indicators and occupational risks involved in agricultural works. Focus Group Discussions (FGD) with the migrant workers revealed that they felt included in planning and particularly in giving their feedback on the training and brochures.<sup>5</sup> (This programme was collaboratively implemented with the PD component.)

**Voluntary Family Planning** – A number of surveys and consultations underpin this programme which are national surveys and not those commissioned by UNFPA. Relevant surveys include the 2008 Turkish Demographic and Health Survey (TDHS) and the newest which was recently conducted in 2013 with results due to be publicized in October, 2014. Preliminary results suggest that the fertility rate has not declined over the five year period (TDHS 2013 preliminary report and information provided by the Country Office).The “**Utilization of Voluntary Family Planning Services**” was continued into the 5<sup>th</sup> CP based on successful collaboration with the Ministry of Health in past years, particularly on the Turkish Armed Forces (TAF) RH training, budgeting for FP commodities, and decentralized in-service training. The restructuring of the MoH led to partnership with the Public Health Agency of Turkey (PHAT), many staff of PHAT were formerly in the General Directorate of Mother, Child, Health and Family Planning. All MoH/PHAT key informant interviewees in Ankara attested to the high degree of collaboration and consultations with UNFPA regarding development of guidelines and training materials and curricula. The 4<sup>th</sup> CP evaluation recommended the continuation of capacity strengthening for SRH services with the MoH and Ministry of National Education (MoNE). Key stakeholders were involved in the planning phases of the 5<sup>th</sup> CP.<sup>6</sup>

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 serious regional discrepancies in RH indicators. However, programme focus was interrupted by reorganization of the Ministry of Health in 2011 for the countrywide “Health Transformation” programme; 80% of Family Planning (FP) services in the MCH/FP Centers were

<sup>3</sup>Needs Assessment Study on Seasonal Agriculture Workers and Their Families, April 2012, Harran University and UNFPA, Summary

<sup>4</sup> Needs Assessment Study on Seasonal Agriculture Workers and Their Families, April 2012, Harran University and UNFPA, Summary, page 39

<sup>5</sup> Focus Group Discussions, Health Mediators, Sanliurfa

<sup>6</sup> UNFPA Turkey 4<sup>th</sup> Country Programme Evaluation (2006-2010), and Management Response to 4<sup>th</sup> CPE Evaluation

shifted to the Community Health Centers and service gaps occurred. The “**Utilization of Voluntary Family Planning Services**” was not continued past December 2012. (See further discussion under A.1.3) The output is still relevant and valid. The Health Transformation and restructuring of MoH started in 2012 and is still ongoing. Although the structures referred to in the annual work plan are no longer existent UNFPA is providing technical assistance to the new structure, without the cash transfer modality. The engagement model has changed only. Therefore the programme has not lost its relevance<sup>7</sup>.

**SRH for Vulnerable Population Groups** - The 2007 national youth survey<sup>8</sup> 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, STDs, and HIV and AIDS, with the most vulnerable being in rural areas and among the poor. Young people aged 10 to 24 make up 24.9 percent of the population. A quarter of young people report that they consult health providers and most wish to get information from the health system; 60 percent of youth are using contraceptives. Youth needs for information, their lack of information and the mis-information offered to the public were confirmed for this evaluation in the key informant interviews and Focus Group Discussions (FGD).<sup>9</sup> Suggested areas for intervention by the 2007 survey included provision of SRH education in early childhood, systematic coverage in formal education, counseling through “youth friendly” coalition between the education and health institutions.

In addition, the UNFPA CO conducted a review in 2012 which compiled data from various sources regarding behavioral 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.<sup>10</sup> Youth involved in the Y-PEER network have been extensively consulted regarding their capacity development, and the RH information needs of youth are clear. The Y-PEER network and peer educators offer the opportunity to inform a large number of adolescents and youth regarding their SRH rights, however, the potential use of the network to reach the most high risk adolescents and youth has not been fully realized.<sup>11</sup> Neither the Youth survey nor the evaluation informants fully discussed the needs of the most vulnerable high risk groups who may be considered to be the rural poor, sex workers, lesbian, gay, bi-sexual, and transgender (LGBT) people, men having sex with men (MSM) minorities and marginalized people, young people, and girls who drop out of school. (Nearly 66% of girls drop out of school.) Since the unmet need for SRH information and services is standardized throughout the country, the youth SRH programme focuses primarily on SRH rights and needs of young people in Turkey. The developed tools and content is replicable for all youth groups.

**Minority population groups** such as the Roma (500,000)<sup>12</sup>, the SMAW (over 3 million)<sup>13</sup>, the Syrian refugees (approximately 1.1 million)<sup>14</sup> and people living in poorer rural areas are the most in need of FP services. They may have higher fertility rates and higher risks for cervical and testicular cancer if they have not had

<sup>7</sup> Key Informant interviews

<sup>8</sup> 2007 Turkey Youth Sexual and Reproductive Health Survey, Summary Report, National Population Association and UNFPA, Ankara 2007.

<sup>9</sup> Key Informant interviews and Y-PEER focus group interview

<sup>10</sup> Sexual and Reproductive Health Education and Healthy LifeStyle Promotion in Turkey: Review report, UNFPA 2012

<sup>11</sup> Key informant interviews and focus group discussions, and the UNFPA 4th Country Programme Evaluation conclusion and recommendation

<sup>12</sup> [Jump up ^ "Roma rights organizations work to ease prejudice in Turkey". EurasiaNet. 22 July 2005. Retrieved 2010-09-15. "There are officially about 500,000 Roma in Turkey."](#)

routine screening and early treatment, and in addition, the sexually active youth especially among these minority groups are in need of services and information as well as the LGBT and sex workers who may incur and spread STDs including HIV. In 2013, the number of recorded people living with HIV in Turkey reached 6,800, 1,096 of whom have symptoms of AIDS, according to MoH statistics. Most of the cases result from lack of condom use. HIV most frequently occurs in the 20 to 49 age range while 72 percent of all HIV-positive patients are male.<sup>15</sup> Due to lack of donor interest and core resource limitations, the programme did not specifically target the Roma people as planned. In 2014, a focus on **school counselors** “Capacity building of counseling teachers on youth SRH and needs” was added to the annual work plans based on a pilot training and needs assessment. TED University staff have guided this process with UNFPA and reported on the effectiveness of the training, with counselors as the intended target group. Universities in Turkey offer counseling as a university degree program thus SRH may be added to their university curriculums and subsequently graduates employed as school counselors can facilitate SRH activities in their schools. Indicators will be added and tracked for the outcomes on students who would be considered as the end beneficiaries.<sup>16</sup>

**Integration of Separate Components:** For “**Utilization of Maternal Health Services by SMAW**”, the RH component collaborated with the PD component to plan the “**Needs Assessment Study on Seasonal Agricultural Workers and Their Families**”, collect data on migration trends, challenges and basic social needs of the SMAW which will be used to design a program addressing their SRH needs.

**Population and Development** The PD activities fall under: “*Data on Emerging Population Issues*” with the purpose of contributing to the CPAP PD Output 1 within the period 2011-2014 (present).

The rationale behind the annual work plans has been addressing evidence based development issues in the country where regional disparities have been strikingly high and the ranking in Human Development Report is far below the developed countries. Thus, through the **PD Component** UNFPA has been aiming at contributing to increased analysis of data and information at national and local levels with regard to population and development. Data availability and analysis around population dynamics, sexual and reproductive health and gender equality are among important needs of Turkey. The priorities and actions of the AWP have been set according to the changing country context and needs. The PD Component of the 5<sup>th</sup> CP builds upon the results of the former 4<sup>th</sup> CP by which capacity development of the partner institutions was supported. The interventions under the 5<sup>th</sup> CP have mainly focused on strengthening the policy framework on demographic based development issues particularly related to the vulnerable groups in the country, while targeting a variety of stakeholders. The PD Component of the 5<sup>th</sup> CP correctly emphasizes the ICPD principles set in the ICPD Action Plan to be achieved by the end of 2014 and also post 2015 progress of the MDG through supporting the advocacy to continue to achieve the ICPD and MDG targets. Intersectoral collaboration achieved during the 4<sup>th</sup> CP has been continued in the 5<sup>th</sup> CP through involvement of different sectors in PD activities, fostering their partnerships with the government at central and local levels. Thus, UNFPA has continued mobilization of different stakeholders, including civil society, university and private sector in addition to the public sector during the 5<sup>th</sup> CP.

<sup>13</sup> Turkish Statistical Organization (TurkStat), quoted by UNFPA in Report to TOROS Holding and MATRA, 2013

<sup>14</sup> UNHCR estimate at end of 2013, <http://www.unhcr.org/pages/49e48e0fa7f.html>

<sup>15</sup> Ministry of Health, Turkey, 2013

<sup>16</sup> Annual Work Plans 2014; Standard Progress Reports, 2013



**Stakeholder consultation:** Before designing the AWP and their activities, stakeholder consultations have taken place to ensure that planned activities address the real needs of the beneficiaries. Stakeholder consultation has been conducted with the main government partners such as the Ministry of Development (MoD) former State Planning Organization, with a view to designing a capacity development project for the MoD and Regional Development Agencies (RDA) staff. Similarly, the NGOs have been consulted before designing preparation meetings for the higher level UN meetings. UNFPA conducted stakeholder consultations with MoD, TurkStat and Baskent, Hacettepe and Harran universities in developing its AWP related to the four publications produced in partnership with TUSIAD. Furthermore, consultancies with specialised associations such as the Population Association and universities such as the Hacettepe University Institute of Population Studies have been maintained while designing the AWP and their implementations.

**Integration of the components.** Among the three programme components, the PD component has the lowest budget, amounting to US \$0.4 million, out of a total budget of US \$4.5 million over the five years of the 5<sup>th</sup> CP. Thus, cooperation with the activities of other components has increased their effectiveness through creating synergies. Cooperation has been achieved between the PD Component and the SRH and GE Components. In 2011 AWP, the Needs Assessment study<sup>17</sup> related to the Seasonal Migrant Agricultural Workers (SMAW) in Sanliurfa and Adiyaman has formed the basis of the following SMAW Project under the RH component, allowing for a successful integrated linkage between the two components of the UNFPA. Similarly high coordination has been achieved between the PD and GE Components of the UNFPA, particularly with reference to the GE Project Women Friendly Cities (WFC). While the WFC Project has been continuing, through an excellent cooperation with the WFC Local Coordinators, activities have been organized in three WFCs (Antalya, Izmir and Sanliurfa) in 2013 to develop awareness and capacity on the ICPD as well as MDG and to promote the ICPD indicators related to gender equality and gender rights and their implications on demographic based development. The PD Component provided technical support to the design of the GE Component studies during their design such as related to the qualitative study on “Perspectives of In-School Adolescents on GBV”. These are assessed to be good practices for cooperation among components.

### **Gender**

Three key programmes have been designed under the Gender component during the 5<sup>th</sup> Country Programme (CP):

- (1) UN Joint Programme on Women Friendly Cities (UNJP), which is implemented jointly by UNFPA and UNDP in partnership with the Ministry of Interior (MoI) General Directorate of Local Authorities, and with the Swedish International Cooperation and Development Agency (SIDA) as its main donor.
- (2) Human Rights Protection Systems and Mechanisms (Pomegranate Arils Project) implemented by UNFPA with BOYNER Holding and Group Companies as the donor of the Project.
- (3) Response to Gender Based Violence Project, whose main implementing partners are UNFPA and Population Association

**The existence and evidence of consultation of needs assessments** - The extent to which needs assessments, studies, evaluations, and qualitative and

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<sup>17</sup>Needs Assessment Study on Seasonal Migrant Agriculture Workers and Their Families, April 2012, Harran University and UNFPA

quantitative data analyses identifying needs and lessons learned prior to programming and during the CP were updated periodically to guide the programme varies across the three programmes. The SPR 2011 for UNJP<sup>18</sup> indicates that an inception report describing the activities, objectives, background and context of the UN Joint Programme, (UNJP) target groups, UNJP management approach and overall planning was prepared prior to the current programming period. The inception report also covered an assessment of the Phase 1 of the UNJP, the results of a mapping exercise, selection of new Programme cities and ongoing similar interventions in the area of women's rights in the newly selected Programme cities. The selection of the six additional cities in the Phase 2 of the UNJP was based on a value-weighted assessment to rank the candidate cities based on their capacity and needs. In order to identify the needs, an assessment was conducted on the basis of various indicators, including life expectancy, adult literacy, school enrolment, earned income of women, female seats in local parliaments, female administrators and professionals, as well as prevalence of GBV.<sup>19</sup>

Moreover, a knowledge-sharing meeting was held in July 2011 bringing together local representatives (governorships, municipalities, special provincial administrations and women's NGOs) from the Programme cities, with a view to sharing the experiences and lessons learned from the first phase of the Programme. A workshop in August 2011 in Ankara aimed to revise the Local Equality Mechanism Model (made up of Women's Council, Equality Units, Equality Commissions and LEAPs) designed during Phase 1 of the UNJP in order to update it in Phase 2, establishing it in the new cities and strengthening it in the original cities. This revised model was then approved by the MoI and shared with Programme cities.

The Community Empowerment/Neighbourhood Mobilization Component of the UNJP started in 2012 to be implemented initially in four pilot cities (İzmir, Nevşehir, Şanlıurfa, Trabzon) and their respective neighborhoods. In 2013, Kars was added to the pilot cities. The selection of neighbourhoods was based on a mapping study involving collection of qualitative data through interviews and focus group meetings carried out in 2013.<sup>20</sup> All these elements show that the UNJP successfully incorporates the results of needs assessments, studies, evaluations, and data analyses into its programming process and updates its various elements accordingly.

The Pomegranate Arils Project also builds on needs assessments, evaluations, as well as quantitative and qualitative data. However, these are not regularly or periodically undertaken and/or documented in related programming documents such as AWP and SPRs. This project takes into account the low rates of female employment in Turkey in general and acknowledges the double disadvantages faced by the target group in this respect. It has also been revised in accordance with meetings with stakeholders conducted each year, aiming to map out the strengths and weaknesses faced in implementation. In 2013, 28 needs assessment meetings were held across seven provinces with service providers with a view to ensuring the sustainability of the project through building in-house capacity in its governmental partners. The results of these needs assessments led to a training programme, which with group and home leaders and care staff in four selected provinces.<sup>21</sup> However, overall, regular and periodical use of needs assessment studies and evaluations in this should not only be targeted at service providers, but also establish a sustainable mechanism to incorporate the changing needs and demands of its beneficiaries. The regular use of data on

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<sup>18</sup>Standard Progress Report 2011, TUR5G11A

<sup>19</sup>Ibid.

<sup>20</sup>Standard Progress Report 2013, TUR5G11A

<sup>21</sup>Standard Progress Report 2013, TUR5G31A

beneficiaries would be useful to adapt and update the Programme in line with emerging needs project not sufficient.

The Response to GBV Programme (TUR5G41A) provided support for a survey aiming to collect qualitative data on young people's perceptions about GBV (described below). The data obtained formed the basis for the design and implementation of an intervention to combat GBV among young people.<sup>22</sup> In 2014, a pilot GBV prevention programme will be implemented on the basis of the findings of this survey. The programme will cover in-school and out of school trainings for in Ankara and Istanbul, targeting school-age children between 11 and 14 years of age.<sup>23</sup> Generally, the activities under the GBV Programme draw on a 2009 study on domestic violence, which establishes the context within which violence occurs in Turkey.<sup>24</sup> However, the regular and periodical use of data and needs assessments in this Programme is an aspect that needs to develop further.

At a more general level, CPAP 2011-2015 appears to have effectively integrated the results and recommendations of the evaluation conducted for the 4<sup>th</sup> Country Programme.<sup>25</sup> Moreover, the CPD and, in particular, CPAP, are based on a detailed situation analysis of Turkey, including the status of women which is analysed to a great extent on the basis of an account of the prevalence of GBV, and develops its priorities on this basis. However, as empowering women and promoting an enabling environment for them to fully exercise their human rights is among the major objectives of UNFPA in this current period, it would be beneficial for the agency to base its interventions on a more thorough analysis of women's status vis-à-vis economic, political and social rights, and continuously update the interventions on the basis of national and international data generated by TURKSTAT and other relevant organizations. Particularly when the UNJP and PA Projects are concerned extensive situation analyses, supported with statistical data and indicators, on women's status and gender equality, which are essential to back up UNFPA interventions in the Gender component, are missing.

**Separate components are integrated in planning with cross cutting aspects such as gender and equity** - The new planned interventions of the Gender Thematic Group (GTG) aim to cross-cut gender with youth. This is already evident in the PA Project aiming at young girls, as well as the Response to GBV project which particularly aim to involve young people in to combating against GBV. UN Joint Programme on Women Friendly Cities has a significant gender mainstreaming and empowerment dimension, especially in terms of the LEAPs (which are discussed in detail below) and the small grants programme.

**The choice of target groups for UNFPA supported interventions is consistent with identified and evolving needs** - In the area of gender, the target groups for UNFPA supported interventions are consistent with identified and evolving needs.

**Extent to which the interventions supported by UNFPA were targeted at most vulnerable, disadvantaged, marginalised and excluded population groups, and retargeted as needed** - The UNFPA interventions under the gender component are rightly targeted at the most vulnerable, disadvantaged, marginalized and excluded population groups, including girls growing up in orphanages, women subject to GBV, refugees, etc. Particularly the Response to GBV Project and PA

<sup>22</sup>Standard Progress Report 2012, TUR5G41A

<sup>23</sup> Annual Work Plan 2014, TUR5G41A

<sup>24</sup>ICON (2009) *National Research on Domestic Violence Against Women in Turkey*. Ankara, 2009.

<sup>25</sup>UNFPA Turkey (2010) *UNFPA Turkey 4th Country Programme (2006-2010) Evaluation Report*. Ankara, December 2010.

Project provide good examples of empowering disadvantaged women. The PA Project targets young women who are doubly disadvantaged as they are already subjected to gender inequalities prevalent in Turkey, but also as they grew up in orphanages and thereby affected by prejudices because they lack the necessary skills and institutional information. The Response to GBV Project, on the other hand, aims at preventing GBV through targeting service providers, law enforcement officials, religious leaders, and therefore promoting a significant societal awareness starting from the grassroots level on the issue.

The UNJP on Women Friendly Cities is also a valuable intervention in terms of promoting women's human rights. The targeting of most vulnerable groups is effectively done. Particularly, the new Community / Neighbourhood dimension of UNJP, aiming to reach the most vulnerable population in selected provinces, which has been effective in this respect. Interviews conducted in Şanlıurfa with WFC stakeholders confirm this, although this is only currently a pilot project. Therefore, due to financial and technical constraints, these Programmes remain limited to certain geographic areas or groups. This is currently a pilot project aiming to establish a model for neighbourhood level management systems, to be owned by local authorities and used at a more general level in the later stages. It is therefore important to upscale this kind of initiatives to wider geographic areas and population groups. In this respect, it would be important to pilot this model in other WFC participant cities. The upscaling of these Programmes, especially the UNJP, would be important to reach wider population groups.

Re-targeting was also done in several Programmes. The humanitarian intervention on Syrian refugee camps, for example, has come to involve a strong GBV component, as the need emerged during the programming period. The PA Programme was also re-targeted in 2013 from the Pomegranate Arils towards service providers as the need was observed to develop the in-house capacity of the General Directorate of Child Services (GDCS) with a view to ensuring the sustainability of the Programme.

**Extent to which the targeted people were consulted in relation to programme design and activities throughout the programme** - The three major interventions in the Gender component were prepared and are being implemented through a participatory approach, incorporating the views of relevant governmental, private sector, academic and NGO stakeholders. The UNJP in particular can be considered as a good example in terms of promoting a participatory approach, developing practices of collaboration and cooperation between the stakeholders and, where relevant, beneficiaries. The Programmes are designed and revised by taking into account the views of beneficiaries and relevant stakeholders. The stakeholders are consulted also in the GBV trainings, and the training programmes are tailored to their specific needs. The interviews with the relevant stakeholders, particularly those with the security staff, Turkish Armed Forces (TAF) and Religious Affairs, also confirm that the training material was adapted according to their needs. Re-adaptation took place with the TAF trainings on the basis of monitoring, with security forces training on the basis of changes in the legal system, and with Religious Affairs on the basis of new demands from stakeholders.

<p><b>A 1.2: The objectives and strategies of the components of the Country Programme are consistent with the priorities put forward in the UNDCS, and in the UNFPA strategic plans.</b></p>	<ul style="list-style-type: none"> <li>• The objectives and strategies of the CPAP and the AWP are in line with the goals and priorities set in the UNDCS</li> <li>• ICPD goals are reflected in the CPAP and component activities</li> <li>• The CPAP sets out relevant goals, objectives and activities to develop national capacities</li> <li>• Extent to which South-South cooperation has been mainstreamed in the country programme</li> <li>• Extent to which gender equality and women's empowerment have been mainstreamed</li> <li>• Extent to which specific attention has been paid to youth in the programme</li> </ul>	<ul style="list-style-type: none"> <li>• CPAP</li> <li>• Turkey Country Strategy</li> <li>• UNDCS; joint and collaborative programme documents</li> <li>• AWP</li> <li>• UNFPA Strategic Plan, 2008-2011, extended to 2013: Accelerating Progress and National Ownership of the ICPD</li> <li>• Mid-Term Review of the UNFPA Strategic Plan for 2008-2011, extended to 2013, 26 July 2011</li> <li>• UNFPA Strategic Plan for 2014-2017</li> <li>• UNFPA: The Way Forward, Business Plan for 2012-2013</li> </ul>	<ul style="list-style-type: none"> <li>- Documentary analysis</li> <li>- Interviews with UNFPA CO and Regional Office staff</li> <li>- Interviews with UNCT members and government stakeholders</li> </ul>
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According to the CPAP<sup>26</sup>, the 5<sup>th</sup> 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, Strengthening Results-Based Management and Knowledge Sharing.** The objectives and strategies of the **RHR and PD** AWP are in line with the goals and priorities and 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.** For **Gender**, the objectives and strategies of the CPAP and AWP are in line with the goals and priorities set in the UNDCS, particularly **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."

**ICPD goals reflected in the CPAP and component activities.** All key programming documents make regular and appropriate references to CPAP outputs and ICPD results, which mutually reinforce each other and increase the legitimacy of the objectives. CPAP and relevant component activities incorporate and are based on ICPD goals and principles. The foundation of the ICPD is completely relevant in Turkey and notes that achievement of Reproductive Health (RH) goals is challenging because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries.

<sup>26</sup> UNFPA Country Programme Action Plan, 2011-2015

The ICPD goals are incorporated into UNFPA's 5<sup>th</sup> CP for RHR and include: a) To ensure that comprehensive and factual information and a full range of reproductive health-care services, including family planning, are accessible, affordable, acceptable and convenient to all users; b) To enable and support responsible voluntary decisions about child-bearing and methods of family planning of their choice, and to have the information, education and means to do so; and (c) To meet changing reproductive health needs over the life cycle and to do so in ways sensitive to the diversity of circumstances of local communities.

**The CPAP sets out relevant goals, objectives and activities to develop national capacities.** The CPAP outputs in the RHR were vetted with national partners in the Ministry of Health and are the same as the MoH objectives for the same period of time, indicating close collaboration and vision. Similarly, partner Universities' research and their juxtaposition to studies of the social issues have promoted strong relevance for the activities to improve the SRH of the SMAW and adolescents and youth. The CPAP outputs in the area of **gender** are well-targeted, identified on the basis of needs, and relevant and significant for developing national capacities in the area of gender. The respective interventions in the Gender component include activities to develop national capacities with a view to ensuring the continuity and sustainability of the activities. All three main programmes under the Gender component include significant capacity building initiatives, at both local and national levels. The WFC initiative 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. On the other hand, the PA Project aims to develop the capacities of service providers to meet the emerging needs of this particular group.

**The extent to which South-South cooperation (SSC) has been mainstreamed into the CP.** The CPAP mentions that "UNFPA expects to collaborate with the Turkish International Cooperation and Development Agency to encourage South-South cooperation, particularly for sharing experience and best practices of Turkey in demographic data collection and analysis with the countries in the region during the 5<sup>th</sup> CP. Regional initiatives include and connect countries of the region in various initiatives, however, how these initiatives feedback into the CPAP outputs is not always clear in the documentation. There have been regional plans for Humanitarian Assistance for the Syrian refugees; however, these are linked to an appeal for funding with a few examples of cooperation between the hosting countries.

There are numerous examples of South South Cooperation. Through the UNCT, triangular and South-South cooperation opportunities sought to operationalize Istanbul Plan of Action in support for the national development plan. The UNFPA CO and the Regional Office have been cooperating for facilitating the role of the government partners in Turkey to initiate South South cooperation in areas related to PD. However, an example is related to South South cooperation within the region for establishment of Address-Based Population Registration System in Iran through the technical assistance of TurkStat and Ministry of Interior General Directorate of Civil Registration and Nationality. UNFPA CO provided support to TurkStat under its PD Component within the previous 4<sup>th</sup> Country Programme as indicated in the previous Evaluation Report.<sup>27</sup>

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<sup>27</sup>Turkey CPE 2006-2010, Page 17-18

The UNFPA CO PD staff has shared with the Regional Office the experience related to the capacity developed at the TurkStat on Address-Based Population Registration System<sup>28</sup>. Thus, the regional South South cooperation is being initiated by the UNFPA CO under the PD Component. Furthermore, UNFPA CO informs and facilitates the main partners and stakeholders such as the MoFSP, MoD, MoH and Population Association to take part in capacity building activities of the UNFPA Regional Office. The CO supported a study tour for Mongolia for SSC. The CO provided technical guidance to MoH on conducting SSC activities. The CO started to work SESRIC and OIC to establish a political infrastructure for SSC. Cervical Cancer Black sea Coalition will give opportunity for further SSC activities. UNFPA CO provided substantive contribution to finalizing the OIC health strategy and action plan that would be implemented in several countries in Africa and Asia. With the support from the Turkey CO, Hecettepe University provided substantial technical assistance in the analysis of the qualitative research on Skewed sex ratio at birth (SSRB) in Azerbaijan. The report is currently being finalized. UNFPA CO also provided direction and oversight in conducting quantitative and qualitative research on SSRB in Armenia and helped launch high level advocacy work on prevention of SSRB.

**Extent to which gender equality and women's empowerment have been mainstreamed.** The annual work plans contain a "Gender Marker Worksheet" which is a test of mainstreaming and judges whether the programme meets criteria for gender equity. The Gender Marker has not been used before 2012 as it was introduced only then within a pilot programme which Turkey was part of. Specifically, the worksheet uses criteria to judge whether the design is based on inequality assessments, specifies how inequality will be addressed, and whether programme activities will address gender imbalances. Gender equality and women's empowerment are vital and intrinsic parts of the **RH programme**, especially regarding women's reproductive health rights including rights to birth spacing. Gender equality and women's empowerment have been mainstreamed in the **Gender component**. Despite the importance of gender mainstreaming in the **PD** component, this issue has not been adequately taken into account within the early annual plans, however, recent plans for PD also contain a gender marker worksheet. The GBV trainings in Syrian refugee camps are also examples of gender mainstreaming. However, the focus has been improved explicitly within the last 2 years, particularly through cooperating with the WFC Project.

**Extent to which special attention has been paid to the youth in the programme.** The CPAP 2011-2015 states that in all components of the programme, young people's concerns will be mainstreamed in collaboration with the Youth Advisory Board of the Country Office. There is however, no Youth Marker worksheet which could be helpful. Youth is not specifically targeted in PD for this CP.

**RHR** - The youth-targeted activities through **Improved Access to Sexual Reproductive Health (SRH) for Vulnerable Population Groups** form one of the core focus areas of the RH programme. As mentioned above, youth friendly health activities do not include all of the at risk groups within youth. Focus on adolescents and youth are weakly referenced in the national Voluntary Family Planning goals, however, UNFPA has supported a Youth Friendly Health Service Model which is a national model and targets all youth groups. The CPAP does not refer to married or unmarried youth, but only to youth. Considerable efforts have been made to find means to target youth.<sup>29</sup> There has been integration regarding youth SRH among the RH interventions; youth peer educators were used to train the SMAW and half of the health mediators from the SMAW community are young people.

<sup>28</sup><http://tuikapp.tuik.gov.tr/adnksdagitapp/adnks.zul?dil=2>

<sup>29</sup>Sexual and Reproductive Health Education and Healthy LifeStyle Promotion in Turkey: Review report, UNFPA 2012

UNFPA devoted significant resources in the past under CPs 3 and 4, to youth-focused activities. However, the Youth Friendly Spaces in the Ministry of Health services are now under the management of Public Health centers, and many of the youth friendly spaces in clinics and hospitals were lost during the reorganization, a few remain and this concept might take another form in the future. In 2014, UNFPA conducted a national workshop with MoH with the participants of all relevant partners. According to the recommendations of workshop MoH will re-establish Youth Friendly Health services in hospitals. And also a training module for primary health care providers is prepared for youth friendly approach at Family Health Services. The MoH is working on a MoU to sign with Ministry of Education on adolescent health. UNFPA is providing technical and advocacy support to the content of the MoU and activities.

**Gender** - There are several important initiatives targeting the youth, and one of the three main activities under the gender component (the PA Project) is exclusively targeted at young women, aiming to develop their skills and provide mentoring, with a view to empowering them. There are also remarkable efforts to involve young people in the combat against GBV, and studies have been conducted to raise their awareness and understand their perceptions on the issue. The UNJP could benefit from a more consistent focus on the youth and needs a specific emphasis on the empowerment of young women in its gender mainstreaming dimension particularly in the LEAPs. This issue is dealt with individually in LEAPs, especially under the education component of the latter, but the exact extent to which this is uniformly represented in each LEAP is not known. Also, there have been some good examples through the small grants initiatives, aiming to address young women. This could be further elaborated and expanded in the next phase of the UNJP.

<p><b>A 1.3: The objectives and strategies of the Country Programme are consistent with Government policies, strategies and guidelines and are planned with sufficient knowledge of the sub-national structures and provincial stakeholders in the selected areas.</b></p>	<ul style="list-style-type: none"> <li>• Extent to which objectives and strategies of each component of the programme are consistent with relevant national and sectorial policies</li> <li>• Extent to which the objectives and strategies of the CPAP have been planned with the national partners</li> <li>• Extent to which activities have been implemented with Government and community partners and through national systems</li> </ul>	<ul style="list-style-type: none"> <li>• National policies, strategies and guidance on RHR, gender, P&amp;D, humanitarian assistance and refugee rights</li> <li>• Joint plans and agreements (MoUs, field level agreements, etc.)</li> <li>• Government and other national stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Review of relevant national documents</li> <li>• Review of regional and global instruments accepted by the Government</li> <li>• Key Informant interviews</li> <li>• Visits to target groups and provincial and district offices</li> </ul>
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**Reproductive Health and Rights (RHR) – Consistency with National Sectoral Policies.** 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 in the area of SRH as 1) high maternal mortality, 2) high frequency of unwanted pregnancies, 3) increasing prevalence of STIs-HIV/AIDS and 4) the low SRH knowledge of the young people. The Action Plan also highlighted the need to reduce disparities between and within the regions and between different population groups as the fifth priority issue. All these five



priorities were reflected in UNFPA 5th CP.

While in the past, the Ministry of Health (now the Public Health Agency of Turkey - PHAT) had been actively promoting reproductive health services including family planning, in the past few years there is reticence to discuss or implement RH services. Moreover the current political atmosphere encourages conservative views and larger families, with cash payments made by the government to women giving birth. A number of factors contribute to the disparity between the RH plan and the climate for carrying it out. Lack of political commitment and increasing pro-natalist policies are the specific challenges to FP. Further, unmarried women below 18 years of age need parental approval to receive FP services. Although there has been no change in abortion laws, there have been fees levied on abortion. Production and import of rheumatic drugs containing misoprostol, the ingredient in morning after pills, have also been prohibited. Overall, RH lacks strong focus by the government which hampers implementation of UNFPA activities. For example, in last two national development plans (9<sup>th</sup> and 10<sup>th</sup>), “reproductive health” was not mentioned, although it is discussed in background research conducted by experts, however, the results of the discussion were not included in the body of the plans. While there is no legislation or laws that directly act as barriers to FP information and services, there is legislation that indirectly limits access to service and information. From the law no. 2827 on Family Planning, which governs transition to the Practice of General Family Medicine, the interpretation of the legislation has become more aligned to conservative family values.<sup>30</sup>

The Turkey national youth policy of 2013 encompasses 13 themes, ranging from education, employment and entrepreneurship, to participation, civic consciousness, and culture. Previous to this, there was research and briefings on youth.<sup>31</sup> There is still absence of a comprehensive youth policy that contains information on sexual and reproductive health and reproductive rights in school-based curricula. The SRH rights 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. There is no specific legislation on the needs of young people acknowledged in national Family Planning laws. In Turkey, young people under the age of 18 need parental consent to be able to access health services. While commitment by the PHAT to address SRH needs of adolescents and youth lapsed during the MoH institutional reorganization, key informants, many of whom have worked extensively with UNFPA, indicated their willingness to restart activities and initiatives for youth.

**Planning with national partners.** All key informants who partner with UNFPA have testified that strategy and intervention planning with UNFPA has been very collaborative. The results framework RH programme outputs exactly match those of the Ministry of Health’s RH outputs, which indicates the high degree of cooperation between UNFPA and the MoH during the CPAP planning stages. A unique health delivery model was developed for seasonal migrant agricultural workers (SMAWs) in partnership with Harran University, Ministry of Health, Ministry of Labor and Social Security (MoLSS), along with ISKUR, the employment agency associated with MoLSS, and local administrations. The programme had an additional component targeting social service providers (health professionals, religious staff, local administrators) and media professionals. Since March 2010, the MoLSS has raised awareness on transportation problems for the SMAW, which accounts for most accidents and injuries, followed by housing, education, wages and access to other public services. Appropriate budgets are allocated to

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<sup>30</sup> Key informant interviews

<sup>31</sup> <http://www.youthpolicy.org/factsheets/country/turkey/>

provinces supporting the necessary infrastructure for creating living areas in farmlands. The objectives and strategies of interventions to strengthen SMAW RH rights have been intensively planned with Harran and Andolu University partners, the MoH, the Ministry of Labor and Social Security and other partners. For youth SRH, UNFPA has sought partnerships with TED University and the Y-PEER network while seeking coordination opportunities with the Ministry of National Education. As a result of lessons learned in setting up the MISP training (see A 1.4 below), planning for disaster and emergency response has been strengthened with AFAD and the MoH.

**Implementation with government and community partners and through national systems.** A unique health delivery model was developed for seasonal migrant agricultural workers (SMAWs) in partnership with Harran University, Ministry of Health, Ministry of Labor and Social Security and local administrations. The programme had an additional component targeting social service providers (health professionals, religious staff, local administrators) and media professionals to create awareness of the unhealthy living conditions that many SMAW face and their rights to basic services.

**Population and Development:** Within the past 4 years the annual work plans have evolved to become more policy based than the individual interventions of the early years of the 5<sup>th</sup> Country Programme. This correctly corresponds to the needs assessed by the Country Team regarding that Turkey's priorities are well reflected in the ICPD beyond 2014 and post development Agenda beyond 2015<sup>32</sup>. Based on the stakeholder consultancies conducted by the UNFPA PD staff, another major focus has become the capacity development of the staff of MoD and RDAs to contribute to the demographic based development plans not only at the center but through the regional development strategies prepared by the RDAs.

**Gender:** The objectives and strategies of the gender component are consistent with relevant national priorities and policies. The 10<sup>th</sup> Development Plan of the Turkish Government (2014-2018) identifies strengthening women's role in social, cultural and economic spheres as a key objective, and emphasises the importance of encouraging women's participation in decision-making processes, labour force participation, and increased educational and skills levels. The draft National Action Plan on Gender Equality (2014-2018) entails action in eight different components, including women's participation in education and economy, women's participation in decision-making mechanisms, and promoting gender equality in Turkey. The three activities under the Gender component serve these objectives, as the PA Project aims to increase the skills levels and labour force participation of women; the UNJP aims to encourage women's participation in decision-making mechanisms; and GBV project aims to promote women's human rights and empowerment more generally. Struggle against GBV and discrimination against women is also consistent with the latest Development Plan, which states the aim to raise awareness on the issue. The emphasis on GBV is also evidenced by the GDSW's National Action Plan for Combating VAW (2012-2015), as well as the Law No. 6284 on the Protection of Women and Prevention of VAW adopted in 2012. Moreover, the European Council Convention on the Prevention of VAW and Domestic Violence (known as Istanbul Convention) was signed and approved by Turkey in 2012. The UNFPA focus on GBV is therefore well attuned to governmental policies and priorities. The MoI Circular of July 2010 on women friendly cities is further evidence of the alignment of UNFPA priorities with national policies.

**Extent to which the objectives and strategies of the CPAP have been planned with the national partners.** The CPAP 2011-2015 is based on a joint agreement between the UNFPA and the Government, and it states that the 5<sup>th</sup> CP was developed through a participatory approach with the national stakeholders, donors

<sup>32</sup><http://www.un.org.tr/v3/templates/allcss/report2015.pdf>

and UN agencies within the UNDCS. Accordingly, 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. The CPAP also identifies a broad range of national partners, including the government, private sector and NGO partners that will be contributing to the implementation of activities.

**Extent to which activities have been implemented with Government and community partners and through national systems.** All three key activities under the gender component are being implemented with government and community partners through national systems, although the extent and nature of collaboration varies. In UNJP, MoI GDLA is the main implementing partner; in Response to GBV Programme, several governmental units including MoFSP GD on the Status of Women, Security Forces, TAF, Religious Affairs, MoI and MoNE have acted as implementing partners contributing to several aspects of the Programme; and MoFSP GDCS is the main implementing partner of the PA Programme. These Government partners act in different capacities and provide contributions to different aspects of the component, as outlined in detail below in Section 4.

<p><b>A 1.4: The CO has responded appropriately to changes occurred with regard to the consequences of the Syrian crisis, according to its humanitarian mandate.</b></p>	<ul style="list-style-type: none"> <li>• Timeliness of the CO response to the refugee influx</li> <li>• Support from Regional and Global offices</li> <li>• CO capacity to reorient/adjust the objectives of the CPAP and the AWP</li> <li>• Extent to which the response was adapted to emerging needs, demands and national priorities</li> <li>• Extent to which the reallocation of funds towards new activities (in particular humanitarian) is justified</li> <li>• Extent to which the CO has managed to ensure continuity in the pursuit of CPAP objectives while responding to emerging needs and demands</li> </ul>	<ul style="list-style-type: none"> <li>• Atlas data on staffing and funding</li> <li>• UNFPA Regional and Global offices</li> <li>• Syria RH, PD and Gender data</li> <li>• Syria Regional Response Plans</li> <li>• Situation and Coordination Reports: UNHCR, OCHA, Reliefweb, UNCT/RC, UNFPA Regional Situation Report for Syria Crisis</li> <li>• Assessments and review of the Syria response operation</li> <li>• Key Informants from Government, UNFPA and Development/Assistance partners</li> </ul>	<ul style="list-style-type: none"> <li>- Review of financial documentation and COARS</li> <li>- Document review on the Syrian response</li> <li>- Key informant interviews with Government, UNFPA and development partners</li> <li>- Interviews with agencies working for Syrian refugees</li> </ul>
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The UN-System has declared the current scale of the Syria crisis as a Level-3 (Humanitarian UN System-Wide Emergency Activation); UNFPA is a part of this interagency activation of Level-3 declaration. In 2012 and 2013 UNFPA HQs released its emergency funds for UNFPA Turkey office to address the humanitarian needs of Syrian refugees within its mandate. UNFPA Country Offices in the region are actively involved in the humanitarian response to the Syrian refugees, supporting provision of reproductive health services, including maternal health and psychosocial support within the framework of the UN Regional Response Plan (RRP), and to the displaced people inside Syria within the framework of the Syrian Humanitarian Assistance Response Plan (SHARP).<sup>33</sup>In designing its

<sup>33</sup> UNFPA-Turkey Humanitarian Officer Handover Notes, January 2014

country contingency plan, UNFPA has employed the Minimum Initial Service Package (MISP) as a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. Sexual and gender based violence (SGBV) interventions are a primary component of the MISP but in addition other program components have been developed to enhance the social rights and well-being of the affected population.

The **Humanitarian Assistance** (HA) intervention was meant to contribute to **UNDCS Result 4** and **Strategic Plan Outcome 2: Increased Access to and utilization of quality maternal and newborn health services**. The CO received donor funding for the larger part of the total humanitarian funding.

- The activities under HA consist of strategic planning and coordination, capacity building for the MISP, GBV and providing psychosocial support, the procurement of dignity kits (also called hygiene kits) and monitoring and evaluation. (UNFPA and US State BPRM, revised budget = US \$1.194 m).
- Humanitarian activities are also funded by the Kuwait Fund (budget managed by ASRO), The CO charges activities under the Kuwait fund to the ASRO; there is no AWP. This fund provided \$1,075,168. However, the funding from the Kuwait Fund will not be continued next year.<sup>34</sup>

Humanitarian aid is administered by the Disaster and Emergency Management Presidency (AFAD) in coordination with the Turkish Red Crescent Society (Kizilay). Access to the camps is strictly restricted to Government actors and those who have permission to enter. All donations and interventions for camp populations are passed through the AFAD management. Official data from April 2014<sup>35</sup> reported by AFAD indicate that there are approximately 220,000 Syrian refugees in the camps and over 800,000 refugees outside, about 100,000 refugees living in the slums and abandoned buildings. For the refugees who are registered (almost 600,000 are registered) by the Government, all secondary and tertiary level health services are also provided them free of charge. This 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.<sup>36</sup> **The Syrian community** Is quite different from the Turkish community in terms of culture and tradition, in particular with regard to reproductive health matters. For example, their preferred method of delivery is vaginal delivery instead of c-sections.<sup>37</sup> There were 22,000 births by Syrians refugees last year, among them 7,500 in the camps.<sup>38</sup> The RH indicators in Syria are less well developed than in Turkey. There is a stagnant or slow fertility decline while the total fertility rate is still well above 3 and was 3.58 in 2004, and 3.6 in 2009. The Contraceptive Prevalence Rate (CPR) in Syria noted in the UNFPA Syria CPAP is 58.3% as per the Multiple Indicator Cluster (MICS) Survey, 2006, with 42.3% use of modern methods.

The Syria Regional Response Plan is in its 6<sup>th</sup> version and has been undertaken among the three refugee hosting countries, Jordan, Turkey and Lebanon (in addition to Iraq) with involvement of all contributing partners, including governments and external assistance actors. This plan has formed the basis for the contribution of UNFPA to the response in Turkey. Unlike previous regional response plans which were implemented directly by participating UN agencies, this

<sup>34</sup> Atlas overview of the budget 2011- 2014

<sup>35</sup> <http://data.unhcr.org/syrianrefugees/country.php?id=224>

<sup>36</sup> AFAD and UNHCR, April 2014 data

<sup>37</sup> Key informants

<sup>38</sup> PHI data

effort requires partnering with national and international NGOs to ensure rapid response; numbers of beneficiaries are expected to reach 1.5 million by the end of 2014. In 2014, UN agencies are working closely with accredited NGOs to ensure a wider delivery of assistance to all refugees especially those in urban areas.<sup>39</sup> Since mid-2013 there has been an increase in the number of accredited NGOs providing assistance to refugees in urban areas. To date up to 25 national and international NGOs, including large NGOs, such as Danish Refugee Council (DRC), International Medical Corps (IMC), and CARE International, are operational in various urban locations in the South East of Turkey. There are also cross border efforts to assist Syrians which UNFPA is currently not involved in.<sup>40</sup>

**Timeliness of response to refugee crisis:** The UNFPA CO with support from the regional and global offices responded in a timely manner to the growing influx of Syrians with planning and fund raising. The CO invested significant time in planning for the regional as well as the Country Office plan. The UNFPA met with its ASRO counterparts and has established regional collaboration around a study visit to UNFPA-Lebanon in end 2012. However, due to the lack of coordination with MoH, AFAD did not respond to UNFPA's request to conduct MISP training at the end of 2012 in 8-10 provinces, and 6-7 months were lost in getting permission. Other ministries tried to help and the Ministry of Family and Social Policies was supportive and by advocating for GBV work that the MoFA could not provide. A strategic planning workshop planned to take place in Gaziantep with key partners and particularly managers from the field to develop a humanitarian RH action plan, but this was not realized due to lack of response by AFAD/ MoH. 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 strongest cultural traditions linked to GBV. The CO has reinitiated relations with MoH via the PHAT. A MoU will be signed with the institution soon regarding collaboration on RH issues, including for Syrians.

UNFPA also conducted a MISP - Training of trainers in Ankara on 25-29 November 2013 to develop MISP trainers' capacity with the facilitation of international trainers for the 23 participants from the outstanding NGOs in Turkey and participants from Syria and Sudan.

**Response adapted to emerging needs:** With the influx of Syrian refugees and the establishment of camps, UNFPA adapted its activities to serve this group. Initial assessments were conducted by AFAD and UNHCR. UNFPA also participated in a WHO-led health situation assessment. A Memorandum of Understanding (MoU) was signed with AFAD (Disaster and Emergency Management Presidency) on humanitarian response including UNFPA mandate activities in the field of RH and GBV in 2012. As per the MoU, in four instalments a total of 116,000 hygiene kits were provided and distributed in camps through TRCS teams. UNFPA hygiene kits were welcomed by the population and a continued supply is needed during 2013-2014. The need for hygiene/dignity kits is still extensive and AFAD estimates that 100,000 are needed every three months<sup>41</sup>. UNFPA showed adaptability outside of its mandated and typical areas of intervention by responding to urgent needs expressed by AFAD in providing 10 dish-washing unit containers to the newly opened camp in Sanliurfa-Viransehir on 30 July 2013 to protect women and hygiene within the context of the MoU with AFAD. Upon the expressed need of the MoH, UNFPA procured and delivered 3 ambulances to AFAD by the end of 2013 for use by camp medical facilities for transport of people with health emergencies, including women giving birth, to local hospitals. UNFPA was

<sup>39</sup>Syria Regional Response Plan, 2014, Executive Summary

<sup>40</sup>Briefings with UN agencies and Key Informants in Gaziantep, May 26-27, 2014.

<sup>41</sup>Key Informant Interview, AFAD Ankara

asked to provide anti-head lice shampoo which was expeditiously delivered in 2014 and this responsiveness was praised by other UN agencies.

The MoH IEC materials covering RH and GBV were translated to English and then Arabic by the UNFPA Humanitarian Team for Syrians. A total of 300,000 IEC materials, 75,000 each of 4 topics on safe motherhood were printed and distributed to camps and out of camp health institutions through local AFAD and MoH officials. A new brochure on Turkish law and the service system for intervention in family violence was developed in Turkish and Arabic and distributed through the Women's General Status Directorate of the Family and Social Policies Ministry. A total of 535,000 Arabic and 527,000 Turkish language brochures have been distributed to district offices of the MFSP and AFAD and NGOs which work actively with Syrians in the border regions. Inter-agency field manuals on SRH in emergencies and GBV were translated to Turkish. UNFPA provided gender based violence prevention and intervention trainings in camps through an expert team. These trainings focused on GBV assessment and referral and on women's rights in Turkey. The training material was provided in Arabic and Turkish and included information on sanctions against polygamy and child marriages.

**Extent to which the CO has continued to support the CPAP goals:** The CO has established a unit for Humanitarian Assistance (HA) with a Humanitarian Officer posted since February 2013 and an English/Turkish/Arabic translator. This has allowed continued focus on the CPAP goals although staff from outside of the HA unit need to devote time to HA issues, which diverts somewhat from the CPAP but ensures **integration within the CO**. UN Joint Programme (Women Friendly Cities) of UNFPA also supports the UNFPA Humanitarian Team's field activities through its field coordinators at the humanitarian provinces. UNJP Field Coordinators of Gaziantep and Sanliurfa have been instrumental in facilitating collaboration with local government administrators NGOs and university academicians. Monitoring reports indicated considerable humanitarian response achievements in terms of infrastructure, responsiveness, health services and education by public sector service providers and managers. The SGBV component was in fact part of the MISP trainings that were conducted. Experts have been invited for the specific modules. Technical and infrastructure support is needed.

The CO has been partly successful in ensuring continuity in the pursuit of CPAP objectives while expanding the GBV training activities to Syrian refugees. The information on GBV has been provided to this group and this was accompanied by significant information on the Turkish legal system. However, this group has very strong patriarchal cultural norms of gender, often clashing with the Turkish legal system providing significant rules and sanctions in the area of GBV, which leads to contradictory results.<sup>42</sup> For example, the refugees have a tendency to conceal the incidents of GBV, early marriages and polygamy, and not to seek assistance from authorities due to strong patriarchal gender norms based on women's oppression in social life. On the other hand, some display the tendency to refrain from GBV, early marriages and polygamy practices as they entail impediments and serious sanctions. Therefore, the support system for women and men in the refugee camps currently remains weak, which impedes the comprehensive implementation of laws against GBV in Turkey within this group. Advocacy, monitoring and follow-up with Turkish authorities to implement the law are currently underdeveloped.

**Challenges.** The GBV component of MISP has to be given higher priority with due orientation of all partners and the community. The emergency RH component of humanitarian programs including GBV interventions should be endorsed and promoted by all UN agencies. After three years of war, the importance of the

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<sup>42</sup> Focus Group Discussion, Nizip Camp, Gaziantep, 26 May 2014.

MISP has very recently been realized by MoH. On the other hand, service providers have expressed the difficulty they had at the beginning of the influx for providing RH/FP services to refugees without having any guidance. The CO has continuously worked in collaboration and cooperation with MFSP and AFAD on GBV issues, any lack of collaboration is due to the government agency partners' ambivalence about implementing Turkish law around GBV. Continuous monitoring and follow-up is a must if UNFPA and the Government are serious about the efforts they have provided to address GBV.

**EQ 2: 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, including for the most vulnerable groups?**

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<b>A 2.1: The Country Programme activities have contributed to increasing demand, access and utilization for high-quality maternal health services to reduce regional disparities in maternal mortality and morbidity in selected areas (from CPAP RH output 1)</b>	<ul style="list-style-type: none"> <li>• Difference between the lowest and highest regional percentages of physician-assisted deliveries – changed from 32 points to 16 points difference (10% change) (CPAP indicator)</li> <li>• Strategies, plans and guidance have been effectively vetted and assimilated by the health providers in areas with the greatest disparities</li> <li>• Women at greatest risk are being increasingly reached with high quality RH services</li> <li>• Services providers capacity is developed in conducting gender sensitive outreach services</li> <li>• Service providing models and tools are developed to increase quality and access to RH services</li> <li>• Community leaders, media and key actors trained and sensitized to decrease the barriers to access RH services</li> </ul>	<ul style="list-style-type: none"> <li>• DHS 2013 preliminary report</li> <li>• Ministry of Health Strategic Plan</li> <li>• National budget information</li> <li>• Reproductive health strategy</li> <li>• RH normative tools</li> <li>• Guidelines, strategies</li> <li>• Training workshop reports and training materials</li> <li>• Monitoring reports</li> <li>• Health system staff and other health providers</li> <li>• Women in areas with greatest disparities</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Meetings with Ministry of Health, NGOs working with underserved groups (see stakeholder matrix) and local authorities</li> <li>• Interviews with health professionals</li> <li>• Interviews with Academicians and NGOs</li> <li>• FGD with service users</li> </ul>

**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 activities under **“Utilization of Maternal Health Services by Seasonal Migrant Agricultural Workers (SMAW)”** were undertaken to contribute to **CPAP Output 1:** Collaboration with Harran University Faculty of Medicine aimed to build an evidence base for use of policy makers to make decisions consisted of conducting a **“Needs Assessment Study on Seasonal Agricultural Workers and Their Families”**. The activity 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, activities to **strengthen access to SRH 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. 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 are planned. The RH component collaborated with the PD component to collect data on migration trends, challenges and basic social needs.

**Outputs of the intervention:**<sup>43</sup>

Based on the results of the survey conducted on the SRH needs of SMAWs, the service model and training programmes were developed. Pilot trainings were conducted for health mediators, health service providers (family physicians, nurses and midwives), medical students, Mukhtars, farm envoys, and religious leaders and media personnel. Through this model and trainings, the following achievements are highlighted, among others<sup>44</sup>.

- Local authorities, as well as local municipalities were involved in the implementation which increased the public support to the programme.
- Faith-based organizations, particularly Imams, were involved in capacity building activities and they have reached the most remote areas of the country.
- For the first time the Ministry of Health organized a symposium on Migration and Health.
- For the first time a Training Curriculum was developed for medical faculties on health needs of SMAWs and piloted in selected 5 universities by Public Health Departments. In 2014 it is expected to be implemented in 12 universities.
- A private sector company became the partner of UNFPA contributing its financial and in kind support which allowed more activities to be undertaken, both in field work and advocacy/communication.

In a report to donors<sup>45</sup>, the CO mentions that that peer educators and health mediators visited 2000 SMAW and supported 600 pregnant women, 1000 migrant women received antenatal care first time in their lives, and 200 migrant women had deliveries in health facilities. These numbers were confirmed again in writing by CO staff but documentation from surveys and databases would be important to substantiate them.

<sup>43</sup>Final Report to Matra, Embassy of the Netherlands, June 2014

<sup>44</sup> UNFPA report to TOROS HOLDING and MATRA, 2013

<sup>45</sup> Final Report to Matra, Embassy of the Netherlands, June 2014



Tentative evidence of **outcomes** of the project include the following:

**Output1: Maternal health knowledge and awareness improved among the Seasonal Migrant Agricultural Workers especially among women.**

The field activities of peer educators and health mediators and IEC Materials are designed to increase the maternal health knowledge and to increase the awareness among women at rural.

- Health mediators in Sanliurfa gave numerous examples of increased maternal health knowledge including reduction in or discouragement of kin marriages, increases in referrals for birth control pills and IUDs, and increases in facilitated visits to clinics for cervical and breast cancer screening. The health mediators reported that women need follow-up on the birth control methods to ensure they are working, e.g. IUDs may shift during heavy physical labor and need to be repositioned. Health system staff noted positive changes in the health and hygiene knowledge of the SMAW and increased demand for RH services.<sup>46</sup>
- The numerous topical brochures with many photos and drawings supported by UNFPA are helpful aids for discussion during home visits. The brochures produced by Harran University have already been revised several times.
- Data collection to provide evidence of changes on indicators is being undertaken by HarranUniversity; however, in terms of national indicators, the Public Health Institute does not recognize the SMAW as a separate group for data collection, one reason being that they are not always definable, and may have variations in their migration habits and they may be difficult to track.<sup>47</sup>

**Output 2: Ensuring male involvement in access to maternal health services for Seasonal Migrant Agricultural Workers.**

Working with religious leaders in particular was designed to support the male involvement in increasing the access to maternal health services among Seasonal Migrant Agricultural Workers. These will also decrease the social barriers to access to the medical services.

- Envoys (employment agents) as well as land owners who are trained may change their management behaviors and attitudes toward the health of the SMAW. Envoys interviewed mentioned that after the training, they ensured that there was a water tanker of chlorinated water; and noted that pregnant women should not work in the field; soap is used and toilets are moved further from tents. Local authorities are advised to provide water and electricity.
- The challenge is to train more of the land owners to reinforce their responsibilities.<sup>48</sup>

**Output 3: Strengthening maternal health services for Seasonal Migrant Agricultural Workers.**

Training of health service providers are 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.

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<sup>46</sup> Focus Group Discussion, Health Mediators, Sanliurfa

<sup>47</sup> PHI Key Informant Group Discussion

<sup>48</sup> Focus Group Discussion with Envoys, Sanliurfa

- The training of health system staff has had some effect in opening minds to the plight of the SMAW, both at central and provincial levels. Provincial health staff said they have made more visits to the SMAW fields for routine health visits since their training.<sup>49</sup>
- There is still widespread lack of awareness of policy makers and health staff about the SMAW. There are also huge gaps in knowledge among the health workers and occupational health is not covered in their conventional training.

Challenges faced included reticence on the part of the partner ministries (MoH and Ministry of Labor and Social Security) to take part in the training activities due to possible growing conservatism. However, interviews with the provincial level indicated different attitudes depending on the location and much stronger support was received in some places compared to others.

<b>A 2.2: The activities selected to promote improvement in services and mechanisms to reduce the number of high risk pregnancies and induced abortions in the selected areas have been effectively targeted, resourced and monitored (CPAP RH Output 2)</b>	<ul style="list-style-type: none"> <li>• The percentage of private health facilities providing post-abortion family planning counseling in selected provinces (reaching 50% of private health facilities) (CPAP indicator)</li> <li>• Updated clinical guidelines on maternal health and family planning</li> </ul>	<ul style="list-style-type: none"> <li>• National health survey data, HMIS, local health provider data</li> <li>• COARS</li> <li>• Monitoring reports</li> <li>• Ministry of Health</li> <li>• NGOs working in target provinces</li> <li>• Beneficiaries and users of the public and private health providers</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Data analysis</li> <li>• Interviews with Ministry of Health, local NGOs in selected provinces, private maternal health care providers in selected provinces</li> <li>• Visit to target provinces</li> </ul>
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**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 Outcome 2.3 is: *Access to and utilization of voluntary family planning services by individuals and couples increased according to reproductive intention.*

The following activities under “**Utilization of Voluntary Family Planning Services**” were undertaken during 2011 and 2012: Implemented with the Ministry of Health General Directorate of Mother, Child Health and Family Planning, support for the MoH “Health Transformation” programme (HTP), including integration of the SRH 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 Essential Service Package (MISP)** training guidelines and community-based RH training materials including family planning advocacy.

The Government of Turkey is implementing the second phase of a major health sector reform that aims to improve the governance, efficiency, and quality of the health sector. A serial legal change was enacted within the frame of health reform with the new legislation re-structuring the Ministry of Health (MoH) and re-organizing functions of units and affiliates. Re-structuring aims at strengthening the stewardship function of the Ministry and enhancing its role in health system

<sup>49</sup> Key Informant Interview with PHI provincial staff

policy development, planning, supervision of implementation, monitoring and evaluation. A new Public Health Institution (PHI) has been established to support the work of the MoH on preventive health care services. HTP aims at strengthening primary health care services through the use of a family medicine system. At the end of 2010, the Family Medicine Programme (FMP), assigning 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 (81 provinces) which are responsible for planning and provision of health services at provincial level and accountable to the MoH.<sup>50</sup>

Achievements in **2011** included: Revision and editing of the National Family Planning Guideline, through a technical group established for the purpose; Successful advocacy with the Ministry of Health to decentralize in-service training to the provinces and local levels; Revision of the Training Skills and advanced curricula; development of M&E guidelines, Translation of WHO's user friendly wheels to judge medical eligibility for contraceptives; and Financial support provided for a maternal mortality monitoring system. (Collaboration with WHO Europe is noted as a useful information sharing experience.) Achievements in **2012** included: Support for integration of SRH into the MoH distance training; Support for monitoring of quality of SRH services provided by physicians; development of the MISP training guideline and materials. Due to the reorganization of the Ministry, all of the activities in the 2012 AWP could not be completed and \$20,792 was returned to UNFPA.<sup>51</sup> During the reorganisation, there was limited capacity in MoH for direct implementation. The returned budget was spent by CO in relevant SRH activities.

Challenges include: need for advocacy by the Public Health Institute to persuade the Ministry of National Education to review their policy on strengthening adolescent SRH education; lack of strong backing from the PHI for UNFPA's support; and high turnover of trained trainers.<sup>52</sup> Especially starting with 2014 this collaboration and strategic partnership is established with MoH and PHI.

UNFPA's support for the "National Maternal Mortality Technical Commission" may help to open dialog on the RH services. However, due to the reorganization of the MoH and less than supportive attitudes, it is possible that the RH gains made will backslide. The PHAT has made an analysis of workload of family physicians, daily they do 0.7 persons monitoring of pregnancies, this is very low for RH services, the target would be 2-3 pregnant women a day – they need to be monitored four times during the pregnancies, however, that is approximately 2-3 times more than they are doing. The Family Planning picture is even worse, the family physicians do not want to bother with FP as it is too time consuming, so they send women to the Community Health Centers instead of taking advantage of the presence of the woman at that time and it is not clear how many referrals are followed up by women. <sup>53</sup> According to key informants from UNFPA, the MoH and academicians, they expect that the indicators will be negatively affected within a few years. Currently there is a trend toward more maternal deaths and unsafe abortions.<sup>54</sup> This overload is not only for the Family Physicians, it is the same for all specialities. One specialist has to take care of 70-

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<sup>50</sup>WHO website on Turkey Country Cooperation Strategy

<sup>51</sup> Standard Project Reports, 2011- 2012

<sup>52</sup> Ibid.

<sup>53</sup> PHI data and key informant opinions

<sup>54</sup> Key Informant interviews in Ankara – triangulated

140 patients per day. If physicians would provide IUD insertion, they are not paid according to performance system. Ten years ago, service providers were motivated for even FP counselling. Today, FP counselling seems as a luxury.

<p><b>A 2.3: Programme activities have contributed to demand for RHR information and services by the most vulnerable population groups, including youth, marginalized groups, migrants, the Roma population, refugees and host communities. (from CPAP RH Output 3 and Output 2 – 2014 Syria Response Regional Plan)</b></p>	<ul style="list-style-type: none"> <li>• Sexual and reproductive health and rights outreach services tailored to the needs of special population groups are provided by 2015 (CPAP indicator)</li> <li>• Greater demand by MSM for RH services</li> <li>• Progress made in the inclusion of RHR in school curriculums</li> <li>• Evidence of usage of the hygiene kits and RH information by the refugee population incamps</li> <li>• Evidence that the training materials and training sessions for health workers have contributed to increased demand for RH services</li> </ul>	<ul style="list-style-type: none"> <li>- Needs assessments, studies</li> <li>- Ministry of National Education</li> <li>- NGOs working with underserved groups</li> <li>- MSM, teachers and counselors</li> <li>- Training Faculties of Universities</li> <li>- SCHEK</li> <li>- Roma people and seasonal migrant workers, refugees</li> <li>- Surveys of refugee population, demographics</li> <li>- Assessments of training needs and training outcomes</li> <li>- 2012 – 2014 Regional Response Plans 2014</li> <li>• Situation and Coordination Reports</li> <li>• UNFPA Regional Situation Report for Syria Crisis</li> <li>- Atlas funds and monitoring reports</li> </ul>	<ul style="list-style-type: none"> <li>- Document review</li> <li>- Training programme and materials review</li> <li>- Key informant and FGD with key ministries, NGOs, and academic institutions</li> <li>- Evaluation data collection visit to seasonal migrant workers, Roma people and refugees in camps and integrated settings</li> </ul>
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**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. The Outcome 2.5 is: *Access of young people to SRH, HIV and gender based violence prevention services and gender-sensitive life skills based SRH education improved as part of a holistic multi-sectoral approach to young people's development.*

UNFPA Turkey Youth Programmes during the 4th Country Programme was selected among best practices in Eastern Europe and Central Asia Region<sup>55</sup>. From 2011 – 2013, the following activities were undertaken to contribute to **CPAP Output 3**:

A variety of activities were supported including support to Implementing Partners through visits to targeted areas, trainings, and outreach materials, including an **HIV/AIDS board** game. The HIV/AIDS board game features a playing board with pathway, dice, moving pieces and questions regarding HIV and AIDS which are drawn for competitive response among youth playing the game in small groups. There are a number of versions of the 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/AIDS. It seeks to help overcome fear, shame and injustice. The game adapted for Turkey received pilot testing which was attended also by the UNFPA Executive Director, during his visit to Turkey. The production of the board game and training for the use of the game was completed in 2011. The tool was perceived to be cost-effective for both financial and time resources since it facilitates reaching a large number of young people in a short time. It is also an attractive interactive tool for young people.<sup>56</sup> The evaluator observed the running of the board game for 8<sup>th</sup> graders in a private school and student response to learning about HIV in this format was very positive. At the end of the exercise, students volunteered comments on what they had learned.

For SRH rights, support was developed for World AIDS Day. In 2011, 24 peer educators were trained in SRH including HIV and STI prevention who conducted peer education sessions, ultimately reaching 1066 young people. To prepare for the May 2011 World Aids Day, 39 young people attended a workshop to develop advocacy skills, and 12,000 handouts and 3,000 posters designed by the youth were delivered to youth in 4 cities.<sup>57</sup>

For Y-PEER, in 2013, two meetings were held for focal points, monitoring by the programme staff of the training activities and a **Youth coordination workshop** has been organized for 2014. According to the Y-PEER focal points interviewed, the Y-PEER focal points coordination meeting has helped move forward the collaboration among the members of the Y-PEER Turkey network and with other networks in the region.

- 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.
- A needs assessment study was conducted in five provinces followed by development of a training curricula and two pilot training events.

The Emergency Obstetrics (EMoC) guidelines were updated for use by nurses and midwives and accepted by the MoH and have been used in routine training country-wide. This was an important accomplishment as it is a sustainable input toward reducing maternal mortality. The guidelines help both rural and urban

<sup>55</sup>[http://eeeca.unfpa.org/sites/default/files/pub-pdf/Youth-Participation-092613\\_UN\\_Brochure\\_0.pdf](http://eeeca.unfpa.org/sites/default/files/pub-pdf/Youth-Participation-092613_UN_Brochure_0.pdf) (page 23)

<sup>56</sup> COAR 2011

<sup>57</sup> Standard Project Report, Improved Access to SRH for vulnerable population groups 2011

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 ineffective coverage and delays. The guidelines address the common causes of maternal death (obstetric haemorrhage and eclampsia) and need for access to the EmOC.<sup>58</sup>

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. To date, Anadolu has reported extensively on the SMAW and published a series of photos and articles in national magazines.

In 2013-2014, the capacity building of counselling teachers on youth SRH and needs was developed and pilot trainings initiated. The pilot training was successful and its impact was evaluated by an independent expert, who found that the trainings increased the knowledge of the counselors. This training was requested by other provincial educators and there are plans to replicate the training and include the MoNE. TED University is developing tools to measure the effects of SRH counsellor training on students. The involvement of counselors through their teachers' network can help to push forward the SRH information dissemination in schools.

Facilitating factors include the strong experience of implementing partner CVF in empowering youth and having very experienced trainers. Challenges include: reaching only a limited number of youth compared to the need and high turnover among the peer educators. As mentioned above in EQ1 on relevance, the target groups mentioned in the CPAP Output 3 are only partially included in the activities. The high turnover is main challenge in all youth programmes, but at the same time, peer educators are creating an advocacy environment for the future. Tentative evidence is available on possible outcomes but there is not sufficient evidence on changes in knowledge, attitudes, and behaviors. Y-PEER peer educators attest to positive effects from the information transfer including enhanced decision making power on choices in FP; saving lives especially for breast and testicular cancers (anecdotal stories); and increased confidence in the knowledge regarding SRH and seeking RH services.

<b>A 2.4: Programme activities have contributed to promoting demand for and making available sufficient MCH and SRH care including obstetric care and family planning for Syrian refugees in camps and for those integrated into communities as well as for refugee hosting provinces (Output 1 - 2014 Syria Response Regional</b>	<ul style="list-style-type: none"> <li>• Needs assessments and planning have kept pace to serve the continuous influx of refugees, to target the more vulnerable groups</li> <li>• Reproductive health emergency preparedness and response plan have been developed in consultation with concerned national and international partners</li> <li>• Enhanced reproductive health services are</li> </ul>	<ul style="list-style-type: none"> <li>• Syria RH, PD and Gender data</li> <li>• 2012 and 2013 Syria Regional Response Plans</li> <li>• UNFPA Turkey - Syria Regional Response Plans 2014</li> <li>• RH strategy in humanitarian settings</li> <li>• Monitoring reports</li> <li>• UNFPA and international partner regional offices</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Evaluation data collection visit to refugees in camps and integrated settings</li> </ul>
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<sup>58</sup> Standard Progress Report, 2013, and Key Informant interviews

Plan)	<p>available for refugees both in camps and where they are integrated in Turkish society</p> <ul style="list-style-type: none"> <li>• Young refugees (boys and girls) benefit from reproductive health information</li> <li>• Use by the MoH of the Emergency Obstetric Care Guidelines and in-service training guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant government ministries and Turkish Red Crescent</li> </ul>	
<p><b>Needs assessments and response plans.</b> The specifics of the AWP is described under EQ 1.4. The planning took place both regionally and nationally and was timely and integrated with the Gender component. Among the lessons learned during the planning stages, the Ministry of Health's (MoH) response management unit, the General Directorate of Emergency Health Services was quite reluctant in supporting MISP, despite the great enthusiasm of the Public Health Agency of Turkey who is in fact providing key SRH and preventive services in the field. Whether this could have been anticipated and mitigated through greater advocacy beforehand is difficult to judge as the reshuffling of the MoH has also posed challenges for the MoH staff in adjusting to the new structures.<sup>59</sup></p> <p><i>Expected Outcomes</i></p> <ul style="list-style-type: none"> <li>• Sexual and reproductive health rights of the affected populations are met; the risks of maternal and infant mortality and morbidity, HIV infection, unwanted pregnancy, sexual violence and exploitation are reduced and controlled, and other reproductive health-related conditions are improved.</li> <li>• Humanitarian partners are acting in coordination and make RH and GBV a priority in their programs.</li> <li>• National capacities for RH/ GBV to respond emergency situations in the country and region have been increased.</li> <li>• Communities are responsive to SRH/ GBV issues.</li> <li>• Essential supply needs are met.</li> <li>• Data for humanitarian RH/ GBV has been improved.</li> </ul> <p><i>AWP Activities:</i> Planning and coordination; Capacity building on MISP; Capacity building on GBV; and, Procurement of humanitarian kits</p> <p><b>The sexual and reproductive health needs of refugees</b> are not often seen a priority agenda by the national government and many donor countries. It is thought by some stakeholders interviewed that effective communication programs coupled with high level advocacy work could change this situation. The post health transition restructuring in the MoH created ambiguities on roles and responsibilities with managerial communication gaps and this has affected the humanitarian response as well as the development response. Internal departmental relations in the MoH regarding on roles in humanitarian activities creates difficulties in the initiation of strategic planning meetings and trainings. While the new Public Health Institute is enthusiastic to collaborate on emergency RH, the General Directorate of Emergency Health Services of the MoH is reluctant to initiate collaboration and planned workshops. While integration of MISP to</p>			

<sup>59</sup>Key Informant interviews in Ankara, Gaziantep and Sanlirufa

humanitarian plans is a priority, close coordination and collaboration with the primary partner MoH has to be established on MISP echo-training team-building achievements.<sup>60</sup>

The health services in the camps are judged to be of very high quality by stakeholders interviewed and medical staff work on a revolving basis seconded from their normal posts, however, both inside and outside of the camps, although the Turkish Government tries to cover the full health related services, there are difficulties in establishing additional health facilities for over a 1 million people in such a short period of time. There is some demand for contraceptives among the Syrian women but the demand and usage is hampered by various factors, such as weak usage by males of condoms and desire to have children, particularly male children.<sup>61</sup> UNFPA RH brochures have been widely disseminated and clinic staff utilize them as educational tools using the illustrations to help bridge the language barrier for health staff who do not speak Arabic.

**Use of the Emergency Obstetric Care Guidelines and in-service training.** Interviewees from the MoH have confirmed use of the guidelines and nurses and midwives serving in Nizip camp have received training on their use. Syrian women may elect to deliver their children in a tent rather than go to a local hospital although the clinic and midwives services are available. The language barrier is thought to be one reason that some Syrian women prefer home births in the camps.<sup>62</sup>

**EQ 3: 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?**

<p><b>A 3.1: Programme activities have contributed to increasing analysis of data and information services including official statistics both at central and at local levels with regard to population and development issues (particularly on emerging population issues such as migration, ageing, climate change, social security, etc.). (Strategic Plan Outcome 1.3 - CPAP PD Output 1)</b></p>	<ul style="list-style-type: none"> <li>• The contents of publications are disseminated and utilised related to demography and social and economic development issues particularly with reference to policies on urbanization, aging and environment</li> <li>• Consultancies conducted to ensure availability and analysis of population and development data at central and local level</li> </ul>	<ul style="list-style-type: none"> <li>- TurkStat population and development statistics</li> <li>- TurkStat surveys</li> <li>- Other demographic data in developing social and economic policies and services.</li> <li>• Universities, civil society organizations, etc. working in target provinces</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Monitoring and study visit reports review</li> <li>• Meetings with Ministry of Development, TurkStat, Regional Development Agencies (RDA), Turkish Industry and Business Association (TUSIAD), Population Association, Turkish Family Health and Planning Foundation (TAP)</li> </ul>
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<sup>60</sup> UNFPA-Turkey Humanitarian Officer Handover Notes, January 2014

<sup>61</sup> Focus Group Discussions and Key Informant Interviews, Nizip camp, My 27, 2014.

<sup>62</sup> Ibid.



			Foundation), Universities, etc.
<p><b>The project on “Demography and Management towards 2050” contributed to increased availability of data and information.</b> In partnership and parallel financing with <b>TUSIAD (Turkish Industry and Business Association)</b>, UNFPA started a project within the 4<sup>th</sup> CP and continued in the 5<sup>th</sup> CP based on the main publication on “<b>Demography and Management towards 2050</b>”<sup>63</sup> prepared in 2010 to reflect demographic view and promote use of population data in decisions taken at public and private sectors. The publication content has a focus on demographic changes and their reflection, especially on social policies. This book provides a historical perspective to the fundamental changes in Turkey’s demographic structure, and also an insight on potential changes within that structure until the mid-21st century. To this end; a projection has been carried out for the population and demographic structure of Turkey until 2050. The main objective of this publication is to inform the public and private sector managers on the opportunities, risks and problems for Turkey created by the changing demographic structure; and shed light on how the future demographic developments in Turkey can assist the managers in decision-taking processes. Based on this first study, the project has yielded four detailed sector reports focusing on the effect of demographic changes on education, labour force, health and social security that come under an overarching report entitled: “Demography and Management Towards 2050: Repercussions on Education, Labour, Health and Social Security Systems”. The <b>publications</b> produced in cooperation with TUSIAD were: “An Overview of the Health System”<sup>64</sup>; “An Overview of the Social Security System”<sup>65</sup>; “An Overview of the Labour Market”<sup>66</sup>; and, “An Overview of the Education System”.<sup>67</sup></p> <p>The authors were very well selected through a cooperation of UNFPA and TUSIAD, who are among the most well-known academicians in Turkey with substantial international background. A committee of experts has managed the process and conducted the quality assurance for the publications and the translations. The main publication and the executive summaries of the other three were translated into English. The publications have been disseminated with a wide participation of the decision makers from the public and private sector as well as the universities and civil society organisations. The first meeting was headed by the Minister of Development. Then, they were distributed to the relevant ministries (MoFSP, MoD, Ministry of Education, etc.), public institutions (ISKUR, Social Security Institution, etc.) both at central and local level, in addition to the TUSIAD members, universities and the NGOs. Dissemination still continues through various means including web sites of TUSIAD and UNFPA pages describing these publications, brochures and through universities, which all ensure sustainability. As a result, the content of these publications has provided detailed data and information with a substantial analysis of the current conditions and projections up to 2050. Interviews with the key informants reveal that public institutions and academicians have been referring and benefiting from the content of these publications in strategic planning, policy making and capacity building on demographic based development in the above mentioned four sectors. For example, the sector report on health is utilized by academicians working on women-child-youth and family health projects have based their analysis on the projections related to demographic health factors<sup>68</sup>. Another evidence is related to one of the main documents providing input to the 10<sup>th</sup> Development Plan, named</p>			

<sup>63</sup>Demography and Management towards 2050:November 2010, TUSIAD and UNFPA

<sup>64</sup>Demography and Management towards 2050:An Overview of the Health System (in Turkish), November 2012, TUSIAD and UNFPA

<sup>65</sup>Demography and Management towards 2050: An Overview of the Social Security System (in Turkish), November 2012, TUSIAD and UNFPA

<sup>66</sup>Demography and Management towards 2050: An Overview of the Labour Market (in Turkish), November 2012, TUSIAD and UNFPA

<sup>67</sup>Demography and Management towards 2050: An Overview of the Education System (in Turkish), November 2010, TUSIAD and UNFPA

<sup>68</sup> Interview with Baskent University

“Sustainability of the Social Security System - 2023” of the Specialised Experts Commission has benefited and made a reference to the publication “Demography and Management Towards 2050” and the sector reports on Labour Market and Social Security.<sup>69</sup>

**The needs assessment study on “Seasonal Migrant Agricultural Workers (SMAW) and Their Families”<sup>70</sup> have contributed to the availability of data and information on the specific vulnerable groups of seasonal migrant agricultural workers in the less developed South Eastern part of Turkey.** In partnership with **Harran University** Faculty of Medicine, the project aimed at building an evidence base for use of policy makers to make decisions. The study focused on a group of vulnerable people identified as the Seasonal Migrant Agricultural Workers (SMAW) and their families in South Eastern part of Turkey who are migrating to other parts of the country to work on the field such as crop cutting, cotton collection, tea leaves collection, etc. The SMAW are considered as experiencing social exclusion and exposure to the worst working conditions, a high rate of early death, diseases stemming from poor living and accommodation conditions, reproductive health problems, as well as occupational safety and health risks. The project aimed at assessing some socio-demographic characteristics and sexual and reproductive health needs of seasonal agricultural migrants living in Turkey. For this purpose the PD Component has successfully collaborated with the RH Component to identify the variables, to collect data on migration trends, challenges and basic social needs. Upon completion of the modelling, sampling and field work including interviews with 1021 households in the provincial centres of **Şanlıurfa and Adıyaman**, data entry and analysis of the focus group discussion, the study, which started at the 4<sup>th</sup> CP, was completed at the end of 2011 and published in 2012. The study has a special significance as it is the first in this field addressing this vulnerable group in the South East region of the country where poverty ratio is highest and other development statistics are the least favourable in the country. Turkey faces major challenges in achieving Goal 3 (gender); Goal 4 (child mortality) and Goal 5 (maternal mortality) either partially or fully, for the whole population. Turkey’s 9<sup>th</sup> as well 10<sup>th</sup> National Development Plans target reduction of regional socio-economic disparities with a focus on realizing regional development which has been identified as a strategic priority. To this end, UNFPA has targeted providing data and information and an analysis on this very specific area to the policy makers in this region specifically and the decision makers centrally. The main objective of the SMAW activity was to develop implementation models and intervention tools so as to improve the group’s health and social level. It was expected that the study would lead to more effective and continuous utilization of social services offered in the field of reproductive health and violence against women for members of this group, and considering the workers and land-owners on the need for the rights. Thus, an interactive cooperation has been foreseen with local and central public agencies responsible for such services. The needs assessment study has actually consisted of the first phase of an integrated activity of the RH Component (see also EQ 2.1 for RH). Thus, the content has successfully contributed to further operationalisation by the RH Component to address the gaps identified in the needs assessment and to develop capacity for this purpose.<sup>71</sup>

**Evidence of data availability through contribution to UNFPA /UNAIDS / NIDI Resource Flow Survey is reported.** UNFPA and UNAIDS implemented a joint initiative – **the Resource Flows (RF) Project**<sup>72</sup>– in collaboration with the **Netherlands Interdisciplinary Demographic Institute (NIDI)**, aiming to assess the size

<sup>69</sup> <http://www.kalkinma.gov.tr/Lists/zet%20htisas%20Komisyonu%20Raporlar/Attachments/220/SosyalG%C3%BCvenlikSistemininS%C3%BCrd%C3%BCr%C3%BClebilirli%C4%9Fi.pdf>

<sup>70</sup> Needs Assessment Study on the Seasonal Agricultural Migrant and Their Families, 2011, Harran University, UNFPA

<sup>71</sup> Final Report of SMAW to Matra, Embassy of the Netherlands, June 2014

<sup>72</sup> The RF allows for monitoring the progress achieved by donors and developing countries in implementing the financial resource targets agreed upon at the ICPD in 1994 and the Declaration of Commitment adopted at the United Nations Special Session on HIV/AIDS in 2001. <http://resourceflows.org/>

and structure of worldwide funds for population and AIDS activities. UNFPA CO continued to contribute to the **NIDI Resource Flow for Population and AIDS Activities Survey**<sup>73</sup> in 2011 and 2012. The findings were shared with UNFPA HQ and NIDI for further analysis. As such this activity of the PD component 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 particularly used by central government and international organisations to prevent the local and wider society from HIV related diseases<sup>74</sup>.

**Evidence of contribution to national policy documents is reported.** Since the 4<sup>th</sup> CP, UNFPA continued supporting preparation of the national policy documents. UNFPA has contributed to the analysis of the statistical data to support the demographic based policies on “Ageing” to be included in the **10<sup>th</sup> National Development Plan**<sup>75</sup> and the **Implementation Strategy of National Action Plan on Ageing Population**<sup>76</sup>. Furthermore, evidence reveals that as a result of the cooperation of UNFPA with the universities and NGOs, contribution to the Working Group on “Gender Equality” has been recorded. The Working Group Report is a reference document for policy development in Turkey, which has been considered in the 10<sup>th</sup> Development Plan<sup>77</sup>. Through the support of UNFPA to the NGOs such as the Population Association, “*policy brief papers*” will be prepared on selected population issues. These papers will provide demographic information and analysis on specific development related subjects to be available for decision makers. As many members of the Population Association are part of the public institutions producing demographic statistics or utilising them, these papers are reported by the key informants from the public sector and universities to be considered and utilised at different levels of the public institutions and academicians. **TurkStat** staff is also contributing to these studies which are academically supported to provide input to policy documents.

**Evidence reveals that the stakeholders have benefited from the support of UNFPA activities to provide information on PD targets related to ICPD Beyond 2014 and post MDGs 2015.** The 1994 International Conference on Population and Development in Cairo (**ICPD**)<sup>78</sup> is the most important broadly participated international conference organised by the UN that sets the scope and content of population and development concept with a focus on meeting the needs of individual women and men, rather than on achieving demographic targets. It is agreed that population and development are inextricably linked, and that empowering women and meeting people's needs for education and health, including reproductive health, are necessary for both individual advancement and balanced development. The Cairo Conference is widely recognized with its 20 year Programme of Action<sup>79</sup> with a human rights based approach.<sup>80</sup> In this framework, the UNFPA CO has focused on ICPD beyond 2014 and post MDG advocacy (2015) activities in its 2013 and 2014 AWP. The timing was well chosen

<sup>73</sup> <https://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/GPAR%202010%20Final%20Draft%20Nov%2030.doc>

<sup>74</sup> Key informants interviews.

<sup>75</sup> <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%2Easp&ContentTypeld=0x01006B34392831415F499C9D04E36A573089>

<sup>76</sup> [http://www.unecce.org/fileadmin/DAM/pau/age/country\\_rpts/TUR\\_report.pdf](http://www.unecce.org/fileadmin/DAM/pau/age/country_rpts/TUR_report.pdf); and [http://www.monitoringris.org/documents/tools\\_nat/trk.pdf](http://www.monitoringris.org/documents/tools_nat/trk.pdf)

<sup>77</sup> Interviews with the main partner (MoD) and contributing academicians.

<sup>78</sup> <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>

<sup>79</sup> <http://www.unfpa.org/public/cache/offonce/home/publications/pid/1973;jsessionid=2645DA11A41EEC704C726B240543C33C.jahia01>

<sup>80</sup> <http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD-Summary#intro>

to mobilise the stakeholders to contribute and assess their achievements as the target dates for the Millennium Development Goals (MDG) (2015) and ICPD (2014) approaches and also to influence the future of global population and development policy at local and national levels through the below activities:

- **National consultations on population dynamics** on the post-development agenda, which took place on 24-25 May 2012 in Istanbul, contributed the national stakeholders to assess their priorities of Turkey in terms of population dynamics. UNFPA was the leading agency among other UN agencies to mobilise discussions on achievements with regard to the MDG goals and ICPD principals. The public stakeholders developed awareness on the positive achievements such as related to regional development and reduction of poverty, yet also on lagging issues particularly related to gender equality and sustainable development.
- **Three local ICPD Seminars**, respectively held in 2013 in Antalya, Izmir and Sanliurfa in collaboration with the **WFC Project**<sup>81</sup> of the GE Component. UNFPA has promoted the ICPD mandate through local level seminars. For this purpose, ICPD working groups were established in 3 cities (**Antalya, Sanliurfa and Izmir**). Cooperation has been established with the WFCs Project and the 3 WFC Local Coordinators in these cities. About 100 participants from NGOs have developed capacity and awareness on ICPD related principles such as gender equality and empowerment of women (for example, to participate in active labour), equal access to education for girls, access to sexual and reproductive health services, sustainable development and environmental issues associated with population changes<sup>82</sup>. As a result of these activities, such ICPD indicators have been considered by the policy makers in the 2014 Local Equality Action Plans (LEAP) of the three WFCs<sup>83</sup>. Examples in Sanliurfa include related to the issues such as protection of the women against gender based violence, employability of women and youth, education of the girls, maternal mortality<sup>84</sup>. The newly established NGO on agricultural vocational issues has gained information on the right based women employment during the ICPD Workshop in Sanliurfa. In Antalya, the NGOs and the public institutions have decided to collaborate on ICPD issues such as on youth health and education, protection of youth reproductive health<sup>85</sup>. In Izmir, the Working Group on maternal death has addressed the problems in the LEAP<sup>86</sup>.
- **Supporting Cairo +20 Platform contributed to availability of data and information on ICPD**. Technical assistance has been given to this civil Platform during its establishment phase and thereafter to empower them in ICPD related issues beyond 2014 and Post Development Agenda of Turkey. UNFPA supported participation from outside Istanbul to two Platform meetings in 2013. Their monitoring will produce data and information to monitor the indicators and contribute to further decisions. The Platform members interviewed reported their advocacy activities for a wide support to ICPD targets<sup>87</sup> stipulated in the ICPD Programme of Action and Chair's Summary of Regional High Level Meeting on ICPD held in Geneva in 2013.

<sup>81</sup>[http://www.migm.gov.tr/en/PDF/WOMEN\\_FRIENDLY\\_CITIES\\_2.pdf](http://www.migm.gov.tr/en/PDF/WOMEN_FRIENDLY_CITIES_2.pdf)

<sup>82</sup> Focus Group meeting with the WFC Local Coordinators.

<sup>83</sup> 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.

<sup>84</sup> Sanliurfa WFC ICPD Report, 26-27 December 2013, and interview with the Local Governorate of Sanliurfa.

<sup>85</sup> Antalya ICPD Report, 16-17 December 2013.

<sup>86</sup> Izmir WFC ICPD Seminar Report, 22-23 December 2013.

<sup>87</sup> Key informants interviews

- **Evidence of increased information through supporting national delegations to UN meetings is reported by the key informants from the public institutions and NGOs.** Being covered within the framework of the Umbrella Budget of the CP, therefore not appearing in the PD AWP, activities were implemented to support the decision making process through availability of information and its analysis for the below given **UN meetings**. The activities are reported to be beneficial for the policy discussions during the UN meetings and to contribute to the relevant decision making processes. In addition to the officials from the public sector (Ministry of Foreign Affairs, Ministry of Family and Social Affairs, Ministry of Development, Ministry of Interior, etc.) the NGOs (TAP Foundation, Community Volunteers Foundation) and universities (Baskent University) actively participated in about 5 international meetings of the UN in 2013 and 2014. Their statements have been included in the meeting agendas and contributed to the policy making processes related to ICPD and MDG targets of the country during the international meetings. Evidence is reported that some of these stakeholders such as academicians (Baskent University) and members of NGOs (TAP Foundation, Community Volunteers Foundation) continue to further disseminated the PD related priorities of the country to other stakeholders through analysis documents, meetings, policy briefs, etc.
  - High Level Regional Conference on Enabling Choices: Population Priorities for the 21st Century, Geneva, July 2013
  - ICPD Beyond 2014 Human Rights Conference, July 2013, the Netherlands
  - 6th Asian and Pacific Population Conference, September 2013, Bangkok
  - 8th Open Working Group Meeting on SDGs, February 2014, New York
  - 47th Session of Commission on Population and Development, April 2014

**A 3.2: Programme activities have contributed to partners' capacity and resources to analyze and integrate PD, RH and gender data into national plans and policies and actions to reduce regional social and economic disparities and inequalities. (Strategic Plan Outcome 1.3 -CPAP PD Output 1)**

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|---|---|---|
| <ul style="list-style-type: none"> <li>• Contribution of evidence based policy researches and studies available for the policy makers at central and local levels</li> <li>• Percentage of regional development agencies whose capacity developed on using population data in plans and programmes</li> <li>• Enhanced capacity of NGOs through technical and coordination support at local and central level, particularly with reference to the ICPD</li> </ul> | <ul style="list-style-type: none"> <li>- National Development Plans (9<sup>th</sup> and 10<sup>th</sup>)</li> <li>- Sector specific strategy plans and actions plans of the line Ministries on emerging issues</li> <li>- Sector specific strategy plans and actions plans of the Regional Development Agencies on emerging issues</li> <li>- Policy papers, studies of other institutions such as universities, civil society organizations, etc.</li> <li>- 2012 – 2014 Regional Response Plans Training needs assessments on population and development</li> </ul> | <ul style="list-style-type: none"> <li>• Document review</li> <li>• Monitoring and study visit reports review</li> <li>- Meetings with Ministry of Development, TurkStat, Regional Development Agencies (RDA), Turkish Industry and Business Association (TUSIAD), Population Association, Turkish Family Health and Planning Foundation (TAP Foundation), Universities, etc.</li> <li>- Visit to target provinces</li> </ul> |
|---|---|---|

The results mentioned below in reference activities conducted under the four AWP. As a result, due to the limited coverage of the AWP format and limited budget for the PD Component within the 5<sup>th</sup> CP duration, the capacity development activities have been implemented within the given budget, therefore mostly responding the needs with higher priority, rather than on a more comprehensive plan. The capacity development implemented delivered results with high effectiveness. Thus, further capacity development particularly of the public sector and the NGOs would contribute to the effectiveness of the CP PD Component, if budget and staff would be made available.

**Evidence indicates that the project on “Demography and Management towards 2050” contribute to the capacity development of the stakeholders not only in the private sector but also at the public sector and as well as the universities.** As a result of this extensive project of UNFPA, with partnership and parallel financing of TUSIAD, it has widely contributed and still continues to contribute to the decision makers in the country with reference to the concept of population and development. The linkages between demography and development reflect the changes in social and economic structures triggered by the population structure and their mutual interactions. Reflections and decisions on population and development comprise all developmental fields relevant to quality of human life such as environment, education, gender equality, social security, health, etc. The content of these publications has provided the detailed and reliable data and information with a substantial analysis of the current conditions and projections up to 2050, which provides an effective resource to contribute to the capacity development of the wide variety of stakeholders. Thus, this project forms a **good practice** of the UNFPA PD Component. Evidence of this evaluation indicate that the publications have been assessed and utilised as a reference document at the academic environment, private sector decision makers, as well as a wide contribution to the public sector. It has been reported that references have been given in their policy setting studies to the publications “An Overview of the Social Security System” and “An Overview of the Labour Market”, particularly during working group and experts meeting for national planning. Some evidence has been collected as to the utilization of the results particularly with reference to labour force and employment, for example by Ministry of Labour and Social Security (**MoLSS**) and Ministry of Development (**MoD**). To ensure the sustainability of the results, the brochures continue to be distributed in addition to the web pages describing these publications.

**Evidence indicates that the project on “Seasonal Migrant Agricultural Workers and Their Families” contributes to improving the capacity of the academicians working on vulnerable groups, the public sector providing service to the vulnerable groups, the stakeholders in the private sector and related civil society.** In partnership with **Harran University**, the Project aimed at assessing some socio-demographic characteristics and sexual and reproductive health needs of seasonal agricultural migrants living in Turkey. The Needs Assessment study<sup>88</sup> has been published in 2012, and has been being disseminated since then. The main objective of the study was to develop implementation models and intervention tools so as to improve the group’s health and social level. It was expected that the study would lead to more effective and continuous utilization of social services offered in the field of reproductive health and violence against women, for members of this group. Thus, an interactive cooperation has been foreseen with local and central public agencies responsible for such services. This study has actually consisted the first phase of an integrated RH action of the UNFPA (see also EQ 2 for RH). Thus, the content has contributed to capacity development of the stakeholders and subsequently to further operationalisation of the Project. The study has initiated some demographic evidence based discussions on structures related to seasonal employment at the local administrative institutions. The Governorship of Sanliurfa considered the issues raised by this study in

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<sup>88</sup> Needs Assessment Study on Seasonal Agriculture Workers and Their Families, April 2012, Harran University and UNFPA

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 recognising the functions of the employment agencies in seasonal employment, has prepared and put into enforcement in 2014 a regulation for **“agricultural employment agencies”**<sup>89</sup>. The Harran University has developed experience in assessing vulnerable groups in South Eastern part of Turkey, which could be replicated for other vulnerable groups such as Roma people<sup>90</sup>. Thus, evidence reveals that the study has contributed to the policy makers particularly in the Sanliurfa province. In this aspect, this project forms a **good practice** of the UNFPA.

**Capacity development of the Ministry of Development (MoD) and Regional Development Agencies (RDA) on PD is expected by the MoD and the RDAs upon the completion of the training programme in 2014.** The MoD is a significant stakeholder of the PD Programme, as it has been preparing the national development plans (the most recent one being the 10<sup>th</sup> National Development Plan for 2014-2018), medium term development plans and regional development plans, and sectoral and thematic policy papers as well as strategies. The newly established RDAs prepare regional development and strategy plans. Thus, the CP Output Indicator for the CP PD output *“Data on emerging population issues are analysed and used at central and local levels”* has been revised in 2012 as **“Percentage of RDAs trained on using population data in plans and programmes”**. In this respect, UNFPA PD component included a capacity development preparation activity for public officials in its 2012 AWP, and capacity development activities in 2013 and 2014. The aim has been to contribute to the capacity development of the staff regarding the availability and analysis of data and information to be widely utilized at the regional development plans. Due to the limited staff of the PD component this activity could not yet be achieved, despite the willingness of the public stakeholders. As MoD is one of the main partners of the UNFPA, it is expected by the beneficiaries<sup>91</sup> that the capacity development activities will improve the cooperation and significantly contribute to an effective result on the regional development strategies of the RDAs as well as on the medium term national programmes.

**Evidence indicate that supporting actions for ICPD Beyond 2014 and post MDGs have contributed to the capacity development of the stakeholders in terms of analysis of the data and information.** The UNFPA CO has focused on ICPD beyond 2014 and post MDG advocacy (2015) activities in its 2013 and 2014 AWP. The timing was well chosen to mobilise the stakeholders. An effective cooperation with the RH and GE component has been achieved particularly under the **WFC Project** (UNJP) conducted together with the MoI with the aim of developing the capacity and awareness of the NGOs and public sector staff on ICPD related issues. **Three local ICPD Seminars**- Antalya, Izmir and Sanliurfa were held where UNFPA has promoted the ICPD mandate. The ICPD related issues particularly with reference to GE and RH were discussed and assessed the local condition and possibilities to monitor and even to contribute. For this purpose ICPD working groups were established in the 3 cities (**Antalya, Sanliurfa and Izmir**). WFC Local Coordinators supported the capacity development and awareness raising process. The local governorates have significantly contributed to this end. UNFPA supported the Women Rights Councils in these three cities to develop awareness and capacity on ICPD and Post-Development Agenda processes. The **working groups** under the WFCs have identified various gaps to empower women and to improve their reproductive health conditions (maternal health, infant mortality, education, etc.) to improve their rights to protect them against GBV, etc. as well as to improve their employability, literacy, etc. with reference to the ICPD and development indicators. As a result of these seminars and one-

<sup>89</sup> Interviews with public officials in Sanliurfa.

<sup>90</sup> Interview with the project coordinator from the Harran University

<sup>91</sup> Interviews with the staff of MoD and RDA in Sanliurfa

to-one consultancies with the local administration and NGO leaders and members, the ICPD indicators have been considered by the policy makers in the **Local Equality Action Plans** of the three WFCs. Evidence has been gathered from the women NGOs indicating they have first been informed about the ICPD related issues as a part of the UNFPA target and as a part of the legislation in Turkey. NGOs report that these seminars have been very beneficial to understand themselves and their conditions as well as initiated some changes. However, they report that they need further capacity development. As a result of the capacity development, a civil society monitoring of the targets has been initiated; yet this result is at its initial stages and will continue to be effective as long as the WFC Project continues with the efforts of the UNFPA WFC Local Coordinators and the two Components (RH and GE). As the WFC Project will end within a short period of time, the conditions for sustainability will not exist and civil monitoring will not continue, whereas the need for further capacity development along with the other two components (RH and GE) of the UNFPA exists substantially

**Evidence indicates that as a result of support provided to the staff of public institutions, NGOs and universities, capacity development on data analysis with reference to ICPD and MDG has been improved.** The AWPS of the 2013 and 2014 focus on capacity development of the NGOs to contribute to their participation in the decision and policy making process in the country as given below:

- **National consultations on population dynamics:** The staff from universities and NGOs was included in addition to the public institutions to participate in the national workshops of the UNFPA to develop capacity to monitor ICPD and MDG related targets in the country. Through these workshops, UNFPA contributed to their capacity development to implement their PD activities. For example, the TAP Foundation, Community Volunteers Foundation and Baskent University Women-Child Health and Family Planning Research and Implementation Center are particularly involved in producing PD related analysis documents, policy briefs, etc., which report that the national consultancies contribute to their analysis and update their international experiences. They also participated in the High Level ICPD meeting in Geneva in 2013. Thus this has been an effective mechanism to contribute to the capacity development of the NGOs and academicians. A follow up activity is planned, which will be realized in June / July 2014 with the delegation who attended the CPD.
- **Supporting national delegations to UN meetings:** UNFPA has motivated and supported the NGOs to take part in the UN meetings, in addition to the public organisations, and UNFPA strongly advocated for inclusion of NGOs, academicians into the national delegation at the Ministry of Foreign Affairs level. As a result, NGOs and universities actively participated in about 5 international meetings of the UN within the past two years. Their statements have been included in the meeting agendas and contributed to the policy making processes reflecting Turkey's priorities in the field of gender equality, SRH and population dynamics to the international arena. Through these actions, the NGOs reported that they gain experience in the international environments and develop a capacity for a comparative analysis of the PD indicators of Turkey with developed countries. The staff of public institutions such as MoFSP, MoD, have reported their benefit through the capacity development activities of UNFPA, which contributed to their effectiveness in the UN meetings. These are actually orientation/preparation meetings for the national delegations. These UN conferences are very specific as they are part of the global review process of the ICPD before 2014. Their follow up is planned by the CO. Meanwhile, the sustainability is likely to be continued through the staff participating in the forthcoming UN meetings.
- **Supporting Cairo +20 Platform:** Technical assistance has been given to this civil Platform during its establishment phase to develop its capacity with reference to leadership and advocacy to ICPD related issues beyond 2014 and Post Development Agenda of Turkey. Their monitoring will produce data and information to monitor the ICPD indicators within the country and contribute to further decisions related to SRH and rights and gender equality. This Platform is currently functional and evidence is reported by the Platform members about the highly valuable benefits created particularly in developing



<p>leadership of the youth involving in this Platform, and in expressing the views of the vulnerable groups (youth, women, elderly, people living with HIV/Aids, etc.). The capacity building of Population Association for producing policy briefs on population and development issues has just started and will take place in 2014.</p>			
<p><b>A 3.3: UNFPA has been able to support its partners and beneficiaries in developing their capacities and establishing mechanisms to ensure ownership and the durability of effects with regard to PD inputs</b></p>	<ul style="list-style-type: none"> <li>Indicators of ownership include dedication of budget lines to PD in national budgets as well as leadership in planning and implementation of projects and advocacy to promote ICPD objectives</li> </ul>	<ul style="list-style-type: none"> <li>UNFPA staff</li> <li>Implementing Partners in Government and NGOs</li> </ul>	<ul style="list-style-type: none"> <li>Documentary analysis</li> <li>Interviews with UNFPA CO staff</li> <li>Interviews with implementing partners</li> <li>Interviews/Focus groups with beneficiaries</li> <li>Visit to target provinces</li> </ul>
<p>Evidence of greater ownership of the population data analysis exists, while establishment of mechanisms is dependent on the institutional capacity of the stakeholders.</p> <p><b>Evidence indicates strong ownership of the project on “Demography and Management towards 2050” by the implementing partner.</b> In partnership and parallel financing with <b>TUSIAD (Turkish Industry and Business Association)</b>, UNFPA implemented a project to produce reliable, high quality publications to reflect demographic view and promote use of population data in decisions taken at public and private sectors. The ownership of this social partner in this project has been substantial. TUSIAD has contributed not only financially (US \$ 45.723, 22), but also invested its expertise and time in the implementation of the project. The ownership at higher management level of the Association was very high, as well as at the expertise level, while 3 of their research experts were taking part in this project. Similarly, the Ministries at all levels and other public institutions showed high level of interest to the publications which are the first in its content. This was evidenced by the first Publication Announcement meeting in Ankara, which was headed and inaugurated by the Minister of Development himself, as well as active participation of a high number of staff of the ministries and other public institutions in addition to the NGOs, universities and other international institutions such as the World Bank, IFC, IMF and the European Commission Delegation in Turkey. Similarly, other meetings have been attended with high number of participants. TUSIAD has continued its ownership after the project ended in 2012 through dissemination of the publications. The publications were distributed to the relevant ministries (MoFSP, MoD, Ministry of Education, etc.), public institutions (ISKUR, Social Security Institution, etc.) both at central and local level, in addition to the TUSIAD members, universities and the NGOs. In various conferences the publications are introduced to a variety of target groups including the private sector, NGOs and public sector. Brochures continue to be distributed. The publications continue to be disseminated through TUSIAD’s web-page<sup>92</sup>, which is updated regularly. All the evidence indicates sustainability of the results of this project. As the content of these publications are at broad policy level, they are indicative to national policies in general, so a budget line at national plan is not relevant.</p>			

<sup>92</sup><http://www.tusiad.org/bilgi-merkezi/raporlar/>

**Evidence of high ownership of data and information on “Seasonal Migrant Agricultural Workers and Their Families” by the implementing partner.** In partnership with **Harran University**, a needs assessment study on the Seasonal Migrant Agricultural Workers and Their Families in Sanliurfa and Adiyaman took place. UNFPA has supported through discussions the staff of Harran University to develop their capacity in providing data and information and an analysis on this very specific area to the policy makers in this region specifically and the decision makers centrally. This study formed the basis for the following RH project implemented by the same staff of Harran University operationalizing the targets. This evidence indicates the high ownership of the staff of Harran University along with the capacity enhanced to support the follow-up projects. As it is the responsibility of the Turkish Public Health Institute (PHI) to provide primary health care to the public, there is no need for additional budget for sustainability of this project, yet continuity of the data and information on SMAW is also dependent on its involvement and ownership, while definition of the variables could not fully correspond to that of the PHI to set formal mechanisms currently<sup>93</sup>.

**Potential ownership of establishing mechanisms to ensure sustainability of the results of capacity development of the Ministry of Development (MoD) and Regional Development Agencies (RDA) on PD is reported.** The MoD is a significant stakeholder responsible for preparing the national development plans, including the regional development strategies through RDAs. The planned capacity development activities of AWP in 2012 and 2014 have not been implemented due to the limited staff. Yet, evidence indicates that the stakeholders are likely to have high ownership of the results of such a capacity building programmes<sup>94</sup>. Currently, it is included within the 2014 AWP and is planned to be implemented this year. Accordingly, it would be likely to sustain the results for reducing the regional disparities in respect of the demographic based development policies, through their own resources.

**Evidence of high ownership of the NGOs exists, yet establishment of mechanisms to sustain the capacity and leadership developed at the NGOs is dependent on their institutional and resource capacities.** Despite the evidence of high willingness to contribute to the ICPD and MDG agenda, the resources of the NGOs are very limited. Thus, the sustainability of results varies with respect to the funding they create and volunteers to contribute to the results. The NGOs interviewed seem to be very dedicated to the ICPD and UNFPA mandate, and they continue to gain leadership capacities, where they can realise even at the absence of the financial resources. However, they lack adequate institutional and financial capacity to ensure the results are systematically effective. Yet, this is a general condition in Turkey where there is high need for their democratic participation in the policy making phases.

**EQ 4: 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?**

<b>A 4.1: UNFPA interventions have contributed to the expansion of the stakeholder base to advocate</b>	- Percentage of responsible parties identified in the national action plan who report their gender-based violence	- CPAP and Strategic Plans - AWP - National policy/strategy	- Documentary analysis - Interviews with UNFPA CO staff
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<sup>93</sup> Interview with the PHI in Sanliurfa.

<sup>94</sup> Interviews with key informants from MoD and RDA

<b>for better responses to GBV (CPAP Output 1)</b>	<p>prevention activities (CPAP indicator)</p> <ul style="list-style-type: none"> <li>- Evidence of capacity development and advocacy at both central and local levels</li> <li>- Evidence of increased national and local level dialogue and activities aimed at improving the protection of women from violence</li> <li>- Evidence of capacity development of CSOs to partner with national and local government on advancement of women and to combat GBV</li> <li>- Training programmes for service providers within the government and NGOs to combat GBV</li> <li>- Number of GBV trainers in government institutions increased</li> <li>- Local human rights committees, local coordination committees for combating GBV and local gender equality commissions in selected provinces institutionalized LEAPS, strengthened their administrative units, internalized gender equality practices such as gender budgeting</li> <li>- in selected provinces</li> <li>- Advocacy and awareness-raising activities held in partnership with CSOs for involving men and young people in combating GBV</li> </ul>	<p>documents</p> <ul style="list-style-type: none"> <li>- Needs assessment studies</li> <li>- Evaluations</li> <li>- Implementing Partners in Government, Women's and Youth NGOs</li> </ul>	<ul style="list-style-type: none"> <li>- Interviews with implementing partners</li> <li>- Interviews/Focus groups with beneficiaries</li> <li>- Document review</li> <li>- Visit to target provinces</li> </ul>
<p>The main activity for CPAP Output 1 during the 5<sup>th</sup> CP has been the Response to Gender Based Violence Project (TUR5G41A), whose main implementing partners are the UNFPA and Population Association. The Project has two main priorities: (i) strengthening the capacity of women's protection services through setting norms and standards with the collaboration of relevant government institutions and NGOs, and (ii) building the capacity of the Presidency of Religious Affairs staff on combatting VAW (Violence Against Women).</p>			

**Training programmes for service providers within the government and NGOs to combat GBV; Number of GBV trainers in government institutions increased**

Between 2006-2011, 245 high-ranking police officers were trained as trainers on combating VAW, and the trainings on VAW issues reached 45.000 police officers across Turkey. With the completion of the first phase of the project, Ministry of Interior (MoI) General Directorate of Security Forces (GDSF) aimed to establish in-house capacity on the issue and signed a three partite protocol, which also included masters' trainings. In 2010-2011, in collaboration with GDSW and GDSF, 23 master trainers were trained within the police forces as the agents of the sustainability of the system in the Police Forces. The last phase of the masters' training for police officers was conducted in Istanbul at the beginning of 2011, and the trainings were completed. In 2011, training was provided for 24 master trainers in order to conduct the GBV trainings within the Police department, which is significant in terms of capacity building in the institution, as the master trainers were trained to train other officers. A special branch on combating domestic violence was thus established within the Police forces to coordinate the training activities among the police and to provide support to the victims of violence. Also, a Domestic Violence Registration Form and a nationwide registry system was developed through the support of UNFPA as of 2010.<sup>95</sup> The UN CO indicates that the VAW registration form has been adapted to the Gendarmerie Violence Against Women (VAW) system recently.

As indicated in SPR 2013, however, the foreseen revision of Police Trainings for 2013 was not realized due to the changes within the upper level commandship in the police forces, and all the activities were cancelled.<sup>96</sup> This was because the changes also implied a mentality change, and given the more conservative attitude observed within the higher ranks of security forces, this was more difficult to achieve. The SPR 2013 indicates that the police forces had not used their training capacity on the issue of combating VAW in 2013.<sup>97</sup> During the interviews, the relevant stakeholders from police forces underlined that they wanted to revise the training themselves, without UNFPA support, and they made this decision in consultation with UNFPA.

Another important focus for the trainings in the current programming period, which continued from the 4<sup>th</sup> Country Programme, has been on religious leaders. In this framework, in 2011, ToTs were provided for 90 religious leaders in Ankara and Konya through two trainings in each city, which is significant for capacity development within the institution. Additionally, about 9.000 religious leaders from several provinces (including Çankırı, Kırşehir, Konya, Aksaray, Eskişehir, Yozgat, Ankara, Kırıkkale and Karaman) were given one-day awareness-raising sessions. Throughout 2012, nearly 250 trainers were trained and the programme reached 25.000 religious leaders in the Central Anatolian cities of Ankara, Eskişehir, Çankırı, Kırıkkale, Yozgat, Kayseri, Sivas, Aksaray, Karaman, Niğde, Konya, Kırşehir and Nevşehir, as well as in İstanbul.

As indicated in subsequent SPRs, however, the training programmes conducted with the Presidency of Religious Affairs faced remarkable constraints when the institution's status was raised to an undersecretariat within the governmental hierarchy and its President changed.<sup>98</sup> That the new President was not as progressive as the previous is a remark raised by most stakeholders, and is a factor that slowed down the pace of the partnership with the Presidency in many respects, mainly affecting the content of the trainings in a conservative way, placing the emphasis on the family rather than women. Nevertheless, the trainings

<sup>95</sup> COAR 2011 Turkey

<sup>96</sup> Standard Progress Report 2013, TUR5G41A

<sup>97</sup> Standard Progress Report 2013, TUR5G41A

<sup>98</sup> Standard Progress Reports 2012-2013, TUR5G41A

continued, although with different emphasis and content. In 2012, the Presidency wanted to have a major change in the programme, curricula, training kits and the expert trainers. As a result, UNFPA has lost some of its influence in the content of the trainings. Nevertheless, the CO states that the recent changes in the administration of the partner unit in the Presidency may result in a more collaborative attitude.

The GBV training programme for religious leaders continued in 2013 in partnership with the Presidency of the Religious Affairs, with a decision on the revision of the training programme and a comprehensive update in the training materials to align content with new legislation on GBV and protection of the family. This revision entailed a strong focus on the family and children, which may result in the loss of a women's perspective within the intervention. A new section on violence against children within the family was added to the training programme. Four regional trainings were conducted after the revision and printing of the new training materials. Approximately 140 religious leaders from İstanbul and provinces of Marmara Region (Bursa, Sakarya, Tekirdağ, Balıkesir, Yalova, Bilecik, Edirne, Kırklareli, Kocaeli, Çanakkale) were trained in Ankara and Bursa. With these trainings, a total of 14.000 religious leaders were aimed to be trained before the end of 2014 under the monitoring of the Presidency, as set out as targets. Due to the good reception of the programme, as of end of 2013, the Presidency of Religious Affairs has started to co-share costs of the Project. UNFPA only allocated budget for the fees, travel and accommodation of the trainers, printing the training materials, travel and the accommodation of the staff of the GDSW. As indicated by the UNFPA CO, between May-June 2014, a total of 140 additional religious leaders from the Eastern and Southeastern Anatolian regions were trained.

In addition to the trainings of police officers and religious staff, collaboration was also made with the Gendarmerie and GDSW in the beginning of 2013. Two pilot ToTs were conducted in Ankara for the Gendarmerie School (GS) staff. In addition to the ToTs, UNFPA supported the GDSW for the revision of the Gendarmerie training materials, which had been used for a couple of years in the GSs. The materials were revised, printed and used by the end of the year.

Moreover, upon the protocol signed between the Ministry of Family and Social Policies and Ministry of Defence, a new programme for the Turkish Armed Forces (TAF) was initiated in mid-2013. UNFPA was requested to provide technical assistance and coordinate the programme. Within this scope, the training material on GBV, gender equality and training skills, techniques was evaluated by two consultants and adapted for the Turkish Armed Forces. The ToTs were envisaged to start in early March 2014 with the aim to train at least 90 expert trainers who will train approximately 300 trainers within the army, who will then reach 3.000 field trainers who will provide gender equality and GBV trainings to approximately 400.000 recruits every year.<sup>99</sup>

However, as indicated in subsequent SPRs, despite the relatively large scale of the training programmes for service providers to combat GBV, high turnover rates and insufficiencies in terms of capacity continued to constitute problems for the attainment of objectives.<sup>100</sup> Therefore, the need for support to training programmes for relevant actors within the government continues.

#### **Evidence of capacity development and advocacy at both central and local levels**

#### **Evidence of increased national and local level dialogue and activities aimed at improving the protection of women from violence**

In this programming period, UNFPA has continued its support to the capacity development at central and local levels, as well as its advocacy efforts. The

<sup>99</sup>Standard Progress Reports 2011-2013, TUR5G41A

<sup>100</sup>Standard Progress Report 2012-2013, TUR5G41A

capacity building efforts of UNFPA aiming to enable key community leaders to contribute to GBV prevention policies and referral systems largely comprised the training programmes outlined above. In addition, capacity building activities were also carried out with GDSW in terms of GBV. As part of its ongoing relations with the GDSW in various fields of gender work in Turkey, UNFPA supported the GDSW in the preparation of the new legislation on violence against women in 2011. In 2012, GDSW was supported for monitoring of the National Action Plan on Domestic Violence and other gender-related activities. In 2013, UNFPA supported the GDSW for the development of the legislation regarding Shelters and Violence Monitoring and Prevention Centres. However, as indicated in SPR 2013, 'Unfortunately, only a by-law on Shelters was passed' at the end of this process.<sup>101</sup>

As part of advocacy and awareness-raising, several media related activities were held with celebrities to raise the awareness of the public on VAW on special days such as 8<sup>th</sup> of March, 25<sup>th</sup> of November. The programme coordinator also had attended to several TV and radio programmes on the issue of gender equality, combating VAW and other issues related to UNFPA's mandate. By 2012, awareness-raising activities were aimed at establishing communication bridges between research studies and policy dialogues to ensure evidence-based advocacy.

The brochure produced by the Ministry of Family and Social Policies Women's General Status Directorate on Turkish laws and the system for intervention and reporting of GBV in the National GBV Working Group was printed in Turkish as well as Arabic as an advocacy tool. During the remainder of 2014, this brochure will be followed up by communication from the Center of the MoFSP to its district branches and through advocacy visits by the UNFPA GBV team to key officials. This represents an effort focused on advocating implementation of Turkish law not only for Turkish citizens but also for Syrians.

#### **Evidence of capacity development of CSOs to partner with national and local government on advancement of women and to combat GBV**

The activities within the framework of this indicator in the current programming period remain limited, and partnership with CSOs needs to be developed further particularly at the national level. UNFPA support in this respect was directed towards the Women's NGO Coalition in respect of their preparation for Turkey's CEDAW Report to be submitted to the CEDAW Committee in 2014. Within this scope, two meetings were held for the preparation of the shadow report and a draft was prepared to be finalized in 2014. Government stakeholders interviewed underlined that there are significant problems regarding partnership with NGOs due to several reasons, including ideological incompatibilities and lack of experts at NGOs.

A new set of NGOs is become active in Turkey to serve the needs of Syrians living outside of camps in Turkey. This is a very new development. The Humanitarian team is building relationships, making visits and building dialog with these new service providers. As noted above, trainings and training for trainers provided to Turkish government workers have also been given in Arabic to these organizations serving out of camp Syrians.

#### **Advocacy and awareness-raising activities held in partnership with CSOs for involving men and young people in combating GBV**

In this programming period, an important objective of UNFPA has been to increase the involvement of young people in the efforts to combat GBV and to support the design of better prevention policies. For this purpose, UNFPA supported the development of evidence-base on young people's perception about GBV. In 2011, nationally representative data was collected from school-aged young people to learn about their knowledge, attitude and behaviour in relation to

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<sup>101</sup> Standard Progress Report 2013, TUR5G41A, p. 4

GBV. The survey was conducted by Population Association in three cities (Ankara, Aydın and Erzurum). The qualitative data formed the basis for design and implementation of an intervention to combat GBV among young people. In 2013, the results of the research,<sup>102</sup> which included recommendations for prevention policies, were shared with the public through a meeting that drew attention from the government authorities, NGOs and the media. GDSW requested to develop an intervention programme targeting young people on GBV taking into consideration of this survey results in 2014.

A small initiative to engage men in the dialogue about GBV was incorporated as a part of the pilot program in Nizip camp. These 8 discussions involved 164 Syrian men and provided an opportunity to begin to understand their concerns and engage them in awareness raising. As indicated by UNFPA CO, this represents only a small beginning, much more work is needed.

<p><b>A 4.2: UNFPA interventions have contributed to the expansion of responses to gender-based violence, particularly domestic and sexual violence through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV prevention services,</b></p>	<ul style="list-style-type: none"> <li>- Evidence of increased quantity of women's protection services</li> <li>- Evidence of increased quality of women's protection services through strengthening of the referral network and integration of GBV prevention and response in service provision including equipment and quality of venues, recruitment of experts, service quality and speed, etc.</li> <li>- Existence of programmes involving men and young people for combating GBV</li> <li>- Evidence of effective monitoring of the National Action Plan on Domestic Violence</li> <li>- Evidence-base on young people's perception about GBV developed</li> <li>- A gender sensitive curriculum developed in partnership with CSOs</li> </ul>	<ul style="list-style-type: none"> <li>- CPAP and Strategic Plans</li> <li>- AWP</li> <li>- National policy/strategy documents</li> <li>- Needs assessment studies</li> <li>- Evaluations</li> <li>- Implementing partners and beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>- Documentary analysis</li> <li>- Data analysis</li> <li>- Interviews with UNFPA CO staff</li> <li>- Interviews with implementing partners</li> <li>- Interviews/Focus groups with beneficiaries</li> <li>- Document review</li> <li>- Visit to target provinces</li> </ul>
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**Evidence of increased quantity of women's protection services**

There is no direct evidence from programming documents, but the monitoring of individual Local Equality Action Plans (LEAPs) may provide evidence on this indicator. There have been initiatives aiming to increase the quantity of women's protection services, such as the opening a new shelter, a new Women Support Centre, etc. For example, the Gaziantep LEAP includes plans for the establishment of a women's shelter in Nizip. The LEAP of Şanlıurfa also contains provisions for the establishment of a women's shelter. This was not found in Phase 1 of the Programme, in which Şanlıurfa participated, but it is important that provisions

<sup>102</sup>Population Association (Turkey) and UNFPA (2013) *Attitudes of Secondary and High School Students on Domestic Violence Against Women*. Ankara, November 2013.

are made for the establishment of women's shelters in the current phase. Also there have been some grant projects (i.e. in Mardin) aiming at improving the capacity of the public institutions and / or CSOs as regards protection services.

**Evidence of increased quality of women's protection services through strengthening of the referral network and integration of GBV prevention and response in service provision including equipment and quality of venues, recruitment of experts, service quality and speed, etc.**

In terms of quality of women's protection services, the most visible intervention has been done in Syrian refugee camps, in the form of several training programmes for one year, provided by an expert from the US to both the administrators in the camps, and to the Syrian men and women community leaders. These trainings also included modules on the referral system. The field visit conducted to the camp demonstrated that the camp administrators as well as women are very well-informed on the subject. However, it is important to note that refugees are quite unfamiliar with the Turkish legal system, which hampers the functioning of the referral system. When the protection mechanism does function, and husbands are expelled from the camp, this may have very negative consequences for the women involved. Therefore, women who encounter GBV end up hiding the incidents. In short, while the expert, the content of the trainings and the services provided are highly qualified, the system does not work properly due to weak community back up and lack of empowerment of women.

**Evidence of effective monitoring of the National Action Plan on Domestic Violence**

As indicated above, during the current programming period, UNFPA provided continuous support to the GDSW in their efforts to monitor the National Action Plan on Domestic Violence. The support provided by the UNFPA in this respect has also been a recurrent theme in the interview conducted with the GDSW staff, who underline that the UNFPA staff actively participate in national and international activities or seminars, provide formal or informal assistance for several activities, including the GBV working group in Ministry of Development and National Action Plan for GBV.

**Evidence-base on young people's perception about GBV developed**

The above-mentioned UNFPA initiative to develop an evidence-base on young people's perception about GBV aims to increase the involvement of young people in the efforts to combat GBV and to support the design of better prevention policies. For this purpose, nationally representative data was collected in 2011 from school-aged young people to learn about their knowledge, attitude and behavior in relation to GBV. The survey was conducted by Population Association in three cities (Ankara, Aydın and Erzurum). The qualitative data formed the basis for design and implementation of an intervention to combat GBV among young people. In 2013, the results of the research, which included recommendations for prevention policies, were shared with the public with the participation of the government authorities, NGOs and the media. GDSW requested to develop an intervention programme targeting young people on GBV taking into consideration of this survey results in 2014.

**Existence of programmes involving men and young people for combating GBV**

In addition to the evidence-base on young people outlined above, programmes involving men for combatting GBV comprised the training programmes mentioned above, targeting religious personnel, 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. Especially the significance of religious staff, who are in close relationship with the



public, and who raise the importance of the issue in public places such as mosques and coffee shops has been mentioned as an important contribution of this Project. 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. This is because the direct control of the training material is no longer totally with UNFPA in the Phase 2 of the Programme, and the Presidency of Religious Affairs has assumed important role in the shifting emphasis from women to the family in the material, which points to a more conservative outlook.

<p><b>A 4.3: Cooperation between UNFPA and public, private and NGO partners has taken place at the local level to enable women to fully exercise their human rights (CPAP Output 2)</b></p>	<ul style="list-style-type: none"> <li>- Number of provinces with monitoring and/or participatory planning mechanisms for promoting women's human rights and the elimination of GBV. (CPAP Indicator)</li> <li>- Number of youth NGOs, youth-related government agencies and private-sector compainies that have programmes or projects with dedicated resources to promote the human rights of women and the elimination of GBV. (CPAP Indicator)</li> <li>- Local human rights committees, local coordination committees for combating GBV and local gender equality commissions strengthened in selected provinces</li> <li>- Evidence of gender mainstreaming incorporated into local and national policies, programmes and services</li> <li>- Partnerships established with the government, CSOs and private sector for comprehensive programmes on women's human rights</li> <li>- Expansion of UNJP in newly selected cities</li> <li>- Increased dialogue channels between local women's NGOs/grass-roots women's groups and local administrations</li> <li>- Local problems hampering women enjoy</li> </ul>	<ul style="list-style-type: none"> <li>- CPAP and Strategic Plans</li> <li>- AWP's</li> <li>- National policy/strategy documents</li> <li>- Needs assessment studies</li> <li>- Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>- Documentary analysis</li> <li>- Interviews with UNFPA CO staff</li> <li>- Interviews with implementing partners</li> <li>- Interviews/Focus groups with beneficiaries</li> <li>- Document review</li> <li>- Visit to target provinces</li> </ul>
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	<p>their human rights identified with a view to developing local solutions</p> <ul style="list-style-type: none"> <li>- LEAPs endorsed by the local administrations through the Ministry of Interior support</li> <li>- Local gender equality commissions established to track the implementation of LEAPs</li> <li>- A mini-grant programme to facilitate the implementation of LEAPs formed in partnership with a private sector donor</li> <li>- Evidence of capacity development of local women's NGOs for sustained relations with local administrations.</li> <li>- Evidence of the development of more private-public partnerships in the field of gender equality</li> </ul>		
<p>The UN Joint Programme on Women Friendly Cities (UNJP) (TUR5G11A) has entered a second phase in 2011. The first phase was carried out between 2006 and 2010. This project, whose main objective is to promote an enabling environment for women friendly communities by means of mainstreaming gender into the planning process of local authorities through local dialogue with women CSOs, grassroots organizations and governmental institutions at national and local levels, is the major element for the attainment of the CPAP Output 2 in the 5<sup>th</sup> Country Programme. The Project It is implemented jointly by the UNFPA and UNDP in partnership with the Ministry of Interior (MoI) General Directorate of Local Authorities, and with the Swedish International Cooperation and Development Agency (SIDA) as its main donor. The project aims to (i) improve the capacity of local authorities (governorates and municipalities) with a view to incorporating gender equality in local planning processes; (ii) develop the capacity of local women's NGOs to support gender equality and women-friendly services; and (iii) promote mutual collaboration between local authorities, grassroots organizations and women's NGOs.</p> <p>The second important project for the attainment of CPAP Output 2 during the current programming period is the Pomegranate Arils Project (TUR5G31A) implemented in partnership with the private sector, BOYNER Holding and Group Companies as the donor. The Project aims to contribute to: (i) the development of vocational skills of the young women aged 18-24 who grew up in orphanages to get employment and to start their own life, and (ii) the elimination of the issues caused by gender discrimination. With this objective, the Project provides empowerment trainings for young women. On the other hand, it should be noted that this project is now aiming to establish a model for young men and women under 18, which might result in a decreasing emphasis on gender, while it also entails a more comprehensive approach if it succeeds in promoting male involvement at young ages.</p> <p><b>Number of provinces with monitoring and/or participatory planning mechanisms for promoting women's human rights and the elimination of GBV</b></p>			

**Expansion of UNJP in newly selected cities**

In its second phase, UNJP expanded to include 7 more provinces to the original project pilot cities (namely, İzmir, Kars, Nevşehir, Şanlıurfa, Trabzon), which are Antalya, Bursa, Gaziantep, Malatya, Mardin, Samsun and Adıyaman. The second phase, which will come to its end in December 2014, involved several key activities, including provincial situation analyses, strengthening the capacity of local institutions, increasing the capacity of women's NGOs, establishment of local mechanisms (Provincial Women's Rights Coordination Councils; Equality Units in Governorships, Provincial Special Administrations, Municipalities; Equality Commissions in Local District Councils and Provincial Councils), preparation of Local Equality Action Plans (LEAPs), implementation of LEAPs through the provision of grants, institutional budgets and support from Development Agencies, information of the public through district level organization of women and national activities, and legislative works at the national level.

**Local human rights committees, local coordination committees for combating GBV and local gender equality commissions strengthened in selected provinces**  
**Local gender equality commissions established to track the implementation of LEAPs**

Within the framework of the UNJP, local equality mechanisms are established in each partner city in order to achieve equality between women and men in the field of "Local Services and Participation". These include the Provincial Women's Rights Coordination Committees, Equality Commissions, and Equality Units / Equality Focal Persons. These mechanisms have the following functions:

- **Provincial Women's Rights Coordination Committees:** The Provincial Women's Rights Coordination Committees are umbrella mechanisms coordinating the development, implementation and monitoring of local policies through determining the needs related to the equal service provision at the urban level. They are entitled to prepare the LEAPs in a participatory manner. Once the LEAPs are approved, they monitor implementation, the success and the outcomes of the LEAPs in order to ensure that the local service delivery is no longer gender blind. They ensure accountability and transparency through their participatory and transparent structure that involves civil society, Local Agenda 21 institutions and the academia. The Equality Units of the Governorates take up the secretariat of the Committees. The committees in question convene on equal intervals not longer than four months, depending on the city's own decision, under the chairmanship of the Deputy Governor.
- **Equality Commissions:** established within the Municipal Assemblies, and the General Provincial Assemblies if the city is not a Metropolitan Municipality, they make it possible to introduce gender perspective in plans, budgets, circulars and motions submitted to the Assemblies. They are responsible for the integration of LEAPs within the local administrations' strategic plans, allocation of respective resources for the activities in the LEAPs and monitoring of the implementation of LEAPs. The duties and authorities of the Equality Commissions can be summarized as follows: intervening in the decision-making processes within the councils so that gender mainstreaming strategy is included in every step; ensuring that the problems against gender mainstreaming are defined and solution strategies are formulated by the local assemblies, collaborating with women's CSOs for increased transparency, accountability and participation.
- **Equality Units / Equality Focal Persons:** Equality Units are established within Governorships, Municipalities, Regional Development Agencies and, where relevant, Special Provincial Directorates. These units are, not exhaustively, responsible for the following tasks: the preparation of annual institutional action plans within the framework of the LEAPs, monitoring and reporting the annual plans, and conducting regular gap analysis for gender mainstreaming in local service delivery. In addition to the equality units, Equality Focal Persons are assigned in each and every stakeholder institution with an aim to make sure that institutional ties are strongly established among all institutions that form the Provincial Women's Rights Coordination Committee, the annual institutional action plans are drafted and implemented according to the LEAPs, and logistical support is provided to the Equality

Units.

The Local Equality Mechanisms outlined above were revised in Phase 2 through workshops and knowledge-sharing meetings held in 2011, with a view to establish the model in new Programmep cities and to strengthen them in the original cities. Moreover, capacity-building activities were held for the Provincial Women's Rights Coordination Councils, with a view to increasing their capacity to identify discrimination, promote gender equality, women's rights at the local level, and design gender-sensitive local services and budgeting. For this purpose, three-day training sessions were carried out in each new programme city.<sup>103</sup>

**Local problems hampering women enjoy their human rights identified with a view to developing local solutions**

**Evidence of gender mainstreaming incorporated into local and national policies, programmes and services**

The local gender equality mechanisms outlined above ensure that local solutions are developed for local problems hampering women from enjoying their human rights. The LEAPs are 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. This identification of local needs and problems is realized through a participatory approach bringing together all relevant stakeholders at the local level. The LEAPs are prepared under six fundamental headings and put forward clearly the roles and responsibilities of the stakeholder institutions in ensuring gender mainstreaming at the local level. These six headings are as follows: participation in local decision-making mechanisms, urban services, VAW, economic empowerment and working life, educational services and health services. Therefore, stakeholders jointly prepare the LEAPs that reveal the current situation and determine the needs of local women in relation to these six major areas. The LEAPs set the roles and duties that are needed to be fulfilled by each stakeholder institution, and therefore provides a concrete division of labour for the addressing of local needs. As indicated above, the local gender equality mechanisms are responsible for the incorporation of gender mainstreaming into local policies, programmes and services.

**Increased dialogue channels between local women's NGOs/grass-roots women's groups and local administrations**

**Evidence of capacity development of local women's NGOs for sustained relations with local administrations.**

Within the framework of UNJP, all relevant stakeholders in each Programmep partner city come together in order to prepare the Local Equality Action Plans (LEAPs). The participatory approach involved in the preparation of LEAPs involves the collaboration between 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. It encourages them to set jointly their own duties and roles, starting with a problem analysis that puts forward the gaps in gender mainstreaming for local service delivery. The relevant stakeholders also emphasized in their interviews the significance of this participatory approach and stress the importance of contributions from different organizations such as Bars, Chambers of Commerce, etc. However, they have concerns about the sustainability of the activities once the Programmep ends.

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<sup>103</sup>Standard Progress Report 2011, TUR5G11A

On account of the LEAPs, the principle of gender equality becomes an institutional goal and is owned by the institutions. Such a dialogue environment does not only improve the cooperation among local stakeholders but also makes partnerships among different institutions possible. SPR 2013 showcases some examples of the initiatives promoted by individual LEAPs demonstrating the partnerships established in selected cities:<sup>104</sup>

- Emergency Response Team Against Domestic Violence in Mardin: established under a joint protocol signed amongst Provincial Directorates of the Ministry of Family and Social Policies, Ministry of Health, and the Police; Multi-purpose Community Centres; KAMER Foundation; the Mardin Bar Association; the Governorate and the Municipality. Each institution is represented with one to two persons in the Team. The overall mandate of the Team is to provide 24/7 assistance to the victims of domestic violence in Mardin, aiming to facilitate the process of assistance and decrease the bureaucracy involved. Since January 2013, more than 150 women have been provided with emergency assistance.
- NGO Coordination Meetings in Adiyaman: a civil society platform was established where the representatives of the local women NGOs can come together and coordinate their strategies and approaches. The coordination meetings organized under the supervision of the Adiyaman local coordinator have become so influential that the Deputy Mayor first let them use the Municipal Assembly Hall and then agreed to open a Women Support Centre where the NGOs can come together and organize various activities for supporting the local women. The members of the NGO network drafted a manifest listing their demands from the Municipality in terms of service provision. The coordination meetings also triggered attempts to develop joint projects among different NGOs and the local authorities. Several joint projects have been drafted and submitted for fund-raising, including one project submitted to and approved by the Swedish International Center for Local Democracy – ICLD.
- Equality Councils in Municipal Assemblies: In Bursa, the Municipal Assembly asked for the revision of a park plan since it did not meet the gender sensitive planning criteria and it would not be used safely by the women in the neighborhood. In Trabzon, the Municipal Assembly initiated a local questionnaire study to assess needs and demands of local women. The Equality Council designed the questionnaire forms in collaboration with the University in the city and the relevant municipal department. When completed, the current practice will showcase gender-sensitive participatory planning. The Equality Commission in Trabzon Municipal Assembly also organized a meeting for women NGOs to discuss the expectations of the women NGOs from the upcoming Strategic Plan of the Municipality that is to be drafted after the Local Elections in 2014.

#### **Partnerships established with the government, CSOs and private sector for comprehensive programmes on women's human rights**

As described in detail above, the UNJP is a successful partnership established with government units, local administrations and local women's NGOs to enhance women's human rights and to empower women. However, relevant stakeholders stressed in the interviews that NGO involvement is essential for the sustainability of the activities, and that this is not exploited to its full extent as of now. In many provinces, the involvement of NGOs remains a challenge, due to both the capacity of civil society and the efforts of UNFPA to involve NGOs.

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<sup>104</sup>Standard Progress Report 2013, TUR5G11A.

Another important Programme project in this respect has been the PA Project, which is implemented with Boyner Holding from the private sector, People Management Association of Turkey (PERYÖN) as the civil society partner, and the General Directorate of Child Services (GDCS) of the Ministry of Family and Social Policies and Turkish Employment Organization (İŞ-KUR) as government partners. This project provides training for young women and aims to empower them through the development of vocational skills to start their own life. The trainings comprise various topics such as self-recognition, motivation, stress management, communication, self-expression, appearance and body talk, career planning, CV preparation, interview techniques, labour law and employee rights, gender and power relations, women's rights, VAW, women's health and body perception. Within the framework of this project, mentors are assigned to each PA for one year, 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 the sustainability of the Project.<sup>105</sup> In 2013, the project's main target group was changed from the Pomegranate Arils themselves to service providers, in order to develop capacity building in governmental partners and ensure the sustainability of the project. However, the lack of gender sensitivity among the GDCS personnel, as well the high turnover rates turned out to be significant problems for the effective implementation of the project.<sup>106</sup>

#### **Evidence of the development of more private-public partnerships in the field of gender equality**

The main public-private partnership taking place in the Gender component pertains to the PA Project implemented with BOYNER Holding and Group Companies as the main donor to the Project. This partnership has proved to be very useful in terms of generating resources for the empowerment of women and providing capacity development. BOYNER Holding also provides in-kind support to the project in the form of contribution to trainings, communication strategy of the Project and social integration of PAs through their volunteer employee group.<sup>107</sup> It would be useful to develop more partnership with the private sector in the upcoming programming period.

<b>A 4.4: UNFPA has been able to support its partners in developing their capacities and establishing mechanisms to ensure ownership and the durability of effects in the area of Gender Equality.</b>	<ul style="list-style-type: none"> <li>- Indicators of ownership include dedication of budget lines to GE in national budgets as well as leadership in planning and implementation of projects and programmes to promote ICPD objectives</li> </ul>	<ul style="list-style-type: none"> <li>- UNFPA staff</li> <li>- Implementing Partners in Government, Women's and Youth NGOs</li> </ul>	<ul style="list-style-type: none"> <li>- Documentary analysis</li> <li>- Interviews with UNFPA CO staff</li> <li>- Interviews with implementing partners</li> <li>- Interviews/Focus groups with beneficiaries</li> <li>- Document review</li> <li>- Visit to target provinces</li> </ul>
<b>Dedication of budget lines to gender equality in national budgets</b>			

<sup>105</sup>Standard Progress Report 2011, TUR5G31A

<sup>106</sup>Standard Progress Report 2013, TUR5G31A

<sup>107</sup>Ibid.

Equality Commissions established within the UNJP have the task to ensure that gender perspective is introduced in the plans, budgets, circulars and motions submitted to the local Assemblies. Therefore, progress has been made in terms of incorporation of gender equality perspective into local budgets. Collaboration was made with the Economic Policy Research Foundation of Turkey – *Türkiye Ekonomi Politikaları Araştırma Vakfı* (TEPAV) in this respect, with a view to preparing gender empowerment and gender equality indexes across all programme cities, which would be important in terms of ensuring the sustainability of the achievements. There is evidence from interviews with relevant stakeholders that the report prepared by TEPAV was disseminated to the Development Agencies, and TEPAV has conducted a training programme; but that not all provinces have benefited from this initiative in an even and equal manner, and that the level and extent of ownership varies significantly across different institutions as local capacity varies significantly among cities.

#### **Leadership in planning and implementation of projects and programmes to promote ICPD objectives**

The leadership assumed by stakeholders in planning and implementation of projects and programmes, implying the sustainability dimension in the three key elements of the Gender component, varies. The UNJP has incorporated significant gender dimension in local planning and implementation processes. It also succeeded in motivating the ownership of its partners. However, the relevant stakeholders emphasized their concerns about the sustainability of the activities once the UNJP reaches its end and funds stop. The PA Project puts an emphasis on sustainability and displays significant efforts to increase the capacity of its government partners (GDCS and MoFSP) to build in-house capacity to reach the target group after the project funds come to an end. However, the lack of gender sensitivity among the GDCS personnel, as well the high turnover rates turned out to be significant problems for the effective implementation of the project,<sup>108</sup> which are likely to negatively affect the sustainability of the . project

#### **EQ 5: 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?**

<b>Assumptions to be assessed</b>	<b>Indicators</b>	<b>Sources of information</b>	<b>Methods and tools for the data collection</b>
<b>A 5.1: Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen, and in a timely manner (response from RH, GE, PD and Humanitarian Assistance)</b>	<ul style="list-style-type: none"> <li>- The planned inputs and resources were received as set out in the AWP and agreements with partners</li> <li>- The resources were received in a timely manner according to project time lines and plans</li> <li>- Budgeted funds were disbursed in a timely manner</li> <li>- Inefficiencies were corrected as soon as possible</li> </ul>	<ul style="list-style-type: none"> <li>- Annual reports from partner Ministries, and implementing partners</li> <li>- Audit reports and monitoring reports</li> <li>- UNFPA (including finance/administrative departments)</li> <li>- UNFPA project documentation, COARS</li> </ul>	<ul style="list-style-type: none"> <li>- Interviews with ministry level/secretariat general-level staff to review the coordination and complementarity features of implementation</li> <li>- Review of financial documents</li> <li>- Interviews with administrative and financial</li> </ul>

<sup>108</sup>Standard Progress Report 2013, TUR5G31A

		- Partners (implementers and direct beneficiaries)	staff. - FGDs with beneficiaries of funding (including NGOs)
<p><b>RHR:</b> RH resources were generally disbursed as planned except for the voluntary family planning activity which met with implementation issues as described above and remaining funds returned to UNFPA. The financial implementation rate of SRH is almost %100. The funds for voluntary FP are spent through youth and SMAW programmes. Stakeholders were generally pleased with the input of UNFPA although funds were limited and UNFPA was able to provide its support in ways that assisted its partners. Most partners such as Universities have their own resources and UNFPA's inputs supported these resources.</p> <p><b>PD:</b> The beneficiaries of the UNFPA support under the PD component have received the resources as planned in a timely manner. No significant resource problem has been reported either by the stakeholders or by the CO staff. The audit report of 2011<sup>109</sup> does not have a specific finding related to the PD component's resource utilisation. Also UNFPA mobilized timely delivery of the resources of the partners such as the private sector (TUSIAD) and the universities (Harran University, Baskent University, Hacettepe University). The only exception is related to the delivery of the training to the MoD and RDAs planned in 2014, which is still at preparation stage due to limited human resources of UNFPA PD Component to support the programming logistics. This has significance to achieve the relevant PD Output 1 indicator specified as <i>"relevant experts of one-third of active regional development agencies trained on population and development linkages."</i><sup>110</sup></p> <p><b>Gender:</b> The stakeholders, particularly donors, are very positive about the timely and accurate allocation of resources and funds. In general, the planned inputs and resources were received as set out in the AWP and agreements with partners. A number of exceptions, however, occurred, mainly due to changes in the administrative structures of government units, including the Presidency of Religious Affairs and the General Directorate of Security Forces. Some activities needed to be revised or cancelled all together, which affected the allocation of resources as foreseen in AWP and agreements with partners. UNFPA is generally considered to be flexible with funds, acting with qualified people, and having technical capacity to achieve the objectives of the country programme</p> <ul style="list-style-type: none"> <li>• Leveraging of external resources has been successful under the gender component, particularly in the case of BOYNER Holding</li> <li>• UNFPA was able to adapt its strategy to achieve the objectives to overcome deadlocks or resistance (i.e. the crisis with Religious Affairs), as well as to respond to changes in the legislative sphere (i.e. Law No. 6284, which led to significant changes in training material)</li> </ul> <p><b>HA:</b> The beneficiaries of UNFPA support for the HA have received the resources yet difficulties in obtaining approvals have been experienced. As a response to the HA needs at the Syrian refugee camps, a MoU was signed with AFAD on humanitarian response. The decision for the MoU was time consuming related to the decision process of AFAD. MoFSP has facilitated the decision making process particularly related to the GBV project. The UNFPA CO provided capacity building on MISP and GBV in accordance with the said MoU.</p> <p><b><u>HA Procurement and delivery of 3 urgent items have been realized as follows:</u></b></p>			

<sup>109</sup> Oversight Assessment of UNFPA Turkey Country Office, Division for Oversight Services (DOS), 7 October 2011

<sup>110</sup> CPAP Planning and Tracking Tool



1. Hygiene kits (116.000 in four shipments) (Total 160.000 kits– 44.000 of which is regional support)

2. Containers (10 dish washing unit containers)

3. Ambulances (3 medically equipped)

- The content of hygiene kits were selected according to the international standards, yet adjusted according to the local needs. The need for hygiene kits is reported to continue, as delivery of the additional hygiene materials by AFAD has reported to become limited.
- The procurement was implemented according to the UN rules, so the delivery was reported by AFAD to take more time than expected, which prevented adequate planning on AFAD side.

The supplies have been assessed to address the needs of the Syrians in the camps. Positive feedback has been received from the camp staff and the Syrian refugees.

<b>A 5.2: UNFPA was successful in using its resources to leverage other resources to meet the CPAP objectives (response from each component, RH, GE, PD and Humanitarian Assistance)</b>	<ul style="list-style-type: none"> <li>- Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government at national and sub-national levels and from communities</li> <li>- Evidence that the resources provided by UNFPA triggered the provision of additional resources from other partners</li> <li>- Agreements called for contributions from partners and these were honoured.</li> </ul>	<ul style="list-style-type: none"> <li>- UNFPA staff (including finance/administrative departments)</li> <li>- Partners (implementers and direct beneficiaries)</li> <li>- Annual reports from partner Ministries, and implementing partners, audit reports and monitoring reports</li> </ul>	<ul style="list-style-type: none"> <li>- Review of reports</li> <li>- Interviews with ministry level/secretariat general-level staff</li> <li>- Review of financial documents at the UNFPA and interviews with administrative and financial staff.</li> <li>- FGDs with beneficiaries of funding (including NGOs)</li> </ul>
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**RHR:** The RH component offers examples of good practice in leveraging resources. Since resources were limited for the RH component UNFPA shared resources with most of its partners including the MoH and University partners. The sharing of UNFPA's expertise was of great value to its partners. Support to the CVF for youth activities met with success in obtaining anonymous donor funds and the use of the youth volunteer network contributes to cost effectiveness.

**PD:** PD Component was quite successful in achieving leveraging of external resources. Leveraging the parallel financing (US \$ 45.723.22) of TUSIAD can be considered as a **Good Practice**. The UNFPA budget together with the parallel financing has delivered outputs with substantial cost-effectiveness. Some of the stakeholders contributed to the project activities through in-kind contributions such as offering human resources to facilitate the activities. Evidence indicates that in-kind contribution of the government was received in 2012 to ensure the technical quality of the researches and publications and studies on ageing and gender equality. Also, in-kind contributions have been mobilized during the implementation of some minor activities through the local administrations of Izmir, Antalya and Sanliurfa which have made their facilities available while the ICPD seminars are organized and implemented in cooperation with the WFC Local Coordinators.

**Gender:** This is an important aspect of the sustainability of the interventions implemented under the Gender component. As of now, the activities have been successfully implemented but the provision of additional resources remains unclear. Most stakeholders interviewed stress that once the funds stop, there is no way to ensure the continuity and sustainability of activities. Some stakeholders are even in the opinion that when funding ends, everything will go back to the beginning, as if nothing happened. Therefore, the ability to trigger additional resources remains a significant challenge for most of the activities in the current programming period.

HA: UNFPA has leveraged other resources for the purpose of implementing its HA activities. The funding of UNFPA as well as other resources have been timely for being responsive to the emergency. UNFPA HA support has been realised through UNFPA Emergency Fund coupled with additional funding of USA -BPRM and Kuwait Fund as follows:

#### **HA BUDGET and UTILIZATION**

	Resources	Budget 2013 (US Dollars)	Disbursed 2013 (US Dollars)	Budget Utilisation
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				Ratio (%)
	UNFPA Emergency Fund	310,000	<b>298,744</b>	<b>96,4%</b>
	USA –BPRM <sup>111</sup>	<b>884,584</b>	<b>768,740</b>	<b>86.9%</b>
	Kuwait Fund	607.331	550.239	90,6%
	Total	<b>1,801,915</b>	<b>1,617,723</b>	<b>89.8%</b>

  

Resources	Budget 2014 (US Dollars)	Disbursed 2014 (US Dollars)	Budget Utilisation Ratio (%)
UNFPA Emergency Fund			
USA –BPRM <sup>112</sup>	415.579	11.304	2,7%
Kuwait Fund	467.837	27.727	5,9%
Total	<b>883,416</b>	<b>39,031</b>	<b>4.4%</b>

Source: ATLAS April 2014

<b>A 5.3: Administrative and financial procedures and requirements as well as the mix of implementation modalities promoted an integrated approach and facilitate a smooth execution of the programme (response from each component, RH, GE, PD and Humanitarian Assistance)</b>	<ul style="list-style-type: none"><li>- Appropriateness of the UNFPA administrative and financial procedures for the implementation of agreed activities</li><li>- Appropriateness of the IP selection criteria</li><li>- Appropriateness of the mix of implementation modalities to promote an integrated approach</li></ul>	<ul style="list-style-type: none"><li>- UNFPA staff (including finance/administrative departments)</li><li>- Implementing Partners</li><li>- Annual reports from partner Ministries, and implementing partners, audit reports and monitoring reports</li><li>- Sub-national staff and beneficiaries</li></ul>	<ul style="list-style-type: none"><li>- Interviews with high level and management level staff</li><li>- Review of financial documents at the UNFPA and interviews with administrative and financial staff.</li><li>- Beneficiaries of funding (including NGOs)</li></ul>
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UNFPA started the 5<sup>th</sup> Country Programme with a successful audit in 2011.<sup>113</sup> The audit found that internal controls and risk management practices were adequately established and the Office Management Plans were likely to be achieved. It was recommended to enhance the CPAP planning and tracking tool to

<sup>111</sup> US Department of State, Bureau of Population, Refugees and Migration

<sup>112</sup> US Department of State, Bureau of Population, Refugees and Migration

<sup>113</sup> Oversight Assessment of UNFPA Turkey Country Office, Division for Oversight Services (DOS), 2011 (covering 2009 and 2010)

reflect annual output targets for the entire programme cycle. The tool was updated in 2012 and thereafter as needed. A national execution (NEX) auditing of implementing partners was also undertaken. For example, the partner CVF (TOG) received good marks for conformity with the financial requirements.<sup>114</sup>

According to programme documentation the rate of disbursement has been largely 95 to 99%. The exceptions are lower achievement of the implementation rate where 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, some activities needed to be revised or cancelled. This affected the allocation of resources as foreseen in agreements with partners. For example **in RH**, the funds allocated to the Utilization of Voluntary Family Planning Services with the MoH in 2013 met with implementation issues and the remaining funds (\$20,792) were returned to UNFPA and fully used among other activities.<sup>115</sup>

PD: MoD (former SPO) and TurkStat are specialized government agencies traditionally partnering with UNFPA in PD Component as prominent partners. The partnership established with these government agencies during the 4<sup>th</sup> CP period has continued within the 5<sup>th</sup> CP. MoD's role in the country programme monitoring is important since it has taken over the monitoring of the UNDCS. MoD is responsible for policy setting related to the development issues and preparing and monitoring the 5 year Development Plans, Medium Term Plans and annual programmes of the country. Additionally MoD acts as an intermediary in contacting and working with regional development agencies, recently formed by the government. TurkStat is the responsible body for the coordination of production and publication of official statistics in Turkey, which has been producing data and statistics in line with the international classifications<sup>116</sup>, including the population and development statistics.<sup>117</sup> UNFPA has established strong partnerships with the universities, which have been involved mostly in producing the evidence base through targeted research in various parts of the country programme. UNFPA has established effective partnerships and/or obtained strong support of the universities such as Harran University, Baskent University, Hacettepe University and Middle East Technical University, evidenced by the publications, researches and policy papers delivered under the PD component. Furthermore, UNFPA has been successful in mobilising the resources of the private sector through building partnership as evidenced by the effective implementing partnership with TUSIAD. The administrative and financial procedures have in general been appropriate to enable fluent implementation of the activities described in the PD Component AWP. No discrepancy has been reported during the evaluation process, neither mentioned in the monitoring reports. The share of PD Component within the overall budget has been lowest among other components throughout the time span of the CP, yet efficiently utilized by the CO through strong cooperation with other RH and GE Components in establishing integrated partnerships, which created synergies. This has particularly been

**Gender:** The stakeholders interviewed during the field phase consider the UNFPA to be non-bureaucratic and flexible, especially in comparison to the EU as the other main international partner. The principal partner in Gender component is the General Directorate on Women's Status, which has extensive experience in gender programming. In the 5th CP UNFPA will be working closely with the GD, targeting an important part of the gender activities towards capacity building for

<sup>114</sup> Independent Auditor's Report to UNFPA, Financial Audit, Toplum Gönüllüleri Vakfı, (Community Volunteers Foundation)

<sup>115</sup> Standard Project Reports, 2011- 2012

<sup>116</sup> TurkStat produces statistical data based on International Standard Industrial Classification of All Economic Activities ISIC prepared by United Nations and commonly accepted in all the world.

<sup>117</sup> Since 2007, TurkStat has been conducting the Address Based Population Census annually to provide regular monitoring of population movements. According to the UN recommendations, the most recent "2011 Population and Housing Census (PHC)" was carried out in the context of 2007-2011 period Official Statistics Programme prepared according to Statistics Law of Turkey No 5429. The 2011 PHC provides information on demographic, social and economic characteristics of population such as labor force, employment, fertility, mortality, international migration, reason for migration, disability, and information on building and housing characteristics, which are not available in the Address Based Population Registration System, at provincial level.

the GD.

**HA:** AFAD, MoFSP and MoH are the main partner with reference to the Humanitarian Assistance to the Syrian refugees since 2011. AFAD is the main responsible governmental organization on behalf of the Turkish government, having a centralized management through coordination by AFAD. The UNFPA CO has been cooperating with the Turkish government partners in designing its country contingency plan. UNFPA has employed its main strategic package, the Minimum Initial Service Package (MISP) forming a set of life-saving activities to be implemented. The MoU has been signed with AFAD on RH/GBV humanitarian response, yet with significant delay. Another MoU with the MoH is at the approval phase which is apparently time consuming.

**EQ 6: 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?**

<b>A.6.1: The UNFPA country office has actively contributed to UNCT working groups and joint initiatives. (response from each component, RH, GE, PD and Humanitarian Assistance)</b>	<ul style="list-style-type: none"> <li>- Evidence of active participation in UN working groups</li> <li>- Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas</li> <li>- Evidence of exchanges of information between UN agencies</li> <li>- Evidence of joint programming initiatives (planning)</li> <li>- Evidence of joint implementation of programmes</li> </ul>	<ul style="list-style-type: none"> <li>- Minutes of UNCT working groups</li> <li>- Programming documents regarding UNCT joint initiatives</li> <li>- Monitoring/evaluation reports of joint programmes and projects</li> </ul>	<ul style="list-style-type: none"> <li>- Documentary analysis</li> <li>- Interviews with UNFPA CO staff</li> <li>- Interview with the UNRC</li> <li>- Interviews with other UN agencies</li> </ul>
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Overall, UNFPA's contribution 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's work-plan. UNHCR agreed to fully fund a coordination assistant post in the office of the RC dedicated to the Syria crisis' spillover effects into 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 since then in addition to the UN Task force on Syria which enhances collaboration at a technical level, should be acknowledged as a good achievement for 2013.

The influx of Syrians into Turkey since the onset of the crisis has far surpassed initial projections. UN agencies, namely, UNHCR, UNICEF, WFP, UNFPA, WHO as well as IOM have been providing humanitarian assistance to Syrian refugees since the onset of the crisis while OCHA has established a coordinating role in Turkey with NGOs and other actors active in Northern Syria and facilitated a needs assessment of the situation there. 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.

A key challenge is resource mobilization to meet the demand for dignity kits and other inputs as requested by AFAD for the camp inhabitants. Further UN organizations such as UNFPA and WHO typically have fewer resources than other agencies and more collaboration is needed to share resources on behalf of the refugees and to meet the range of their needs.<sup>118</sup> In late May 2014, the Government called a meeting with humanitarian assistance partners 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.<sup>119</sup> OCHA has made a reasonable effort to coordinate the Governmental, national and international NGOs mostly for the cross border operations however it is also faced with the challenges by Government authorities. Even so, these regular meetings can provide a good resource for all agencies to have updated information.

**RHR:** UNFPA participates in the UNCT AIDS thematic group. Members of the UNCT who participate in this group provided support for World AIDS day. UNFPA also leads the Youth Thematic Group and is an active member of the Human Rights TG.

**PD:** The PD Component staff has intensively cooperated with the RH and GE staff of UNFPA CO. The PD coordinator has either participated in the UNDC working group and/or thematic groups or has supported those participating UNFPA staff. No joint programme with other UN Agencies has been evidenced.

**Gender:** UNFPA was for a long time the leading agency in the Gender Thematic Group. During this process, a two-tier structure has formed in the Thematic Group. Several larger agencies such as the UNDP claim that they had to compete fiercely in many fields including youth issues, while agencies having less mandate on gender such as IOM claim to cooperate with other agencies in conducting joint work on gender issues. All three Programmes were planned at the Gender Thematic Group in advanced, but no funds were secured to realize them. The relevant stakeholders emphasize that there is significant competition in the field of gender equality within the UNCT, as there are important funds in this area.

UNJP is a good example of a joint programming initiative in terms of both planning and implementation. The UNJP is jointly implemented by the UNFPA and UNDP. However, the stakeholders underline that, while this is a very significant initiative in terms of women's human rights and empowerment, the UNFPA plays the leading role, and all relevant stakeholders acknowledge UNFPA contribution and support in this Project, while the UNDP appears to be rather invisible.

In the area of gender, especially GBV, UNFPA appears as the leading UN agency, ensuring good coordination among UNCT.

<b>A.6.2: The UNFPA country office has contributed to avoid overlaps and promote synergies among the interventions of the UNCT. (response from each component,</b>	<ul style="list-style-type: none"> <li>- Nature of the contribution of UNFPA to the elaboration of the UNDCS</li> <li>- Extent to which the UNDCS reflects the priorities and mandate of UNFPA in Turkey</li> </ul>	<ul style="list-style-type: none"> <li>- UNDCS</li> <li>- CPAP</li> <li>- UNCT</li> <li>- UNFPA Country Office</li> <li>- Monitoring/Evaluation reports of</li> </ul>	<ul style="list-style-type: none"> <li>- Documentary analysis</li> <li>- Interviews with UNFPA CO staff</li> <li>- Interview with the UNRC</li> <li>- Interviews with other UN</li> </ul>
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<sup>118</sup> Key informant interviews, Gaziantep

<sup>119</sup> Ibid.

<b>RH, GE, PD and Humanitarian Assistance)</b>	<ul style="list-style-type: none"> <li>- Evidence of overlaps and/or absence of overlaps between UNFPA interventions and those of other UNCT members</li> <li>- Evidence that synergies have been actively sought in the implementation of the respective programmes of UNCT members</li> </ul>	joint programmes and projects	agencies - Interviews with implementing partners
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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 not more than 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 mentioned a need for evidence of more harmonization among the UN agencies and better communication<sup>120</sup>. Capacity development is needed at the management level and participation in activities such as M&E training is not strong enough.<sup>121</sup>

**RHR:** There is no evidence of overlaps between RH interventions and those of other UNCT members. Indeed, UNFPA is the only agency undertaking RH and FP work in the UN system in Turkey.

**PD:** Under the PD Component, the national committee members have developed awareness through national consultancies provided by UNFPA before UN international meetings such as related to ICPD and related to MDG beyond 2015. Yet, coordination among the UN agencies has remained to be moderate under the PD component, beside the thematic group and working group meetings of the UNDCS.

**Gender:** The contribution of the UNFPA to the attainment of UNDCS goals is evidenced throughout the programming documents, especially the AWP and SPRs of the respective programmes. The CPAP Outcomes on gender are in line with UNDCS results and detail the latter through specific provisions and objectives, which are regularly acknowledged and referenced by respective activities in the Gender component. UNDCS 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” is directly relevant for the Gender component and reflects the priorities and mandate of UNFPA in Turkey. The evidence for this indicator is partial and stems mainly from interviews with relevant stakeholders. In the area of gender, UNFPA is acknowledged as the lead agency by other UNCT members, having extensive expertise and knowhow 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 in the field of gender equality, as this area has potential for 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 Gender Thematic Group can be considered as a good example of synergies created between UNCT members, in which the UNFPA played a leading role. In addition, the UNJP on Women Friendly Cities can be considered as another important initiative benefiting from the collaboration of UNCT members. This Programme is a Joint Programme implemented by the UNFPA and UNDP as the leading institutions. 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 the

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<sup>120</sup> UNDP website, Resident Coordinator's Office Annual Report, 2013

<sup>121</sup> Key Informant Interview



UNFPA, which is perceived as the main respondent to the needs, problems, and questions arising in the implementation process.

**HA:** The CP output contributes to the UNDCS 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 human safety)”. *Effective Humanitarian RH and GBV Response for Syrian Refugees in Turkey* contributes to development of national capacity to respond and be prepared to emergency situations within international standards having impact to the overall concept of the UNDCS result. The CP output also contributes to capacity development for interagency/ international regional SRH/ GBV response and preparedness to humanitarian situations within UN Regional Response Plans.

**EQ 7: To what extent has UNFPA made good use of its comparative strengths in its programme of assistance to the Government of Turkey?**

**A 7.1: The main comparative strengths of UNFPA have been identified and built upon in designing and implementing the UNFPA country programme for Turkey**

<ul style="list-style-type: none"> <li>- Comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies, have been identified and built upon</li> <li>- The results observed in programmatic areas that have been achieved with UNFPA’s contribution are described.</li> <li>- The perceptions of national stakeholders in regard to UNFPA’s added value have been collected and used for future programming.</li> </ul>	<ul style="list-style-type: none"> <li>- The CPAP and COARS</li> <li>- UNFPA Turkey Strategy</li> <li>- Databases showing results, or analysis of data</li> <li>- Reports from partners and other development agencies</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Key informant interviews</li> <li>- FGD with sub-national actors and beneficiaries</li> <li>- Document analysis</li> </ul>
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**RHR:** Numerous comparative strengths have been mentioned by stakeholders in RH. UNFPA’s support is valued to reach populations not fully covered in the national health system. Many informants said that without UNFPA, the work on SRH would not be as widely accepted, as UNFPA can draw attention to the issues, collect data and then contribute to the implementation.

**PD: Comparative strengths of UNFPA:**

- international institution with expertise by definition of its mandate on PD
- addresses the needs of the vulnerable groups – their demographic characteristics to be considered in development policies; addresses issues that would not otherwise be considered as demographically evidence-based development issues
- plays a balanced and transparent role with high quality deliverables
- can facilitate the national stakeholders to take part in the UNFPA regional activities

However, the PD Component of the UNFPA CO has a very small budget to address several potential areas of its mandate with reference to PD. UNFPA visibility

and mandate is not wholly clear for some of the stakeholders - both the NGOs and the public stakeholders; yet quite clear for the universities and academicians.

**Gender:** UNFPA appears as the preferred partner and main resource on GBV, particularly for non-governmental partners. NGOs expect UNFPA to do more advocacy on women's rights issues vis-à-vis the government. UNFPA is perceived as having an equal partnership strategy, not dominant, flexible, and is therefore preferred over other international partners, especially the EU. The EU, in this respect, is described to act with private consultancy firms, which do not have consideration about the content of the projects, are willing to economize on the personnel, and work with non-qualified staff, which never happens with the UNFPA.

In the area of gender, UNFPA is widely recognized by all stakeholders as the main actor, especially as GBV is concerned. As such, the agency is considered as the main resource for technical knowhow on these matters. Almost all stakeholders emphasize that their relationships with UNFPA are based on trust, which does not exist with other international bodies and development partners. The agency's accessibility and openness to provide assistance is recognized by almost all stakeholders. UNFPA contribution is particularly acknowledged by stakeholders in the area of GBV. The trainings provided for security forces, the training materials are outlined in this respect. However, there is evidence from interviews with stakeholders that their perceptions regarding UNFPA's added value inform the programming process, as most of the Programmes are in their second or third phase and the added value of the UNFPA is described as positive support from the beginning.

**HA:** UNFPA is one of the first international organizations in responding to the Syrian refugee humanitarian crisis during the implementation of the 5<sup>th</sup> Country Programme. No amendment to the CP has been needed as the HA activities have been included within the AWP of the two components SRH and GE and a specific AWP in 2014. The expertise focus of UNFPA which is as well valid for humanitarian assistance has been its asset in its prompt response to the Syrian refugee crisis.

**A 7.2 These comparative strengths are acknowledged and inform UNFPA cooperation with other development partners, particularly other UN agencies**

- Perception by Turkey national stakeholders of the comparative strengths of UNFPA
- Evidence that UNFPA comparative strengths are reflected in its cooperation with other development partners

- Government partners
- UN agencies
- Other development partners

- Interviews with the UNRC
- Interviews with other UN agencies
- Interviews with Government partners

**RHR:** The national stakeholders almost unanimously agreed on the comparative strengths of UNFPA and many thought these strengths needed to be expanded and built upon. Since UNFPA is the main UN supporter of RH and FP 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 activities is accelerated through UNFPA coordination among the actors. UNFPA role has been to revise pilot designs and to bring them to scale while sharing knowledge and expanding to other countries. Importantly, it was pointed out that acceptance by the top management in the country such as the governors is critical. The SRH efforts will be less effective unless there is government buy in. UNFPA can remind them of their duties and the charters and global instruments that have been agreed to. Further UNFPA can help to keep up the momentum

and motivate refresher training particularly as the health staff have a big turn over and are moved from west to east at times to serve in those areas. From the beginning of the health transition programme the SRH component has been advocating for the integration of the SRH and Family Planning services in reform. UNFPA is collaborating with NGOs and academicians and is focusing on Maternal Mortality to support FP programmes and FP commodity security. MoH managers are participating international FP Commodity Policy workshops and accordingly they are changing their conservative approach on FP. As a result of these efforts the MoH has started to buy FP commodities and reimburse abortion expenditures. Progress is slow but ongoing.

**PD:** UNFPA is perceived to be an experienced international institution particularly by the NGOs, which could contribute to their capacity building or awareness raising. The NGOs gain prestige when they cooperate with the UNFPA. NGOS report that UNFPA touches areas where no other institution would be willing to work on: these areas mainly constitute the RHR and GBV with reference to the vulnerable groups including women, youth, agricultural seasonal workers, etc. UNFPA supports availability of data and information analysis papers, studies, briefs, document on these critical demographic based development areas. Such studies allow for monitoring the ICPD and MDG indicators as well as the PD indicators. However, most of these added value perceived by the NGOs is not recognized by the public institutions. In fact, some of the main stakeholders do not differentiate the specific mandate of UNFPA, which makes it different from other UN agencies.

**Gender:** In the area of gender, UNFPA (at CO, 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 point to the agency as 'UNFPA has excellent staff' and underline the following points:

- UNFPA has capacity, flexibility, knowhow and is extremely cordial
- The agency is immediately responsive to emerging needs
- UNFPA is solutions-orientated
- UNFPA has technical capacity of advocacy, although this is not used to its full extent due to limited human and financial resources.

**HA:** Cooperation with the other UN agencies in Turkey within the framework of the 6<sup>th</sup> Response Plan<sup>122</sup> currently has been ensured by monthly meetings headed by UNHCR in Gaziantep as well to avoid overlaps and inefficiencies. Yet, at local level the coordination is more dependent on the contextual conditions and few cases of difficulties to ensure cooperation have been reported.

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<sup>122</sup>Syria Regional Response Plan, 2014, Executive Summary



## Annex 7 Stakeholder Matrix

Donors	Implementing Agencies	Other partners /stakeholders	Beneficiaries
<b>REPRODUCTIVE HEALTH AND RIGHTS</b>			
<b>Strategic Plan Outcome 2.2:</b> Access to and utilization of high quality maternal health services are increased to reduce regional disparities in maternal mortality and morbidity, including the prevention of unsafe abortion and management of complications			
<b>CPAP RH Output 1:</b> Access to and utilization of high quality maternal health services are increased to reduce regional disparities in maternal mortality and morbidity			
<b>ATLAS – TUR5R21A (TUR5U201)</b>			
UNFPA, MATRA (Embassy of the Netherlands), TOROS, Eczasabasi	Harran University, UNFPA Anadolu University	Sanliurfa and Adiyaman Provincial Directorates of Ministry of Health; Sanliurfa and Adiyaman Governorships; Ministry of Labor and Social Security; Turkish Statistics Institution; Local Authorities; Turkish Armed Forces	Migrant families and women in targeted provinces and areas
<b>Strategic Plan Outcome 2.3:</b> Access to and utilization of voluntary family planning services by individuals and couples increased according to reproductive intention			
<b>CPAP RH Output 2:</b> Improved Services and mechanisms are in place to reduce the number of high-risk pregnancies and induced abortions			
<b>ATLAS – TUR531A (TUR5U302)</b>			
UNFPA	UNFPA, Ministry of Health General Directorate of MCH and Family Planning	Community Volunteers Foundation (CVF) (TOG), Harran University, Faculty of Medicine; Turkish Family Planning Association	Individuals and married couples in targeted provinces and areas
<b>Strategic Plan Outcome 2.5:</b> Access of young people to SRH, HIV, and gender-based violence prevention services and gender-sensitive life skills based SRH education improved as part of a holistic multi-sectoral approach to young people's development.			
<b>CPAP RH Output 3:</b> Access to information and services on sexual and reproductive health and rights improved for the most vulnerable population groups, including youth, marginalized groups, migrants and the Roma population			
<b>ATLAS – TUR5R51A (TUR5U603)</b>			
UNFPA	UNFPA TED University	CVF (TOG), Ministry of Health , Ministry of National Education, Provincial Directorate of Education, Ministry of Labour, Y-PEER Turkey network;	Youth and other vulnerable and minority populations in targeted provinces and areas
Donors	Implementing Agencies	Other partners/stakeholders	Beneficiaries
<b>POPULATION AND DEVELOPMENT</b>			
<b>Strategic Plan Outcome 1.3 :</b> Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and sub-national levels to develop and monitor policies and programme implementation <b>AND Outcome 7:</b> Improved data availability and analysis around population dynamics, SRH (including family planning), and gender equality			
<b>CPAP PD Output 1:</b> Data on emerging population issues are analyzed and used at central and local levels			
<b>ATLAS TUR5P31A (TUR5U704): Data on Emerging Population Issues</b>			
Turkish Industry and Business Association (TUSIAD), UNFPA	UNFPA, TUSIAD	Turkish Family Health and Planning (TAP) Foundation, Population Association Hacettepe University, Institute of	Ministry of Development, Ministry of Family and Social Policies, Regional Development

		Population Studies (HIPS) TurkStat, Harran University, Government bodies (such as Ministry of Development , Ministry of Family and Social Affairs), local administrations and NGOs	Agencies, at provinces
<b>HUMANITARIAN ASSISTANCE</b>			
<b>Strategic Plan Outcome 2: Increased access to and utilization of quality maternal and newborn health services</b>			
<b>Output: Effective humanitarian RH and GBV response for Syrian refugees in Turkey</b>			
<b>ATLAS RAB6U207 (budget managed by ASRO)</b>			
Kuwait Fund	UNFPA, Prime Ministry Disaster and Emergency Management (AFAD), Turkish Red Crescent Society,	UNHCR, UNICEF, WFP, IOM; UN Crisis Response Team (UNCRT); Ministry of Foreign Affairs; Ministry of Health; Ministry of Family and Social Policies; National and international NGOs	Refugees in camps and in hosting communities
<b>CPAP RH Output 3 (linked in 2014): Improved access to information and services on RHR for most vulnerable groups</b>			
<b>ATLAS TUR5U203 Humanitarian Programme</b>			
US Department of State, Bureau of Population Refugees and Migration; UNFPA HQ Emergency Fund	Prime Ministry Disaster and Emergency Management (AFAD); Turkish Red Crescent Society,	Ministry of Family and Social Affairs, UNICEF, UNHCR, IOM, WFP	Refugees in camps and hosting communities in (e.g. Ankara, Gaziantep, Amman, Urfa, Malatya, Osmaniye, Kilis, Mardin, Maras, Adiyaman, Adana, Hatay)
<b>Donors</b>	<b>Implementing Agencies</b>	<b>Other partners/stakeholders</b>	<b>Beneficiaries</b>
<b>GENDER EQUALITY</b>			
<b>Strategic Plan Outcome: 3.1 Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws AND Outcome 5. Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy</b>			
<b>CPAP Gender Output 2 : Local mechanisms established through cooperation of public, private and non-governmental partners to enable women [to] exercise their human rights fully</b>			
<b>ATLAS TUR5G11A (TUR5U502): UN Joint Programme on Women Friendly Cities (on promoting Gender Equality at Local Level)</b>			
SWEDISH INTERNATIONAL COOPERATION AGENCY (SIDA)	UNFPA	Ministry of Interior General Directorate of Local Authorities (GDLA)	Women NGOs, grassroots organizations, governmental institutions at national and local level
<b>Strategic Plan Outcome: 3.3 Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect reproductive rights of women and adolescent girls, including the right to be free from violence AND Outcome 5. Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy</b>			
<b>CPAP Gender Output2: Local mechanisms established through cooperation of public, private and non-governmental partners to enable women [to] exercise their human rights fully</b>			
<b>TUR5G31A (TUR5U502?): Human Rights Protection Systems and Mechanisms</b>			
BOYNER HOLDING and GROUP COMPANIES UNFPA	UNFPA	Ministry of Family and Social Policies General Directorate of Child Services (formerly SHÇEK), Ministry of National Education, People Management Association of Turkey (PERYÖN), Social Development and Gender Equality Policies Center (SOGEP)	Young women aged 18-24 who grew up in orphanages

**Strategic Plan Outcome:** (NONE STATED IN 2011 AWP) 3.4 Responses to gender-based violence, particularly domestic and sexual violence expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV prevention services, including in emergency and post-emergency situations AND (AS STATED IN LATER AWPS) Outcome 5. Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy

**CPAP Gender Output 1:** The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems

**TUR5G41A (TUR5UU501?): Response to Gender Based Violence**

UNFPA	UNFPA POPULATION ASSOCIATION (PN4642)	Religious Affairs, Ministry of Justice, Ministry of Family and Social Policies, Universities, Ministry of Interior, Turkish Armed Forces, Turkish Police Forces, Ministry of National Education, local governorates and/or municipalities	Service providers, GDSW, NGOs, young people in universities, religious leaders
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## Annex 8 Minutes from Evaluation Reference Group Meeting

### **Evaluation of the UNFPA 5<sup>th</sup> country programme of assistance to the Government of Turkey Reference Group meeting on Draft Final Report 9 July 2014 Note of discussion**

#### Comments from Reference group on Reproductive Health and Rights (Deniz Cakmak) SMAW sustainability:

Deniz Cakmak: collection of data on maternal mortality from hospitals/family planning clinics is being done where possible but this group is very unique so it is challenging to address their needs effectively.

Sheila Reed (SR): The issue of Harran University collecting data but Ministry not collecting disaggregated data for this group undermines the sustainability of this approach, and there is a need for collaboration between University and Ministry to agree the data.

Deniz Cakmak: It is difficult to identify a solution as there are problems with movement of SMAW and lack of accessing information about them, or they may lack ID cards, which means that they cannot be entered into the health information system. Efforts are being made but there are gaps. SR agreed that there are challenges tracking individuals and their changing patterns of movement, so creating a system at Harran University that fits with national system is important. A recommendation to this effect could be included in the evaluation report (more integration of studies).

Deniz Cakmak: Public Health Institute could do another study, including the rates of movement in a number of cities that they migrate to, including Ankara. DC confirmed that it was feasible for PHI to conduct such a comprehensive study, if assisted by Harran University.

#### Access to services by Roma population:

Deniz Cakmak: MoH do not feel that this group has problems accessing services as all have ID cards.

Hicham Daoudi commented that this contradicts the CO's own assessment which informed earlier programming decisions, as this group was identified as having problems accessing services. DC: this group is also provided with social security cards that are for poorest sector of population so access should not be issue.

Selen Ors: CO still consider Roma population to be one of most vulnerable groups due to poverty, high fertility, and that they still have poor health status despite being registered at facilities in slum areas. So CO has different view from MoH. There is also a lack of concrete data on this group so this is still an area for intervention.

DC: agrees with need for further study and proposes that any study on this group should include issue of drug use.

#### CO general comments

Selen Ors: some elements of report are more descriptive than analytical.

#### Recommendations:

- Some recommendations are too generic and broad and present challenges for CO to use.



- Some recommendations are short-term (e.g. for remainder of 2014/15) whereas CO need recommendations for future country programme. Missing links between evidence and conclusions/recommendations in some places (HD agrees that this will be addressed in next version of report).
- Some recommendations not realistic in light of CO budget situation (facing 25% budget cut for remaining years of this cycle and next programme cycle may be facing 40% decrease in budget), so this impacts on issues such as recruiting more staff.
- Some recommendations are beyond the mandate of UNFPA and include government (e.g. recommendation 6 on policy level intervention for gender mainstreaming) and this goes beyond UNFPA role on advocacy/technical assistance.

CO (Zeynep Basarankut) feels that UNFPA advocacy efforts are well-reflected in some parts of the report so conclusion calling for strengthened advocacy needs clarifying. HD feels that this is not contradictory as it is specifically related to the issue of gender as more could be done, so this will be examined but perhaps CO can provide more specific comments.

Ayse Ayata: UNFPA leads on gender issues in Turkey but has limited itself to implementation of specific projects which have been important. However, policy level interventions have decreased due to the sensitivity of gender and RH issues in Turkey at government level. So this is an area that needs more advocacy and more visibility for UNFPA's work on gender. Regarding recommendations, they have been/will be phrased that UNFPA should push for more policy level interventions in gender mainstreaming, so is not beyond the remit of UNFPA.

Sheila Reed: it may be a case that different aspects of this issue need to be brought together in the report and discussed more cohesively (including UNCT issues).

Hulya Gunyadin: There is a new strategic planning process for national planning so continuity of advocacy by UNFPA would also be useful to help feed into this process.

ZB: conclusion 5 (lack of understanding of UNFPA mandate) needs clarifying - does it mean that stakeholders partnered with understand UNFPA mandate but not all stakeholders? HD agreed and this will be addressed for next version of the report. Conclusion 10 on youth seems contradictory or needs clarification on what is meant by realizing potential. [...]

Sheila Reed invited CO to comment on areas where UNFPA successes had not been sufficiently highlighted in the report.

Next steps: second version draft final report to be sent to RG beginning September. At this point, Evaluation Office will also discuss with Country Office tentative dates for stakeholder workshop (CO suggested early October).



## Annex 9 Interview Guides

### UNFPA Turkey - Reproductive Health and Rights - Key Informant Interview Guide for Implementers of the Programme

(UNFPA RH staff, UNFPA Humanitarian Team, Ministry of Health/Public Health Institution, AFAD, Anadolu University, Harran University (Sanilurfa), Counseling and Research Center, Turkish Family Planning Association, Ms. Fingen Cok and Ms. Sule Gungor, TED University, Baskent University, (former) Mother-Child Health and Family Planning Research and Implementation Center, CVA (Istanbul))

#### Use General Introduction - Purpose of the evaluation

I am (we are) part of a four person team to evaluate UNFPA's 5<sup>th</sup> Country Programme of Assistance to the Government of Turkey (2011-2015) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting Istanbul, Sanilurfa and Gazientep.

#### Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

##### Possible questions:

- a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- b. Who was consulted regarding the design?
- c. What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: Relevance of the project/activities to the UN priorities, government policies, local structures, to changes in the political and institutional situation**

##### Possible questions:

- a. How well does the activity/work support the government's priorities and work within the national structures that are in place? How well does it work within private structures?
- b. How well is the work designed to achieve the outcomes/results in the CPAP? (to increase post-abortion counseling, to increase physician assisted deliveries, to increase demand by women for RH services, to reduce disparities in fertility and maternal mortality/morbidity, to improve RH knowledge of youth)
- c. Has UNFPA adapted the programme and activities to respond to changes in the institutional environment (e.g. restructuring of the Ministry of Health)?

**3. Objective: Effectiveness of the approaches/activities/projects used to improve access to high quality RH and FP services and for the most vulnerable.**

**Possible questions:**

- a. What are the indications that the approach is working or making progress toward goals established for 2015 (e.g. anecdotes which provide illustrations of positive, negative or unintended effects, or quantitative and qualitative evidence) (numbers being reached, products produced/purchased and the extent of impact, evidence of usage of knowledge, increasing networks, etc.)
- b. What are the barriers/challenges to increasing demand and access to services, and how are they being addressed?
- c. Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA?
- d. Are financial resources available?
- e. Will the results of the project last after it is over?
- f. (for UNFPA) is there an exit strategy?

**4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience)**

**Possible questions:**

- a. Did your work receive the needed support from UNFPA in terms of advice, staff inputs, money or technical assistance, what were the strengths and weaknesses?
- b. Did you receive any other donor support in connection with the UNFPA work? Did UNFPA promote greater connections and resources from the government or national actors?

**5. Objective: Functioning of coordination mechanisms**

**Possible questions:**

- a. Do you work with other UN agencies and/or can you say how well the activities are coordinated, overlapping?
- b. Are there gaps in the population needs which would not have been identified by the UN system, collectively?

**6. Objective: The value of UNFPA work to national development**

**Possible questions:**

- a. How big of a difference is UNFPA making in RH in Turkey, what contributes to its effect, what detracts?
- b. Can UNFPA input be improved or strengthened?

**7. Objective: Interviewee recommendations**

**UNFPA Turkey - Reproductive Health and Rights -  
Focus Group Discussion for Y-Peer Members and Youth**

**Opening general questions: refining our understanding of the interviewee's role**

I am part of a four person team to evaluate UNFPA's 5<sup>th</sup> Country Programme of Assistance to the Government of Turkey (2011-2015) to help UNFPA plan the next country programme, we are looking at how effectively UNFPA has helped young people to understand the issues in health.

**Can we introduce ourselves? Can you explain what activities you have participated in? What has been the purpose of these activities?**

**Core interview: objectives of the interview guide transformed into questions**

**1. Objective: Rationale for the project and activities undertaken**

**Possible questions:**

- a. Please describe the groups you are trying to reach through your participation in the activities and why you think it is important for RH?

**2. Objective: Relevance of the project/activities to the UN priorities, government policies, local structures, to changes in the political and institutional situation**

**Possible questions:**

- a. How well does the activity/work fit in with the youth and Y-Peer activities across Turkey?
- b. What effect do you think the work should have, with which groups?

**3. Objective: Effectiveness of the approaches/activities/projects used to improve access to high quality RH and FP services and for the most vulnerable.**

**Possible questions:**

- a. Can you provide examples of success of the approach/activity (e.g. box game, peer counseling) both long term and short term?
- b. How useful are these activities to communicate the RH messages?
- c. Can the youth network carry on the work without UNFPA? What will help the youth network to carry on the RH work on its own?

**4. Objective: Efficiency in the use of UNFPA resources (partners, staff, money, global experience)**

**Possible questions:**

- a. Did your work receive the needed support from UNFPA?
- b. Did the youth network receive any other support in connection with the UNFPA work and who provided this support?

**5. Objective: Functioning of coordination mechanisms**

**Possible questions:**

- a. Do you work with other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

**6. Objective: The value of UNFPA work to national development**

**Possible questions:**

- a. How big of a difference is UNFPA making in RH in Turkey, what contributes to its effect, what detracts?
- b. Can UNFPA input be improved or strengthened?

**7. Objective: Interviewee recommendations (collect recommendations and review them)**

**UNFPA Turkey - Reproductive Health and Rights -  
Focus Group Discussion for Migrant Workers**

**Opening general questions: refining our understanding of the interviewee's role**

I am evaluating UNFPA's work with the Ministry of Health, and Harran and Anadolu Universities to assist your community. I want to understand how helpful this work has been for your community. (Services provided:

**Can we introduce ourselves? Can you explain when you come to this place and how long you stay? What activities you have participated in or services you have received?**

**Core interview: objectives of the interview guide transformed into questions**

**1. Objective: Rationale for the project and activities undertaken**

**Possible questions:**

- a. What were, and are your priority needs?

**2. Objective: Relevance of the project/activities to the UN priorities, government policies, local structures, to changes in the political and institutional situation**

**Possible questions:**

- a. Did you help plan the activities? How did the planning take place?
- b. What effect do you think the work should have, with which groups?

**3. Objective: Effectiveness of the approaches/activities/projects used to improve access to high quality RH and FP services and for the most vulnerable.**

**Possible questions:**

- a. Can you provide examples of success of the services or activities?
- b. How do you think the activities can be improved?
- c. What was helpful for you regarding your health (learning, access to contraceptives, birth spacing)?
- d. Will the activities/services be useful in the future?

**4. Objective: Efficiency in the use of UNFPA resources (partners, staff, money, global experience)**

**Possible questions:**

- a. Did you receive the service when you needed them? Where there delays? Did you receive what you expected? Were you consulted afterwards to see how you used the services?

**5. Objective: Functioning of coordination mechanisms**

**Possible questions:**

- a. Do you receive assistance from other agencies or individuals? Do they work together?

**6. Objective: The value of UNFPA work to national development**

**Possible questions:**

- a. How big of a difference has this work made in the lives of your families?
- b. Can UNFPA input be improved or strengthened?

**UNFPA Turkey - Reproductive Health and Rights -  
Focus Group Discussion for Refugees**

**Opening general questions: refining our understanding of the interviewee's role**

I am evaluating UNFPA's contribution to assistance for Syrians in Turkey. I want to understand how helpful this work has been for your community. (Services provided: dignity kits with soap, towels, etc., brochures on gender and RH rights, psychosocial counseling)

**Can we introduce ourselves? Can you explain when you come to this place and how long you stay? What activities you have participated in or services you have received?**

**Core interview: objectives of the interview guide transformed into questions**

**1. Objective: Rationale for the project and activities undertaken**

**Possible questions:**

- a. What were, and are your priority needs?
- b. How well have you been consulted about your needs?

**2. Objective: Relevance of the project/activities to the UN priorities, government policies, local structures, to changes in the political and institutional**



**situation**

**Possible questions:**

- a. Did you help plan the services you have received?
- b. What effect do you think the work should have, with which groups?

**3. Objective: Effectiveness of the approaches/activities/projects used to improve access to high quality RH and FP services and for the most vulnerable.**

**Possible questions:**

- a. Can you provide examples of success of the services or activities?
- b. How do you think the activities can be improved?
- c. What was helpful for you regarding your health (psychosocial support, learning, access to contraceptives, birth spacing)?
- d. Will the activities/services be useful in the future?

**4. Objective: Efficiency in the use of UNFPA resources (partners, staff, money, global experience)**

**Possible questions:**

- a. Did you receive the service when you needed them? Where there delay? Did you receive what you expected? Were you consulted afterwards about your use of the items and services?

**5. Objective: Functioning of coordination mechanisms**

**Possible questions:**

- a. Do you receive assistance from other agencies or individuals? Do they work together?

**6. Objective: The value of UNFPA work to national development**

**Possible questions:**

- a. How big of a difference has this work made in the lives of your families?
- b. Can UNFPA input be improved or strengthened?

**UN, Donors, and Organizations that are not implementing the programme  
but are key players in the sector (Resident Coordinator, others in humanitarian assistance)**

Key Informant Interview Guide

**General Introduction - Purpose of the evaluation**

I am part of a four person team to evaluate UNFPA's 5<sup>th</sup> Country Programme of Assistance to the Government of Turkey (2011-2015) to help UNFPA plan the next country programme. It is an independent evaluation, to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting Istanbul, Sanilurfa and Gazientep.

**Can we introduce ourselves and mention the relationship to UNFPA or shared activities/objectives, level of familiarity with UNFPA's work?**

**Core interview: objectives of the interview guide transformed into questions**

**1. Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

**Possible questions:**

- a. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities (including for Syrian refugees)?
- b. How well does the activity/work support the national structures that are in place? How well does it work within private structures?

**2. Objective: Relevance of the project/activities to the UN priorities, local structures, to changes in the political and institutional situation**

**Possible questions:**

- a. How well is the work designed to achieve the outcomes/results in the 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), and Result area #5 - The equal participation of women 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 and the CPAP: increase post-abortion counseling, to increase physician assisted deliveries, to increase demand by women for RH services, to reduce disparities in fertility and maternal mortality/morbidity, to improve RH knowledge of youth)
- b. Has UNFPA adapted the programme and activities to respond to changes in the institutional environment (e.g. restructuring of the Ministry of Health) and assistance environment (Syrian refugees)?

**3. Objective: Effectiveness of the approaches/activities/projects used to improve access to high quality RH and FP services and for the most vulnerable.**

**Possible questions:**

- a. What are the indications that the approach is working or making progress toward goals established for 2015 (e.g. anecdotes which provide illustrations of positive, negative or unintended effects, or quantitative and qualitative evidence) (numbers being reached, products produced/purchased and the extent of impact, evidence of usage of knowledge, increasing networks, etc.) Please share any data with us that you can.
- b. What are the barriers/challenges to increasing demand and access to services, and how are they being addressed?
- c. Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA and other external actors?
- d. Are financial resources available?
- e. Will the results of the external assistance last after it is over?
- f. Does your organization have an exit strategy?

**4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience)**

**Possible questions:**

- a. Can you comment on the quality of UNFPA's contribution in terms of advice, staff inputs, money or technical assistance, what were the strengths and weaknesses?
- b. Can you comment on whether UNFPA's efforts have helped to bring in any other support from the government, other stakeholders, such as universities and donors?

**5. Objective: Functioning of coordination mechanisms**

**Possible questions:**

- a. Do you work with other UN agencies and/or can you say how well the UN agency activities are coordinated, overlapping?
- b. Are there gaps in the population needs which would not have been identified by the UN system, collectively?

**6. Objective: The value of UNFPA work to national development**

**Possible questions:**

- a. How big of a difference is UNFPA making in RH in Turkey, what contributes to its effect, what detracts?
- b. Can the UNFPA inputs be improved or strengthened?

**7. Objective: Interviewee recommendations**

**UNFPA Turkey – Gender Component**  
**Key Informant Interview Guide for Implementing Partners of the Programme**

**UNFPA Gender staff, MOI General Directorate of Local Authorities (GDLA), Ministry of Family and Social Policies General Directorate of Child Services, Ministry of National Education, People Management Association of Turkey (PERYÖN), Social Development and Gender Equality Policies Center (SOGEP), Presidency of Religious Affairs, Ministry of Justice, Ministry of Family and Social Policies, Universities, Ministry of Interior, Turkish Armed Forces, Turkish Police Forces, Local governorates and/or municipalities**

<b>Opening</b>
I am part of a four-person independent evaluation team for the UNFPA's 5 <sup>th</sup> Country Programme of Assistance to the Government of Turkey (2011-2015) to help UNFPA plan the next country programme, it is an independent evaluation, to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation, as well as to provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting Sanilurfa and Gazientep.
<b>Core interview</b>
<p><b>1. Objective: Degree and quality of involvement in the particular programme / project (i.e. the particular stage in which they got involved, awareness of objectives, needs, etc.)</b></p> <p><b>Possible questions:</b></p> <ul style="list-style-type: none"> <li>• How long have you been involved in this programme / project?</li> <li>• In which stages have you taken part? (design, implementation, etc.)</li> <li>• What do you think about the pursued objectives / target groups?</li> <li>• Could you describe the activities undertaken and your role within the implementation process?</li> </ul> <p><b>2. Objective: Relevance of the programme / project objectives for government priorities, targeted groups, etc.</b></p> <p><b>Possible questions:</b></p> <ul style="list-style-type: none"> <li>• How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?</li> <li>• How well does the activity/work support the government's priorities and work within the national structures that are in place? How well does it work within private structures?</li> </ul>

- What can you say about the gender sensitivity of the programme activities?

### **3. Objective: Cooperation, coordination and relations with UNFPA, donors, other implementing partners (from public, private sector, NGOs) and beneficiaries**

#### **Possible questions:**

- What other actors have been involved, how does this activity contribute to that of others?
- How would you describe your relations with UNFPA and the support provided by them?
- How would you describe your relations with other implementing partners?
- How would you describe your relations with the beneficiaries of the project?
- Do you think the channels of dialogue with other partners and beneficiaries are sufficient? In what ways could they be improved?
- Do you work with other UN agencies and/or can you say how well the activities are coordinated, overlapping?
- Are there gaps in the population needs which would not have been identified by the UN system, collectively?

### **4. Objective: Sustainability, ownership and capacity building within the framework of the particular project/programme**

#### **Possible questions:**

- What are the particular gains your institution has provided from this project?
- What do you think about the sustainability of the project?
- What are the main factors affecting sustainability?
- Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA?.

### **5. Objective: Effectiveness of the approaches/activities/projects**

#### **Possible questions:**

- What are the indications that the approach is working or making progress toward goals established for 2015?
- What are the main strengths and weaknesses of this programme? In what ways could the weaknesses be addressed?

### **6. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience)**

#### **Possible questions:**

- Did your work receive the needed support from UNFPA in terms of advice, staff inputs, money or technical assistance, what were the strengths and

weaknesses?

- Did you receive any other donor support in connection with the UNFPA work? Did UNFPA promote greater connections and resources from the government or national actors?

**7. Objective: Perceived difficulties / challenges for the smooth implementation of the programme/project (including the impacts of changing development context, changing national priorities, institutional structures, etc.)**

**Possible questions:**

- Have you experienced any particular difficulties/obstacles in project implementation?
- Have they been resolved effectively? What were the main factors leading to their resolution?
- Have your activities been affected by recent changes in legal/administrative context?

**8. Objective: The value of UNFPA work to national development**

**Possible questions:**

- How big of a difference is UNFPA making in gender equality in Turkey, what contributes to its effect, what detracts?
- Can UNFPA input be improved or strengthened?
- What are the strengths and weaknesses of UNFPA
- How can you compare UNFPA with other major international funding organizations?

**9. Objective: Interviewee recommendations**

**UNFPA Turkey – Gender Component**  
**Key Informant Interview Guide for Donors**

**SIDA, Boyner Holding and Group Companies**

<b>Opening</b>
I am part of a four-person independent evaluation team for the UNFPA's 5 <sup>th</sup> Country Programme of Assistance to the Government of Turkey (2011-2015) to help UNFPA plan the next country programme, it is an independent evaluation, to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation, as well as to provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting Sanilurfa and Gazientep.
<b>Core interview</b>
<p><b>Objective: Relevance of the programme / project objectives for government priorities, targeted groups, etc.</b></p> <p><b>Possible questions:</b></p> <ul style="list-style-type: none"> <li>• How long have you been involved in this programme / project?</li> <li>• How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?</li> <li>• What do you think about the pursued objectives / target groups?</li> </ul> <p><b>Objective: Cooperation, coordination and relations with UNFPA and implementing partners (from public, private sector, NGOs)</b></p> <p><b>Possible questions:</b></p> <ul style="list-style-type: none"> <li>• Can you describe your relations with UNFPA? What is the extent of support, guidance, assistance provided by the agency?</li> <li>• How would you describe your relations with other implementing partners?</li> <li>• How would you describe your relations with the beneficiaries of the project?</li> <li>• Do you think the channels of dialogue with stakeholders are sufficient? In what ways could they be improved?</li> <li>• Do you work with other UN agencies and/or can you say how well the activities are coordinated, overlapping?</li> </ul> <p><b>Objective: Sustainability of the particular project/programme</b></p>

**Possible questions:**

- What do you think about the sustainability of the project?
- What are the main factors affecting sustainability?
- Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA?

**Objective: Perceived difficulties / challenges for the smooth implementation of the programme/project (including the impacts of changing development context, changing national priorities, institutional structures, etc.)**

**Possible questions:**

- Have you experienced any particular difficulties/obstacles in project implementation?
- Have they been resolved effectively? What were the main factors leading to their resolution?
- Have your activities been affected by recent changes in legal/administrative context?

**Objective: The value of UNFPA work to national development**

**Possible questions:**

- How big of a difference is UNFPA making in gender equality in Turkey, what contributes to its effect, what detracts?
- Can UNFPA input be improved or strengthened?
- What are the strengths and weaknesses of UNFPA
- How can you compare UNFPA with other major international funding organizations you worked with?

**Objective: Interviewee recommendations**



## UNFPA Turkey – Gender Component

### Key Informant Interview Guide for Beneficiaries

Opening
<p>I am part of a four-person independent evaluation team for the UNFPA's 5<sup>th</sup> Country Programme of Assistance to the Government of Turkey (2011-2015) to help UNFPA plan the next country programme, it is an independent evaluation, to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation, as well as to provide clear options for the future. We will be talking to many stakeholders including beneficiaries and visiting Sanilurfa and Gazientep.</p>
Core interview
<p><b>1. Objective: Relevance of the programme / project objectives for targeted groups,</b></p> <p><b>Possible questions:</b></p> <ul style="list-style-type: none"> <li>• How and how long have you been involved in this programme / project?</li> <li>• How were you reached to take part in this programme /project?</li> <li>• What do you think about the activities undertaken?</li> </ul> <p><b>2. Objective: Relations with UNFPA and implementing partners (from public, private sector, NGOs)</b></p> <p><b>Possible questions:</b></p> <ul style="list-style-type: none"> <li>• Can you describe your relations with UNFPA? What is the extent of support, guidance, assistance provided by the agency?</li> <li>• What do you think about the communication channels with UNFPA and other partners (if relevant)</li> </ul> <p><b>3. Objective: Importance of the service provided</b></p> <p><b>Possible questions:</b></p> <ul style="list-style-type: none"> <li>• How would you describe the gains provided by this programme?</li> <li>• Can you talk about the concrete impacts of these gains in your life? What kind of impacts?</li> <li>• Do you face any difficulties / obstacles in benefiting from these gains? In what ways can they be improved</li> </ul> <p><b>4. Objective: The value of UNFPA work</b></p> <p><b>Possible questions:</b></p>

- What do you think about the role of UNFPA in this project? What are its strengths and weaknesses?

5. **Objective: Interviewee recommendations**

**UNFPA Turkey – Evaluation of the Country Programme**  
**Key Informant Interview Guide for Implementers of the PD Component**

**Key informants:**

- UNFPA PD staff, UNFPA local staff, Başkent University, Harran University (Sanilurfa), Turkish Family Health and Planning (TAP) Foundation (Istanbul), Population Association, Hacettepe University, Institute of Population Studies (HIPS), TurkStat, Government bodies such as Ministry of Development, Ministry of Family and Social Affairs.
- Local directorates of some ministries particularly MoH and MoLSS, Regional Development Agency, local administrations and NGOs (Sanliurfa and Gaziantep)

General Introduction – Purpose of the Evaluation
<p>I am part of a four person team to evaluate UNFPA's 5<sup>th</sup> Country Programme of Assistance to the Government of Turkey (2011-2015) to help UNFPA plan the next country programme. It is an independent evaluation, to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. I will be focusing on the PD component of the UNFPA Programme in Turkey. I will be talking to many stakeholders including local stakeholders and beneficiaries and visiting Istanbul, Sanilurfa and Gaziantep.</p>
Core interview: objectives of the interview guide transformed into questions
<p>1. <b>Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)</b></p> <p><b>Possible questions:</b></p> <ul style="list-style-type: none"> <li>d. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?</li> <li>e. Have you conducted a problem analysis, needs assessment? Who was consulted regarding the design?</li> <li>f. What other actors have been involved, how does this activity contribute to that of others?</li> </ul> <p>2. <b>Objective: Relevance of the project/activities to the UN priorities, government policies, local structures, to changes in the political and institutional situation</b></p> <p><b>Possible questions:</b></p> <ul style="list-style-type: none"> <li>c. How well does the activity/work support the government's priorities and work within the national structures that are in place? How well does it mobilise and work the NGOs, universities and private structures?</li> </ul>

- d. How well is the work designed to achieve the outcomes/results in the CPAP? (**Strategic Plan Outcome 1.3:** Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and sub-national levels to develop and monitor policies and programme implementation **AND Outcome 7:** Improved data availability and analysis around population dynamics, SRH (including family planning), and gender equality)
  - e. How well were UNFPA supported activities responding the contextual changes in the implementing environment? (such as ICPD)
3. **Objective:** Effectiveness of the approaches/activities/projects used to make available data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and such data are used at national and sub-national levels to develop and monitor policies and programme implementation.
4. **Possible questions:**
- a. **What are the indications that the approach is working or making progress** toward goals established for 2015 (e.g. anecdotes which provide illustrations of positive, negative or unintended effects, or quantitative and qualitative evidence) (evidence of availability of and usage of the data and analysis of the population dynamics, increasing stakeholder involvement, etc.)
  - b. What are the barriers/challenges to increasing demand and access to services, and how are they being addressed?
  - c. What are the strengths and weaknesses of the approaches to achieve the desired results?
  - d. Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA? How sustainable are the outcomes of this work, who will carry it on with or without UNFPA? What will improve or inhibit sustainability?
5. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience)**
- Possible questions:**
- c. Has adequate resource of UNFPA been mobilized to implement the programmes - staff inputs, money or technical assistance, etc. what were the strengths and weaknesses?
  - d. Has UNFPA mobilized the resources of other partners and stakeholders?
  - e. What are the contributions of other partners or stakeholders –donors, in kind-contribution, etc in connection with the UNFPA work? (such as the universities, NGOs and the government institutions).
  - f. Have the activities been implemented in accordance with the AWP?
  - g. Have the activities been monitored and followed up within the AWP?
6. **Objective: Functioning of coordination mechanisms**

**Possible questions:**

- c. Do you work with other UNFPA component staff on issues that would relate to PD as well? What are the cooperation areas and means of cooperation? How well the activities are coordinated particularly if there are overlapping fields? Have synergies been created?
- d. Have you worked with other UN agencies? If yes, how well the activities are coordinated?
- e. Are there gaps in the population needs which would not have been identified by the UN system, collectively?

**7. Objective: The value of UNFPA work to national development**

**Possible questions:**

- c. To what extent UNFPA has been contributing to the availability of evidence based data and information on PD and analysis on population dynamics particularly used at central and local level? What difference does the UNFPA makes on PD in Turkey?
- d. What are the strengths and weaknesses of UNFPA
- e. Can UNFPA input be improved or strengthened?

**8. Objective: Interviewee recommendations**

**UNFPA Turkey – Evaluation of the Country Programme**

**Interview Guide for the Implementing Partner (TUSIAD) related to the PD Component**

**Introduction**

I am part of an evaluator for team to evaluate UNFPA's 5<sup>th</sup> Country Programme of Assistance to the Government of Turkey (2011-2015) to help UNFPA plan the next country programme; we are looking at how effectively UNFPA has helped young people to understand the issues related to the PD in Turkey.

Can we introduce ourselves? Can you explain what activities you have participated in? What has been the purpose of these activities? Can you explain the parallel funding agreement with the UNFPA?

**Core interview: objectives of the interview guide transformed into questions**

**1. Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

- a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- b. Have you conducted a problem analysis, needs assessment? Who was consulted regarding the design?
- c. What other actors have been involved, how does this activity contribute to that of others?

**2. Objective: Relevance of the project/activities to the UN priorities, government policies, private sector policies and structures, to changes in the political and institutional situation**

Possible questions:

- a. How well does the activity/work support the government's priorities as well as the priorities of the local structures? How well does it mobilise and work the NGOs, universities and private structures?
- b. How well is the work designed to achieve the outcomes/results in the CPAP? (Strategic Plan Outcome 1.3: Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and sub-national levels to develop and monitor policies and programme implementation AND Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning), and gender equality)
- c. How well were UNFPA activities which you have supported (research on specific PD issues and publishing and dissemination these documents) responding the contextual changes in the implementing environment?

**3. Objective: Effectiveness of the approaches/activities/projects used to make available data on population dynamics, health, labour force and social security and to be analysed and used at national and sub-national levels to develop and monitor policies and programme implementation.**

Possible questions:

- a. What are the indications that the approach is working or making progress toward goals established for 2015 (e.g. anecdotes which provide illustrations of positive, negative or unintended effects, or quantitative and qualitative evidence) (evidence of availability of and usage of the data and analysis of the population dynamics, increasing stakeholder involvement, etc.)
- b. What are the barriers/challenges to increasing demand and access to services, and how are they being addressed?
- c. What are the strengths and weaknesses of the approaches to achieve the desired results?
- d. Are the capacities of the stakeholders in place to be able to carry out the activities/project without support from UNFPA? How sustainable are the outcomes of this work, who will carry it on with or without UNFPA? What will improve or inhibit sustainability?

**5. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience)**

Possible questions:

- a. Has adequate resource of TUSIAD together with the UNFPA been mobilized to implement the programmes - staff inputs, money or technical assistance, etc. what were the strengths and weaknesses?
- b. What are the contributions of other partners or stakeholders –donors, in kind-contribution, etc in connection with the UNFPA work? (such as the universities, NGOs and the government institutions).
- d. Have the activities been implemented as planned?
- e. Have the activities been monitored and followed up?

**6. Objective: Functioning of coordination mechanisms**

Possible questions:

- a. What are the cooperation areas and means of cooperation? How well the activities are coordinated with UNFPA as well as with other stakeholders particularly the universities?
- b. Are there gaps in the population needs which would not have been identified by the UN system, collectively?

**7. Objective: The value of UNFPA work to national development**

Possible questions:

- a. To what extent UNFPA has been contributing to the availability of evidence based data and information on PD and analysis on population dynamics particularly used at central and local level? What difference does the UNFPA makes on PD in Turkey?
- b. What are the strengths and weaknesses of UNFPA
- c. Can UNFPA input be improved or strengthened further?

**Objective: Interviewee recommendations**







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