



**Evaluation Office**

# **Evaluation of the UNFPA 5th country programme of assistance to the Government of Turkey (2011-2015)**

**Design report – Final version**

**May 2014**

<b><u>Evaluation Team</u></b>	
<b>Evaluation manager / Co-team leader</b>	Mr. Hicham Daoudi (UNFPA Evaluation Office)
<b>Co-team leader / Reproductive Health Expert</b>	Mrs. Sheila Reed (Consultant)
<b>Gender Expert</b>	Mrs. Ayse Ayata (Consultant)
<b>Population and Development Expert</b>	Mrs. Hulya Gunaydin (Consultant)
<b>Internal reviewer</b>	Alexandra Chambel (UNFPA Evaluation Office)
<b>Research Assistant</b>	Mrs. Olivia Roberts (UNFPA Evaluation Office)

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## Abbreviations and Acronyms

AFAD – Disaster and Emergency Management Office  
AWP – Annual Work Plan  
CEDAW – Convention on the Elimination of All Forms of Discrimination  
CP – Country Programme  
CPAP – Country Programme Action Plan  
CPR – Contraceptive Prevalence Rate  
CSO – Civil Society Organization  
DRC – Danish Refugee Council  
EU – European Union  
FAO - Food and Agriculture Organization  
FGD – Focus Group Discussion  
GBV – Gender Based Violence  
GDSC – General Directorate of Child Services F  
GDP – Gross Domestic Product  
GDSW – General Directorate of the Status of Women  
GII – Gender Inequality Index  
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  
KEFEK – Committee on Equality of Opportunity for Women and Men  
KSGM - General Directorate on the Status of Women  
LEAP – Local Equality Action Plans  
MDG – Millennium Development Goals  
MICS – Multiple Indicator Cluster Survey  
MISP – Minimum Initial Service Package  
MoD – Ministry of Development  
MöFSP – Ministry of Family and Social Policy  
MoH – Ministry of Health  
NGO – Non-governmental Organization  
OECD - Organisation for Economic Co-operation and Development  
PCM – Project Coordination Meetings  
PHC – Primary Health Care  
PLWH – People Living With HIV  
RSA – Revised Standard Agreement  
SIDA - Swedish International Development Cooperation Agency  
SPR – Standard Progress Report  
SRH – Sexual and Reproductive Health  
STI – Sexually Transmitted Infections  
TAP – Turkish Family Health and Planning Foundation  
TDHS – Turkish Demographic Health Survey  
TFR – Total Fertility Rate  
TIKA – Turkish International Cooperation and development Agency  
TURKSTAT – Turkish Institute of Statistics  
TUSAID – Turkish Business Association  
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  
UNHCR – United Nations High Commissioner for Refugees  
UNICEF – United Nations Children's Fund

USAID BPRM – United State Agency for International Development, Bureau of Population,  
Refugees and Migration  
VAW – Violence Against Women  
WHO – World Health Organization

## Turkey: key facts and figures

Key Facts and Figures		Source
<b>Geographical Location</b> The Republic of Turkey is bordered by eight countries: Bulgaria, Greece, Armenia, Iran, the Azerbaijani exclave of Nakhchivan, and Iraq and Syria. It borders on the Mediterranean Sea and Cyprus, the Aegean Sea is to the west; and the Black Sea. The Sea of Marmara, the Bosphorus and the Dardanelles (which together form the Turkish Straits) demarcate the boundary between East Thrace and Anatolia; they also separate Europe and Asia.  Source: <a href="http://en.wikipedia.org/wiki/Portal:Turkey">http://en.wikipedia.org/wiki/Portal:Turkey</a>		
Superficie	783 562 square meters	
<b>Population</b>		
Population (inhabitants)	76,667,864 (end of 2013)	TurkStat (2013)
Urban population	The proportion of population living in the province and district centers: 91.3% (2013)	TurkStat (2013)
Population growth rate	1.37 % (2013)	TurkStat (2013)
<b>Government</b>		
Type of government	Parliamentarian Republic	Grand National Assembly of Turkey
Key political events/dates 1923 – Proclamation of the Republic of Turkey 1995 – Formation of Customs Union with the EU 1999: Recognition of the Candidate Status of Turkey at the Helsinki Summit by the European Council October 2005 – Initiation of the Accession negotiations with EC		Grand National Assembly of Turkey The EC Progress Report on Turkey of 2013
Seats held by women in national parliament (percentage)	77 woman MPs out of 550 total MPs (2013)  14.29% (2013)	Grand National Assembly of Turkey Mdgs.un.org (2013) UN Stats Millennium Development Goals Indicators
<b>Economy</b>		
GDP per capita (PPP US\$)	18,315 (2012) (10,781 in current prices) (2013)	TurkStat (2013)
GDP growth rate	4 %	TurkStat (2013)
Main Industries: Textiles and Clothing; Food and Beverage; Iron and Steel; Basic Metal Industry; Motor Vehicles and Trailers; Home Appliances (white goods); Wood and Cork Products including Furniture; Chemicals; Mining; Energy		Ministry of Science, Industry and Technology, Turkish Industrial Strategy Document (2011-2014), page 34
<b>Social indicators</b>		
Human Development Index Rank	Rank 90 (2012) HDI 0.72 (2012)	UNDP Human Development Indexes <a href="https://data.undp.org/dataset/Table-2-Human-Development-Index-trends/efc4-gjvq">https://data.undp.org/dataset/Table-2-Human-Development-Index-trends/efc4-gjvq</a>
Unemployment	2,747,000 (2013) Rate: 9.7% (2013)	TurkStat (2013)
Life expectancy at birth	76.5 years (2013)	TurkStat (2013)
Under-5 mortality (per 1000 live births)	20 (2013)	TurkStat (2013)
Maternal mortality (deaths of women per 100000 live births)	15.4 (2012)	TurkStat (2013)
Health expenditure (%)	5.4% (2012)	TurkStat (2012)

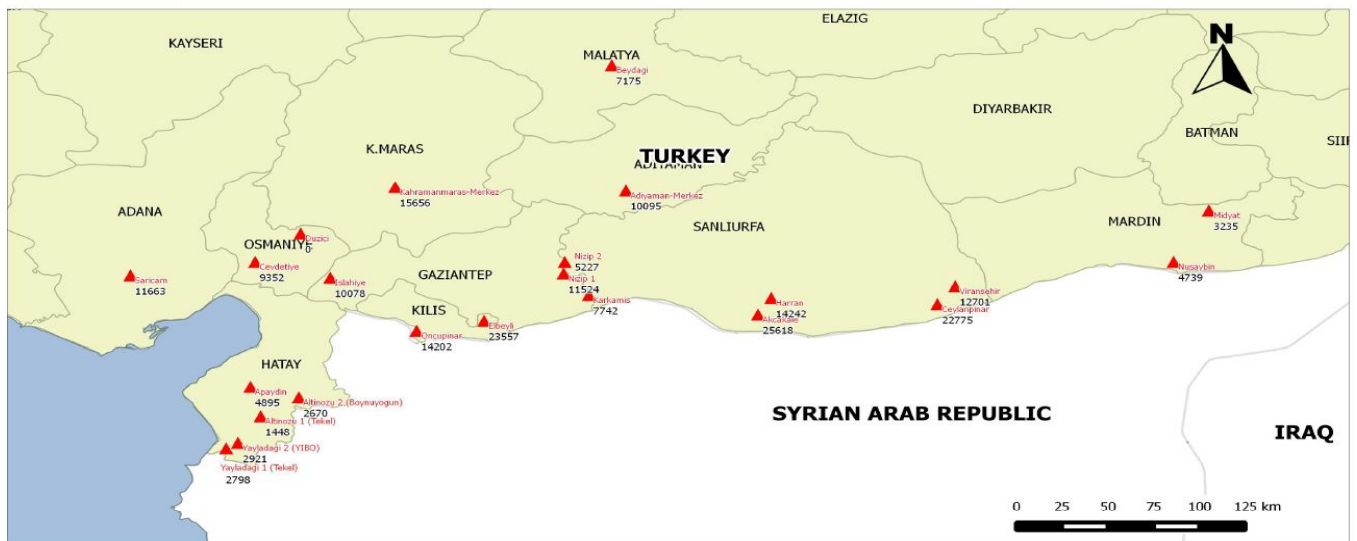
of GDP)		
Births attended by skilled health personnel, percentage	95% (2009)	The World Bank (2009), World Development Indicators Database
Adolescent fertility rate (births per 1000 women aged 15-19)	28% (2013)	TurkStat (2013) <a href="http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=16048">http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=16048</a>
Condom use to overall contraceptive use among currently married women 15-49 years old, percentage	19.6% (2008)	UN Stats Millennium Development Goals Indicators (2008)
Contraceptive prevalence rate	73% (2009)	The World Bank (2009), World Development Indicators Database <a href="http://www.worldbank.org">www.worldbank.org</a>
Unmet need for family planning (% of women in a relationship unable to access)	6.2% (2008)	UN Stats Millennium Development Goals Indicators (2008) Mdgs.un.org
People living with HIV, 15-49 years old, percentage	0.1% (2011)	UN Stats Millennium Development Goals Indicators (2011) Mdgs.un.org
Adult literacy (% aged 15 and above)	92.4% (2013)	TurkStat (2013)
Total net enrolment ratio in primary education, both sexes	Net schooling ratio (2012-2013) 98.96 % (2013)	TurkStat (2013)
<b>Millennium Development Goals (MDGs): Progress by Goal</b> Source: <a href="http://www.mdgs.un.org">www.mdgs.un.org</a> MDG Country Progress Snapshot Turkey (2013)		
<b>1. Eradicate Extreme Poverty and Hunger</b>	<b>Low poverty, very low hunger</b>  Proportion of population living below \$1.25 (PPP) per day (%) in 2010: 1.3 % Percentage change between 1994 and 2010: -36%	
<b>2. Achieve Universal Primary Education</b>	<b>High enrollment in primary education</b> Net enrolment ratio in 2010: 98.9% Percentage change in enrollment between 1990 and 2010: 7%	
<b>3. Promote Gender Equality and Empower Women</b>	<b>Parity level of equal girls' enrolment</b> <ul style="list-style-type: none"> <li>Ratio of girls to boys in primary education in 2010: 0.99</li> <li>Percentage change between 1990 and 2010: 8%</li> </ul> <b>Low share of women in paid employment</b> <ul style="list-style-type: none"> <li>Share in 2011: 23.6%</li> <li>Percentage change between 1991 and 2011: 48%</li> </ul> <b>Low representation</b> Proportion of seats held by women in national parliament in 2013: 14.2% Percentage change between 1991 and 2013: 800%  <b>Over 40% of women have been subject to domestic violence at least once</b>	
<b>4. Reduce Child Mortality</b>	<b>Low child mortality</b>  Under-five mortality rate (deaths	

	<p>of children per 1,000 births)in 2012: 14.2  Percentage change between 1990 and 2012: -81%</p>
<b>5. Improve Maternal Health</b>	<p><b>Low maternal mortality</b>  Maternal mortality ratio  (maternal deaths per 100,000  live births) in 2013: 16  Percentage change between 1990 and 2010: -70%</p> <p><b>High access to reproductive health</b>  Contraceptive prevalence rate in 2008: 73%  Percentage change between 1993 and 2008: 17%  Unmet need for family planning in 2008: 6.2%  Percentage change between 1993 and 2008: -58%</p>
<b>6. Combat HIV/AIDS, Malaria and other Diseases</b>	<p><b>Low HIV incidence</b>  Incidence rate in 2011: 0.01</p> <p><b>Low mortality</b>  Number of new tuberculosis cases per  100,000 population in 2011: 24  Percentage change between 1990 and 2011: -55%  Number of deaths per 100,000 population in 2011: 0.7  Percentage change between 1990 and 2011: -88%</p>
<b>7.Ensure Environmental Sustainability</b>	<p><b>Medium forest coverage</b>  Proportion of land area covered  by forest (%) in 2010: 14.7%  Percentage change between 1990 and 2011: -88%</p> <p><b>High improved water coverage</b>  Proportion of population using an improved drinking water  source (%) in 2011: 99.7%  Percentage change between 1990 and 2011: 17%</p> <p><b>High sanitation coverage</b>  Proportion of population using an improved sanitation facility (%) in 2011:  91%  Percentage change between 1990 and 2011: 9%</p> <p><b>Moderate proportion of slum dwellers</b>  Proportion of urban population  living in slums (%) in 2009: 13%  Percentage change between 1990 and 2009: -44%</p>
<b>8. Develop a Global Partnership for Development</b>	<p><b>High internet usage</b>  Internet users per 100  Inhabitants in 2012: 45.1</p>





Syrian refugees in camps in Turkey as of 31 March 2014



# **1 Introduction**

## **1.1 Objectives of the evaluation**

In accordance with the UNFPA 2013 evaluation policy<sup>1</sup> and the UNFPA biennial evaluation plan 2014-15,<sup>2</sup> the UNFPA Evaluation Office is conducting the final evaluation of the UNFPA 5<sup>th</sup> Country Programme of Assistance to the Government of Turkey (2011-2015).

The specific objectives of the evaluation are:

- Provide the UNFPA country office in Turkey, national programme stakeholders, UNFPA EECARO, UNFPA headquarters and a broader audience with an independent assessment of the relevance and performance of the UNFPA 5<sup>th</sup> Country Programme of Assistance to the Government of Turkey;
- 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;
- Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

## **1.2 Scope of the evaluation**

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

## **1.3 Purpose of the design report**

The purpose of the design report is twofold:

- to structure the evaluation through the presentation of the evaluation questions and the related evaluation matrix;
- to present the methodological approach and the data collection strategy for the field phase.

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<sup>1</sup> DP/FPA/2013/5

<sup>2</sup> DP/FPA/2014/2

## 2 Country context

### 2.1 Development challenges and national strategies

#### 2.1.1 Political, economic and social context<sup>3</sup>

The Republic of Turkey, established in 1923, was recognized as a candidate for EU membership in 1999 and negotiations were initiated in 2005. To meet EU requirements, steps were taken to enhance the representation of Kurdish minorities and introduce new amendments related to women's rights. According to the World Bank, governance indicators of Turkey have improved since 2010 although some are below the average. The Government aims to finalize a new democratic Constitution but concerns over the freedom of speech and press, and environmental issues have been expressed in public protests. Since the onset of the Syrian conflict in 2011, almost a million Syrians have fled to Turkey. The Government has followed an open door policy and established the Temporary Protection (TP) regime to provide protection and assistance to Syrian refugees.

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

According to the Human Development Report of 2013 Turkey ranks 90th out of 187 countries in the Human Development Index. Turkey's MDG Report for 2010 indicates significant improvements in achieving its MDG goals compared to the baseline figures of 2005. Yet, there are still challenges related to substantial rural-urban, regional and gender related inequalities, climate change and sustainable development. Turkey has progressed in poverty reduction, primary education, and reducing maternal and infant mortality. According to the WHO, the health care status has significantly improved in the recent years.

Since the late 2000's the importance of social policies has been increasingly acknowledged as reflected in the 9<sup>th</sup> and 10<sup>th</sup> Development Plans. In 2008, the first National Action Plan on Gender Equality was adopted followed by the formation of the Ministry of Family and Social Policies in 2011 to curb domestic violence, support disabled and elderly care and provide vocational education for women. Despite these accomplishments, serious challenges related to gender discrimination and women's work force participation persist. Labour force participation of women was only 29% in 2012, and representation of women in the Parliament is as low as 14.2% in 2013. At the same time, Turkey faces significant challenges in addressing the needs of the Syrian refugees requiring the establishment of clinics and schools within the 17 refugee camps in the South East provinces of Turkey and expanding services in the refugee hosting provinces.

Since 2010, the government organizations relevant to the UNFPA Country Programme have been going through a restructuring process. The State Planning Organisation has been transformed into the Ministry of Development, to address regional disparity challenges of Turkey. Under the Health Transformation Programme that aims to strengthen health care services in Turkey, a new Public Health Institution has been established to support the work of the Ministry of Health on preventive

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<sup>3</sup> <http://www.ft.com/intl/cms/s/0/bf0fd17c-94c8-11e3-af71-00144feab7de.html#axzz30NHuiA6I>;  
<http://www.worldbank.org/en/country/turkey/overview>; <http://www.tradingeconomics.com/turkey/inflation-cpi>;  
<http://www.imf.org/external/country/TUR/index.htm>; <http://www.oecd.org/turkey/going-for-growth-2014-turkey.htm>  
<http://www.kalkinma.gov.tr/Pages/content.aspx?List=8661bcf7-9da5-4ecb-a190->;  
<http://www.washingtoninstitute.org/policy-analysis/view/the-impact-of-syrias-refugees-on-southern-turkey>  
<http://documents.worldbank.org/curated/en/2013/01/17369150/turkey-country-partnership-strategy-period-2012-2015>  
<http://hdr.undp.org/en/2013-report>; <http://www.tr.undp.org/content/turkey/en/home/library/mdg/mdgreportTurkey2010/>

health care services (The Primary Healthcare Services General Directorate has been transformed into the Public Health Department in the Ministry of Health)

### **2.1.2 Situation with Regard to Reproductive Health and Rights**

The health status of people in Turkey has significantly improved in recent years mostly attributable to the Health Transformation Program (HTP) that re-structured the Ministry of Health (MoH), re-organized functions of health units and promoted the use of a family medicine system. Private healthcare had increased in the last decade due to the long queues and private hospitals now have contracts with various insurance companies. Turkey's public expenditure on national health was below average in 2005 of developed countries, although the percentage has increased steadily since 2000. The vision of the MoH is contained in the 2013-2017 MoH Strategic Plan.

The narrowing of the base of the population pyramid of Turkey has resulted in a rapid decline in fertility. According to the Turkish Demographic and Health Survey (TDHS) 2008, the total fertility rate (TFR) declined to 2.16 children per woman, however, this drop masks significant regional differences in the TFR, ranging from a high of 3.27 in the East to a low of 1.73 in the West. The Turkish Statistical Institute estimated a further decline in TFR reaching 2.08 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 a comprehensive youth policy and information on sexual and reproductive health and reproductive rights in school-based curricula are long-standing problems. National surveys show that the unmet need for reproductive health information and services is high among youth. 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; 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. 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 remain two-to-four times higher than OECD averages. In addition, regional and socioeconomic disparities are apparent particularly in vulnerable groups such as seasonal agricultural migrant workers. 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.<sup>4</sup> In 2013, the number of recorded HIV patients in Turkey reached 6,800, 1,096 of whom are diagnosed with 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.

The overall contraceptive prevalence rate among married women is 73.1 percent (2009) with geographical disparities ranging between 34 and 53 percent. The use of modern methods is 46 percent with over 7 percent difference between urban and rural areas. The percentage of pregnant women who have had antenatal care ranges between 72.9 and 95.7 percentage points. Preventable causes of maternal mortality such as eclampsia still occur in some regions and rural areas. The unmet need for quality family planning is substantial at over 21 percent. One fifth of married women use abortion as fertility regulation.

With regard to the humanitarian response to the Syrian crisis, data from March 2014 indicates that there are 700,000 Syrian refugees in camps in Turkey, including 216,000 women and girls of reproductive child bearing age, 24,000 pregnant women and 33,600 youth.<sup>5</sup> There are also approximately 300,000 refugees residing in Turkish cities (mostly in the provinces of Hatay, Gaziantep and Sanliurfa) who would be expected to have a similar profile. The RH indicators in Syria are less well developed than in Turkey. There is a stagnated or slow fertility decline where the total fertility rate

<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> UNFPA Regional Situation Report for the Syria Crisis, Issue 19, 1-31 March



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 CPAP is 58.3% as per the Multiple Indicator Cluster (MICS) Survey, 2006, with 42.3% use of modern methods.

### **2.1.3 Situation with Regard to Population and Development<sup>6</sup>**

The significant economic growth experienced in the last decade, described above, has not been shared proportionally within the overall population. In 2012, the top 20% income level accounted for approximately 46.6% of national income while the bottom 20% accounted for only 5.9%. The Gini Index (0.4) ranked Turkey as having the third highest inequality in the OECD countries. Furthermore, the poverty ratio (26.9 %) substantially varies across regions; it is lowest in West Marmara region (3.1%), and highest with in South Eastern Anatolia region (31.9%). The influx of Syrian refugees into the South Eastern areas may exacerbate the socio-economic conditions. The number of non-Syrian asylum-seekers and refugees has exceeded 50,000, adding to the strain on the country's protection environment. The Government is facilitating the flow of services and integration of the refugees through a newly established Directorate General for Migration Management.<sup>7</sup>

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

As the agriculture sector has diminished (from 11.9% GDP in 2000 to 8.9% in 2013) migration to cities has increased due to employment opportunities. Rural development policies have been implemented through the 26 regional agencies since 2000s. Climate change is expected to promote urbanization requiring additional infrastructure and raising concerns about sustaining healthy and vibrant cities. The proportion of the population living in provincial and district centers has increased significantly from 76.3% in 2010 to 91.3% in 2013 as have the large cities (Istanbul, Ankara, Izmir and Antalya). The Istanbul population has increased by 2.2% while it has the lowest proportion of unpaid female workers.

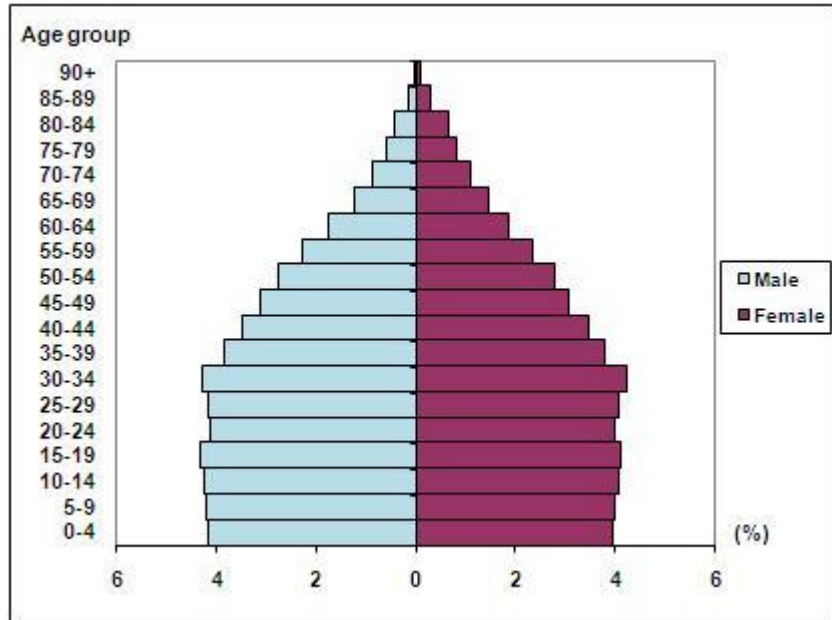
Turkey has had a relatively young population – the working age group (15-64) increased by 0.1 points from 67.6% in 2012 to 67.7% in 2013 (to 51.9 million persons). However, life expectancy is increasing (76.5 years in 2013) and the proportion of the population above the age of 65 is rising (7.7% in 2013, expected to be 10.2% in 2023). The resultant decrease in the fertility rate has prompted discourse to encourage fertility to prevent a potential decline in the labour force. Gender inequality is reflected in the employment figures of the country. Only 25.8% of employed people are women, and labour force participation rate of women is one-third that of males. The early school dropout ratio for women is 50.2% which is about 6% higher than the overall ratio in Turkey.

#### **Population Pyramid in 2013 (TurkStat)**

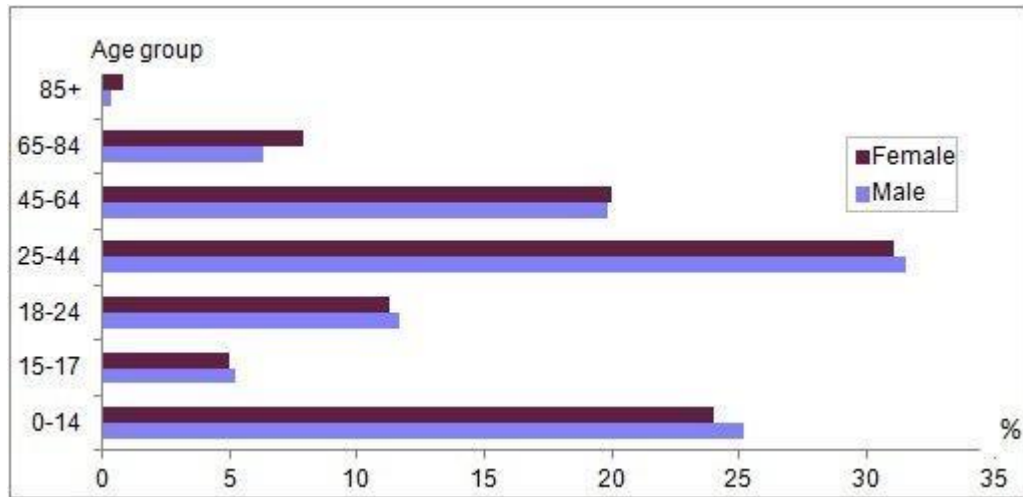
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<sup>6</sup> Demographic data obtained from TurkStat.

<sup>7</sup> UNHCR website



**Population by Age Group and Sex in 2013**



## 2.1.4 Situation with Regard to Gender

As in a number of countries, the legislation in Turkey concerning gender equality meets international standards while the realization of these rights is deficient, requiring political and social intervention to empower women. Following the ratification of CEDAW in 1985, the Government and UN partners, have been very active in capacity building, advocacy and policy formulation. Turkey took significant steps to update and amend its fundamental laws pertaining to gender equality (Constitutional Amendments of 2001, 2004 and 2010; adoption of a new Civil Code in 2001 and a new Penal Code 2004). In addition, the national institutions promoting gender equality, KSGM and KEFEK<sup>8</sup> were established. A “National Action Plan for Gender Equality” was adopted for the period of 2008-2013 and this has drawn parallels with the Ninth Development Plan 2007-2013.<sup>9</sup>

<sup>8</sup> In 1990, General Directorate on Status and Problems of Women (Başbakanlık Kadının Statüsü ve Sorunları Genel Müdürlüğü) affiliated to the Prime Ministry was established. In 2004, its name was changed as General Directorate of Women's Status (Başbakanlık Kadının Statüsü Genel Müdürlüğü – KSGM). In 2011, the General Directorate was restructured as one of the main units of the Ministry of Family and Social Policies. In 2009, the Commission on Equality of Opportunity for Women and Men of the Grand National Assembly of Turkey (TBMM Kadın Erkek Fırsat Eşitliği Komisyonu) was established.

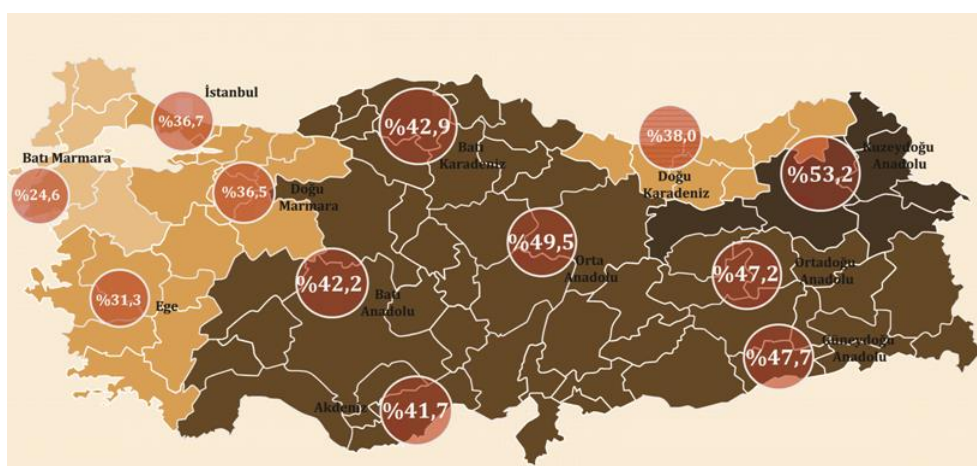
<sup>9</sup> [http://www.huksam.hacettepe.edu.tr/English/Files/NAP\\_GE.pdf](http://www.huksam.hacettepe.edu.tr/English/Files/NAP_GE.pdf)

During 2009-2011, Turkey was actively involved in drafting the *Convention on Preventing and Combating Violence against Women and Domestic Violence of Council of Europe* (which is commonly known as the Istanbul Convention 2011) and was the first country to ratify it. Parallel to this, the national legal structure on domestic violence was updated. A new “Law on the Protection of Family and Prevention of Violence against Women” (Law 6284) was enacted in 2012. A National Action Plan to Combat Domestic Violence against Women was prepared for 2007-2010, which was then updated as the National Action Plan to Combat Violence against Women for the period 2012-2015.<sup>10</sup> Similarly, women-friendly measures were taken in employment legislation to enhance female labour force participation. The legal amendments were enacted with Law 5763,<sup>11</sup> Law 4447,<sup>12</sup> and Law 6111<sup>13</sup>.

Despite these significant legal improvements, the discrepancy is still very large between legal frameworks and their actual impact on the lives of women. According to the 2013 Global Gender Gap Index, Turkey is ranked 120<sup>th</sup> amongst 136 countries. Turkey’s rank in terms of women’s economic participation and opportunity is 127, which shows that the high economic growth rate of decades has not been paralleled by an equivalent progress in women’s economic participation and opportunity. In terms of political empowerment, the country is ranked 103<sup>rd</sup>. About 10% of women are illiterate, and there are significant differences between male and female school enrolment and graduation figures. Female labour force participation rate is the lowest amongst OECD countries with 29% (2012), and is even lower in urban areas (26%).<sup>14</sup> Despite some improvements in recent years in labour force participation, there has been a decline in the participation of women with university degrees, and women’s representation in decision-making positions continues to be significantly low.<sup>15</sup>

The “National Research on Domestic Violence against Women in Turkey” (2009) study aimed to help stakeholders take appropriate actions to prevent violence and protect women. The forms of violence and abuse measured were physical violence, sexual violence, emotional violence - abuse and economic violence-abuse. According to the study, 2 out of 5 women have been exposed to physical violence by their husbands or partners at least once in their lifetime. Although incidents of domestic violence appear to be dropping over time, it is still prevalent in Turkey. Geographical location also plays a part, with provinces in the West of the country having a lower prevalence than those in the East. (See prevalence of violence map below from the study.)

#### Prevalence of Physical Violence by Location (2009)



<sup>10</sup> [http://www.kadininstatusu.gov.tr/upload/kadininstatusu.gov.tr/mce/2012/kadina\\_yonelik\\_sid\\_2012\\_2015.pdf](http://www.kadininstatusu.gov.tr/upload/kadininstatusu.gov.tr/mce/2012/kadina_yonelik_sid_2012_2015.pdf)

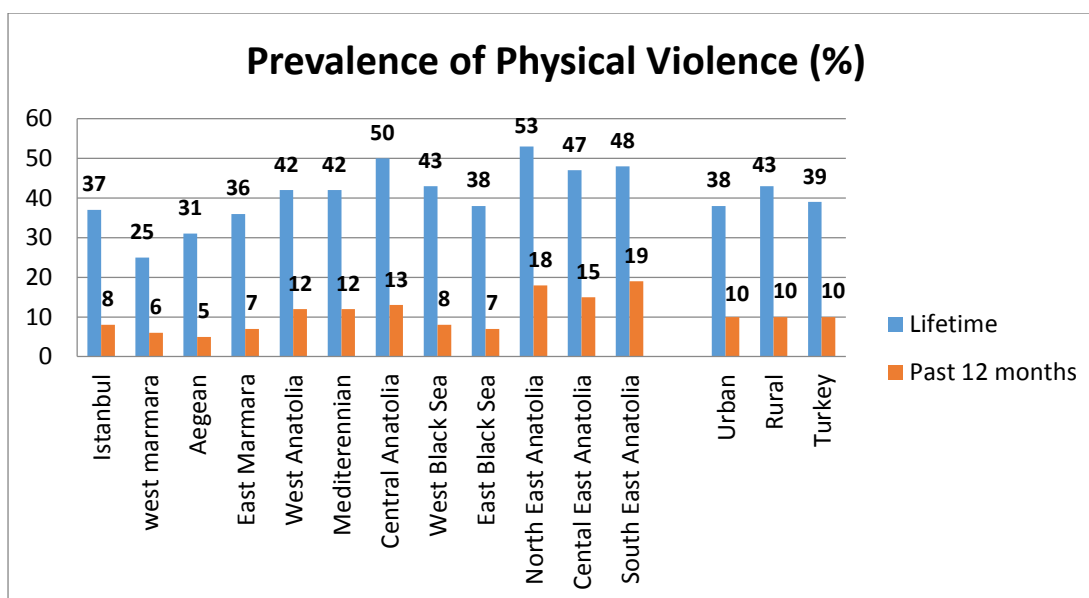
<sup>11</sup> <http://www.tbmm.gov.tr/kanunlar/k5763.html>

<sup>12</sup> <http://www.tbmm.gov.tr/kanunlar/k5763.html>

<sup>13</sup> <http://www.gib.gov.tr/index.php?id=1079&uid=jRfYiUoqqvQOd3Yg&type=kanun>

<sup>14</sup> [http://www3.weforum.org/docs/WEF\\_GenderGap\\_Report\\_2013.pdf](http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf)

<sup>15</sup> TUSIAD-KAGIDER. 2008. *Türkiye’de Toplumsal Cinsiyet Eşitsizliği. Sorunlar, Öncelikler ve Çözüm Önerileri*. İstanbul: Graphis.



According to the 2009 report, 92% of women subject to physical and/or sexual violence did not apply to any institutions or NGOs for support. Only 4% sought help from law enforcement officials such as police and gendarmerie. According to the study, women in rural areas are less likely to ask for help than women living in urban areas. According to a media search by BIANET (Independent Communication Network), in 2011, 257 women, and in 2012 165 women were killed by their husbands or immediate partners. This means that one woman was killed in every 40 hours; 24 percent of 165 women who were killed in 2012 were killed by people with restraining orders against the women.

## 2.2 The Role of External Assistance

Turkey is an emerging donor and has been responding financially to international humanitarian crises for a number of years, however, between 2011 and 2012, the country saw an exponential increase in humanitarian assistance of US\$775 million. This increase contributed to Turkey's overall humanitarian assistance figure of over US\$1 billion in 2012, making it the fourth largest donor globally. Turkey's share of humanitarian assistance as a percentage of official development assistance (ODA) also increased to 41.4% in 2012. In 2012 Turkey was the 15<sup>th</sup> largest government donor of ODA. A large proportion of humanitarian assistance has gone to the surrounding region and also to assist refugees within Turkey affected by regional crises such as Syria. In 2011 gross ODA to Turkey increased to US\$3.7 billion making it the sixth largest recipient globally. Prior to 2009, Turkey had not even been amongst the world's top 20 recipients of aid since 1991. The Ministry of Foreign Affairs oversees Turkey's development institutions and policy priorities and the Turkish International Cooperation and Development Agency (TIKA) is the principal body for administering aid.<sup>16</sup>

The United Nations presence in Turkey is coordinated through the Resident Coordinator (RC) system. Nine UN agencies are represented on the UN Country Team (UNCT): FAO, ILO, UNDP, UNFPA, UNHCR, UNIC, UNICEF, UNIDO and WFP. The IOM, UNODC and WHO maintain offices. The World Bank and the International Monetary Fund are also part of the UNCT. The role of the UN in Turkey is governed by the UN Development Cooperation Strategy (UNDCS 2011-2015). (No UNDAF has been developed for this period.) The UNDCS took note of the comparative advantages of the UN system in a Middle Income Country and the primary focus will be on developing Turkey's donor capacities in line with aid effectiveness principles.<sup>17</sup> Donor coordination takes place through EU donor group meetings and Project Coordination Meetings (PCM) of SIDA for the UN Joint Programme on Women Friendly Cities.

<sup>16</sup> Global Humanitarian Assistance website

<sup>17</sup> UNDP Turkey website



Humanitarian aid is administered the Disaster and Emergency Management Office (AFAD) in coordination with the Turkish Red Crescent Society (Kizilay). The Syrian refugee response is managed by the Government through AFAD, in collaboration with UNHCR and other UN agencies. Access to the camps is largely restricted to Government actors. Unlike previous regional response plans which were implemented directly by participating UN agencies, this effort requires partnering of both national and international NGOs to ensure rapid response; numbers of beneficiaries are expected to reach 1.5 million by the end of 2014. Since mid-2013 there has been an increase in the number of accredited NGOs providing assistance to refugees in urban areas. To date two international NGOs, Danish Refugee Council (DRC) and International Medical Corps (IMC), are operational in various locations in the South East of Turkey and another eight international NGOs have been registered. In 2014, UN agencies will work closely with accredited NGOs to ensure a wider delivery of assistance to all refugees especially those in urban areas.<sup>18</sup>

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<sup>18</sup> Syria Regional Response Plan, 2014, Executive Summary

### 3 The UNFPA Country Programme for Turkey

#### 3.1 The intervention logic (theory of change) of the programme

Based on the country programme documents (i.e., the Country Programme Action Plan (CPAP), the Annual Work Plans (AWPs), the Standard Progress Reports, and Atlas project data), the intervention logic of the programme (as illustrated in the logical diagram of effects presented in Annex 1) is discussed below.

According to the AWPs, the activities mentioned are highly relevant to contribute to the outcomes and results. However, some of the activities referred to in UNFPA programming documents are insufficiently detailed (e.g.: “capacity building”; “increasing quality of health information”) and it is unclear whether similar approaches are used across the components. It is also unclear as to how activities are integrated under a comprehensive strategy, for example the activities benefitting youth are fragmented between gender and RH.

Generally, the activities undertaken by the country office could be typed as the following.

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

##### 3.1.1 The intervention logic in the Reproductive Health and Rights (RHR) component

The following three CPAP RHR Outputs undertaken between 2011 and 2014 are meant to contribute to the **United Nations Development Cooperation Strategy (UNDCS) Outcome (Result 4): Increased provision of effective, inclusive and responsive public services and community based services to strengthen equitable access to knowledge, information and high quality basic services**. Essentially the RHR activities fall under AWPs 21A (Utilization of maternal health services), 31A (Reduce high risk pregnancies), and 51A (Improved access to SRH for vulnerable populations).

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

The following **activities under AWP 21A** were undertaken to contribute to **CPAP Output 1**:

Collaboration with Harran University Faculty of Medicine to building 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. The SRH Programme had provided technical support during the preparation of a new National Health Strategic Plan (2013 -2017).

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

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

The following **activities under AWP 31A** were undertaken: Implemented with the Ministry of Health General Directorate of Mother, Child Health and Family Planning, support for the MoH “Health Transformation” programme, including integration of the 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.

- **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.

From 2011 – 2012, 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**.
- For Y-PEER, a meeting was organized for focal points, monitoring by the programme staff of the training activities and a **Youth coordination workshop** organized.
- For SRH rights, support was developed for World AIDS Day.
- The national strategic action plan for youth friendly health services was updated with a vision to creating a new plan through a workshop led by the MoH.
- The status of RH health among high school students was promoted through development of a new tool and teacher and counsellor training.
- A need assessment study was conducted in five provinces followed by development of a training curricula and two pilot training events.

### 3.1.2 The intervention logic in the Gender Equality (GE) component

The following two CPAP Gender Equality Outputs undertaken from 2011-2013 were meant to contribute to **UNDCS Result 5:** *The equal participation of women is ensured in all areas of the public sector, the private sector and civil society by strengthening institutional mechanisms to empower women and improve their status.* The Gender Equality activities fall under AWP 11A (UN Joint Programme on Women Friendly Cities), 31A (Human Rights Protection Systems and Mechanisms), and 41A (Response to Gender Based Violence).

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

The following **activities under AWP 41A** were undertaken to contribute to **CPAP Gender Output 1:**

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

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

The following **activities under AWP 11A** were undertaken to contribute to **CPAP Gender Output 2**:

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

The following **activities under AWP 31A** were undertaken to contribute to **CPAP Gender Output 2**:

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

### **3.1.4 The intervention logic in the Population and Development (PD) component**

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

The PD outputs also contribute to achieving the **SP Outcome**: *“Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality”*.

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

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

The PD activities fall under AWP **“ATLAS TUR5P31A (TUR5U704): “Data on Emerging Population Issues”**. The following **activities under AWP TUR5P31A** have been undertaken to contribute to the **CPAP PD Output 1 within the period 2011-2014 (present)**:

In order to contribute to the use of demographic data at central and local levels, UNFPA has collaborated with **Turkish Industry and Business Association (TUSIAD)** with parallel funding starting in 2009 through 2012. The outputs included **three publications** (**“An Overview of the Health System, “An Overview of the Labour Market”, and “An Overview of the Social Security System”**) in addition to the former study on **“Demography and Management towards 2050”**). Additionally, a **“Needs Assessment Study on Seasonal Agricultural Workers and Their Families”** was produced with the support of Harran University. These studies were printed, published and disseminated by the end of 2012. The UNFPA/NIDI Resource Flows Survey was also continued to track financial resources for PD and RH issues.

In 2012, technical working group meetings were held in the context of “Demography and Management” Project for labor force, health and social security reports. UNFPA's preparations were conducted for capacity development of the public officials, particularly the Ministry of Development and Regional Development Agencies.

The PD focus was shifted to ensure enough funds to support Turkey's ICPD beyond 2014 and Post 2015 processes. In 2013 and 2014, focus has been on strengthened partnerships and national capacity, and enhanced dialogue on emerging PD issues. Thus, partnerships with **Turkish Family**

**Health and Planning Foundation (TAP)** and **Turkish Population Association** are planned to facilitate some activities particularly advocacy/policy dialogue on emerging PD issues.

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

The current 2014 AWP includes four activities, namely, supporting “ICPD beyond 2014” and “Post 2015”, a study on benefits on investing women’s RH, advocacy on population issues, and capacity development of Development Agencies.

### **3.1.3 The intervention logic in the Humanitarian Assistance**

The AWP (2013) for Humanitarian Assistance 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**.

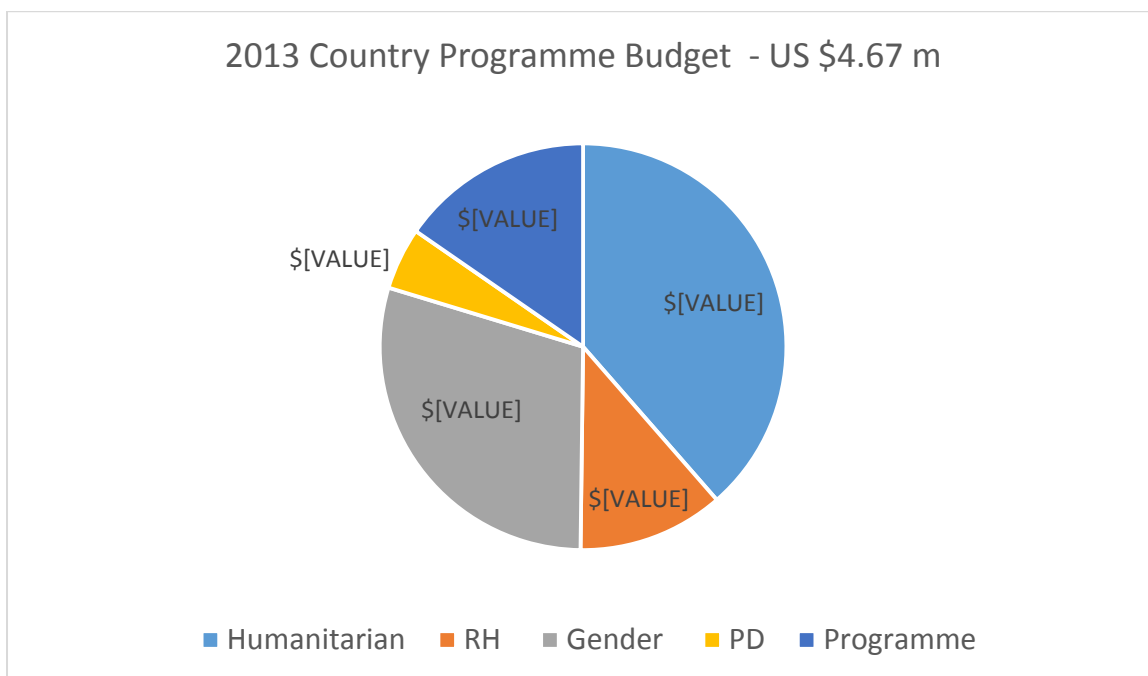
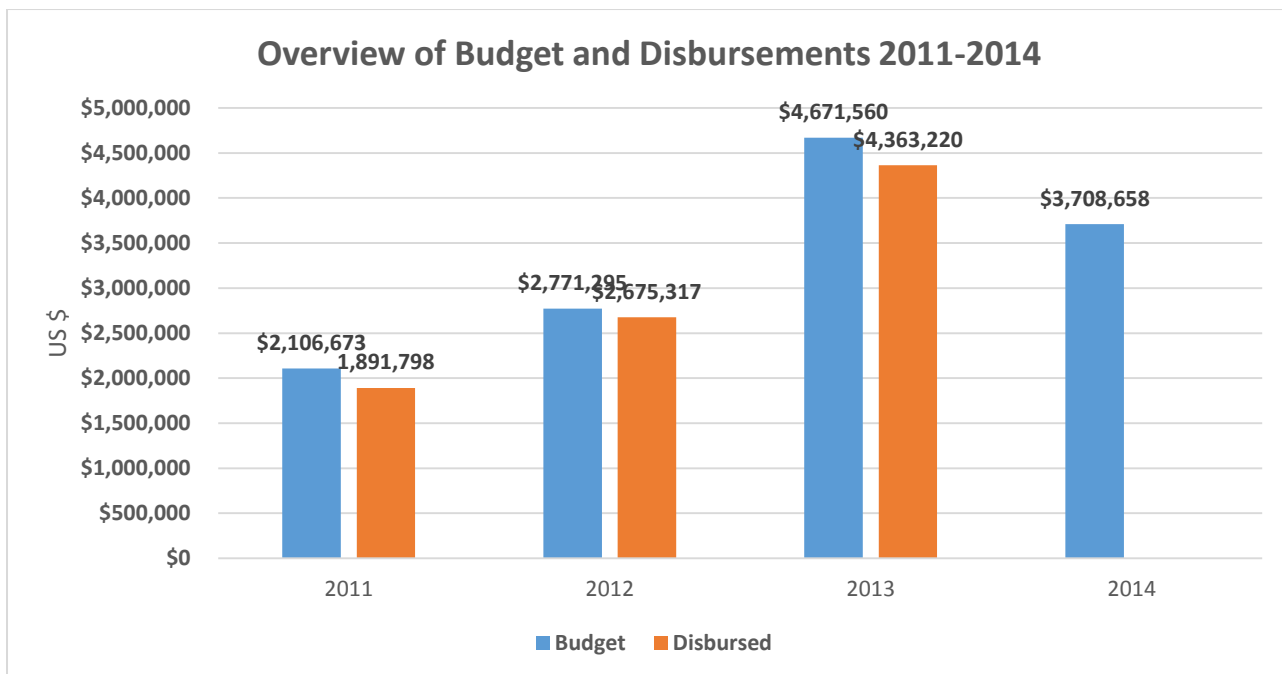
The activities under this AWP consist of strategic planning and coordination, capacity building for the MISP, GBV and providing psychosocial support, the procurement of Humanitarian kits (dignity kits) and monitoring and evaluation. (TUR5U203, UNFPA and US State BPRM, revised budget = US \$1.194 m).

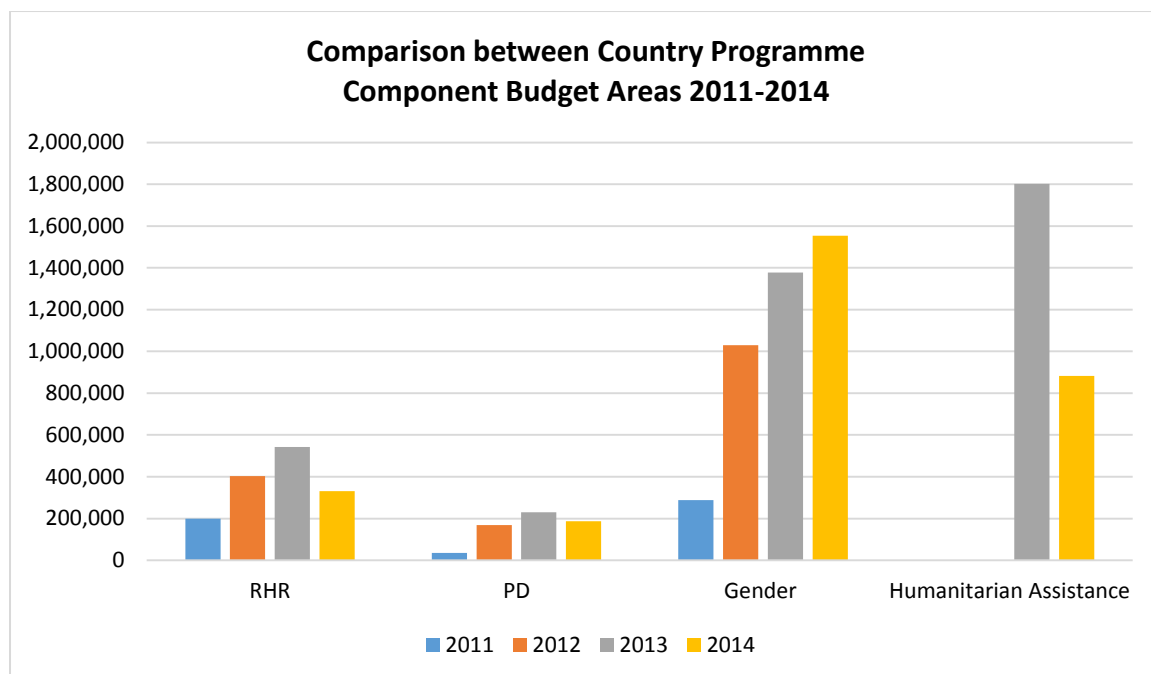
Humanitarian activities are also funded by the Kuwait Fund (ATLAS RAB6U207, budget managed by ASRO), The CO charges activities under the Kuwait fund to the ASRO; there is no AWP.

## **3.2 The financial structure of the programme**

UNFPA initially committed US \$4.5 million over the five years of its fifth programme of assistance to the Government of Turkey (2011-2015). The breakdown was as follows: (a) reproductive health and rights (US \$2.0 million); (b) population and development (US \$0.4 million); and (c) gender equality (US \$1.6 million). An amount of US \$0.5 million was allocated for programme coordination and assistance.

However, SIDA funding substantially bolstered the gender equality component. Humanitarian Assistance received substantial funds in 2013 and 2014 and made that component the largest in 2013. At the same time, funds allocated to RH and PD decreased in 2014, although not all funds for 2014 have been secured. Disbursements were somewhat less than budgeted amounts for 2011-2013. Major donors to UNFPA for humanitarian assistance are the US Department of State, Bureau of Population, Refugees and Migration (BPRM), and the Kuwait Fund, and for Gender, SIDA.





## 4 Evaluation methodology and approach

### 4.1 Evaluation criteria and questions

The evaluation will be structured around the following evaluation criteria:

- four out of the five standard OECD-DAC criteria: relevance, effectiveness, efficiency and sustainability;<sup>19</sup>
- two additional criteria, specific to UNFPA, with a view to assessing the strategic positioning of UNFPA within the Turkey UNCT: coordination and added value.

Based on these evaluation criteria, the evaluation team proposes the following seven evaluation questions, which will guide its data collection and analysis work throughout the evaluation process.

- **EQ1:** 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?
- **EQ2 :** To what extent have the interventions supported by UNFPA in the field of reproductive health and rights (RHR) contributed to (or are likely to contribute to) sustainably improve the access to and utilization of high quality maternal health and family planning services, in particular for the most vulnerable groups, including the Syrian refugees?
- **EQ3:** To what extent have the interventions supported by UNFPA in the field of population and development (PD) contributed in a sustainable manner to an increased availability and use of data on emerging population issues at central and local levels?
- **EQ4:** To what extent have the interventions supported by UNFPA in the field of gender equality (GE) contributed in a sustainable manner to (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?
- **EQ5:** To what extent has UNFPA made good use of its human, financial and technical resources in pursuing the achievement of the results defined in the country programme?
- **EQ6:** To what extent has the UNFPA country office contributed to the good functioning of coordination mechanisms and to an adequate division of tasks within the UN system in Turkey?
- **EQ7:** To what extent has UNFPA made good use of its comparative strengths in its programme of assistance to the Government of Turkey?

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<sup>19</sup> The OECD-DAC evaluation criterion, the impact, is not considered in UNFPA country programme evaluations, due to the nature of the interventions of the Fund, which can only be assessed in terms of contribution and not attribution.



The correspondence between evaluation questions and evaluation criteria is illustrated in the table below.

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

The evaluation questions have been translated into information needs, displayed in the evaluation matrix in Annex 2. The Evaluation Matrix links evaluation questions with corresponding assumptions to be tested, indicators, sources of information and methods and tools for the data collection.

## 4.2 Selection of the sample of stakeholders

A “Stakeholder Mapping Table” below has been developed using the UNFPA Strategic Plan, the CPAP, the Annual Workplans (AWPs), the Atlas project data and a stakeholder list developed recently by the Evaluation Office and the Country Office. These and other documentation form the basis for selection of a sample of stakeholders to be met during the in-country data collection process.

Table 1: Stakeholder Mapping

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			
ATLAS – TUR5R51A (TUR5U603)			
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			
ATLAS TUR5P31A (TUR5U704): Data on Emerging Population Issues			
Turkish Industry and Business Association (TUSIAD), UNFPA	UNFPA, TUSIAD	Turkish Family Health and Planning (TAP) Foundation, Population Association Hacettepe University, Institute of Population Studies (HIPS) TurkStat, Harran University, Government bodies (such as Ministry of Development , Ministry of Family and Social Affairs), local administrations and NGOs	Ministry of Development, Ministry of Family and Social Policies, Regional Development Agencies, at provinces
<b>HUMANITARIAN ASSISTANCE</b>			
<b>Strategic Plan Outcome 2:</b> Increased access to and utilization of quality maternal and newborn health services			
<b>Output:</b> Effective humanitarian RH and GBV response for Syrian refugees in Turkey			
ATLAS RAB6U207 (budget managed by ASRO)			
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
CPAP RH Output 3 (linked in 2014): Improved access to information and services on RHR for most vulnerable groups			
ATLAS TUR5U203 Humanitarian Programme			
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)

Donors	Implementing Agencies	Other partners/stakeholders	Beneficiaries
<b>GENDER EQUALITY</b>			
<b>Strategic Plan Outcome: 3.1</b> 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>CPAP Gender Output 2</b> : Local mechanisms established through cooperation of public, private and non-governmental partners to enable women [to] exercise their human rights fully			
<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</b> 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>CPAP Gender Output2:</b> Local mechanisms established through cooperation of public, private and non-governmental partners to enable women [to] exercise their human rights fully			
<b>TUR5G31A (TUR5U502?): Human Rights Protection Systems and Mechanisms</b>			
BOYNER HOLDING and 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
<b>Strategic Plan Outcome: (NONE STATED IN 2011 AWP) 3.4</b> 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			
<b>CPAP Gender Output 1:</b> The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems			
<b>TUR5G41A (TUR5UU501?): Response to Gender Based Violence</b>			
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

### 4.3 Methods and tools for the data collection and analysis

The evaluation team will ensure its independence and impartiality by relying upon a systematic triangulation of data sources and data collection methods and tools. Evaluation methods will be both quantitative and qualitative.

The data collection tools will be designed around the assumptions and indicators found in the evaluation matrix. They will include:

- **Desk review and analysis.** A review, prior to fieldwork, of relevant documents including government and UNFPA policy and strategy documents, Country Programme design and

implementation plans, monitoring and assessment reports and relevant secondary data. UNFPA has shared documents with the evaluation team via the extranet, and the team members individually searched for additional documentation.

- **Key informant interviews.** Separate semi-structured interviews will be designed for key informants (UNFPA staff, government counterparts, donors, other UN agencies, national and international NGOs) in Ankara and selected sites to be visited in the country.
- **Focus group discussion (FGD).** These discussions will be designed to focus on collecting key information in response to the Country Programme's intended results.

The team will select **sites to be visited** in Turkey based on purposive sampling, given the resources and time limitations. The team will select two sites for each component reachable by plane or ground transport which are representative of the targeted populations and the planned activities and that will demonstrate a range of challenges and successes at this point in the programme implementation.

The selection of stakeholders to be interviewed is based on the evaluation questions and the activities of the relevant components. The following are the data collection plans for each of the components.

#### 4.3.1 Reproductive Health and Rights (RHR)

In addition to the documentation review, the evaluation of the RHR components will use mainly qualitative methods. These include a document review, key informant interviews and focus group discussions. The RHR component evaluation will focus on the three main activity areas under AWP 21A (Utilization of maternal health services), 31A (Reduce high risk pregnancies), and 51A (Improved access to SRH for vulnerable populations).

**Key Informant Interviews.** Stakeholders for face to face interviews include Government and other partners for RHR (Ministry of Health, WHO, Harran University, UNICEF, UNAIDS, Provincial Directorate of Education, local governmental authorities, Anadolu University, Y-PEER Turkey network leaders) Donors to be met include: MATRA (Embassy of the Netherlands), TOROS, and Eczasabasi.

**Focus group discussions (FGD).** The FGDs will largely involve beneficiary groups in the communities, clinics and refugee settings, when additional information is needed and for their perspectives. The FGDs are also relevant for use with health workers, migrant workers, trainers, and youth groups who have been involved in capacity building and other activities supported by UNFPA, however, face to face interviews will also be used when possible with key members of these groups. Interview guides will be prepared for each of these groups for an efficient focus group process.

**Site visits.** Two trips outside of the Ankara area are proposed. A visit to Istanbul is important to interview the key implementing partner CVF, regarding the Y-PEER activities, and the UNFPA Regional Office staff. In Istanbul, key informant or focus group discussions can be held with those who participated in UNFPA-supported capacity building activities (e.g. Y-PEER network members, health system staff or private practitioners, national beneficiaries of RH services and refugees receiving RH services). The second visit is to the provinces of Gaziantep and Sanilurfa. This trip will cover the humanitarian assistance for refugees in both Gaziantep and Sanilurfa, as well as the activities targeting the migrant workers in Sanilurfa. Interviews and FGDs may also be held with relevant stakeholders in the vicinity of Ankara.

#### Humanitarian Assistance (HA) interventions

In addition to the documentation review, the evaluation of the HA interventions will use mainly qualitative methods. These include key informant interviews and focus group discussions. The HA component evaluation will focus on the main activity areas described under AWP 2013 and ATLAS RAB6U207 (budget managed by ASRO) and also relevant to AWP 31A regarding technical support to develop the Minimum Essential Service Package (MISP) training guidelines and community-based RH training materials including family planning advocacy.

**Key Informant Interviews.** Stakeholders for face to face interviews include: Government and other partners for HA (Ministry of Foreign Affairs (MoFA); Ministry of Public Health; the Disaster and Emergency Presidency (AFAD), Turkish Red Crescent Society (TRCS), Ministry of Foreign Affairs,

Ministry of Family and Social Policies, other UN agencies involved in refugee assistance on the UN Crisis Response Team (UNCRT), e.g. UNHCR, UNICEF, WFP, and IOM, and NGOs working with refugees integrated in communities such as Danish Refugee Council (DRC), International Medical Corps (IMC) and national NGOs). Donors to be met include: US State Department (BPRM) and managers of the Kuwait Fund such as UNFPA staff in ASRO, by skype or phone.

**Focus group discussions (FGD).** The FGDs will be carefully planned and targeted to provide needed information from the relevant audiences. They will largely involve refugee beneficiary groups in the communities, clinics and refugee settings, when additional information is needed and to gain their perspectives.

**Site visits.** As described above, two trips outside of Ankara area will serve to cover both RH and HA. These include a visit to Istanbul to cover refugees receiving RH services and to the provinces of Gaziantep and Sanilurfa, which will cover humanitarian assistance for refugees in both provinces.

### 4.3.2 Gender Equality

The evaluation of the Gender component will mainly employ a qualitative methodology based on a detailed desk review of existing programming documents, reports, evaluation studies, training material, national policy documents, as well as in-depth interviews with key informants operating within the three main activity pillars, namely, 11A (the UN Joint Programme on Women Friendly Cities), 31A (Human Rights Protection Systems and Mechanisms), and 41A (Response to Gender Based Violence). The in-depth interviews will be conducted face-to-face in Ankara and in two provinces where site visits will be conducted, and the remaining areas will be reached through telephone interviews. Moreover, focus group discussions will be conducted during site visits with a view to reaching as many stakeholders as possible.

**Key Informant Interviews.** The key informants to be interviewed will consist of the UNFPA partners and beneficiaries from the government, civil society organizations and the private sector with a view to presenting a balanced picture of stakeholder perceptions and suggestions on the activities and programmes. These stakeholders are outlined below in order of priority.

The NGO stakeholders to be interviewed include both the implementing partners and beneficiaries of the three main projects, namely, PERYÖN (*Türkiye İnsan Yönetimi Derneği* – Turkish Association for Human Management) within the framework of 31A, and KADER (*Kadın Adayları Destekleme Derneği* – Association for the Support and Training of Women Candidates), Foundation for Women's Solidarity (*Kadın Dayanışma Vakfı*) and Capital City Women's Platform (*Başkent Kadın Platformu*) within the framework of 11A. PERYÖN is selected as one of the main partners of activities conducted under 31A, being not a women's NGO in itself, but actively engaging in gender issues. KADER is among the most important NGOs in setting the frame of gender politics in Turkey, having played an active role in interventions leading to the establishment of KEFEK. Foundation for Women's Solidarity is a key NGO in combatting violence against women, while the Capital City Women's Platform is selected as representing a different point of view on gender issues, having also been actively involved in GBV and interventions leading to the establishment of KEFEK.

The government stakeholders to be interviewed include representatives from the Presidency of Religious Affairs, Ministry of Family and Social Policies General Directorate of the Status of Women (GDSW) and General Directorate of Child Services (GDCS), KEFEK, Ministry of Interior, Ministry of Justice, Ministry of National Education, and Turkish Armed Forces. All these stakeholders are selected as active partners and beneficiaries of the ongoing UNFPA projects and programmes in the Gender component.

The main stakeholder from the private sector to be interviewed is Boyner Holding and Group Companies, which are active partners of UNFPA as donors to one of its main projects. Moreover, representatives of SIDA and European Union will also be interviewed as main donors to the ongoing programmes and projects.

Finally selected participants of the Pomegranate Arils (PA) project will be interviewed as the main beneficiaries of activities taking place under A31.

All the interviews outlined above will be conducted in Ankara, while the interviews with PAs may also be conducted in Istanbul in case they can be reached there. The representatives of TAF, National Security Forces, Gendarmerie and Presidency of Religious Affairs will also be interviewed in Ankara as the main center of ToT activities.

Questions concerning the ownership of the stakeholders operating within the different programmes and projects will be of particular importance in order to assess the sustainability and the added value of the 5th CP. Therefore, stakeholders in all the three main projects (namely, UN Joint Programme, Human Rights Protection Systems and Mechanisms, and Response to Gender Based Violence) will be asked about the extent of their ownership of the relevant programmes/projects, as well as the key factors determining the development of a sense of ownership or the lack of ownership.

Questions concerning the sustainability and ownership dimensions gain particular significance for the stakeholders in the first programme (UNJP), in view of the recent legal changes in local governments and municipalities. This group will therefore be particularly asked about the impacts of the recent legal changes. Questions to be asked to this group will aim to understand the impact of the recent reforms as well as the new challenges perceived by the stakeholders. Another set of questions will pertain to their experience with gender budgeting. Lastly, questions aiming to get their thoughts and ideas about the implementation of Local Equality Action Plans will be asked.

**Site visits.** In addition to the interviews, a site visit will be conducted to the provinces of Gaziantep and Şanlıurfa as the main sites of various important UNFPA projects and programmes. Şanlıurfa is a Women Friendly City since the first phase of the UNJP, while also being a key site for humanitarian interventions. Gaziantep is significant as one of the new Women Friendly Cities, which joined the project in its second phase, therefore providing the possibility of a comparison of the UNJP's impacts. Being two important provinces in the South East Region of Turkey, Şanlıurfa and Gaziantep also have a peculiar population composition and host different NGO profiles such as KAMER. Focus group studies will be conducted in these provinces in accordance with the nature of gender interventions taking place in these two cities. The focus groups will include representatives from local administrations, local gender equality committees, NGOs and academics so as to understand the nature of cooperation and division of labour amongst various stakeholders of the main projects in a comprehensive manner.

**Telephone interviews.** In addition to the site visits, telephone interviews will be held with key informants in other Women Friendly Cities where site visits will not be conducted, including Antalya, İzmir, Trabzon and Kars with a view to encompassing a wide geographic area to assess the impacts and effectiveness of UNFPA interventions in the Gender component .

**Meeting in Ankara.** Finally, a comprehensive meeting will be held in Ankara with the coordinators of Women Friendly Cities with a view to obtaining their feedback and reaching out to the main NGO beneficiaries of the grants scheme implemented under UNJP.

### 4.3.3 Population and Development (PD)

The valuation methodology for the PD Component will mainly be composed of document review (including AWP, SPR, activity reports, outputs produced as a consequence of the activities such as printed studies, research, etc.), observations, and interviews through face-to-face meetings or phone/skype meetings with the stakeholders and key informants. The interviews will be semi-structured, using an interview guide and checklist. No focus group discussions will be needed due to the characteristics of the stakeholders, and a questionnaire would not be justified due to limited number of stakeholders and key informants of the PD component.

**Key Informant Interviews.** According to the AWP and SPRs, the proposed sample of interviews could be grouped in three categories:

(1) All of the main partners identified as implementing agencies by the four AWP's between the years 2011 and 2014 for the PD. **Five interviews** proposed to be conducted are:

(a) UNPFA in Ankara, and the local coordinators of WFC Project in Antalya, Izmir and Sanliurfa during their visit to Ankara

(b) Turkish Industry and Business Association (TUSIAD) which is located in Istanbul.

(2) **Eight interviews** with some other partners are as follows:

(a) Hacettepe University - Institute of Population Studies (HIPS), the Population Association, the government bodies (such as TurkStat, Ministry of Family and Social Affairs), which are located in Ankara

(b) Harran University in Sanliurfa

(c) Turkish Family Health and Planning (TAP) Foundation in Istanbul

(d) relevant NGOs, local administration and local ministry directorates (Health, Labour and Social Security, etc.) at provinces (Sanliurfa and Gaziantep)

(3) **Two interviews** with the main beneficiaries as follows:

(a) Ministry of Development in Ankara, and

(b) Regional Development Agency in one of the provinces (Gaziantep or Sanliurfa).

(4) Interviews with some key informants **(4-5)** located in Ankara, Sanliurfa and Gaziantep, including some authors of publications

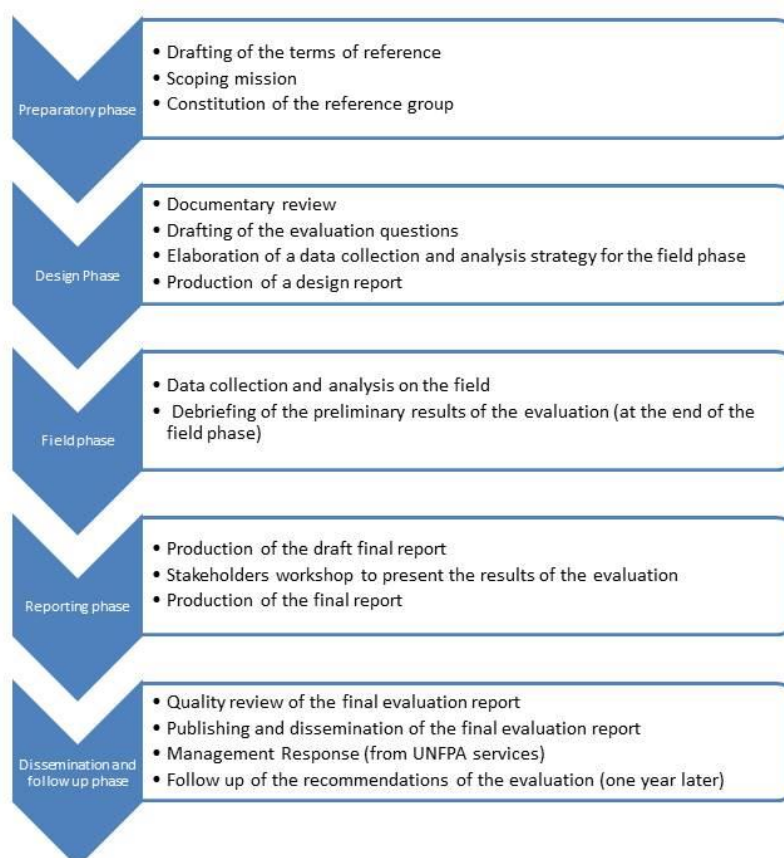
As a result, about **17 interviews** are planned to be conducted.

**Site visits.** The face-to-face interviews are planned to take place mostly in Ankara, others preferably through **field visits** to Istanbul, Sanliurfa and Gaziantep. Some interviews could also be conducted via phone or skype.



## 5 Evaluation process

### 5.1 Overview of the phases of the evaluation



### 5.2 Team composition and distribution of tasks

The evaluation team consists of:

- an **evaluation manager/co-team leader** (Mr Hicham Daoudi, UNFPA Evaluation Office), 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** (Mrs Sheila Reed, consultant), who will assist the evaluation manager / co-team leader in the coordination of the evaluation team and provide expertise in the reproductive health and rights programmatic area of the evaluation. She will take part in the data collection and analysis work during the design and field phases. She 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 area of expertise. She 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** (Mrs Ayse Ayata and Mrs Hulya Gunaydin, consultants), who will each provide expertise in the gender and population and development programmatic areas respectively. 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 their areas of expertise.

The evaluation team will be assisted in its work by:

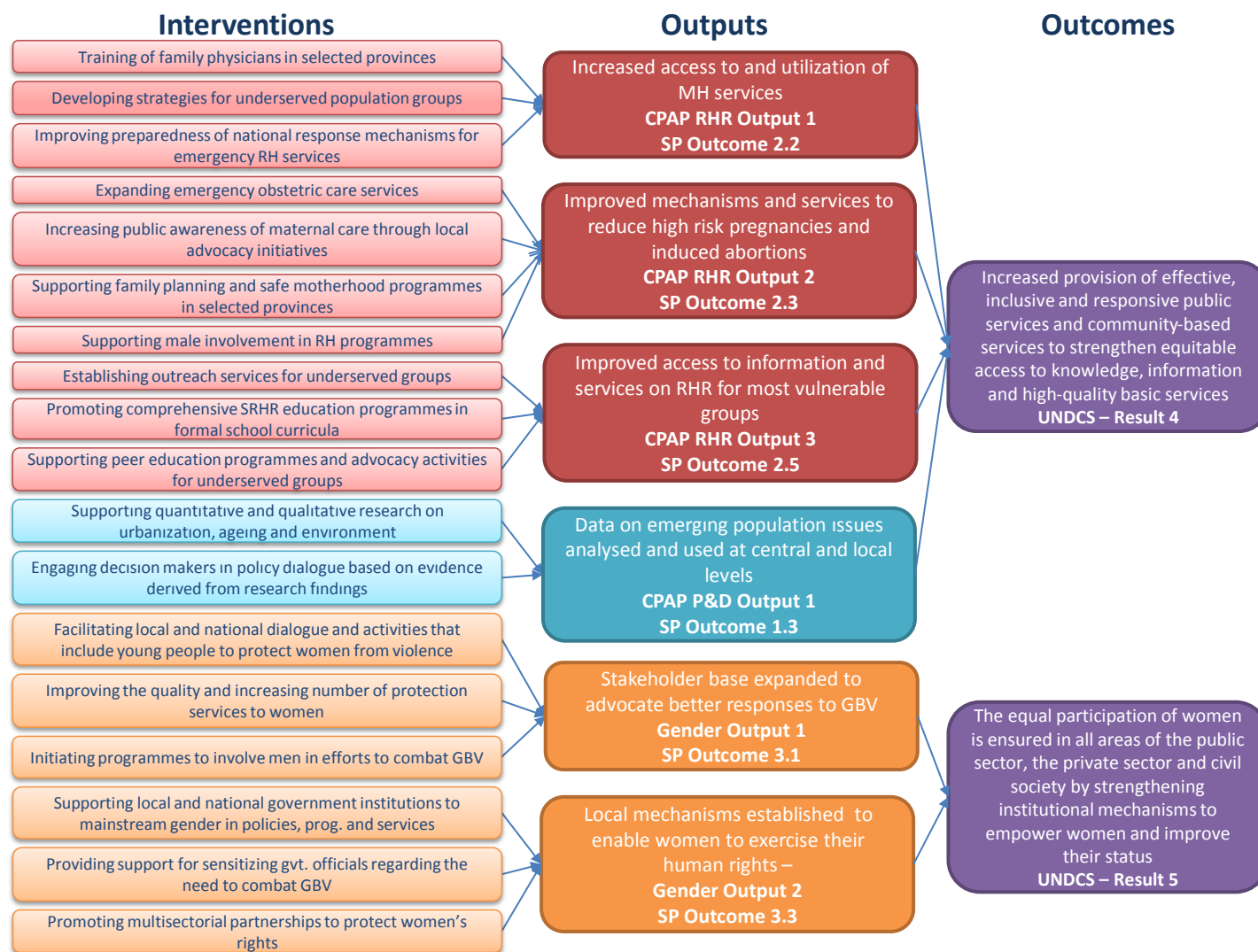
- an **internal reviewer** (Mrs. Alexandra Chambel, UNFPA Evaluation Office), who will review and comment on key evaluation deliverables, i.e., the design report and the draft final report;
- an evaluation **analyst** (Mrs Olivia Roberts, UNFPA Evaluation Office), who will provide research support during all phases of the evaluation and will assist the evaluation team in its analytical work at the end of the field phase;
- an **interpreter** (consultant), to provide English to Turkish and Turkish to English consecutive translation for meetings and data collection activities, meeting preparations and translation of documentation and materials as required during the field phase.

### 5.3 Workplan

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/April 2014 <i>March 2014</i> <i>April 2014</i>
2. Design phase <i>Submission of the design report</i>	April/May 2014 <i>May 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

## **Annexes**

## Annex 1: Logical diagram of effects for the UNFPA 5<sup>th</sup> country programme in Turkey



## Annex 2: Evaluation Matrix

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 as well as national priorities</li> <li>• Extent to which the interventions supported by UNFPA were targeted at most vulnerable, disadvantaged, marginalised and excluded population groups, and retargeted as needed</li> <li>• Extent to which the targeted people were consulted in relation to programme design and activities throughout the programme.</li> </ul>	<ul style="list-style-type: none"> <li>• CPAP, CPAP M&amp;E Calendar</li> <li>• AWP</li> <li>• COARS</li> <li>• National policy/strategy documents</li> <li>• Needs assessment studies</li> <li>• Evaluations</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 remote and less developed areas</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><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>
<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>

<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>	<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>
<b>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?</b>			
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</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>

	<p>in conducting gender sensitive outreach services</p> <ul style="list-style-type: none"> <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>		
<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> <li>• Planning and resource allocation have been effectively integrated with those of national and other development assistance actors.</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>
<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>	<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 in camps</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> </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>

		<ul style="list-style-type: none"> <li>• UNFPA Regional Situation Report for Syria Crisis</li> <li>• Atlas funds and monitoring reports</li> </ul>	
<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 Plan)</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 available for refugees both in camps and where they are integrated in Turkish society</li> <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>• 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> <li>• Relevant government ministries and Turkish Red Crescent</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>
<b>A 2.5: 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.</b>	<ul style="list-style-type: none"> <li>• Indicators of ownership include dedication of budget lines to RH in national budgets as well as leadership in planning and implementation of projects and programmes to promote ICPD objectives</li> <li>• Indicators of durability for beneficiaries include increased knowledge, awareness and demand for RH services</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>• Document review</li> <li>• Visit to target provinces</li> </ul>
<b>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?</b>			
<b>A 3.1: Programme activities have contributed to increasing analysis of data and information</b>	<ul style="list-style-type: none"> <li>• The content of publications are disseminated and utilised related to demography and social and economic development issues particularly with</li> </ul>	<ul style="list-style-type: none"> <li>• TurkStat population and development statistics</li> <li>• TurkStat surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Monitoring and study visit reports review</li> </ul>



<p>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)</p>	<p>reference to policies on urbanization, aging and environment</p> <ul style="list-style-type: none"> <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>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>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> </ul>
<p><b>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)</b></p>	<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>
<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><b>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</b></p>			

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 for better responses to GBV (CPAP Output 1)</b>	<ul style="list-style-type: none"> <li>• Percentage of responsible parties identified in the national action plan who report their gender-based violence prevention activities (CPAP indicator)</li> <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>	<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 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>A 4.2: UNFPA interventions have contributed to the expansion of responses to gender-based violence,</b>	<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</li> </ul>	<ul style="list-style-type: none"> <li>• CPAP and Strategic Plans</li> <li>• AWP</li> <li>• National policy/strategy documents</li> </ul>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Data analysis</li> <li>• Interviews with UNFPA CO staff</li> </ul>

<p><b>particularly domestic and sexual violence through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV prevention services,</b></p>	<p>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.</p> <ul style="list-style-type: none"> <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>• Needs assessment studies</li> <li>• Evaluations</li> <li>• Implementing partners and beneficiaries</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><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 companies 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> </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> </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>

	<ul style="list-style-type: none"> <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 their human rights identified with a view to developing local solutions</li> <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>		
<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>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>			
<b>Assumptions to be assessed</b>	<b>Indicators</b>	<b>Sources of information</b>	<b>Methods and tools for the</b>

			<b>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> <li>• Partners (implementers and direct beneficiaries)</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 staff.</li> <li>• FGDs with beneficiaries of funding (including NGOs)</li> </ul>
<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>
<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>
<b>EQ 6: To what extent has the UNFPA country office contributed to the good functioning of coordination mechanisms and to an adequate division</b>			

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>
<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, RH, GE, PD and Humanitarian Assistance)</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> <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>	<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 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> <li>• Interviews with implementing partners</li> </ul>
EQ 7: To what extent has UNFPA made good use of its comparative strengths in its programme of assistance to the Government of Turkey?			
<b>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</b>	<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</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>

	programming.		
<b>A 7.2 These comparative strengths are acknowledged and inform UNFPA cooperation with other development partners, particularly other UN agencies</b>	<ul style="list-style-type: none"> <li>• Perception by Turkey national stakeholders of the comparative strengths of UNFPA</li> <li>• Evidence that UNFPA comparative strengths are reflected in its cooperation with other development partners</li> </ul>	<ul style="list-style-type: none"> <li>• Government partners</li> <li>• UN agencies</li> <li>• Other development partners</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews with the UNRC</li> <li>• Interviews with other UN agencies</li> <li>• Interviews with Government partners</li> </ul>

## Annex 3: Interview Guides

<b>General Introduction and Closing - 1. Human connection</b>
<ul style="list-style-type: none"> <li>• Spend a few minutes to understand how the interviewee is today. Is the interview convenient or problematic in any way? Is s/he really busy and we should make the interview shorter than agreed?</li> <li>• Explain briefly something about yourself, where do you come from, other interviews you are doing that also frame this present interview, etc.</li> <li>• Thank the interviewee for the time dedicated to this interview.</li> </ul>
<b>2. Inform the interviewee of the objective and context of the interview</b>
<ul style="list-style-type: none"> <li>• Purpose of the evaluation - Clarify briefly the purpose of the evaluation.</li> <li>• Confirm the time available for the interview.</li> <li>• Stress the confidentiality of the sources or the information collected.</li> <li>• Explain what the objective of the interview (context) is. This not only shows respect, but is also useful for the evaluator, as it helps the interviewee to answer in a more relevant manner.</li> </ul>
<b>3. Opening general questions: refining our understanding of the interviewee's role</b>
<b>Before addressing the objectives of the interview, the evaluator needs to ensure that s/he understands the role of the interviewee vis-à-vis the organization, the programme, etc., so as to adjust the questions in the most effective way.</b>
<b>5. Ending the interview</b>
<ul style="list-style-type: none"> <li>• If some aspect of the interview was unclear, confirm with interviewee before finishing. Confirm that nothing that the interviewee may consider important has been missed: "Have I missed any important point?"</li> <li>• Finish the interview, confirming any follow-up considerations - e.g., if documents need to be sent and by when, if the evaluator needs to provide any feedback, etc.</li> <li>• Mention when the report will be issued and who will receive it</li> <li>• If relevant, ask the interviewee for suggestions/facilitation about other key persons (referred to during the meeting) that could also be interviewed.</li> <li>• Thank the interviewee again for the time dedicated to this interview.</li> </ul>



## 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 Interview 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 Interview 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 Interview 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)**

**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> <li>• What can you say about the gender sensitivity of the programme activities?</li> </ul>

**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>
<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>
<b>Core interview</b>
<p><b>1. Objective: Relevance of the programme / project objectives for government priorities, targeted groups, etc.</b>  <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>2. Objective: Cooperation, coordination and relations with UNFPA and implementing partners (from public, private sector, NGOs)</b>  <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>3. Objective: Sustainability of the particular project/programme</b>  <b>Possible questions:</b></p> <ul style="list-style-type: none"> <li>• What do you think about the sustainability of the project?</li> <li>• What are the main factors affecting sustainability?</li> </ul>

- Are the capacities in place among stakeholders to be able to carry out the activities/project without support from UNFPA?

**4. 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?

**5. 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?

**6. Objective: Interviewee recommendations**

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

**Opening**

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.

**Core interview**

**1. Objective: Relevance of the programme / project objectives for targeted groups,**

**Possible questions:**

- How and how long have you been involved in this programme / project?
- How were you reached to take part in this programme /project?
- What do you think about the activities undertaken?

**2. Objective: Relations with UNFPA and implementing partners (from public, private sector, NGOs)**

**Possible questions:**

- Can you describe your relations with UNFPA? What is the extent of support, guidance, assistance provided by the agency?
- What do you think about the communication channels with UNFPA and other partners (if relevant)

**3. Objective: Importance of the service provided**

**Possible questions:**

- How would you describe the gains provided by this programme?
- Can you talk about the concrete impacts of these gains in your life? What kind of impacts?
- Do you face any difficulties / obstacles in benefiting from these gains? In what ways can they be improved

**4. Objective: The value of UNFPA work**

**Possible questions:**

- 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**

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.

**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:**

- d. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- e. Have you conducted a problem analysis, needs assessment? Who was consulted regarding the design?
- f. 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:**

- 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?
- 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**

