



Evaluation of the UNFPA response to the Syria crisis (2011-2018)

TURKEY COUNTRY NOTE

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Acronyms

3RP	The Regional Refugee and Resilience Plan
4Ws	'Who does What, Where and When' Dashboard
AFAD	Disaster and Emergency Management Presidency
ANC	Ante-natal care
ASAM	Association for Asylum Seekers and Migrants
ASRO	Arab States Regional Office
BEmOC	Basic Emergency Obstetric Care
CEmOC	Comprehensive Emergency Obstetric Care
CEFM	Child, Early and Forced Marriage
CLA	Cluster Lead Agency
CM	Child Marriage
CMR	Clinical Management of Rape
CO	Country Office
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CSO	Civil Society Organisation
CVF	Community Volunteers Foundation
DGoMM	Directorate General of Migration Management
EECARO	Eastern Europe and Central Asia Regional Office
EmOC	Emergency Obstetric Care
ESSN	Emergency Social Safety Net
FACE	Funding Authorisation and Certification of Expenditure
FGD	Focus group discussion
FP	Family Planning
FTP	Fast-Track Procedures
GBV	Gender-based violence
GBV AoR	Gender-based Violence Area of Responsibility
GBViE	Gender-based Violence in Emergencies
GBVIMS	Gender-based Violence Information Management System
GoS	Government of Syria
GoT	Government of Turkey
HACT	Harmonised Approach to Cash Transfers
HFCB	Humanitarian and Fragile Contexts Branch
HI	Humanity & Inclusion (previously Handicap International)
HNO	Humanitarian Needs Overview
HQ	Headquarters
HRBA	Human-Rights Based Approach
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group
ICPD	International Conference on Population and Development
IM	Information Management
IMC	International Medical Corps
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
IP	Implementing Partner
IPV	Intimate partner violence
IRC	International Rescue Committee
ISG	International Solutions Group

ISIS	Islamic State of Iraq and Syria
ISP	Information sharing protocols
L3	Level 3 (emergency)
LFIP	Law on Foreigners and International Protection
LGBT	Lesbian, Gay, Bisexual and Transgender
M&E	Monitoring and evaluation
MDGs	Millennium development goals
MHC	Migrant Health Centres
MISP	Minimum Initial Services Package
MMR	Maternal Mortality Rate
MNH	Maternal and new born health
MoFSP	Ministry of Family and Social Policy
MoH	Ministry of Health
Mol	Ministry of Interior
MRFS	Medical Relief For Syria
OCHA	Office for the Coordination of Humanitarian Affairs
PHC	Primary health care
PLWHA	People living with HIV and AIDS
PNC	Post Natal care
PoA	Programme of Action
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support
PwD	People with Disabilities
RC/HC	Resident Coordinator / Humanitarian Coordinator
RfP	Request for Proposals
RH	Reproductive Health
RO	Regional Office
SC	Sub Cluster
SDGs	Sustainable Development Goals
SEMA	Syrian Expatriate Medical Association
SGBV	Sexual and Gender-based violence
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
SRHiE	Sexual and Reproductive Health in Emergencies
SRHR	Sexual and Reproductive Health Rights
SRD	Syrian Relief and Development
SSC	Social Services Centre
SSG	Strategic Steering Group
SWG	Sub-Working Group
TCO	Turkey Country Office
TFR	Total Fertility Rate
ToC	Theory of Change
TPM	Third Party Monitoring
TPR	Temporary Protection Regulation
UNDAF	United Nations Development Assistance Framework
UNDCS	United Nations Development Cooperation Strategy
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
USG	United States Government

WG	Working Group
WGSS	Women and Girl's Safe Space
WHO	World Health Organisation
WoS	Whole of Syria

Executive Summary

Since 2011 the ongoing and escalating crisis in Syria has had a profound effect across the region. By the end of 2017 13.1 million Syrian women, men, girls and boys were in need of humanitarian assistance, 6.1 million within Syria and 7 million in surrounding countries. Close to 3 million people inside of Syria are in besieged and hard-to-reach areas, exposed to grave protection violations.¹

Since 2011, the United Nations Population Fund (UNFPA) has been responding to the escalating crisis.

Since the start of the Syrian crisis the Turkey Country Office (TCO) budget has increased from \$1.9 million in 2012 to \$22.9 million in 2017. The humanitarian refugee response programme and the cross-border response into northern Syria as part of the Whole of Syria response are run as two entirely separate programmes.

The humanitarian refugee response concentrates on:

- Service Delivery: Women and Girl's Safe Spaces and Youth Centres for health and psychosocial support (PSS).
- Supplies: Maternity, Hygiene/Dignity Kits, SRH commodities²
- Capacity Building: Trainings on MISP, EMOC, PSS, Coordination and SOPs.
- Empowerment: Skills Building and awareness raising

UNFPA started with supporting five Women and Girls Safe Spaces (WGSS) in 2015 (previous to this work support had been provided to the Government of Turkey – GoT – within camps) and this number rose to 41 centres by the end of 2017 – 38 WGSS and 2 youth centres.³

The Gaziantep sub-office was established in 2013. After the Security Council Resolution

authorising cross-border operations in 2014, the Gaziantep sub-office established the cross-border programme, coordinating through the UNFPA Regional Response Hub in Amman with the Jordan and Damascus interagency hubs and instigating coordination functions for GBV and SRH with additional direct support to implementing partners for SRH facilities and mobile units and GBV WGSS facilities. UNFPA cross-border operations have also provided RH kits and dignity kits.

Findings

1. The refugee response is relevant to needs of Syrian refugees, with learning from seasonal migrant work carried across to the refugee response. The Women and Girl's Safe Space model fills a gap and addresses needs of women and girls.
2. The new key refugee programme is relevant in terms of inclusion.
3. The cross-border response is relevant to the specific context. The approach of focusing on capacity-building within a broader service delivery strategy through both UNFPA direct support and coordination leadership functions was and remains necessary to respond to SRH and GBV needs within Syria.
4. Both the refugee response and the cross-border response have been aligned with humanitarian principles of humanity, impartiality, neutrality and independence, and with international humanitarian law, international human rights law, and international refugee law.
5. UNFPA did not respond quickly enough to the emerging Syria crisis in 2011 and 2012 but this shortfall was common across other UN Agencies and the GoT; all were initially slow to comprehend and anticipate the scale of the refugee crisis. The UNFPA response has since adapted over time to meet the changing circumstances and needs of Syrian refugee women and girls.
6. The UNFPA cross-border response has successfully adapted over time to changing

¹ UNOCHA; Also WoS HNO 2018.

² Within this report SRH (sexual and reproductive health) will be the terminology used with the exception of references specifically to Reproductive Health Kits (RH Kits) and the Reproductive Health Working Group (RH WG) which is the globally used terminology.

³ In 2018 one of the WGSS was converted to a youth centre and 2 WGSS were transferred to UNHCR: therefore from January 2018 onwards UNFPA are supporting 35 WGSS and 4 youth centres.

circumstances and needs for both the GBV and the SRH cross-border interventions for UNFPA direct support *and* through the coordination leadership function.

7. UNFPA has successfully leveraged its comparative advantage in SRH and GBV expertise across both the refugee response and the cross-border response.

8. Geographically, the refugee response is reaching the areas with the highest concentration of Syrian refugees through the WGSS model and demographically the response has attempted to increase access of all women and girls through outreach health mediators.

9. Geographically, the cross-border response has a functioning mapping system and coordinates all partners working across all accessible areas of northern Syria and the WoS coordination mechanism is working well to ensure coordination between partners operating from both the Turkey interagency hub and the Jordan interagency hub in southern Syrian. Demographically the cross-border response has a new focus on adolescent girls and a new focus on disability, with awareness of other marginalised groups such as widows / divorcees.

10. The refugee response GBV coordination functions within the limitations of the context – a strongly Government-led response with less visible UN-led coordination through sector working groups.

11. The cross-border coordination forums for both GBV and SRH function well despite having limited resources allocated by UNFPA corporately, and under the support of the UNFPA Regional Response Hub and the Whole of Syria response.

12. There is no youth coordination function for either the Turkey refugee response or the cross-border response.

13. There is no specific evidence of promoting SRH and GBV as life-saving at the UNCT level *but* this is within a context of a Government-led response with a UNCT with vastly reduced influence: there is evidence of strong programming and engagement with the GoT on GBV and SRH including recognising windows of opportunity within the refugee response to improve Turkish legislation.

14. There is full alignment with the 3RP, moving towards full integration with GoT systems and facilities.

15. There is a high level of engagement within UN coordination mechanisms for the promotion of SRH / GBV as life-saving within both within the Turkey interagency hub (The Deputy Regional Humanitarian Coordinator (DRHC) Office) and within the overall WoS SSG (through the UNFPA Regional Response Hub, with Turkey cross-border contributions).

16. The cross-border response aligns with GBV AoR / IAWG standards and guidelines and is also aligned to the UNFPA 2nd Generation Humanitarian Strategy.

17. The integration of all WGSS into MHC under MoH and the protection work with SSCs under MOFSP shows a high level of working towards long-term development goals.

18. Due to the response inside Syria remaining at an acute phase with multiple ‘emergencies within an emergency’ and no clear stability in sight, UNFPA has not promoted the humanitarian-development nexus within the cross-border response to date.

19. There have been limited systematic linkages between the refugee response and cross-border response to date.

20. Significant changes in RR / OR percentages have not dramatically affected the Turkey CO’s ability to function effectively.

21. The difference in context and level of ‘humanitarian’ action between the refugee response and the cross-border response necessitates the cross-border team having continued flexible access to FTPs and support mechanisms even if the Turkey response has stabilised; this has been difficult for the cross-border sub-office working under the Country Office.

22. UNFPA have a range of partners and operate as efficiently as possible given the increasingly restrictive NGO-space within Turkey.

23. UNFPA Turkey is relatively dependent on ECHO funding.

24. The cross-border response adapted to the specific context of available implementing partners focussing on a capacity-building model within a broader comprehensive strategy.

25. “Voices” has been highly successful for advocacy and fundraising purposes within the humanitarian system.

26. UNFPA have improved access to quality services for women and girls and provided expanding prevention services within WGSS, and with additional components such as CM panels, the CEFM project, the youth centres and the new key refugee programme. GBV and SRH have been successfully promoted as critically life-saving at GoT level.

27. UNFPA have improved access to quality GBV and SRH services in hard-to-reach areas of northern Syria. Prevention activities have been less visible. GBV and SRH have been successfully promoted as life-saving both within the Turkey interagency hub and more broadly (through the UNFPA Regional Response Hub mechanism) across the WoS approach.

Conclusions

OVERALL

A. The refugee response programme and the cross-border operations are managed as two entirely separate programmes. This is true both for UNFPA direct programming and for UNFPA coordination responsibilities across SRH and GBV. Whilst there are valid reasons for such separation to date – different donors, funding streams, contexts, authorising and coordinating entities – there is potential value in considering more systemic future linkages to ensure that the effort and products (such as methodology for “Voices”) are capitalised upon across both cross-border and refugee responses (links to finding 19).

REFUGEE RESPONSE

B. The refugee response is unique in terms of operating under a government whose relationship with the UN system is one of a robust government in control of the response – as underscored by a development framework of a cooperation strategy (UNDCS) rather than an assistance framework (UNDAF) – together with the specific political arrangements and motivation between the Government of Turkey (GoT) and the EU. This has implications for partnerships – particularly with the narrowing of NGO space in Turkey in recent

years – and means a high degree of government direction for programming. The current alignment and future full integration with government services is beneficial in terms of not creating parallel systems, and long-term sustainability but there will always be some individuals who will struggle to access state services and this should be acknowledged and accommodated – as the UNFPA TCO is doing with the new key refugee programme (links to findings 1, 2, 10, 17, and 22).

C. The refugee response was slow to start at the beginning of the crisis – partly due to lack of government permission for UN (across the board) access to camps; partly due to a broad under-estimation of the scale and scope (in numbers and timeframe) of the crisis by all actors; and partly due to less support to TCO from HQ and RO than was required (links to finding 5).

D. The refugee response programme is relatively dependent on ECHO funding and whilst this reflects the context of a middle-income country who themselves are a substantial humanitarian donor (and therefore a lack of interest in providing funding from other institutional donors) it should also be recognised that ECHO, as part of the EU, are inextricably linked with EU-Turkey refugee agreements, which are not necessarily motivated wholly by humanitarian principles (links to finding 23).

CROSS-BORDER RESPONSE

F. The cross-border response for UNFPA direct programming and UNFPA coordination leadership cannot easily be separated as the GBV sub-cluster and the RH working group both function effectively and therefore the overall UNFPA contribution to SRH and GBV programming in northern Syria is the whole response through the successful coordination, support and capacity-building of the two coordination forums (links to findings 3, and 24).

G. The cross-border response functions well *despite* the lack of proper resourcing for coordination functions and limited

engagement with the CO and limited support from the RO and the success of the Turkey interagency hub should not be used to encourage or justify double-hatting positions between programming and coordination roles. The WoS approach and the UNFPA Regional Response Hub have been key in supporting the Turkey cross-border programme (links to findings 11, 15, 16, and 25).

H. The cross-border response programmes for SRH and GBV are managed quite separately – partly imposed by the architecture of the cluster system with RH sitting under the health cluster and GBV a formalised sub-cluster under protection – but there are many linkages between the programmes at the ground level inside Syria (links to finding 15).

I. Both the RH WG under UNFPA leadership and the GBV SC under UNFPA leadership have developed realistic step-by-step strategies including capacity-building of small organisations with limited or outdated knowledge of GBV and SRH, limited humanitarian experience and limited knowledge of humanitarian architecture and systems to ensure that quality services can be provided inside Syria within the context of do no harm principles. Strategies have included growth and more sophisticated programming every year, including within the GBV SC an increasing understanding of inclusion with a new adolescent girl’s strategy, and a new focus on women and girls with disability (links to finding 9).

Suggestions for Recommendations

*Key suggested recommendations at **country level** (all recommendations are for UNFPA Turkey).*

OVERALL

A. UNFPA Turkey should improve linkages between the refugee response and the cross-border response. An initial action could be to systematise communication and information within UNFPA flows so expertise, knowledge, products, and tools produced by respective refugee / cross-border sub-clusters and working groups can be shared with partners. This could then progress towards a future goal

of having a linkage working strategy where partners of the respective refugee / cross-border coordination forums for GBV and SRH can input as to what shared information is useful. This could then develop into ensuring Syrian women and girls can input as to what shared information is useful and then potentially sharing this linkage strategy with other actors across other sectors (links to Conclusion A).

REFUGEE RESPONSE

B. Whilst recognising that Turkish refugee policy and legislation means that full integration of WGSS with state institutions is required (and with many sustainability benefits) UNFPA Turkey should continue to monitor those key populations who might struggle to access state services and continue to adapt programming as necessary, as has been evidenced by the new key population project (links to Conclusion B).

C UNFPA Turkey should keep WGSS focussed on women and girls (links to Conclusion B).

D. UNFPA Turkey should increase attention to adolescent girls through WGSS and other issues of inclusion such as disability – noting that the WoS response has an adolescent girl’s strategy which could be reviewed and potentially adapted for the Turkey refugee response (links to Conclusion B).

E. UNFPA Turkey should seek additional funding to increase youth programming and investigate a coordinating role with the relevant government ministry for refugee youth interventions. Adolescents and youth are specific target demographics of UNFPA and to date the refugee response youth work has been limited. Youth programming is also a good entry point to increased social cohesion across all demographics. UNFPA Turkey should

also clarify and adhere to youth age ranges (links to finding 12).⁴

F. UNFPA Turkey should be aware of the dependence on ECHO funding and the political implications as this ties in with EU-Turkey agreements and develop a humanitarian funding diversification strategy. This diversification strategy should account for Turkey's middle income country status (therefore not being an attractive donor recipient for many traditional institutional donors) and so focus on receptive donor countries and also non-institutional funding, potentially in partnership with other UN agencies (links to Conclusion D).

CROSS-BORDER RESPONSE

F. UNFPA Turkey should develop a written MoU for co-leadership of the GBV SC (outlining expected inputs and divisions of responsibilities between UNFPA and the current co-lead) to ensure that when individuals leave posts the current successful joint coordination has become systematised and continues (links to Conclusion I).⁵

Key suggested recommendations for the overall evaluation:

1. UNFPA should review procedures in place for providing systematised support to a country office at the beginning of an emergency from both HQ and the RO – recognising that the Turkey experience was one of multiple UN agencies (and the government of Turkey) misunderstanding the scale and scope of the Syrian crisis in 2011 but also recognising that the Turkey CO had no specific humanitarian experience and support provided was more ad hoc and personality-based than systematic and consistent (links to Conclusion C).

2. Review FTP policies for contexts where a sub-office might still require FTPs when a

country office does not and expand training and understanding of FTPs and when they can be used and by whom so offices are (a) able to access FTPs when necessary (for example, FTPs still being highly relevant to the cross-border operation even when they are no longer applicable to the country refugee operation) and (b) able to utilise the procedures without fear of negative audits (links to finding 21).

3. Recognise the impact of “Voices” to the cross-border work in relation to increasing attention to and understanding of GBV as a life-saving priority throughout the humanitarian community and consider ways to use the learning and methodology from “Voices” to improve qualitative data use in other contexts (links to finding 25).

⁴ Note that under the UNFPA-led Compact for Young People in Humanitarian Settings there will shortly be Guidelines for working with and for Young People in Humanitarian Settings which can be used to increase adolescent and youth programming.

⁵ Whilst both the GBV SC and the RH WG are co-led by NGO partners (Global Communities and PAC/SEMA

respectively), Global Communities provides more resource commitment to the GBV SC in terms of a dedicated coordinator and sourcing consultants for various pieces of cluster work: it would be useful for this relationship to be more formalised.

Introduction

Since 2011 the ongoing and escalating crisis in Syria has had a profound effect across the region. By the end of 2017 13.1 million Syrian women, men, girls and boys were in need of humanitarian assistance, 6.1 million within Syria and 7 million in surrounding countries. Close to 3 million people inside of Syria are in besieged and hard-to-reach areas, exposed to grave protection violations.⁶ Over half of the population of Syria has been forced from their homes, and many people have been displaced multiple times. Parties to the conflict act with impunity, committing violations of international humanitarian and human rights law.⁷

The United Nations Population Fund (UNFPA) has been responding to the escalating crisis since 2011. In 2013, UNFPA established a Regional Response Hub to allow a more effective UNFPA representation at the different humanitarian coordination forums, increase the effectiveness and visibility of humanitarian response activities, and enhance resource mobilization efforts.

In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations. This response is an effort to ensure a coordinated humanitarian response to all people in need in Syria, using all relevant response modalities in accordance with relevant UN Security Council Resolutions. The relevant Security Council Resolutions include UNSCR 2139 (2014), 2165 (2014), 2258 (2015) and 2322 (2016) which, amongst other things, provided the framework for cross-border operations from interagency hubs in Jordan and Turkey, attempting to reach those areas outside of Government of Syria (GoS) control that could not be reached from Damascus.

In addition to the cross-border work, and operations from Damascus within Syria, there is a Regional Refugee & Resilience Plan (commonly referred to as the 3RP) which attempts to harmonise protection and assistance to Syrian refugees in neighbouring countries (Egypt, Iraq, Jordan, Lebanon, and Turkey). In addition to the overall 3RP there are country-specific 3RP chapters, for example the Turkey Response Plan (TRP).

The primary purpose of this evaluation of UNFPA's Regional Syria Crisis Response is to assess the contribution of UNFPA to the Syria humanitarian crisis response. A secondary purpose is to generate findings and lessons that will be of value across UNFPA, and for other stakeholders. The evaluation is both summative and formative. The more summative aspect of this evaluation is to ensure accountability at all levels: to the individuals and communities receiving assistance and protection within the UNFPA Response; to partner countries; and to donors. The more formative and forward-looking aspects of this evaluation will identify good practice, key lessons learnt, and generate recommendations for the continued UNFPA Response.

This country note provides findings and conclusions pertaining to the Syria response in and from Turkey and formulates specific recommendations for the Turkey country office.

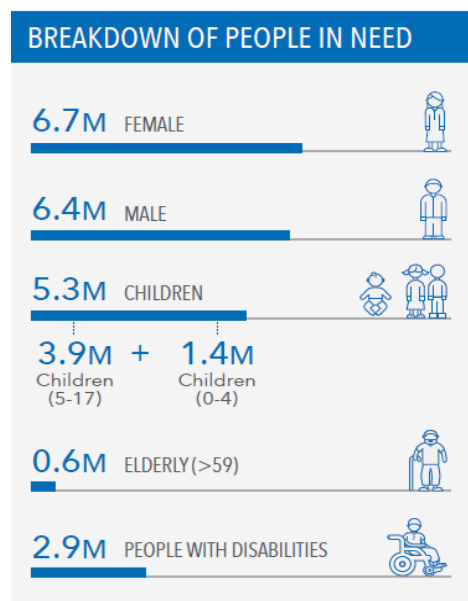


Figure 1: PiN (Source: HNO 2018)

⁶ UNOCHA; Also WoS HNO 2018

⁷ Ibid

Methodology

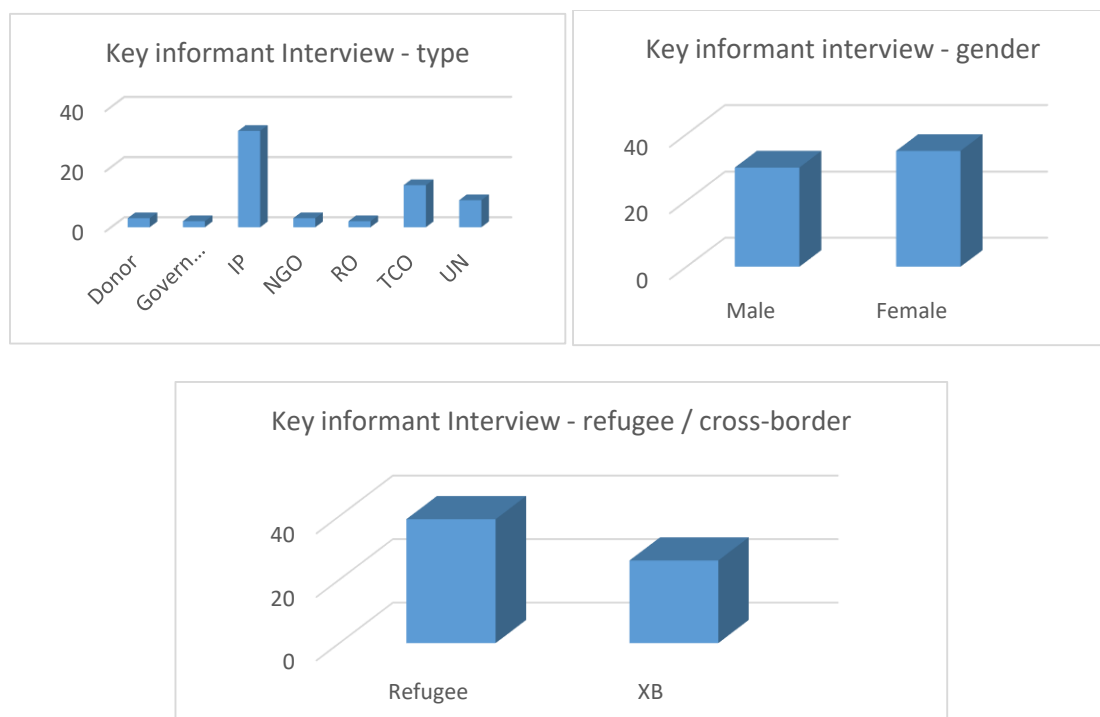
Both qualitative and quantitative data and evidence have been collected through a range of methods and tools, including a desk review of documentation, key informant interviews, and community-based focus group discussions.

The evaluation was conducted in accordance with the *UNEG Norms and Standards for Evaluations*, the *UNEG Ethical Guidelines for Evaluations*, the *UNFPA Country Programme Evaluation Handbook*, and the *WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, and with adherence to the following principles:

- **Consultation** with, and participation by, key stakeholders;
- **Methodological rigor** to ensure that the most appropriate sources of evidence for answering the evaluation questions are used in a technically appropriate manner;
- **Technical expertise and expert knowledge** to ensure that the assignment benefits from knowledge and experience in the fields of gender-based violence in emergencies (GBViE) and sexual and reproductive health in emergencies (SRHiE);
- **Independence** to ensure that the findings stand solely on an impartial and objective analysis of the evidence.

The Turkey country visit was undertaken by Katie Tong, Evaluation Team Leader, and Alexandra Cervini, ISG Deputy Director, and took place between 19th and 29th March 2018. Both the refugee response and the cross-border response were included in the country visit.

For the UNFPA Turkey country visit, a total of 65 key informant interviews were conducted (35 female, 30 male), together with visits to two UNFPA-supported Women and Girls' Safe Spaces, one each in Istanbul and Ankara, and a UNFPA-supported youth centre in Ankara. An FGD was held with five Syrian refugee women beneficiaries in the Istanbul WGSS. A group key informant interview was held with three Syrian refugee women employed within the Ankara WGSS (listed as KIIs). A full list of key informant interviewees can be found in Annex I. A schedule of the mission can be found in Annex II.



Background

Turkey

The Republic of Turkey is an upper middle income country⁸ straddling Eastern Europe and Western Asia and bordering Greece, Bulgaria, Georgia, Azerbaijan, Armenia, Iran, Iraq, and Syria.



<http://www.unhcr.org/publications/maps/3c42f5974/turkey-map.html>

The escalating Syrian crisis has resulted in 3,588,877 Syrian refugees registered under temporary protection in Turkey with an additional 330,000 non-Syrian refugees.⁹

Country	Registered Syrian refugees (01/12/2017) ¹	Total estimated number of Syrians ²	Projected registered Syrian refugees by Dec 2018 ³	Members of impacted communities (direct beneficiaries) in 2018 ⁴	Projected registered Syrian refugees by Dec 2019	Members of impacted communities (direct beneficiaries) in 2019
Egypt	126,027	500,000	131,000	368,300	126,000	368,300
Iraq	246,592	246,592	245,000	158,110	240,000	158,110
Jordan	655,056	1,380,000	602,000	520,000	560,000	520,000
Lebanon ⁵	1,001,051	1,500,000	1,000,000	1,005,000	1,000,000	TBC
Turkey	3,320,814	3,320,814	3,303,113	1,800,000	3,303,113	1,800,000
Total	5,379,644	6,947,406	5,311,217	3,851,410	5,259,217	

3RP Regional Refugee & Resilience Plan 2018-2019

Turkey Country Statistics ¹⁰	
2017 Population:	80.7 million
Population under 10-24:	25%

⁸ World Bank categorisation - <http://www.worldbank.org/en/country/turkey/overview>

⁹ Figures provided by UNFPA TCO as of May 2018.

¹⁰ Statistics (2017) from UNFPA State of the World's Population, <https://www.unfpa.org/data/world-population/TR>.

Population aged 65 and older:	8%
Maternal Mortality Ratio (MMR):	16 per 100,000 live births
Births attended by skilled personnel:	97%
Adolescent birth rate (age 15-19):	29 per 1,000
Total Fertility Rate (TFR):	2.26 ¹¹
Contraceptive Prevalence Rate (CPR):	74% (all methods) 50% (modern methods)

Turkey emerged from the Ottoman Empire into a multi-party parliamentary democracy during the twentieth century, with the first free elections taking place in 1950 and political stability since 2002. It is the most populous country in the Middle East and the third most populous country in Europe.¹² The 21st century has seen Turkey make progress in Human Development Index placement (2016 ranking 71 out of 188 countries – up from #84 in 2007)¹³ and solidify its position as an upper middle income country.¹⁴ The last decade has been underscored by an influx of Syrian refugees resulting in Turkey becoming the country hosting the world’s largest refugee population – with official estimates from Republic of Turkey, Ministry of Interior, being over 3.7 million refugees by the end of 2017.^{15 16} The vast majority (94%) of refugees in Turkey live outside of camps.¹⁷ More recently, the Turkey context has been characterised by an increasing stringency around NGO operations within Turkish legislation, leading to the closure of a number of both national and international NGOs.¹⁸

Turkey is unique in that its development relationship with the international system falls under a United Nations Development Cooperation Agreement (UNDCS) rather than the more common United Nations Development Assistance Framework (UNDAF). The UN considers the first 2011-2015 UNDCS as a “pioneering effort with a view to serving as a proto-type for appropriate replication in other upper Middle-Income Countries”.¹⁹

Turkey has its own chapter of the 3RP which is situated fully under the authority and control of the Government of Turkey (GoT): “The overall protection and assistance response in Turkey is firmly run by the Government.”²⁰

With the initial influx of refugees in 2011, 21 camps were established by the GoT Disaster and Emergency Management Agency (AFAD), predominantly in the south-east of the country. By October 2014 the vast majority of refugees were living outside of camps and camps were gradually shut down, with less than 6% of the current refugee population in camps. In 2014 Turkey passed a new legislative act for Temporary Protection status specifically for Syrian refugees (as opposed to international protection status under which other refugees apply for asylum).²¹ In January 2016 Turkey passed the Regulation on Work Permit of Refugees under Temporary Protection – giving Syrians a right to work

¹¹ UNFPA State of the World Population states a TFR of 2, but UNFPA key informants in Turkey reported that the most recent Turkish Population and Health Research results puts TFR at 2.26.

¹² UNFPA Country Programme Action Plan, 5th Cycle.

¹³ <http://hdr.undp.org/en/2016-report>.

¹⁴ World Bank categorisation - <http://www.worldbank.org/en/country/turkey/overview>.

¹⁵ http://ec.europa.eu/echo/files/aid/countries/factsheets/turkey_syrian_crisis_en.pdf

¹⁶ However, note that official estimates from the Government of Turkey are different from official figures from UNHCR. All figures quoted in this report will be clearly referenced with source.

¹⁷ http://ec.europa.eu/echo/files/aid/countries/factsheets/turkey_syrian_crisis_en.pdf

¹⁸ UNFPA, other UN agency, and implementing partner key informants.

¹⁹ UNDCS 2016-2020.

²⁰ Turkey Chapter 3RP 2015-2016.

²¹ Turkey Chapter 3RP 2015-2016.

in Turkey.²² The GoT also established the Emergency Social Safety Net – ESSN – for those under Temporary Protection.²³

UNFPA Turkey Country Office

UNFPA began operations in Turkey in 1971.²⁴ Since the start of the Syrian crisis, the Turkey Country Office budget has increased from \$1.9 million in 2012 to \$22.9 million in 2017. The humanitarian refugee response programme and the cross-border response into northern Syria as part of the Whole of Syria response are run as two entirely separate programmes.

The *humanitarian refugee response* concentrates on:

- **Service Delivery:** Women and Girls Safe Spaces and Youth Centres (Health and PSS);
- **Supplies:** Maternity, Hygiene/Dignity Kits, SRH commodities;²⁵
- **Capacity Building:** Trainings on MISP, EMOC, PSS, Coordination and SOPs;
- **Empowerment:** Skills Building and awareness raising.

UNFPA started with supporting five Women and Girls Safe Spaces (WGSS) in 2015 (previous to this work support had been provided to GoT within camps) and this number rose to 41 centres by the end of 2017 – 38 WGSS and 3 youth centres.²⁶ This programme currently has seven direct Implementing Partners running WGSS and youth centres (CVF):

- Association for Asylum Seekers and Migrants (ASAM);
- Huksam; Hacettepe University Women’s Research and Implementation Centre;
- Harran University;
- Kamer Foundation;
- Community Volunteers Foundation (CVF);
- Refugee Support Association (Mudem);
- Osmangazi University
- Ministry of Health (MoH) – integrating all WGSS into Migrant Health Centres in 2018;
- Ministry of Family and Social Policy – new protection project support to Social Services Centres (SSCs).

The Gaziantep sub-office was established in 2013. After the Security Council Resolution authorising cross-border operations in 2014, the Gaziantep sub-office established the cross-border programme, coordinating through the UNFPA Regional Response Hub in Amman with the Jordan and Damascus interagency hubs and instigating coordination functions for GBV and SRH with additional direct support to implementing partners for:

- **Service Delivery:** SRH facilities and mobile units and GBV WGSS facilities;
- **Supplies:** RH kits and dignity kits.
- **Capacity Building:** for Syrian organisation partners.

UNFPA cross-border operations in Gaziantep currently partner directly with:

- CARE International and Syria Relief and Development (SRD);
- IHSAN Relief and Development;
- Syrian American Medical Society (SAMS);

²² Turkey Chapter 3RP 2017-2018.

²³ Turkey Chapter 3RP 2017-2018.

²⁴ <https://www.unfpa.org/data/transparency-portal/unfpa-turkey>.

²⁵ Within this report SRH (sexual and reproductive health) will be the terminology used with the exception of references specifically to Reproductive Health Kits (RH Kits) and the Reproductive Health Working Group (RH WG) which is the globally used terminology.

²⁶ In 2018 one of the WGSS was converted to a youth centre and 2 WGSS were transferred to UNHCR: therefore from January 2018 onwards UNFPA are supporting 35 WGSS and 4 youth centres.

- Syrian Expatriate Medical Association (SEMA);
- Shafak;
- SREO Consulting (for third party monitoring).

Findings

Evaluation Question 1: Relevance / Appropriateness

To what extent have the specific defined outputs and outcomes of the UNFPA Syria Crisis Response [hereafter referred to as the UNFPA Response] been based on identified actual needs of Syrians within Whole of Syria and within the 3RP countries?

Associated Assumptions:

1. UNFPA Response has been based on needs of women, girls, and young people identified at community, sub-national, and national level.
2. UNFPA Response is based on coherent and comprehensive gender and inclusion analysis.
3. UNFPA Response is based on clear human rights-based approaches and aligned with humanitarian principles of humanity, impartiality, neutrality and independence, and with International Humanitarian Law (IHL), International Human Rights Law (IHRL), and International Refugee Law (IRL).

FINDINGS

REFUGEE RESPONSE:

1. The refugee response is relevant to needs of Syrian refugees, with learning from seasonal migrant work carried across to the refugee response. The Women and Girl's Safe Space model fills a gap and addresses needs of women and girls.

2. The new key refugee programme is relevant in terms of inclusion.

CROSS-BORDER RESPONSE:

3. The cross-border response is relevant to the specific context. The approach of focusing on capacity-building within a broader service delivery strategy through both UNFPA direct support and coordination leadership functions was and remains necessary to respond to SRH and GBV needs within Syria.

OVERALL:

4. Both the refugee response and the cross-border response have been aligned with humanitarian principles of humanity, impartiality, neutrality and independence, and with international humanitarian law, international human rights law, and international refugee law.

REFUGEE RESPONSE

The refugee response is relevant to needs of Syrian refugees, with learning from seasonal migrant work carried across to the refugee response. The Women and Girl's Safe Space model fills a gap and addresses needs of women and girls.²⁷ The UNFPA response to the Syria refugee crisis started in 2011 under the umbrella of a Government-led and UN-supported response. Humanitarian aid was managed by the Disaster and Emergency Management Presidency (AFAD) of the GoT in coordination with the Turkish Red Crescent Society. Refugees were initially located in 21 camps in the south-east of Turkey, with the GoT controlling access to camps.²⁸ UNFPA established a system for the delivery of Reproductive Health (RH) kits to the Ministry of Health (MoH) for use in facilities in camps and hygiene and dignity kits for distribution to Syrian refugee women and girls in the camps. At the same time, UNFPA also established cooperation with the MoH for capacity building for service providers on the Minimum Initial Standards Package (MISP) and with the Ministry for Family and Social Policy (MoFSP) for capacity building of camp managers on SGBV issues.²⁹

An evaluation of the 2014 UNFPA Country Programme noted:

²⁷ Multiple Implementing Partner (IP), Government, and other UN Agency key informants. The evaluation team were only able to conduct one focus group discussion with five Syrian women in Ankara (who all expressed satisfaction with WGSS services).

²⁸ UNFPA, Turkey 2011-2015 Country Programme Evaluation Report, October 2014.

²⁹ UNFPA key informants.

“UNFPA effectively activated its emergency response mechanisms in the Syrian crisis with global and regional support establishing a response team in Ankara and Gaziantep...Timeliness was hampered by lack of coordinated response from the Disaster and Emergency Management Presidency (AFAD) and the Ministry of Health to the planned Minimum Initial Service Package resulting in delayed training.”³⁰

In 2015 modalities of operation changed, with the majority of refugees residing in urban areas outside of camps. UNHCR and AFAD data from April 2014 indicates approximately 220,000 refugees remaining in 21 camps and over 800,000 refugees in urban areas across Turkey.³¹ By 2017, this number had risen to a total of 3.5 million refugees in Turkey (3.2 million Syrian refugees, and 300,000 other refugees) with over 90% living outside of camps.³²

UNFPA initiated support to five *Women and Girl’s Safe Spaces* (WGSS) outside camps in 2015 and this number rose to 41 centres by the end of 2017 – 38 WGSS and 3 youth centres. The WGSS are all funded through ECHO, with the Embassy of Japan and the Danish Government funding the youth centres in 2018 (until 2017 it was the Embassy of Japan and the US Government), and offer a range of services to Syrian women and girls including:

- Referrals to SRH services (maternal health, family planning information and commodities);
- Information on SRH services – leaflets and other information, education, and communication (IEC) materials on subjects related to antenatal care, postnatal care, neonatal care, nutrition during pregnancy etc.);
- Psychosocial support (PSS) services, for GBV survivors and more generally, and;
- Empowerment activities³³

The WGSS are staffed by social workers, psychologists, nurses, translators, and support staff. Hygiene and dignity kits are distributed two to three times per year through the WGSS to encourage access and attendance of women.³⁴ In 2015 UNFPA created ‘Health Mediator’ roles in the centres. Health Mediators are Syrian refugee women, selected from the refugee host communities themselves, who undertake outreach among refugee host communities and provide information to Syrian women and girls about the services available through the WGSS. UNFPA first started using the health mediator model for seasonal migrant workers in Turkey prior to the Syrian crisis, and the learning from this programme approach was transferred across to the Syrian crisis response. Health mediators build a bridge between health centres and communities and there are currently five attached to each of the WGSS centres.

Respondents across the board were positive about the relevance of the WGSS concept as it has built on previous good practice and is now applied in Turkey:³⁵

“The WGSS is timely and needed. It is good to have all these integrated services in the centres.”³⁶

The model has recently – in 2017 – been adopted by the World Health Organisation (WHO), which runs refugee health training centres and were keen to integrate WGSS within these centres. Since late 2017 the plan is for all WGSS’ to integrate into GoT Migrant Health Centres (MHCs) by the first quarter of 2019. This is in line with an EU-funded health project directly supporting the MoH in Turkey

³⁰ UNFPA, Turkey 2011-2015 Country Programme Evaluation Report, October 2014.

³¹ UNFPA, Turkey 2011-2015 Country Programme Evaluation Report, October 2014.

³² UNHCR, Turkey Fact Sheet, October 2017.

³³ UNFPA and implementing partner key informants.

³⁴ UNFPA and implementing partner key informants.

³⁵ Multiple government, donor, implementing partner, and other UN agency key informants.

³⁶ One Government key informant.

launched in 2017. “*Sihhat*” is a €300 million programme (2017-2020) to build and run 178 migrant health centres specifically for Syrian refugees with Syrian doctors and nurses and translators, with primary health services provided to the same level and quality as those available for Turkish citizens.³⁷ This will mean that all WGSS’ will be attached to a government MHC, with the benefits of sharing overhead costs and being fully integrated into the government system without creating parallel systems (see Evaluation Question 6, Connectedness, for more information). It provides for health as the main entry point for WGSS services with respondents across the board reporting that building trust through the provision of health services has been the main encouragement to women to access services to date (see box).

Added Value of Integrating WGSS into the MHC

A mother brought her child to a Migrant Health Centre for treatment for a reported fever. On examination, it became clear that the child was not sick and in fact the woman used her child as a cover to access WGSS services for help for the domestic violence she was experiencing

Health as an entry point is relevant to the needs of Syrian refugee women, but health within state structures as the *only* entry point to WGSS services in the future might not continue to be relevant to all Syrian women as some refugees – particularly those that are unregistered – may feel uncomfortable accessing services in government facilities. However, the process of integration with MHCs is now a requirement of both government and donor and therefore there is limited choice for UNFPA to act outside of this.

In addition to the integration of the WGSS model into the MHCs, in 2017 UNFPA has also started a new protection project with the Ministry of Family and Social Policy (MoFSP) for support to Social Service Centres (SSCs). These will be run as protection and information facilities, similar to the MHCs, to provide Syrian refugees with access to social protection options at the same level and quality as Turkish citizens can access. The SSCs will be supported by UNFPA, UNICEF, and UNHCR across different components. This is an opportunity moving forward in 2018 for UNFPA to provide WGSS-type services within another non-health entry point.

The new key refugee programme is relevant in terms of inclusion. The new ECHO-funded key refugee programme (conceptualised and designed in 2016, but with implementation starting in 2018) is a recognition that not all Syrian refugees can access services through the existing service points of WGSS or youth centres, and this access may be even more restricted when existing services are merged into state-run facilities. The key refugee program is a lesbian, gay, bisexual, transgender and intersex (LGBTI) and sex worker project, working with three specific national NGO partners in Turkey: (a) Red Umbrella; (b) Spod, and; (c) Positive Living.

The project was conceptualised from a needs assessment in 2016 undertaken by Red Umbrella (and funded by UNFPA) among sex workers across nine cities in Turkey. Subsequently, in 2017, Red Umbrella conducted a series of round table meetings with the Ministry of Labour and the Ministry of Health on the SRH needs of key populations, from this developing handbooks for government service providers to assist in them in the provision of services, particularly for sex workers and those who are HIV+. Refugee LGBTI populations and sex workers have limited information about migrant health centre facilities and are anyway not comfortable accessing services through these facilities – and many of them are unregistered. Health mediators connected to WGSS are not always accessing key vulnerable populations such as sex workers and LGBTI populations, an issue that this project aspires to address. The project will have five centres across the country that will provide specific psychosocial

³⁷ <https://www.avrupa.info.tr/en/pr/largest-eu-funded-health-project-turkey-launched-today-sihhat-6768> and UNFPA, other UN Agency, implementing partner, donor, and Government key informants.

support (PSS) and counselling services to Syrian LGBTI and sex worker communities, together with a hotline and outreach workers in other locations.

CROSS-BORDER RESPONSE

The cross-border response is relevant to the specific context. The approach of focusing on capacity-building within a broader service delivery strategy through both UNFPA direct support and coordination leadership functions was and remains necessary to respond to SRH and GBV needs within Syria. The cross-border response started in 2014 after Security Council Resolution 2139 authorised this modality of operation. The Gaziantep sub-office has expanded since its establishment in 2013 with 3 people (responding to the camp-based needs of refugees in south-east Turkey) to 10 people in 2017 exclusively focussing on the cross-border programme (with all refugee response colleagues now based out of the country office in Ankara). The Head of Office in Gaziantep is also the Reproductive Health Advisor for UNFPA cross-border programming out of the Turkey interagency hub, and the UNFPA lead for the Turkey interagency hub RH Working Group (WG) under the Health Cluster, and the UNFPA coordinator for SRH *Whole of Syria* (WoS) programming from the Turkey, Jordan, and Syria interagency hubs. The GBV Specialist is double-hatting as both UNFPA GBV programming manager and GBV Sub-Cluster (SC) coordinator.

Partially as a function of the cluster system, the GBV and SRH programmes are managed quite separately from the Turkey interagency hub in terms of coordination, although there are then linkages inside Syria with strong referral pathways between health services and WGSS services and vice versa.

The GBV programme – both UNFPA’s own programme and through the GBV SC – was initially established under a GBV WG in 2014 which transitioned into a GBV SC in 2015. At this time, two large international NGO ‘traditional’ GBV partners were undertaking GBV services inside Syria.³⁸ After their suspension of operations within Turkey, GBV programming was implemented primarily by a number of small non-GBV specialist actors (there are over 50 NGOs registered within the GBV sub-cluster). However, their lack of experience in this area underscored a need for significant, sustained and systematic capacity-building in basic GBV principles, basic do no harm principles, and step-by-step guidance in developing and running impactful GBV programming. Both UNFPA-specific programming and the GBV SC led by UNFPA ensured capacity-building strategies in place to facilitate this.^{39,40}

The WoS GBV SC has a comprehensive strategy, a detailed overall results framework, and a real-time dashboard of numbers of services provided. The dashboard reflects partner interventions from the Turkey interagency hub, the Jordan interagency hub, and out of Damascus. Needs are assessed and communicated via annual assessments and the “Voices” report.⁴¹ Due to the challenging nature of cross-border implementation of programming, UNFPA – both through direct partners and through coordination responsibilities – has invested heavily in assessment of needs, conducted in many locations, and with information systematically analysed and triangulated.⁴² The GBV SC, under the umbrella of the Protection Cluster, has worked closely with the Organisation for the Coordination of

³⁸ Medical Relief for Syria (MRFS) and IRC were working cross-border from Turkey before the Security Council Resolution authorised UN agencies to work and before formalised coordination was established under UNFPA leadership of the GBV WG and then the GBV SC. MRFS was initially the co-lead of the GBV SC.

³⁹ The original co-lead for the GBV SC was IRC but after suspension of their activities within Turkey, the co-lead role was taken by Global Communities.

⁴⁰ See the GBV Sub-Cluster Strategies, 2015, 2016, 2016 – and UNFPA, other UN Agencies, and implementing partner key informants.

⁴¹ 2018 edition:

<https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2017-12-voices-from-syria-2nd-edition.pdf>

⁴² UNFPA, other UN Agency, and sub-cluster / WG members’ key informants. Also see “Voices” report as assessment end product.

Humanitarian Affairs (OCHA) who host a research entity and an Assessment Coordinator. The OCHA Assessment Coordinator assisted the GBV SC in training on methodological approaches to assessments which has, according to OCHA, improved assessment capacity.⁴³

SRH assessments are also conducted in relation to maternal and family planning needs. Assessments have been conducted by UNFPA partners (such as Syria Relief and Development – SRD) in terms of contraceptive preferences amongst northern Syrian women (IUDs, oral contraception, contraceptive injectables, and condoms are all provided). Existing Syrian clinical protocols (for FP, and both basic emergency obstetric care – BEmOC and comprehensive emergency obstetric care – CEmOC) were outdated, and therefore the RH WG has worked with Syrian NGO partners to update and improve clinical protocols. Rates of caesarean sections are particularly high in Syria⁴⁴, partly because of a preference for scheduling delivery and spending the least amount of time possible inside health facilities which are a target for bombardment, and partly because there are few gynaecologists left in Syria – and a limited number of qualified midwives – and there is some cultural resistance to male doctors performing a vaginal delivery, and a general level of unease with the lack of expertise in responding to complicated or obstructed vaginal deliveries.⁴⁵ As a response to this UNFPA, through the RH WG, has developed a guidance note for caesarean sections and has undertaken a significant midwifery capacity building programme, bringing midwives to Turkey for training, reinforced by remote (Skype) support. A pool of 18 midwives participated in an 18 months training programme to form them as midwifery school teachers and supervisors in 2016/2017 and will now all train more midwives through both formal and informal training mechanisms across northern Syria. The midwifery capacity-building strategy has five strategic sub-goals:

1. Increase access to equitable and high quality MNH services through increased collaboration between education and regulation in the public and private sectors.
2. Increase community integration and mobilization for participation in and use of Midwifery based MNH services.
3. Contribute to the building of Midwifery capacity at the pre-service and in-service levels of clinical service delivery.
4. Support availability of sustainable MNH programming at various levels including the building of regulatory capacity through scope of practice expansion and delineation for Midwifery.
5. Strengthen Midwifery and maternal new-born health specific program evaluation for scale up of lessons learnt at national and international level.⁴⁶

Clinical Management of Rape (CMR) training has also been conducted within implementing partners (through the GBV SC) and the CMR protocol adapted for Syria and translated into Arabic.

All of these interventions have been relevant to the particularly challenging needs of a cross-border modality with small NGO partners with limited knowledge of GBV, outdated SRH experience, and extremely limited humanitarian expertise.

OVERALL

Both the refugee response and the cross-border response have been somewhat aligned with humanitarian principles of humanity, impartiality, neutrality and independence, and with international humanitarian law, international human rights law, and international refugee law. Explicit reference to those standards is inconsistent within the refugee response programme documentation. This is because the refugee response remains firmly under the control of the GoT,

⁴³ UNFPA and implementing partner staff.

⁴⁴ estimated at 35% generally, and up to 70% in some areas – RH WG.

⁴⁵ UNFPA and RH WG members' key informants.

⁴⁶ Quality Midwifery Care in the Midst of Crisis: Midwifery Capacity Building Strategy for Northern Syria 2017-2021. https://www.alnap.org/system/files/content/resource/files/main/midwifery_strategy_english.pdf

with support from UNHCR and other UN partners. However, the GoT response has been in line with humanitarian principles as evidenced by the 3RP and other Turkey instruments for refugees and asylum-seekers:

“In April 2013, Turkey promulgated its Law on Foreigners and International Protection. While maintaining the geographical limitation to the 1951 Convention relating to the Status of Refugees, the law provides a comprehensive framework for protecting and assisting all asylum-seekers and refugees, regardless of their country of origin, in line with international standards.”⁴⁷

The UNFPA programme has developed entirely within the Turkey 3RP and refugee policy framework.

The cross-border response is operationalised under the WoS response and as such has aligned with humanitarian principles in much the same way that the Jordan cross-border response has aligned, with a donor report noting that:

“In line with DFID’s commitment to the Grand Bargain and the Leave No One Behind principle, [commitments which incorporate humanitarian principles] UNFPA has demonstrated extensive monitoring of beneficiaries who are fully disaggregated by gender, activity, and located right down to city/village level...”⁴⁸

⁴⁷ <http://www.unhcr.org/528a0a34a.pdf>

⁴⁸ UNFPA, UNFPA Annual Review, 2017

Evaluation Question 2: Adapted relevance over time

To what extent is UNFPA using all evidence, sources of data, and triangulation of data to adapt its strategies and programmes over time to respond to rapidly changing (and deteriorating) situations, in order to address the greatest need and to leverage the greatest change?

Associated Assumptions:

4. The UNFPA Response reacts flexibly to rapidly changing situations (of displacement, besiegement, movement) based on overall UN and UNFPA-specific information;
5. UNFPA have systematic mechanisms for adapting interventions based on shifting needs and in line with humanitarian principles;
6. The UNFPA Response is based on its comparative strengths with relation to other actors for SRH, GBV and youth.

FINDINGS

REFUGEE RESPONSE:

5. UNFPA did not respond quickly enough to the emerging Syria crisis in 2011 and 2012 but this shortfall was common across other UN Agencies and the GoT; all were initially slow to comprehend and anticipate the scale of the refugee crisis. The UNFPA response has since adapted over time to meet the changing circumstances and needs of Syrian refugee women and girls.

CROSS-BORDER RESPONSE:

6. The UNFPA cross-border response has successfully adapted over time to changing circumstances and needs for both the GBV and the SRH cross-border interventions for UNFPA direct support *and* through the coordination leadership function.

OVERALL:

7. UNFPA has successfully leveraged its comparative advantage in SRH and GBV expertise across both the refugee response and the cross-border response.

REFUGEE RESPONSE

UNFPA did not respond quickly enough to the emerging Syria crisis in 2011 and 2012 but this shortfall was common across other UN Agencies and the GoT; all were initially slow to comprehend and anticipate the scale of the refugee crisis. The UNFPA response has since adapted over time to meet the changing circumstances and needs of Syrian refugee women and girls.

A common perspective from stakeholders is that UNFPA were operating under a GoT-led and controlled and UNHCR-supported framework where both those leading entities (the Government and UNHCR) and other UN agencies were unprepared for the scale of the crisis in regard to both numbers of refugees and length of time remaining in the country.⁴⁹ The 2014 UNFPA Country Programme evaluation stated that UNFPA “effectively activated its emergency response mechanisms in the Syrian crisis”⁵⁰ but this is inconsistent with respondents both within and outside of UNFPA who report that UNFPA Turkey staff were not adequately prepared to respond to the crisis in 2011, with limited humanitarian expertise and knowledge and not enough support or funding from HQ or the Regional Office, whilst also being dependent, as above, on a GoT call for support.

A 2016 UNHCR evaluation of the response highlighted key differences between the 2011-2013 years of the crisis and subsequent years:

⁴⁹ Multiple UN agency, UNFPA and Government, and NGO key informants.

⁵⁰ UNFPA, Turkey 2011-2015 Country Programme Evaluation report, October 2014.

Table 1.1 *From civil unrest to civil war, the Syrian refugee presence in Turkey has radically changed the humanitarian response of the Turkish government - and UNHCR's role and operations*

	2011– 2013	2014 – 2015
SITUATION	(the demarcation between years is approximate to show contrast)	
Syria situation is seen as	Civil unrest	Civil war
Government response is	Responsive	Anticipatory
Government planning assumptions are	Short term, then return	Protracted
Presumed durable solution is	Voluntary return	Return and resettlement
Government stance is	Syrians are guests	Temporary Protection
Syrian border is	Open and loosely managed	More and more strictly managed
Legal regime for Syrians	Syrian received as "guests"	LFIP and TPR
Government coordination by	Deputy Prime Minister/AFAD	DGMM and Prime Minister's Office
Government management model is	Mostly in camps	Mostly out of camps
UNHCR/DONOR ROLES		
Donor stance is	Disinterested	Preoccupied with European movements
Assistance mostly by	Government and NNGOs	Government, UN, INGOs, NNGOs
UNHCR role mainly as	Trusted external adviser	Strategic partner
UNHCR management model is	Centralised in Ankara	Shared with Gaziantep and Istanbul
UNHCR staff focused on	Non-Syrian RSD/resettlement	Building a new Syrian programme
Protection approach is	Case management and camps	Camps and Community-based
Assistance approach is	CRIs and in-kind	Conversion to cash and e-vouchers
Situation planning framework is	RRP (UNHCR managed)	RRP to 3RP (UNHCR and UNDP)

Evaluation of UNHCR's Emergency Response to the influx of Syrian Refugees into Turkey⁵¹

The 2011/2012 response was camp-based, with restrictions on access to the camps by the GoT a significant constraint to effective and efficient programming. UNFPA's initial support was via provision of MISP (Minimum Initial Services Package) training to MoH personnel and SGBV training to government service providers within the camps, and the provision of RH kits, dignity kits, and hygiene kits. In 2013 UNFPA opened a new sub-office in Gaziantep to better support the response through closer proximity to the Syrian border (and other actors that were operating from Gaziantep).

As the situation evolved (as per the UNHCR table above, from responsive to anticipatory, and from short-term to protracted) the context became one of predominantly out-of-camp refugee populations and at this point UNFPA changed its modality of working, i.e. introduction of the WGSS model.

This adaptation – from commodity supply and capacity-building of government counterparts to direct service provision through implementing partners, together with continuing capacity-building and commodity supply – highlights a flexible response to changing circumstances. In addition to the changing modality of support, UNFPA also moved refugee response staff from the Gaziantep office to Ankara as the refugee population became largely out-of-camp and the refugee response in general moved from a south-east focus to a country-wide focus managed from Ankara.

UNFPA has also kept pace with, and adapted to, the changing policy environment in respect to the refugee and NGO legislation in Turkey, notably a flexible and timely adaptation when partner NGOs

⁵¹ <http://www.unhcr.org/58a6bc1d7.pdf>

were abruptly shut down by the government (detailed below). Part of the systematic response to this has been to increase focus on capacity-building through the GBV Sub-Working Group (SWG) to ensure a diverse variety of partners (including universities, NGOs, and INGOs) have some level of GBV expertise so the impact of the closure of individual NGOs on the overall GBV response would be diminished.

The Turkey legislative environment for refugees and NGOs has changed significantly since the start of the Syrian crisis, with the UNHCR Evaluation noting that: *“Since the onset of the Syrian crisis in 2011, there has been transformational change in both the responsible Turkish institutions, and in the legal framework governing Syrians in Turkey.”*⁵² A new law on Foreigners and International Protection (LFIP) was passed in 2013 in tandem with the establishment of the Directorate General of Migration Management (DGoMM). Further, the Temporary Protection Regulation (TPR) relating specifically to Syrian refugees was passed in 2014.

Other UN informants reported that UNFPA is known to have good relationships with both the MoH and the MoFSP (with respondents within line Ministries also confirming this fact)⁵³ and is adept at keeping up to date with new draft legislation, with one UN Agency reporting that UNFPA generally know what new legislation is about to be passed before others and are diligent in sharing this information.⁵⁴ Information regarding upcoming legislative changes has also been passed on to health mediators, with one partner commenting *“I was shocked and amazed to see how much they [health mediators] know about Turkish law after the [UNFPA] training.”*⁵⁵

UNFPA has leveraged previous learning from seasonal migration workers’ interventions to improve the refugee response, such as the use of Health Mediators to act as a bridge between services and communities. Health Mediators were added to the WGSS programme in 2016 and partners report an increase of access to services since then.⁵⁶ For example, in 2015 UNFPA reported reaching just over 31,000 Syrian refugees with RH/FP services⁵⁷ whilst in 2017 this has increased to 242,330 Syrian women accessing SRH and GBV services.⁵⁸ Whilst this is somewhat accounted for by an increase in safe spaces and service delivery points, stakeholders also point to the use of Syrian health mediators to increase knowledge of and access to WGSS services for Syrian women.⁵⁹

In 2017 UNFPA increased their own monitoring capacity with the introduction of Field Associates across Turkey: Field Associates *“provide quality assurance – they are our eyes and ears on the ground.”*⁶⁰ This has increased the perception expressed by key informants in the MoH that UNFPA are a *“fast moving agency”* able to flexibly respond to changing circumstances.⁶¹

In addition to the above, the UNFPA ‘Child Marriage Panels’⁶² provide evidence of adapting flexibly to changing circumstances. These panels originated out of partners beginning to see an increase in child marriage within the Syrian refugee population, particularly after the EU-Turkey Statement of 2016 which agreed that *“all new irregular migrants crossing from Turkey into Greek islands as from 20*

⁵² <http://www.unhcr.org/58a6bc1d7.pdf>

⁵³ UN Agency and Government key informants.

⁵⁴ UN Agency key informants.

⁵⁵ implementing partner key informant.

⁵⁶ implementing partners key informants.

⁵⁷ 2015 UNFPA Turkey Annual Report.

⁵⁸ <https://www.unfpa.org/data/TR>

⁵⁹ IP and government key informants.

⁶⁰ UNFPA key informant.

⁶¹ UNFPA and government key informants.

⁶² UNFPA held child marriage panels across 15 cities in Turkey in 2017, providing presentations to Syrian women and men on the harm of child marriage.

March 2016 will be returned to Turkey”⁶³ and a resulting reduced optimism amongst Syrian refugees that reaching European Community countries was a realistic goal. UNFPA and partners believe that child marriage was then used more frequently as a negative coping mechanism linked to long-term settlement within Turkey. In 2017 child marriage panels became a Turkey-wide activity across 15 cities with approximately 7,500 participants being informed of the various harmful impacts (educational, health, social) of child marriage.⁶⁴

CROSS-BORDER RESPONSE

The UNFPA cross-border response has successfully adapted over time to changing circumstances and needs for both the GBV and the SRH cross-border interventions for UNFPA direct support and through the coordination leadership function. UNFPA cross-border operations started in 2014 after Security Council Resolution 2139 authorised this for UN agencies. A GBV Working Group was established in August 2014 and this became an official Sub-Cluster at the beginning of 2015. The RH WG commenced activities later after the arrival of the UNFPA Humanitarian Reproductive Health Advisor in November 2015, who established the forum.

The GBV cross-border work (both UNFPA direct support and through the coordination mechanism) changed drastically when two large traditional GBV INGO players ceased operating in 2015. The overall GBV programme was obliged to change its modality of operation to many small, non-GBV expert Syrian partners. Most of these national actors were unfamiliar with the concept of GBV and so a strategy of *building up from basics* was put in place by UNFPA for both direct partnerships and through the GBV SC. Initially UNFPA and the GBV SC undertook work on attitudes and beliefs of Syrian partners, then to begin to build up capacity for GBV service delivery and referrals. UNFPA introduced a capacity-building initiative, hiring a consultant to undertake an assessment of GBV capacity and then to design training materials. Existing Standard Operating Procedures (SOPs) were further developed by the consultant for partners to follow. The capacity building initiative was formed under a broader GBV SC strategy aimed at raising funds, advocacy, and expanding service delivery points of quality GBV services within northern Syria.

Syrian partner organisations report that the training was comprehensive and impactful, consisting of a ten-month course (with UNFPA and other actors at this point recognising the long-term nature of the crisis, even if this conflicted with a short-term annual renewal nature of the Security Council Resolution) where case workers and managers trained side by side to ensure a holistic and aligned understanding of quality GBV services. Training included PSS support services, case management and CMR.⁶⁵ Noting that not all GBV services are activated inside Syria (legal and shelter services are not available), WGSS facilities through the support of UNFPA both directly and as GBV SC lead have been able to improve and expand services as much as the context allows.⁶⁶ For example, the 2016 GBV Dashboard shows 29,707 women and girls accessing services in safe spaces from the Turkey interagency hub in 2016;⁶⁷ for 2017 that number was 77,056.⁶⁸

⁶³ EU-Turkey Statement, 18 March 2016. <http://www.consilium.europa.eu/en/press/press-releases/2016/03/18/eu-turkey-statement/>

⁶⁴ UNFPA TCO Humanitarian Programme Overview Presentation 04/01/18

⁶⁵ implementing partner key informants.

⁶⁶ According to cross-border IP key informants: note that the evaluation team were not able to cross into Syria for verification.

⁶⁷

<https://app.powerbi.com/view?r=eyJrIjoiazE4Zjc3ZmYtYzFjNC00OTk3LWJhMWUtMzNmNmU3MjFmNmM4IiwidCI6IjZjOTBmNzA3LTUxYzgtNGY1ZC04MGRiLTBINTA5ZWYxZGE2MCIsmMiOjI9>

⁶⁸

<https://app.powerbi.com/view?r=eyJrIjoiazE4Zjc3ZmYtYzFjNC00OTk3LWJhMWUtMzNmNmU3MjFmNmM4IiwidCI6IjZjOTBmNzA3LTUxYzgtNGY1ZC04MGRiLTBINTA5ZWYxZGE2MCIsmMiOjI9>

Partners report that UNFPA work collaboratively and annual work plans are formulated with continuous feedback from partners on the ground in relation to changing needs. One example of the changing response has been the new Adolescent Girls Strategy which emerged due to a recognition of gaps on the ground based on feedback from service providers inside Syria, and an emerging focus on disability, based on this same type of feedback.⁶⁹

The SRH support through both UNFPA directly to partners and through the RH WG has focussed on minimum standards as provided by MISIP and updating outdated protocols inside Syria, for example, the guidance note on caesarean sections. The comprehensive midwives training initiative was based on a response to changing needs.

The evaluators note that the cross-border response is one of ever-changing circumstances as there are frequent ‘emergencies within an emergency’ with changing lines, sporadic bombardment and besiegement, and continuous waves of displacement and returns, and so the response has had to (successfully) continually adapt and shift to rapidly changing circumstances. An example of this is that at the time of the evaluation mission (March 2018), Idleb area in northern Syria was fast-becoming the “*biggest refugee camp on earth*”⁷⁰ with thousands of displaced Syrians from eastern Ghouta (which suffered heavy fighting in early 2018). Northern Syria has been characterised by such changing contexts since the Syria crisis began in 2011 and the UNFPA GBV and RH response (both directly and through the coordination forums of the GBV SC and RH WG) have continually and successfully adapted to this.

UNFPA has successfully leveraged its comparative advantage in SRH and GBV expertise across both the refugee response and the cross-border response. Respondents across the board expressed positive feedback on the SRH and GBV expertise of UNFPA in the context of both the refugee response and the cross-border response and highlight it as a key added value of the organisation.⁷¹ For the refugee response, other UN Agencies also highlighted UNFPA’s close relationships with MoH and MoFSP as a significant advantage.⁷²

For the cross-border response, an additional comparative advantage cited by key informants was that of significant humanitarian expertise, noted by small Syrian NGO partners (direct and through the GBV SC and RH WG coordination mechanisms) that are new to humanitarian systems and architecture and that required significant coaching and mentoring in this area, and also by UN coordination colleagues who highlighted UNFPA’s ability in Gaziantep to fully understand the difference between an agency role and an interagency role.⁷³ The evaluators also note that the UNFPA Turkey cross-border team demonstrated full appreciation of UNFPA’s agency coordination role in relationship to PSEA – which is not a responsibility of UNFPA (other than within the agency) or the GBV SC – and was sufficiently empowered to be able to resist pressure to take this on as a GBV SC responsibility.⁷⁴

⁶⁹ implementing partner key informants.

⁷⁰ Jan Egeland, UN Special Envoy’s Senior Advisor, speaking to correspondents, 4 April 2018 - https://reliefweb.int/report/syrian-arab-republic/note-correspondents-transcript-stakeout-un-special-envoy-s-senior?utm_source=NEWS&utm_medium=email&utm_content=The%20Refugee%20Brief%20-%20External%20Subscribers&utm_campaign=HQ_EN_therefugeebrief_external_180405

⁷¹ Donor, Government, NGO key informants.

⁷² UN Agency key informants.

⁷³ UN Agency key informants.

⁷⁴ UNFPA key informants.

Evaluation Question 3: Coverage

To what extent did UNFPA interventions reach the population groups with greatest need for sexual and reproductive health and gender-based violence services, in particular the most vulnerable and marginalised?

Associated Assumptions:

7. The UNFPA Response systematically reaches all geographical areas in which women, girls and youth are in need and in line with humanitarian principles;
8. The UNFPA Response systematically reaches all demographic populations of vulnerability and marginalisation (i.e. women, girls, and youth with disabilities, those of ethnic, religious or national minority status; Lesbian/Gay/Bisexual/Trans (LGBT) populations etc.).

FINDINGS

REFUGEE RESPONSE:

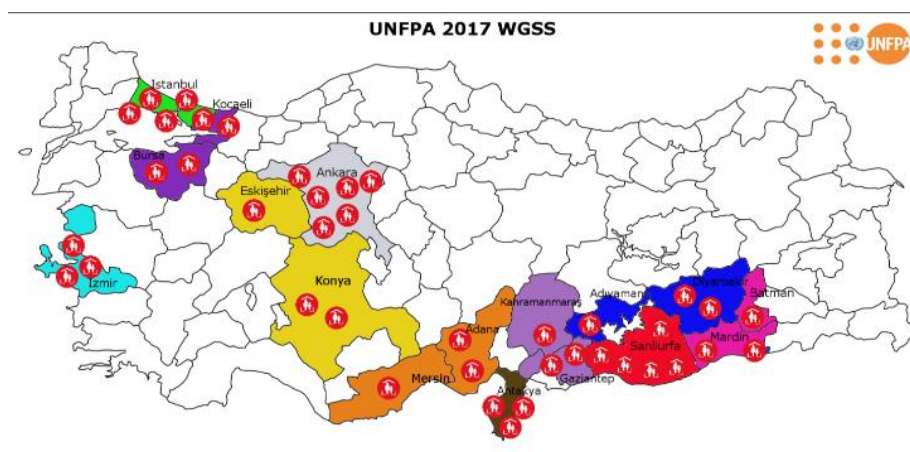
8. Geographically, the refugee response is reaching the areas with the highest concentration of Syrian refugees through the WGSS model and demographically the response has attempted to increase access of all women and girls through outreach health mediators.

CROSS-BORDER RESPONSE:

9. Geographically, the cross-border response has a functioning mapping system and coordinates all partners working across all accessible areas of northern Syria and the WoS coordination mechanism is working well to ensure coordination between partners operating from both the Turkey interagency hub and the Jordan interagency hub in southern Syrian. Demographically the cross-border response has a new focus on adolescent girls and a new focus on disability, with awareness of other marginalised groups such as widows / divorcees.

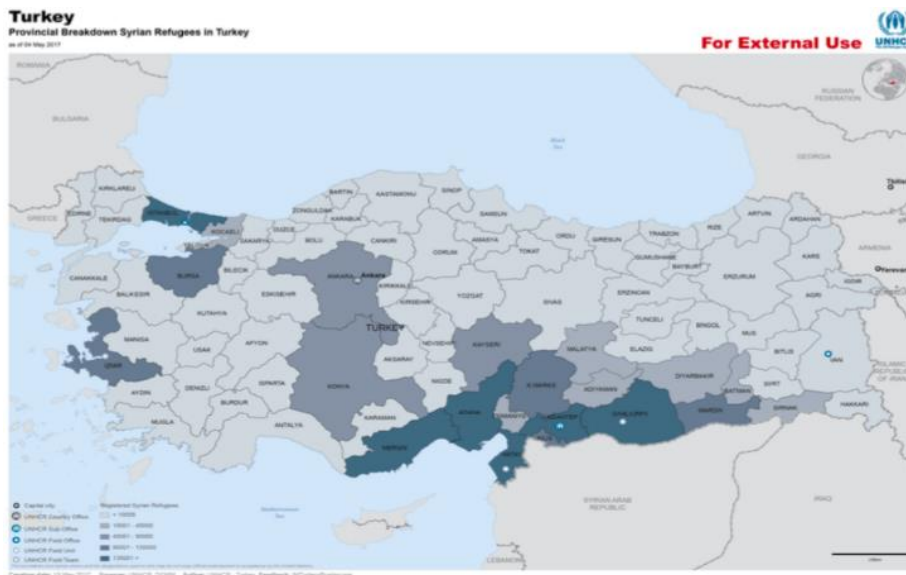
REFUGEE RESPONSE

Geographically, the refugee response is reaching the areas with the highest concentration of Syrian refugees through the WGSS model and demographically the response has attempted to increase access of all women and girls through the use of outreach health mediators. The location of UNFPA WGSS centres are in the seventeen provinces with the highest concentration of Syrian refugees and in parts of cities where concentration is highest⁷⁵.



UNFPA Humanitarian Programme Presentation 040118.

⁷⁵ UNFPA, implementing partner, government, and beneficiary key informants and cross-referencing UNFPA sites with UNHCR map of refugee concentration.



UNHCR Breakdown of Syrian Refugees in Turkey, May 2017⁷⁶

The WGSS model is used – correctly – for female activities whilst UNFPA SRH support is offered to men, boys, women and girls. When all WGSS’ are fully integrated into MHCs (which are primary health centres for all populations) they will remain a women-and-girls-only space. WGSS’ provide services to all refugee women and girls (registered and unregistered) living in Turkey, although the design is tailored to Syrian refugees (use of Arabic translators and health mediators from Syrian communities, rather than Afghan or Iranian etc.). Whilst some WGSS’ implement activities for adolescent girls, the majority of those accessing services are women over the age of 18. Some girls come initially with their mothers or other female relatives and then might come on their own when trust is established.⁷⁷ The focus on women is reasonable within the context of Turkey in terms of education provided for Syrian refugee girls and boys and an expectation that, at least during term-time, adolescent Syrian girls are at school.⁷⁸ However, a clear mapping of how many Syrian adolescent girls are not accessing either education or services within the WGSS was not available and would be helpful to determining the need increase promotion of WGSS for adolescent girls.

UNFPA supports four youth centres with funding from the Governments of Japan and Denmark. The specific definition of *youth* as targeted by these centres is unclear, however, with some respondents reporting 13-25 year olds as the target range; some 18-30 as the target range with a few younger; and some reporting that whilst youth centres (open to both Syrian and Turkish youth) were aimed at 15-30, the centres were open to everyone of all ages. The level of older adults accessing services in youth centres differs across the four centres based on where they are located and what other services are available in the area.⁷⁹ There is no standardised age range.⁸⁰

Within the UNFPA Turkey development programme, youth is defined as 15-24 but UNFPA have adapted the refugee model to take account of the Syrian definition of youth, up to the age of 30. The

⁷⁶ <https://data2.unhcr.org/en/documents/details/56984>

⁷⁷ UNFPA, implementing partner, and health mediator key informants.

⁷⁸ The Ministry of National Education in Turkey estimates that 37.5% of registered Syrian refugee children are in the public school system, with the rest in either religious schools or Temporary Education Centres: <http://www.irinnews.org/feature/2018/04/05/money-culture-language-barriers-turkey-s-bid-end-refugee-only-schools>

⁷⁹ The evaluation team visited a youth centre in Ankara in an area with few other health services nearby, and so the youth centre is used for by older women for advice and access to RH and GBV services.

⁸⁰ The UN defines adolescents as aged 10-19 and youth, for statistical purposes, as aged 15-24. There are no current global guidelines for working with adolescents or youth in humanitarian settings but these are being developed.

youth centres have also been designed to be welcoming to parents and relatives of youth to reduce any stigma or suspicion of the activities taking place within the centres. Additionally, because of the disruption to the education and development of Syrian refugees since the beginning of the crisis in 2011, the youth centres aim to be as inclusive as possible.⁸¹

In relation to disability, the WGSS and youth centres vary in terms of accessibility. Location is chosen based on proximity to refugee communities which are predominantly in poor areas of cities with old buildings lacking elevators or disability-friendly access. Turkey cities in general are not particularly disability-friendly so access constraints are not just at the point of entry to the centre, but more substantial. UNFPA and partners are aware of this limitation and are increasing access where possible, also increasing outreach counselling at home and paying for taxi transportation for those with disabilities to try and assist increased access to centres.⁸²

When all WGSS' are integrated within MoH MHCs, they will be complying with MoH standards and regulations in terms of disability access. The issue has been discussed with MoH during health sector meetings, not just in relation to those with physical (motor) disabilities, but also issues such as speech difficulties and how to manage these cases. Furthermore, UNFPA is now better able to disaggregate data in terms of Washington Group Disability Criteria with the introduction of a new online data management system as of 2017.⁸³⁸⁴

Whilst WGSS' and youth centres are open to all refugees (and youth centres also for Turkish youth), the structure is targeted specifically to Syrian refugees – for example using Arabic translators and Syrian health mediators. Within Turkey there is a specific legal status for Syrian refugees – under 'Temporary Protection' rather than 'International Protection' (under which other refugees are registered).⁸⁵ Some respondents felt that it is now the time for both UNFPA and the wider humanitarian community to consider the challenges other refugees may experience accessing services.

CROSS-BORDER RESPONSE

Geographically, the cross-border response has a functioning mapping system and coordinates all partners working across accessible areas of northern Syria. The WoS coordination mechanism is working well to ensure coordination between partners operating from both the Turkey interagency hub and the Jordan interagency hub in southern Syrian. Demographically, the cross-border response has a new focus on adolescent girls and a new focus on disability, with awareness of other marginalised groups such as widows / divorcees.

There are recognised geographical gaps inside Syria, but this is not due to lack of attention or coordination, but rather reflects access to areas held by ISIS or changing conflict lines. Therefore, there are still gaps in service provision⁸⁶ outside the control of UNFPA or other humanitarian actors. Respondents reported that there were still people in need without access to quality services in Al-Hasahak, and in Deir ez-Zur. (both ISIS-held areas). Both the GBV SC and the RH WG have up-to-date 4Ws (Who does What, Where, and When dashboard) under their respective umbrella clusters (health and protection).⁸⁷

⁸¹ UNFPA key informants.

⁸² UNFPA, implementing partner, and health mediator key informants.

⁸³ UNFPA key informants.

⁸⁴ <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

⁸⁵ <http://help.unhcr.org/turkey/information-for-syrians/temporary-protection-in-turkey/> ;

<http://help.unhcr.org/turkey/information-for-non-syrians/international-protection-in-turkey/>

⁸⁶ implementing partner and GBV SC / RH WG member key informants.

⁸⁷ The 4W database is designed to provide key and accessible information as to 'Who' does "What", 'Where' and "When": <https://www.ochaopt.org/dbs/4w>

There are also partners operating from the Turkey interagency hub who operate in southern Turkey – specifically rural Damascus, and Dara’a. This level of geographical reach highlights the efficiency and effectiveness of the overall Whole of Syria coordination mechanism, with activities of actors operating from different interagency hubs (Turkey, Jordan, and Damascus) being coordinated through the WoS coordination approach.

Partners (both direct UNFPA partners and through the GBV SC and RH WG) have increasingly utilised mobile clinics – joint GBV and SRH services – to expand coverage. The outreach / mobile aspect of the GBV and SRH intervention is coordinated under overall Protection and together with Child Protection to provide a joint service package which is now also used as emergency response for different waves of displacement caused by ongoing bombardment and besiegement.

Demographically, the GBV SC has continually analysed gaps in access to services based on demographic profiles and attempted to address these gaps. For example, the 2015 GBV SC strategy highlighted ISIS/ISIL violence against Yazidi women and girls, notably the issue of child marriage which was an issue raised by implementing partners within the SC.⁸⁸ The 2016 strategy highlighted that female-headed households were particularly vulnerable – another issue raised by partners within the SC. The 2017 strategy has highlighted specific vulnerabilities for widows and divorcees⁸⁹ and is developing a technical note on widows in IDP camps.

The current GBV SC work plan includes a specific WoS strategy for adolescent girls⁹⁰ (which also comes as a result of the WoS Humanitarian Response Plan discussions to increase focus on adolescent girls) and a focus on women and girls with disabilities, with specific indicators included within work planning and monitoring and reporting around this and has facilitated learning centres in relation to working with people with disabilities. Partners reported some changes already such as moving facilities to ground floors and meeting with Humanity & Inclusion (HI)⁹¹ for expert support.⁹²

⁸⁸ Implementing partner key informants.

⁸⁹ Turkey Hub GBV SC strategies 2015, 2016, 2017.

⁹⁰ <https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/whole-syria-adolescent-girl-strategy>

⁹¹ previously Handicap International

⁹² implementing partner and GBV SC members key informants.

Evaluation Question 4: Coordination

To what extent has UNFPA’s formal leadership of the GBV AoR (at international, hub, and country levels) and informal leadership of RH WGs and youth WGs (at hub and country levels) contributed to an improved SRH, GBV, and youth-inclusive response?

Associated Assumptions:

9. UNFPA’s support to and use of coordination within the GBV AoR at global level and the GBV Sub-Clusters at Hub and Country level has resulted in improved effectiveness of GBV programming in the Syria Response: Overall GBV response under UNFPA direction through leadership if the GBV SC is based on needs of women, girls, and young people identified at community, sub-national, and national level and is based on coherent and comprehensive gender and inclusion analysis and Human Rights-Based Analysis (HRBA);

10. UNFPA’s support to and use of coordination within the RH WG at Hub and Country level has resulted in improved effectiveness of SRH programming in the Syria Response: Overall SRH response under UNFPA direction through leadership of the RH WG is based on needs of women, girls, and young people identified at community, sub-national, and national level and is based on coherent and comprehensive gender and inclusion analysis and HRBA;

11. UNFPA’s support to and use of coordination within the Youth WG at Country level has resulted in improved effectiveness of youth engagement and empowerment programming in the Syria Response.

FINDINGS

REFUGEE RESPONSE:

10. The refugee response GBV coordination functions within the limitations of the context – a strongly Government-led response with less visible UN-led coordination through sector working groups.

CROSS-BORDER RESPONSE:

11. The cross-border coordination forums for both GBV and SRH function well despite having limited resources allocated by UNFPA corporately, and under the support of the UNFPA Regional Response Hub and the Whole of Syria response.

OVERALL:

12. There is no youth coordination function for either the Turkey refugee response or the cross-border response.

REFUGEE RESPONSE

The refugee response GBV coordination functions within the limitations of the context – a strongly Government-led response with less visible UN-led coordination through sector working groups. The overall refugee response in Turkey is characterised by robust government control, with UNHCR playing a support rather than leading role. Thus, while there are sector working groups (WGs) as in other refugee situations, they have less influence over and responsibility for coordination of the overall response than in other country contexts.

There is no RH sub-working group (SWG) and all SRH matters are addressed within the health sector WG, of which UNFPA is an active member but not a lead agency.⁹³ UNFPA co-chair the health WG in Izmir with WHO, and attend the Istanbul and Gaziantep health WGs.

There are four refugee response protection WGs (Ankara – national level, Istanbul, Izmir, and Gaziantep) and three SGBV sub-working groups (SWGs) in Ankara – national level, Istanbul and Gaziantep. GBV SWG meetings are held directly following protection WG meetings. In Ankara the SGBV SWG is led by the government (MoFSP) and UNFPA and UNHCR jointly manage the secretariat. This is a restricted GoT / UN meeting, without NGOs present. In Istanbul and Gaziantep the SGBV SWGs are co-led by UNFPA and UNHCR and include NGOs.

⁹³ UNFPA and other UN agency key informants.

Given the geographical concentration of refugees from the initial 21 camps in the south-east to out-of-camp settlement, the Gaziantep WG has been the most active for the longest time, with clear annual work plans and from which a lot of tools – for case management, referral forms and pathways, and standard operating procedures (SOPs) – have been developed. There is still a push by the Gaziantep WG and UNFPA for the national government-led WG to endorse the products developed within the Gaziantep SWG.⁹⁴

There is less clarity from implementing partners about the coordination structures in the refugee response than in the cross-border response (see next finding). Some partners reported UNFPA not chairing (“it is a roundtable, everyone explains what they are doing, UNFPA is not directly in a leadership role”)⁹⁵ and even UN agency respondents gave different answers in terms of leadership and chairing roles. Again, this is predominantly due to an overall GoT-led response under a very clear 3RP with support from UNHCR and other actors resulting in a less visible and necessary UN-led coordination function.

CROSS-BORDER RESPONSE

The cross-border coordination forums for both GBV and SRH function well despite having limited resources allocated by UNFPA corporately, and under the support of the UNFPA Regional Response Hub and the Whole of Syria response. The cross-border response from Gaziantep is complex for a number of reasons:

1. The parallel operating systems of the refugee response sector working groups (operating out of Gaziantep for covering the south-east of Turkey) under GoT / UNHCR and the formally clusterised cross-border response under OCHA;
2. The Whole of Syria approach of the three interagency hubs in Gaziantep, Amman, and Damascus;
3. The fact that OCHA has its main Turkey office in Gaziantep (given the Turkey refugee response falls under the authority of UNHCR, not OCHA) whilst all other UN agencies operate a sub-office in Gaziantep reporting into the country office in Ankara.
4. Under the protection cluster, only three of the four AoRs have a presence in Turkey – there are GBV and Child Protection SCs and a Housing Land and Property (HLP) Technical WG, but Mine Action SC did not get permission to operate from Turkey so their Gaziantep coordinator works out of Amman although they work with partners operating from Turkey.

All key informants who discussed this structure commended UNFPA for leadership of both the GBV SC and the RH WG, but several informants noted that the leadership is perhaps personality-based rather than systematically embedded within UNFPA as an organisation.⁹⁶ The coordinators for both the GBV SC and RH WG are seen to have a clear understanding of the purpose of clusterised coordination forums, and of an inter-agency cluster lead role compared to an agency representative role:

“..she is one of very few who has the capacity to put on her cluster role hat and speak on behalf of her membership...she can distinguish and represent that way.”⁹⁷

“I think they have a vision – often you have coordination for the sake of coordination...they have a vision and they are implementing the vision. They take step by step...to implement this vision and that is why we fund them.”⁹⁸

⁹⁴ UNFPA key informants.

⁹⁵ implementing partner key informant.

⁹⁶ Multiple UN agency, implementing partner, and GBV SC and RH WG member key informants.

⁹⁷ UN OCHA key informant.

⁹⁸ Donor key informant.

Both the GBV SC and the RH WG have concentrated on capacity building for the provision of quality services inside Syria, within broader strategic plans. The GBV SC now has over 50 members, with 36 that regularly report through the 4W mechanism and 23 that have signed the SOPs. Respondents across the board noted it as a well-functioning forum, providing all of the benefits a cluster is supposed to provide: a mechanism for reducing geographical gaps and avoiding duplication; capacity building in both GBV and humanitarian principles and standards; setting minimum standards in line with global guidance for GBV programming; fundraising; and advocacy with a common voice and goal.

The GBV SC has had an annual strategy since 2015 and UNFPA has invested heavily in capacity-building of members (using a consultant to design and roll-out a comprehensive capacity-building initiative), data management through the GBV dashboard (and in coordination with Damascus and Amman interagency hubs within the WoS approach); and qualitative data (the annual “Voices” report)⁹⁹ for both programme design and advocacy purposes.¹⁰⁰ “Voices” has been used to promote the necessity of GBV as a life-saving intervention within the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP).

In addition to this, the GBV SC has been supporting other clusters to integrate GBV mainstreaming by providing training and capacity building on using the IASC GBV Guidelines.¹⁰¹

The GBV SC also has a good, productive, and supportive relationship with the child protection SC and the protection cluster. This is generally understood to be based on the length of time the three coordinating colleagues (UNFPA, UNICEF, and UNHCR) have been in Gaziantep (approximately three years) and respondents noted that it is more personality-based than systemic.¹⁰² However, respondents highlighted that another factor is the extremely challenging nature of the cross-border response, particularly in relation to access, that create synergies when service delivery packages are shared (particularly for mobile clinics operating as first responder emergency units), with shared monitoring highlighted by respondents as a clear benefit.¹⁰³ As a result, partners from both the GBV SC and the child protection SC, together with other partners in the protection cluster, have all become protection ‘focal points’ in different locations inside Syria, covering all three thematic areas (GBV, child protection, and protection) for coordination of response when emergencies erupt. Respondents to the evaluation reported this as “a critical role”¹⁰⁴

The RH WG has also made significant investments in capacity-building of members. This WG was established in December 2015 when the UNFPA SRH Humanitarian Adviser arrived (also now the Head of Office for Gaziantep). UNFPA does not hold the same formalised cluster responsibility for SRH as for GBV. The RH WG sits under the Health Cluster (led by WHO). At the time of the evaluation research, the RH WG was concluding a comprehensive 18-month training for midwives which was described by respondents as “very strong with a lot of hands on leadership from UNFPA” and operating under “UNFPA guidance [which is] quite outstanding to partners”¹⁰⁵

While UNFPA lead a RH WG in Gaziantep, mirror WGs in Damascus or Amman do not exist (as is the case with the GBV SC). The UNFPA SRH Adviser in Gaziantep chairs the RH WG for Turkey cross-border operations, and manages UNFPA-internal coordination for SRH activities, but there is no UNFPA-led

⁹⁹ <https://reliefweb.int/sites/reliefweb.int/files/resources/gbv.pdf>

¹⁰⁰ implementing partners and GBV SC members key informants.

¹⁰¹ other UN agency key informants.

¹⁰² UNFPA, other UN agency, implementing partners and GBV SC members key informants.

¹⁰³ UNFPA, other UN agency, implementing partners and GBV SC members key informants.

¹⁰⁴ UNFPA, other UN agency, implementing partners and GBV SC members key informants.

¹⁰⁵ implementing partners and RH WG members key informants.

WoS external SRH coordination function. The fact that SRH is coordinated through an informal WG rather than a formal SC makes a significant difference both in terms of artificially separating SRH and GBV activities and in terms of the perceived and actual global commitment of UNFPA to respective coordination functions.¹⁰⁶

Both the GBV SC and the RH WG in Gaziantep are good examples of where an NGO co-lead adds value. The GBV SC has been co-led by Global Communities since they took over the role from MRIS in early 2017. Responsibilities are shared between UNFPA and Global Communities (noting that the Global Communities co-lead position is a dedicated position as opposed to the double-hatting UNFPA coordinator). The benefits include sharing of authority, a strong NGO-perspective to balance a UN-perspective, transparency, and a motivation for local Syrian NGOs who recognise there may be a future opportunity for them to take the co-lead role.¹⁰⁷ There is no formal MoU between UNFPA and Global Communities which was not reported to be currently problematic but may become so when present incumbents in the coordinator and co-lead position change. The GBV SC also has a dedicated senior support officer hosted within a local NGO (IHSAN Relief and Development).

The RH WG has a national Syrian NGO co-lead position. Physicians Across Continents (PAC) have been co-chairing the WG Between April 2016 and April 2018 effectively. In April 2018 Syrian Expatriate Medical Association (SEMA) was elected as the co-lead position for one year.

Respondents noted unanimously that both the RH WG and GBV SC in Gaziantep have been functional and effective coordination forums. Both have succeeded *despite* double-hatting positions and have benefitted from highly experienced and competent individuals who have managed multiple roles for a long period of time. The evaluators conclude that this success is a result of the qualities of the individuals concerned, rather than the structure or system, not proof that double-hatting coordination positions are an effective solution.

OVERALL

There is no youth coordination function for either the Turkey refugee response or the cross-border response. There is limited UNFPA youth programming within Turkey (four youth centres with modest funding from the Embassy of Japan) and no dedicated youth programming within the cross-border response.

¹⁰⁶ UNFPA key informant.

¹⁰⁷ GBV SC members key informants.

Evaluation Question 5: Coherence

To what extent is the UNFPA Response aligned with: (i) the priorities of the wider humanitarian system (as set out in successive HRPs and 3RPs); (ii) UNFPA strategic frameworks; (iii) UNEG gender equality principles; (iv) national-level host Government prioritisation; and (iv) strategic interventions of other UN agencies.

Associated Assumptions:

12. UNFPA is institutionally engaged with, and drives focus on SRH and GBV, at UNCT, HCT and Strategic Steering Group (SSG) levels in all response countries;

13. UNFPA Response is aligned with:

- a. UNFPA global mandate and global humanitarian strategy;
- b. UNFPA Regional Office strategies;
- c. UNFPA CO strategies;
- d. National-level host Government prioritisation (SAR, Turkey, Lebanon, Iraq, Jordan);
- e. International normative frameworks;
- f. UN global development strategies (MDGs, SDGs).

14. The UNFPA Response is aligned to the priorities decided in Cluster Forum; specifically:

- a. The GBV AoR;
- b. The Global RH Coordination Forum (currently IAWG)

FINDINGS

REFUGEE RESPONSE:

13. There is no specific evidence of promoting SRH and GBV as life-saving at the UNCT level *but* this is within a context of a Government-led response with a UNCT with vastly reduced influence: there is evidence of strong programming and engagement with the GoT on GBV and SRH including recognising windows of opportunity within the refugee response to improve Turkish legislation.

14. There is full alignment with the 3RP, moving towards full integration with GoT systems and facilities.

CROSS-BORDER RESPONSE:

15. There is a high level of engagement within UN coordination mechanisms for the promotion of SRH / GBV as life-saving within both within the Turkey interagency hub (The Deputy Regional Humanitarian Coordinator (DRHC) Office) and within the overall WoS SSG (through the UNFPA Regional Response Hub, with Turkey cross-border contributions).

16. The cross-border response aligns with GBV AoR / IAWG standards and guidelines and is also aligned to the UNFPA 2nd Generation Humanitarian Strategy.

REFUGEE RESPONSE

There is no specific evidence of promoting SRH and GBV as life-saving at the UNCT level *but* this is within a context of a Government-led response with a UNCT with vastly reduced influence: there is evidence of strong programming and engagement with the GoT on GBV and SRH including recognising windows of opportunity within the refugee response to improve Turkish legislation.

As noted above, the UN role in Turkey is quite unique, with the development assistance programme conducted under the UNDCS rather than the more usual UNDAF, highlighting the strength of the government and the UN support role in development processes. This has transferred to the refugee response and all UN agencies have had to accommodate themselves to roles as support partners rather than their more accustomed positions as leads in the evolving response. As such, promotion of GBV and SRH as life-saving interventions at UNCT level is less relevant than promotion of these issues at GoT level as it is the government that controls the response. Respondents across the board

highlighted UNFPA's lead role on SRH and GBV with the MoH and the MoFSP, indicating a positive adjustment to the de facto realities of working in Turkey.¹⁰⁸

For SRH, MISP was "a good starting point for almost everyone in the country to recognise how it is important to have a certain framework to focus on during emergency and disaster situation"¹⁰⁹ with UNFPA providing MISP training initially in Nizip camp in 2013 to nurses and midwives, and to social services experts and also interpreters working in the camps.¹¹⁰ At the same time UNFPA started to provide technical support to develop MISP training guidelines and materials and an MoH official and a Social Security Institution official were supported to attend regional MISP training in 2014. The 2014 UNFPA Country Programme Evaluation reported that MoH did not initially give timely permission to provide the MISP training but by 2013 they had recognised the necessity and more substantially facilitated UNFPA's support.¹¹¹

Through the GBV SWG mechanism, there is evidence of GBV being promoted as life-saving, for example, other sector working groups such as shelter approaching the GBV SWG for advice on how better to mitigate GBV risk.¹¹²

There is full alignment with the 3RP, moving towards full integration with GoT systems and facilities. UNFPA have both contributed to and are aligned with the Turkey chapter of the 3RP.

2015-2016 3RP, GBV-specific objective within the protection sector:¹¹³

- The risks and consequences of SGBV experienced by women, girls, boys, and men are mitigated and the access to quality services is improved.

2015-2016 3RP, GBV-specific objective within the protection sector:¹¹⁴

- Prevention and response to gender-based violence (GBV): Risks and consequences of GBV experienced by Women, Girls, Boys and Men (WGBM) and those with special needs are reduced/mitigated and the access to quality services is improved.

UNFPA contributed to the development of GBV objectives and outputs under the protection sector and programming and coordination of programming through the SGBV SWG is aimed at addressing those specific objectives. Through the coordination framework of the 3RP UNFPA "actively participate with MoFSP" and UNFPA act as a bridge between government and NGO coordination forums.¹¹⁵

CROSS-BORDER RESPONSE

There is a high level of engagement within UN coordination mechanisms for the promotion of SRH / GBV as life-saving within both within the Turkey interagency hub (The DRHC Office) and within the overall WoS SSG (through the UNFPA Regional Response Hub, with Turkey cross-border contributions). The cross-border GBV SC in Gaziantep sits under the protection cluster and so engagement with OCHA (the DRHC office) is indirect, through the protection cluster. However, the protection cluster – including both GBV and child protection sub-clusters – are viewed by the DRHC

¹⁰⁸ Multiple donor, government, other UN agency, and implementing partner key informants.

¹⁰⁹ UNFPA key informant.

¹¹⁰ UNFPA Turkey 2011-2015 Country Programme Evaluation report, October 2014.

¹¹¹ UNFPA Turkey 2011-2015 Country Programme Evaluation report, October 2014.

¹¹² UNFPA key informant.

¹¹³ <http://www.3rpsyriacrisis.org/wp-content/uploads/2016/02/Turkey-2016-Regional-Refugee-Resilience-Plan.pdf>

¹¹⁴ <http://www.3rpsyriacrisis.org/wp-content/uploads/2017/02/TURKEY-3RP-Regional-Refugee-and-Resilience-Plan-2017-2018.pdf>

¹¹⁵ Other UN agency key informants.

office as a “*reasonably strong cluster*”¹¹⁶ and specifically, the “*Voices*” qualitative data produced by the GBV SC is seen as extremely useful.¹¹⁷ Other UN agency informants noted the leadership role of the UNFPA sub-office in Gaziantep as strongly promoting GBV and SRH as life-saving interventions¹¹⁸ although, again, noted it as being more personality-based than systemic.

The cross-border response aligns with GBV AoR / IAWG standards and guidelines and is also aligned to the UNFPA 2nd Generation Humanitarian Strategy. This highlights UNFPA’s accountability for advocating for, delivering results on, and coordinating SRH and GBV activities and interventions in emergencies. The 2nd Generation Humanitarian Strategy has a focus on UNFPA’s core mandate, including capacity-building and advocacy for MISP, MNH services (BEmOC and CEmOC), access to family planning, GBV prevention and response, and services for youth. All of these outputs and outcomes, with the exception of services for youth, are included within UNFPA Turkey cross-border programming.

¹¹⁶ DRHC office key informants.

¹¹⁷ *ibid.*

¹¹⁸ Other UN agency key informants.

Evaluation Question 6: Connectedness

To what extent does the UNFPA Response promote the humanitarian-development nexus?

Associated Assumptions:

15. UNFPA is working towards long-term development goals with regards to resilience of refugees when they return to Syria;
16. UNFPA is seeking to integrate in-country humanitarian response with long-term development goals.

FINDINGS

REFUGEE RESPONSE:

17. The integration of all WGSS into MHC under MoH and the protection work with SSCs under MOFSP shows a high level of working towards long-term development goals.

CROSS-BORDER RESPONSE:

18. Due to the response inside Syria remaining at an acute phase with multiple 'emergencies within an emergency' and no clear stability in sight, UNFPA has not promoted the humanitarian-development nexus within the cross-border response to date.

OVERALL:

19. There have been limited systematic linkages between the refugee response and cross-border response to date.

REFUGEE RESPONSE

The integration of all WGSS into MHC under MoH and the protection work with SSCs under MOFSP shows a high level of working towards long-term development goals. Respondents to the evaluation expressed a general consensus that social cohesion activities started late in Turkey.¹¹⁹ Social cohesion was not initially considered when refugees were in camps. In 2014 / 2015, as refugees relocated in urban areas, social cohesion became much more obviously critical. A crucial challenge of social cohesion within Turkey is language: the necessity to provide Turkish language courses and – in parallel – Arabic translators.

As of the end of 2017, the GoT had still not formally approved a national social cohesion strategy and it was not until January 2018 that they established a social cohesion working group. This had an impact across all sectoral responses, including the establishment of SRH and GBV services. However, activities are moving towards integration even without a strategy being authorised. For example, in the education sector the GoT is *"forging ahead with plans to close refugee-only schools by the end of this year, moving hundreds of thousands of mainly Syrian children away from Arabic-language centres and into the Turkish-language public education system"*.¹²⁰

However, for the health sector, government plans are less straightforward. As discussed above, the new EU-funded *Sihat* project (meaning 'health' in Turkish) will support the MoH to open 178 MHCs and integrate all WGSS by the first quarter of 2019. These MHCs will provide services of the same level and quality as health services accessible by Turkish citizens through family health centres, but they will be specifically for the use of refugees, and even more specifically for the use of Syrian refugees, with fast-track accreditation of Syrian refugee medical staff to work in the centres and Arabic translators.

The GoT has been explicitly clear in terms of the functioning of health services to Syrian refugees being under MoH control moving forward, with the vision being one of UN partners offering specific support in areas underrepresented within the MoH. For UNFPA (notably the WGSS model) this is specifically

¹¹⁹ Multiple UNFPA, other UN agencies, donor, implementing partners, and government key informants.

¹²⁰ <http://www.irinnews.org/feature/2018/04/05/money-culture-language-barriers-turkey-s-bid-end-refugee-only-schools>

in the areas of PSS and counselling, and SRH. There is an expected second phase to *Sihhat* (from 2020 onwards) but it is unclear whether the MHCs will remain as separate health centres for refugees (not particularly conducive to social cohesion in the longer-term) or whether they will eventually be merged into the Turkish public health system (more likely in the much longer-term).¹²¹ There will need to be clearer legislation for this to happen; for example, right now, a Syrian refugee doctor can become accredited to practice in Turkey, but only with Syrian refugees, not with Turkish citizens.¹²²

The *Sihhat* project is EU-funded and therefore closely aligned to UNFPA's largest refugee donor, ECHO. The exit strategy for UNFPA's WGSS model is to eventually hand over the WGSS to the GoT (as they become integrated within MHC). Whilst this is a worthwhile measure to ensure sustainability, some NGO partners shared concerns of a reducing role for NGOs and/or UN agencies in monitoring government activities, in a context where both INGOs and NGOs have been shut down, and political events of the last two years have led to widespread questioning of the GoT's commitment to principles of human rights.¹²³ Furthermore, the WGSS programme is funded by ECHO who have a necessity to be aligned to the EU refugee strategy in relation to Turkey, including both the funding being provided to ensure Turkey can cope with refugees and the EU-Turkey 2016 Statement (agreeing the return of all irregular migrants crossing into EU countries back to Turkey). In relation to this, there is a question as to how much the EU-funded GoT response to refugees is based on pure humanitarian and human rights' principles and how much is more politically motivated on the part of the EU.¹²⁴ This then has consequences for the UNFPA ECHO-funded refugee response.

The new key refugee project – also ECHO-funded – recognises that there are certain population groups (refugee and Turkish LGBTI populations and sex workers) who currently have limited access to services and will usually struggle to access services through state-run institutions and so therefore there is a place within the Turkish context to have the option of some services being provided by non-state actors.

The UNFPA refugee response has created windows of opportunity to support GoT to improve Turkish legislation. One particular example is on Clinical Management of Rape (CMR). The Syrian crisis provided the opportunity to introduce global standards for MISIP and CMR into Turkey for the refugee response and in some cases – such as CMR – the global standards are higher than currently provided for by Turkish legislation. In this case, access to emergency contraceptive (EC) and post-abortion care (PAC) were not adequately provided for under Turkish legislation so the refugee response opened a window of opportunity for UNFPA to discuss global CMR standards and this is an ongoing advocacy conversation with the GoT to update Turkish legislation.

CROSS-BORDER RESPONSE

Due to the response inside Syria remaining at an acute phase with multiple 'emergencies within an emergency' and no clear stability in sight, UNFPA has not promoted the humanitarian-development nexus within the cross-border response to date. This situation has been recently highlighted by the Eastern Ghouta bombardment and resulting additional hundreds of thousands Syrians internally displaced, many of them now in Idlib in northern Syria. Additionally, the cross-border modality is

¹²¹ Multiple UNFPA, other UN agencies, implementing partners, and government key informants.

¹²² UNFPA key informants.

¹²³ See: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21342>; <https://www.hrw.org/world-report/2018/country-chapters/turkey>; <https://www.amnesty.org/en/countries/europe-and-central-asia/turkey/report-turkey/>; <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22853>

¹²⁴ EU funding to Turkey is tied to the March 2018 EU-Turkey Statement, or 'deal'; the basis of this deal vis-à-vis humanitarian principles has been questioned by both Human Rights Watch and OHCHR: <https://www.hrw.org/news/2016/03/15/eu-turkey-mass-return-deal-threatens-rights>; <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=18531&LangID=E>

precarious and based on a year-by-year renewal of the Security Council Resolution authorising such work, with the ever-present threat of veto by Russia. In addition to this, the situation in northern Syria has become even more complicated by the Turkish military action in Afrin and the potential for further Turkish military action and / or a continued and growing Turkish military presence in Syria. The situation in general is not one conducive to long-term sustainability strategies.

All these things have been taken into consideration in GBV SC and RH WG working plans including developing guidance notes on how to phase out programming and contingency planning for different scenarios. UNFPA staff note that this is a very sensitive topic and seek to ensure that the message with regard to contingency planning is passed to partners in a realistic way without causing undue alarm but with appropriate consideration for all likely (including negative) scenarios.¹²⁵

OVERALL

There have been limited systematic linkages between the refugee response and cross-border response to date. There are valid reasons for this. The Turkey refugee response and the cross-border response operate in different contexts, under different frameworks (the 3RP vs the WoS HRP), different funding streams, different humanitarian architecture (a refugee response under UNCHR vs an OCHA-led clusterised response) and with different actors, challenges, outcomes and strategies. For this reason there has – rightly – been limited effort or focus directed towards linking the coordination of each response.

This is true across the board, from donors (ECHO fund the refugee response entirely separately to the cross-border response with no substantive connection between the two, for example)¹²⁶ to other UN Agencies, to implementing partners.

However, at this point in the protracted response – seven years on from the start of the crisis – there are potential benefits of more systematic linkages between the two responses. The primary benefit of closer linkages is forward-looking in terms of consideration of alignment of services (particularly through the WGSS model) available in Syria as and when some refugees return: however, this conversation being raised too early could be detrimentally suggestive of forced returns and so timing is critical for discussion around closer linkages.

The evaluation also noted some positive examples of ad hoc linkages to date. The cross-border SRH midwife training project worked with the refugee team to provide hands-on-training within WGSS in Turkey.¹²⁷ A Syrian cross-border NGO requested support for their Turkey-based health clinic and the UNFPA cross-border team were able to link them with the UNFPA refugee team who provided commodity support (and noting that when the same request was put to WHO there was no assistance provided).¹²⁸ However, these linkages were reported by informants as being personality-driven rather than systematic and thus, for the future, systematising those linkages would create deeper benefits.

In addition to the future benefit of refugees returning to areas where they are already aware of services on the ground and the format and structure of services they can access (through WGSS, as they have been accessing in Turkey) there is an additional benefit to cross-border GBV SC and RH WG members who are registered in Turkey - some of whom have started providing refugee services in Turkey. Turkey has a very strict NGO registration system and the Turkey CO in Ankara has a lot of expertise and knowledge in registration and compliance issues which would be beneficial to cross-

¹²⁵ UNFPA and IP key informants.

¹²⁶ Donor key informants.

¹²⁷ UNFPA key informants.

¹²⁸ IP key informant.

border partners. Now that the Turkish government are in control of Afrin in Syria, NGOs wishing to provide services there must also register with the Turkish authorities.

The cross-border team is – necessarily – staffed with individuals with strong expertise in humanitarian systems and processes, which could potentially be of a benefit to the refugee response.

Additionally, there have been a number of useful products developed (all in Arabic) through both the GBV WG in Turkey (and UNFPA directly with implementing partners) and the cross-border team, highlighting a duplication of efforts which could be harmonised to the benefit of all. For example, the cross-border team (as part of the WoS approach) produce “Voices” every year – qualitative data and stories from Syrian women and girls. In 2017 a refugee response partner produced a similar report – ‘We are here’ for Syrian refugees in Turkey, without taking advantage of the FGD methodology, questionnaires, enumerator training, and other materials (all in Arabic) already developed for “Voices”.

Note: Evaluation Question 7 relates explicitly to the UNFPA Regional Response Hub.

Evaluation Question 8: Efficiency

To what extent does UNFPA make good use of its human, financial and technical resources and maximise the efficiency of specific humanitarian/Syria Response systems and processes?

Associated Assumptions:

20. UNFPA has maximised efficiency through a series of humanitarian fast-track and support mechanisms for human and financial resources, such as:

- a. Fast Track Policies and Procedures;
- b. Surge
- c. Commodity procurement (particularly dignity kits and RH kits);
- d. Emergency Fund

21. UNFPA has maximised leverage of humanitarian funding – donor, multi-year, and pooled funding – for the response and matched OR and RR appropriately for office sustainability.

FINDINGS

REFUGEE RESPONSE:

20. Significant changes in RR / OR percentages have not dramatically affected the Turkey CO’s ability to function effectively.

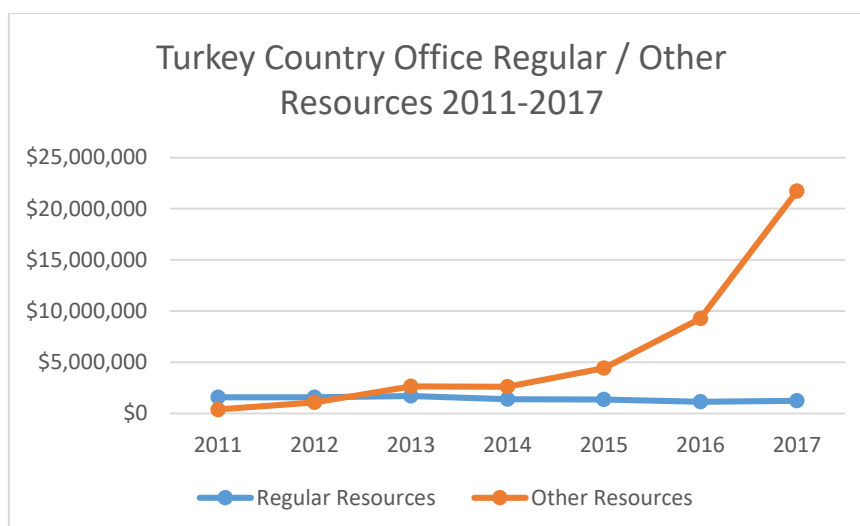
CROSS-BORDER RESPONSE:

21. The difference in context and level of ‘humanitarian’ action between the refugee response and the cross-border response necessitates the cross-border team having continued flexible access to FTPs and support mechanisms even if the Turkey response has stabilised; this has been difficult for the cross-border sub-office working under the Country Office.

REFUGEE RESPONSE

Significant changes in RR / OR percentages have not dramatically affected the Turkey CO’s ability to function effectively. UNFPA at corporate level has not supported TCO with core resources in line with the increased programming funded by other resources. The below figure shows the UNFPA Turkey Country Office budget of regular resources (core resources provided through UNFPA) and other resources (donor project funding).¹²⁹

¹²⁹ Financial data provided by TCO.



This has not had a significantly negative impact on the programme. The OR funding for UNFPA refugee response (primarily ECHO) has been flexible enough for direct costs to be covered as well as programmatic costs. US funding (BPRM) was also received until a change in the US Government suspended US government (USG) funds to UNFPA. There has also been very modest levels of funding from Sweden, Denmark, and Japan over the years, with the Embassy of Japan currently covering the costs of the four youth centres.

In terms of technical humanitarian support, respondents indicated that the TCO could have been initially better supported by HQ and the RO which would have resulted in a more robust initial response (see Evaluation Question 2). Humanitarian capacity was reported as being insufficient within the UNFPA CO in the early years of the response and whilst the response context was (and still is) different to other more typical humanitarian situations, it still would have been better for support to be provided as opposed to the TCO “learning as we went”.¹³⁰ This was partially caused by the unique regional split of the Syria response, with the Turkey office reporting into EECARO whereas other refugee-responding countries (Jordan, Lebanon, and Iraq) and Syria itself reported into ASRO but it was also partially due to limited humanitarian expertise within Regional Offices and a Humanitarian and Fragile Context Branch in New York (HFCB) which supports all UNFPA Country Offices with limited resources and staffing. The UNFPA Regional Response Hub in Amman, once established in 2013, was supportive to the refugee response and then later the WoS response once the 2014 Security Council Resolution was passed.¹³¹

UNFPA partners report few problems and challenges working with UNFPA, with the exception of some minor dissatisfaction with short reporting timelines and annual funding cycles. All refugee partners are Harmonised Approach to Cash Transfers (HACT) – compliant¹³² and using the Funding Authorisation and Certificate of Expenditures (FACE) Form system.

CROSS-BORDER RESPONSE

The difference in context and level of ‘humanitarian’ action between the refugee response and the cross-border response necessitates the cross-border team having continued flexible access to FTPs and support mechanisms even if the Turkey response has stabilised; this has been difficult for the cross-border sub-office working under the Country Office.

¹³⁰ UNFPA key informants.

¹³¹ UNFPA key informants.

¹³² The HACT framework is used across multiple UN agencies as a risk mitigation strategy for selecting and transferring cash to implementing partners.

The sub-office in Gaziantep now works exclusively on the cross-border operation, with direct reporting lines to the Country Office in Turkey but with additional coordination reporting lines to the UNFPA Regional Response Hub in Amman. As discussed, the cross-border operation is entirely separate to the Turkey country programme refugee response and development programme, and based on this the team in Gaziantep feel quite separate to the TCO.¹³³ Whilst there is often a sense of detachment from the Country Office in remote locations, the unique nature of the cross-border response, the coordination functions with the UNFPA Regional Response Hub, and the fact that the Turkey refugee response is not a typical humanitarian response, being led by the GoT and within a development context, exacerbate this feeling of detachment. CO refugee response staff have responded competently to the refugee response in Turkey but recognise that they “*learnt as we went*”¹³⁴ and that there is not embedded expertise within the TCO related to complex conflict humanitarian contexts such as the cross-border operation. The existence of the UNFPA Regional Response Hub in Amman has potentially acted as a reason for TCO not to expand that expertise within the Country Office.

Respondents reported strong administrative and managerial support from the TCO to the Gaziantep sub-office, although certain positions (such as finance and M&E within the sub-office) were only created in 2017.

Fast Track Procedures (FTPs) are not applicable in the Turkey refugee response – it is not an L3 emergency – but WoS remains an L3 so there is no clarity among staff as to whether the Gaziantep sub-office is allowed to use FTPs when the Country Office as a whole cannot. This has impacted on the cross-border work: for example, UNFPA contracts a third party monitoring (TPM) partner for monitoring activities inside of Syria: when the contract for the partner expired the normal procedures for re-tendering and contracting meant a gap of three months with no TPM partner in place.¹³⁵ The TPM partner (SREO) monitored all UNFPA and associated GBV SC and RH WG activities, visiting primary and mobile health clinics and WGSS and using checklists to monitor services based on MISP standards, and satisfaction exit interviews and FGDs with beneficiaries – these are key data required to ensure appropriate, effective and efficient services in a challenging working environment.

Some cross-border partners have struggled with reporting burdens: although as partners generally new to the humanitarian world and reporting and audit requirements of various different donors (both UN and institutional) this can be seen as operational and financial capacity-building. UNFPA provided HACT training and online reporting (FACE form) training for cross-border partners.¹³⁶

¹³³ UNFPA key informants.

¹³⁴ UNFPA key informants

¹³⁵ UNFPA and IP key informants.

¹³⁶ IP key informants.

Evaluation Question 9: Partnerships

To what extent does UNFPA leverage strategic partnerships within its Response?

Associated Assumptions:

22. UNFPA maximises strategic partnerships to leverage comparative strengths of different agencies / actors and promotes humanitarian principles across partnerships;

23. UNFPA has used evidence and data to highlight key needs through a communications, marketing, and fundraising strategy.

FINDINGS

REFUGEE RESPONSE:

22. UNFPA have a range of partners and operate as efficiently as possible given the increasingly restrictive NGO-space within Turkey.

23. UNFPA Turkey is relatively dependent on ECHO funding.

CROSS-BORDER RESPONSE:

24. The cross-border response adapted to the specific context of available implementing partners focussing on a capacity-building model within a broader comprehensive strategy.

25. “Voices” has been highly successful for advocacy and fundraising purposes within the humanitarian system.

REFUGEE RESPONSE

UNFPA have a range of partners and operate as efficiently as possible given the increasingly restrictive NGO-space within Turkey. In recent years the GoT have become extremely strict in terms of compliance with registration rules and procedures and a number of partners – particularly INGOs, but also some national NGOs – have been closed down, with a general perception that this is a trend that is likely to continue.¹³⁷ This has significantly impacted upon UNFPA’s partnership strategy, having already experienced the challenge and the associated losses of a previous IP being closed (noted above). Additionally, GoT bilateral funding from the EU and regulations surrounding the provision of services severely restrict UNFPA’s ability to act outside the sphere of state-provided services. UNFPA have a current range of academic and NGO partners offering services through WGSS which are on course to be integrated into MoH MHCs and new protection support to MoFSP SSCs (direct support to MoFSP). Current partners have been chosen for specific expertise: e.g. Kamer is an activist feminist organisation; ASAM is a specialist refugee and migrant partner; CVF work extensively with youth; and Harran university has collaborated previously with UNFPA on seasonal agricultural migrant worker programmes.

The Turkey context is also characterised by good collaboration between UN agencies: specifically UNHCR, UNFPA and UNICEF. Whilst some informants reported tension when UNFPA, UNHCR, and UNICEF all received (ECHO) funding to support the new MoFSP Social Service Centres (SSC) – also directly supported by the EU – it quickly dissipated as the three UN agencies worked together to ensure no duplication of support and that each would be working to their own comparative advantage and expertise. A child and early and forced marriage (CEFM) programme from 2015 is also an example of partnership and collaboration across UN agencies – UNFPA, UNICEF, UN Women, UNHCR, and IOM.

UNFPA Turkey is relatively dependent on ECHO funding. In 2017 the UNFPA refugee response programme was funded by ECHO, SIDA, BPRM and Japan with additional support from UNHCR.¹³⁸ By 2018 ECHO, SIDA, and UNHCR support are ongoing, with the Embassy of Japan and Danish Government funding for the four youth centres. UNFPA and ECHO are currently on their third

¹³⁷UNFPA, other UN agency, and implementing partner key informants.

¹³⁸ Financial data provided was not disaggregated between the refugee response and the cross-border response: in 2017 the whole TCO humanitarian response budget (both refugee response and cross-border response) was \$21,718,599: without the Dfid and Canada funds which are cross-border funding, the ECHO % of the remaining funds is 67%.

consecutive grant for the refugee response for Turkey, thus the partnership is long-standing. Given the political dimension of EU funding to Turkey, within the context of the EU-Turkey Statement, it is clear that ECHO have more willingness to fund what has now become a long-term displacement crisis within a middle-income country that is itself a significant humanitarian donor. Therefore, diversifying to other donors might be challenging.

CROSS-BORDER RESPONSE

The cross-border response adapted to the specific context of available implementing partners focussing on a capacity-building model within a broader comprehensive strategy. UNFPA's partnership strategy was forced to change when two large GBV SC partners (MRIS who were the co-lead and IRC) suspended activities in the cross-border operation. UNFPA now have five direct partners (six including the sub-contracted partnership of Syria Relief and Development – SRD – to Care International) and the GBV SC has a membership of 50-60 partners, with 36 that regularly report and 23 who have signed up to the SOPs.¹³⁹ The RH WG sits under the Health Cluster which has 61 members.

The protection cross-border response coordinated by the protection cluster and the two main sub-clusters (GBV and child protection¹⁴⁰) is characterised by high levels of collaboration between the three entities and three cluster lead agencies (UNHCR, UNFPA, and UNICEF) resulting in a partnership approach to activities. All partners complete the protection 4Ws and various GBV, CP, and protection partners act as focal points for emergency response across all protection activities in different areas of Syria.

The WoS response has strong partnerships with donors through the UNFPA Regional Response Hub, particularly DFID with multi-year and flexible funding across the three interagency hubs (Gaziantep, Amman, and Damascus) which has allowed UNFPA across all three locations to create longer-term positions and invest in SRH and GBV programming, even whilst coordination responsibilities in Gaziantep are still double-hatting positions. The multi-year nature of the DFID partnership has been critical.¹⁴¹

“Voices” has been highly successful for advocacy and fundraising purposes within the humanitarian system. The GBV SC in Gaziantep, as part of the Whole of Syria response, has systematically contributed evidence to the annual Humanitarian Needs Overviews (HNO) which subsequently inform the Humanitarian Response Plans (HRP). A significant contribution is “Voices” which is a report highlighting qualitative stories of women and girls in Syria to complement quantitative data.

Obtaining robust and timely quantitative GBV data is perpetually difficult to collect and ethically complicated to share and therefore a challenge to present within HNO processes to the same level as other clusters. Therefore, the qualitative aspect both highlights GBV prevalence and mainstreaming of GBV mitigation / prevention needs within other sectors whilst providing a much-needed richness of context and ‘voice’ to what is often a de-humanising quantitative needs assessment process. “Voices” has increased attention to GBV across sectors in Gaziantep.¹⁴²

¹³⁹ UNFPA key informants.

¹⁴⁰ There is no Mine Action SC in Gaziantep due to lack of permission to operate by the GoT. The northern Syria MA SC operates from Amman. There is a Housing Land and Property (HLP) Task Force.

¹⁴¹ UNFPA key informants.

¹⁴² Other UN agency key informants.

Evaluation Question 10: Effectiveness

10a: To what extent does the UNFPA response contribute to access to quality SRH and GBV services as life-saving interventions for women, girls, and youth in the Syria Arab Republic;

10b: To what extent does the UNFPA response contribute to access to quality SRH and GBV services as life-saving interventions for Syrian refugee and host community women, girls, and youth in Turkey, Lebanon, Jordan, and Iraq.

Associated Assumptions:

24. UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:¹⁴³

- a. Syrian women, adolescents and youth access quality integrated SRH and GBV services;
- b. Syrian women, adolescents and youth benefit from prevention, risk reduction and social norm change programming and are empowered to demand their rights;
- c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.

25. UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:

- a. Syrian refugee women, adolescents and youth, and affected host communities in surrounding countries access quality integrated SRH & GBV services;
- b. Syrian refugee women, adolescents and youth, and affected host communities in surrounding countries benefit from prevention, risk reduction and social norm change programming and are empowered to demand rights;
- c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.

FINDINGS

REFUGEE RESPONSE:

26. UNFPA have improved access to quality services for women and girls and provided expanding prevention services within WGSS, and with additional components such as CM panels, the CEFM project, the youth centres and the new key refugee programme. GBV and SRH have been successfully promoted as critically life-saving at GoT level.

CROSS-BORDER RESPONSE:

27. UNFPA have improved access to quality GBV and SRH services in hard-to-reach areas of northern Syria. Prevention activities have been less visible. GBV and SRH have been successfully promoted as life-saving both within the Turkey interagency hub and more broadly (through the UNFPA Regional Response Hub mechanism) across the WoS approach.

REFUGEE RESPONSE

UNFPA have improved access to quality services for women and girls and provided expanding prevention services within WGSS, and with additional components such as CM panels, the CEFM project, the youth centres and the new key refugee programme. GBV and SRH have been successfully promoted as critically life-saving at GoT level.

Accessing Quality Services

From the beginning of the crisis until 2015, UNFPA provided support to MoH and AFAD who were providing services in camps (with access to camps restricted by the GoT). The provision of MISP training and RH, dignity, and hygiene kits contributed to increasing the quality of the services provided by government service providers – by for SRH and for GBV.¹⁴⁴ RH Kits (ordered centrally from UNFPA

¹⁴³ see Annex III

¹⁴⁴ UNFPA Turkey 2011-2015 Country Programme Evaluation report, October 2015.

Procurement Branch) are generally targeted towards contexts where it is not possible to buy commodities in country, or at the beginning of an emergency response, including in camp settings.

As of December 2017 UNFPA-supported facilities (WGSS and youth centres established from 2015 onwards) had provided services to a total of at least 246,605 beneficiaries (246,605 SRH beneficiaries recorded, and 214,068 GBV beneficiaries recorded, many of whom will have accessed both SRH and GBV services).¹⁴⁵ Dignity kits, hygiene kits, and family kits have continued to be provided through WGSS as a tangible attraction to encourage women to access WGSS facilities, and recognising that the GoT does not allow any cash transfer schemes outside of the government Emergency Social Safety Net (ESSN). Dignity and hygiene kits are assembled locally through a contract with a private supplier.

There are four youth centres for services for youth, funded by the Embassy of Japan and the Government of Denmark. However, UNFPA does not currently play a broader role in coordinating youth services and support and therefore contribution is much more limited for youth.¹⁴⁶

Benefitting from prevention, risk reduction and social norms change programming and empowered to demand their rights

In 2017 UNFPA conducted child marriage awareness panels reaching 7,500 individuals (women and men) across 15 cities in Turkey. In addition to this, WGSS activities include prevention messages and counselling and information, education, and communication materials developed in Arabic for safe delivery, antenatal care, postnatal care, contraception, and nutrition during pregnancy.¹⁴⁷

Humanitarian Community is accountable for SRH and GBV mainstreamed across the overall humanitarian response

In Turkey the government has led the refugee response with more limited UN support than in other contexts. As such, one determination of the effectiveness of UNFPA's contribution is by how much UNFPA's advocacy with the GoT including specifically MoH, MoFSP, and AFAD and then DGoMM has resulted in SRH and GBV being understood as life-saving priority humanitarian interventions. The MISP and GBV training in the early days of the camp-based response was slow to be accepted and embedded within government structures. In this regard, the 2015 country programme evaluation concluded:

“UNFPA has contributed to the increased availability of gender based violence prevention, and mother-child health and sexual and reproductive health care for Syrian refugees. Work through the Ministry of Health and the Disaster and Emergency Management Presidency (AFAD) such as delivery of dignity kits and MISP training has contributed to the quality of reproductive health care in the camps and communities. The gender-based violence prevention interventions built capacity to facilitate reporting of incidents. However, this in itself was insufficient in light of the strong cultural barriers and the need for empowerment of women within the Syrian community.”¹⁴⁸

However, it is also recognised – both within the country programme evaluation report and by UNFPA respondents – that it took significant time and effort at the beginning of the response to generate understanding within the government as to the criticality of the MISP framework and GBV trainings. Since then, the evolution of the WGSS model has been one of clear success: with other UN agencies

¹⁴⁵ UNFPA Humanitarian Programme Presentation of 040118 showed to the evaluation team during the evaluation visit (available from the TCO).

¹⁴⁶ UNFPA does chair a Youth Thematic Group (not specifically for the humanitarian response) but which has recently developed a concept note for joint refugee youth programming.

¹⁴⁷ UNFPA Humanitarian Programme Presentation 040118.

¹⁴⁸ UNFPA Turkey 2011-2015 Country Programme Evaluation report, October 2015.

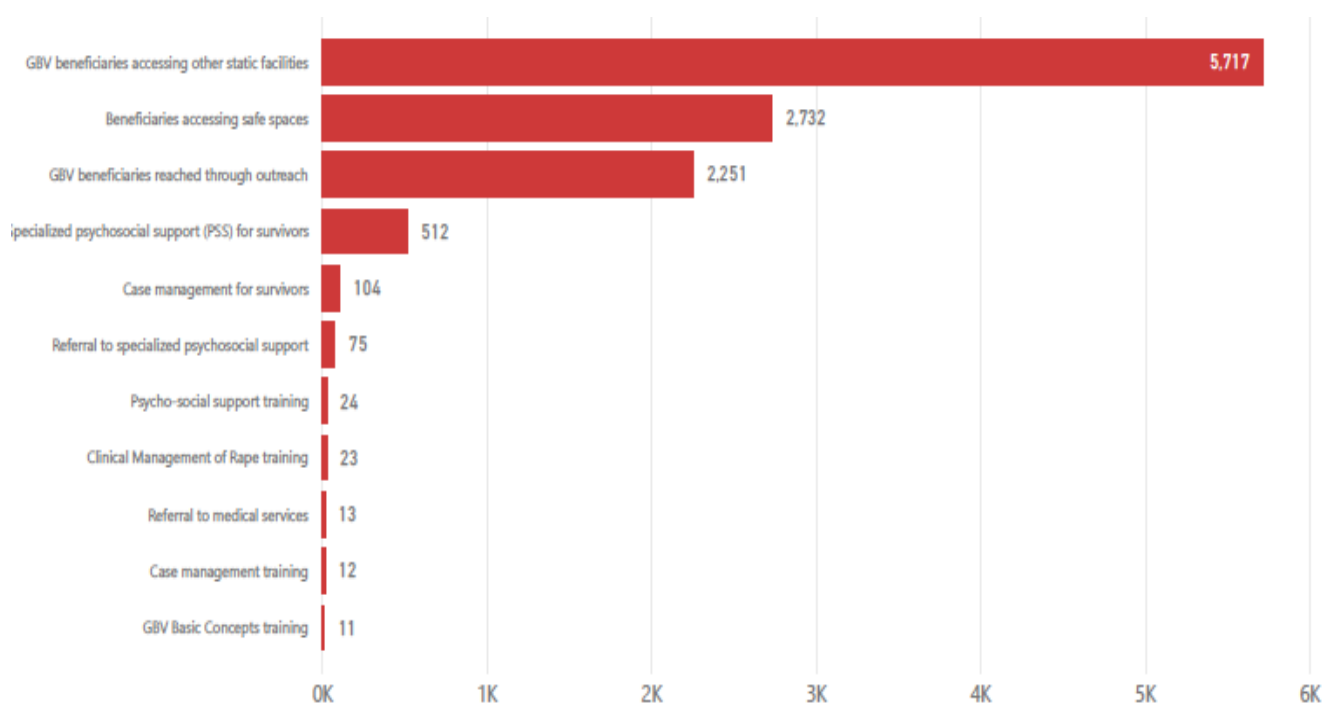
(WHO and UNHCR for instance) recognising the value of the model and seeking to add it to their existing centres¹⁴⁹ and the planned integration of all WGSS into MoH MHC is a clear endorsement of the priority of SRH and GBV in the refugee response.

CROSS-BORDER RESPONSE

UNFPA have improved access to quality GBV and SRH services in hard-to-reach areas of northern Syria. Prevention activities have been less visible. GBV and SRH have been successfully promoted as life-saving both within the Turkey interagency hub and more broadly (through the UNFPA Regional Response Hub mechanism) across the WoS approach.

Accessing Quality Services

The WoS response has a useful and effective dashboard to provide information about services, coverage, and other activities which can be filtered per interagency hub (Jordan, Damascus, and Gaziantep). Note that the below numbers are cumulative since the cross-border operations started in 2015; (a) represent the SC response (and so UNFPA contribute both through direct support to some partners and through the overall coordination of the GBV SC); and (b) the cumulative data double counts beneficiaries so numbers below represent services rather than individuals.



The health cluster bulletins show a total of 104,000 safe deliveries in 2016 inside Syria from partners operating from the Turkey interagency hub, with 2017 monthly figures averaging 8-10,000, so approximately the same level. It should be noted that this is all health providers, so UNFPA's contribution is both directly through support to implementing partners and through the coordination role of the RH WG.

Benefitting from prevention, risk reduction and social norms change programming and empowered to demand their rights.

Resource and logistical constraints mean that UNFPA has placed less emphasis on prevention inside Syria than on response services. Some respondents commented that they were not aware of any

¹⁴⁹149149 Other UN agency key informants.

‘advocacy’ (meaning ‘prevention messages’) within Syria.¹⁵⁰ However, WGSS activities include prevention, mitigation and counselling activities. Furthermore, the GBV SC has operated under a very clear series of strategic plans, recognising the need to build capacity in GBV basics including psychosocial support and case management, and ensuring all partners are acting without doing any harm – resulting in the development of the SOPs and the capacity building initiative used to ensure quality of services. It was an effective strategic decision to do this first and then move onto more sophisticated prevention activities, which will be further developed in 2018 through the recruitment of a GBV awareness raising consultant.¹⁵¹

Humanitarian Community is accountable for SRH and GBV mainstreamed across the overall humanitarian response

‘The humanitarian community in Gaziantep is fully aware of GBV and SRH as life-saving interventions. This is partially due to the impact of “Voice” and partially due to the work of both GBV SC and RH WG to mainstream activities. One respondent highlighted the added value of the GBV Guidelines training, noting “I had partners who came back waving individual pages [of the GBV Guidelines]”.¹⁵² This demonstrates the wide acceptance across the humanitarian community of GBV as a life-saving priority. In addition, the Turkey interagency hub has contributed to the UNFPA WoS success in increasing attention to GBV and SRH through the UNFPA Regional Response Hub.

¹⁵⁰ Other UN agency key informants.

¹⁵¹ <https://reliefweb.int/job/2529454/gbv-awareness-raising-consultant>

¹⁵² Other UN agency key informant.

Conclusions

Key conclusions cut across all findings and (with the exception of Key Conclusion A) are divided into those for the refugee response and those for the cross-border response.

OVERALL

A. The refugee response programme and the cross-border operations are managed as two entirely separate programmes. This is true both for UNFPA direct programming and for UNFPA coordination responsibilities across SRH and GBV. Whilst there are valid reasons for such separation to date – different donors, funding streams, contexts, authorising and coordinating entities – there is potential value in considering more systemic future linkages to ensure that the effort and products (such as methodology for “Voices”) are capitalised upon across both cross-border and refugee responses (links to finding 19).

REFUGEE RESPONSE

B. The refugee response is unique in terms of operating under a government whose relationship with the UN system is one of a robust government in control of the response – as underscored by a development framework of a cooperation strategy (UNDCS) rather than an assistance framework (UNDAF) – together with the specific political arrangements and motivation between the Government of Turkey (GoT) and the EU. This has implications for partnerships – particularly with the narrowing of NGO space in Turkey in recent years – and means a high degree of government direction for programming. The current alignment and future full integration with government services is beneficial in terms of not creating parallel systems, and long-term sustainability but there will always be some individuals who will struggle to access state services and this should be acknowledged and accommodated – as the UNFPA TCO is doing with the new key refugee programme (links to findings 1, 2, 10, 17, and 22).

C. The refugee response was slow to start at the beginning of the crisis – partly due to lack of government permission for UN (across the board) access to camps; partly due to a broad under-estimation of the scale and scope (in numbers and timeframe) of the crisis by all actors; and partly due to less support to TCO from HQ and RO than was required (links to finding 5).

D. The refugee response programme is relatively dependent on ECHO funding and whilst this reflects the context of a middle-income country who themselves are a substantial humanitarian donor (and therefore a lack of interest in providing funding from other institutional donors) it should also be recognised that ECHO, as part of the EU, are inextricably linked with EU-Turkey refugee agreements, which are not necessarily motivated wholly by humanitarian principles (links to finding 23).

CROSS-BORDER RESPONSE

F. The cross-border response for UNFPA direct programming and UNFPA coordination leadership cannot easily be separated as the GBV sub-cluster and the RH working group both function effectively and therefore the overall UNFPA contribution to SRH and GBV programming in northern Syria is the whole response through the successful coordination, support and capacity-building of the two coordination forums (links to findings 3, and 24).

G. The cross-border response functions well *despite* the lack of proper resourcing for coordination functions and limited engagement with the CO and limited support from the RO and the success of the Turkey interagency hub should not be used to encourage or justify double-hatting positions between programming and coordination roles. The WoS approach and the UNFPA Regional Response Hub have been key in supporting the Turkey cross-border programme (links to findings 11, 15, 16, and 25).

H. The cross-border response programmes for SRH and GBV are managed quite separately – partly imposed by the architecture of the cluster system with RH sitting under the health cluster and GBV a formalised sub-cluster under protection – but there are many linkages between the programmes at the ground level inside Syria (links to finding 15).

I. Both the RH WG under UNFPA leadership and the GBV SC under UNFPA leadership have developed realistic step-by-step strategies including capacity-building of small organisations with limited or outdated knowledge of GBV and SRH, limited humanitarian experience and limited knowledge of humanitarian architecture and systems to ensure that quality services can be provided inside Syria within the context of do no harm principles. Strategies have included

growth and more sophisticated programming every year, including within the GBV SC an increasing understanding of inclusion with a new adolescent girl's strategy, and a new focus on women and girls with disability (links to finding 9).

Suggestions for Recommendations

*Key suggested recommendations at **country level** (all recommendations are for UNFPA Turkey).*

OVERALL

A. UNFPA Turkey should improve linkages between the refugee response and the cross-border response. An initial action could be to systematise communication and information within UNFPA flows so expertise, knowledge, products, and tools produced by respective refugee / cross-border sub-clusters and working groups can be shared with partners. This could then progress towards a future goal of having a linkage working strategy where partners of the respective refugee / cross-border coordination forums for GBV and SRH can input as to what shared information is useful. This could then develop into ensuring Syrian women and girls can input as to what shared information is useful and then potentially sharing this linkage strategy with other actors across other sectors (links to Conclusion A).

REFUGEE RESPONSE

B. Whilst recognising that Turkish refugee policy and legislation means that full integration of WGSS with state institutions is required (and with many sustainability benefits) UNFPA Turkey should continue to monitor those key populations who might struggle to access state services and continue to adapt programming as necessary, as has been evidenced by the new key population project (links to Conclusion B).

C UNFPA Turkey should keep WGSS focussed on women and girls (links to Conclusion B).

D. UNFPA Turkey should increase attention to adolescent girls through WGSS and other issues of inclusion such as disability – noting that the WoS response has an adolescent girl's strategy which could be reviewed and potentially adapted for the Turkey refugee response (links to Conclusion B).

E. UNFPA Turkey should seek additional funding to increase youth programming and investigate a coordinating role with the relevant government ministry for refugee youth interventions. Adolescents and youth are specific target demographics of UNFPA and to date the refugee response youth work has been limited. Youth programming is also a good entry point to increased social cohesion across all demographics. UNFPA Turkey should also clarify and adhere to youth age ranges (links to finding 12).¹⁵³

F. UNFPA Turkey should be aware of the dependence on ECHO funding and the political implications as this ties in with EU-Turkey agreements and develop a humanitarian funding diversification strategy. This diversification strategy should account for Turkey's middle income country status (therefore not being an attractive donor recipient for many traditional institutional donors) and so focus on receptive donor countries and also non-institutional funding, potentially in partnership with other UN agencies (links to Conclusion D).

CROSS-BORDER RESPONSE

F. UNFPA Turkey should develop a written MoU for co-leadership of the GBV SC (outlining expected inputs and divisions of responsibilities between UNFPA and the current co-lead) to ensure that when individuals leave posts the current successful joint coordination has become systematised and continues (links to Conclusion I).¹⁵⁴

*Key suggested recommendations for the **overall evaluation**:*

1. UNFPA should review procedures in place for providing systematised support to a country office at the beginning of an emergency from both HQ and the RO – recognising that the Turkey experience was one of multiple UN agencies

¹⁵³ Note that under the UNFPA-led Compact for Young People in Humanitarian Settings there will shortly be Guidelines for working with and for Young People in Humanitarian Settings which can be used to increase adolescent and youth programming.

¹⁵⁴ Whilst both the GBV SC and the RH WG are co-led by NGO partners (Global Communities and PAC/SEMA respectively), Global Communities provides more resource commitment to the GBV SC in terms of a dedicated coordinator and sourcing consultants for various pieces of cluster work: it would be useful for this relationship to be more formalised.

(and the government of Turkey) misunderstanding the scale and scope of the Syrian crisis in 2011 but also recognising that the Turkey CO had no specific humanitarian experience and support provided was more ad hoc and personality-based than systematic and consistent (links to Conclusion C).

2. Review FTP policies for contexts where a sub-office might still require FTPs when a country office does not and expand training and understanding of FTPs and when they can be used and by whom so offices are (a) able to access FTPs when necessary (for example, FTPs still being highly relevant to the cross-border operation even when they are no longer applicable to the country refugee operation) and (b) able to utilise the procedures without fear of negative audits (links to finding 21).

3. Recognise the impact of “*Voices*” to the cross-border work in relation to increasing attention to and understanding of GBV as a life-saving priority throughout the humanitarian community and consider ways to use the learning and methodology from “*Voices*” to improve qualitative data use in other contexts (links to finding 25).

Annex I: List of Key Informants

Name	Title	Agency	Office	Country	Gender
Emmanuel Roussier	Humanitarian Response Specialist	UNFPA	Istanbul RO	Turkey	M
Katherine Nichol	Humanitarian Analyst	UNFPA	Istanbul RO	Turkey	F
Duygu Ariğ	Humanitarian Programme Regional Manager	UNFPA	Ankara	Turkey	F
Altuna Sölyemezöglü	Istanbul Field Associate	UNFPA	Ankara	Turkey	F
Gizem Demirci Alkadah	Marmara Regional Coordinator at ASAM (IP)	ASAM	Istanbul	Turkey	F
Kerem Renda	Istanbul WGSS Centres' Supervisor at ASAM (IP)	ASAM	Istanbul	Turkey	M
Karl Kulesa	Country Representative	UNFPA	Ankara	Turkey	M
Selen Örs	Humanitarian Coordinator	UNFPA	Ankara	Turkey	F
Fatma Hacıoğlu	Regional Program Manager	UNFPA	Ankara	Turkey	F
Kemal Ördek	Programme Associate	UNFPA	Ankara	Turkey	M
Takumi Suemitsu	Second Secretary	Embassy of Japan	Ankara	Turkey	M
Ece Beyazit	Project Coordinator WGSS	ASAM	Ankara	Turkey	F
İbrahim Vurgun Kalak	General Coordinator	ASAM	Ankara	Turkey	M
Dr Serap Şener	Public Health Officer	WHO	Ankara	Turkey	F
Matteo Dembech	Report Officer, Refugee Health Programme	WHO	Ankara	Turkey	M
Dr Kanunî Kelkik	Head of Department of Migration Health	MoH	Ankara	Turkey	M
Prof Dr Ü Şevkat Bahar Özvarış	Director	Huksam	Ankara	Turkey	F
Sinem Aydın	Project Coordinator	Huksam	Ankara	Turkey	F
Olca Sahan	Project Assistant	Huksam	Ankara	Turkey	F
Sevian Sürmeli	Psychologist	Huksam	Ankara	Turkey	F
Tugae Uyğun	Social Worker	Huksam	Ankara	Turkey	F
Suzan Mahmut	Doctor	Huksam	Ankara	Turkey	F
Nahla Muhammad	Health Mediator	Huksam	Ankara	Turkey	F
Juahina Marsri	Health Mediator	Huksam	Ankara	Turkey	F
Aisha Kinç	Health Mediator	Huksam	Ankara	Turkey	F
Enver Şahin	Ankara and Konya Field Associate	UNFPA	Ankara	Turkey	M
Muhammed Bahri Telli	Project Coordinator	CVF	Ankara	Turkey	M
Lemi Karoca	Youth Centre Coordinator, Ankara	CVF	Ankara	Turkey	M
Yonca Sağaltıcı	Psychologist	CVF	Ankara	Turkey	F
İbrahim Toros	Section Chief	MoFSP	Ankara	Turkey	M
Nebahat Akkoc	General Director	Kamer	Diyarbakir	Turkey	F
Ayten Yaket	Coordinator	Kamer	Diyarbakir	Turkey	F
Elif Selen Ay	Head of Office	UNHCR	Istanbul RO	Turkey	F
Sebastian der Kinderen	Senior Interagency Protection Coordinator	UNHCR	Ankara	Turkey	M
Rita Neeves	Child Protection Specialist	UNICEF	Ankara	Turkey	F
Pinar Oktem	Child Protection Officer	UNICEF	Ankara	Turkey	F
Reza Kasrai	Technical Assistant	ECHO	Ankara	Turkey	M
Nadine Cornier	Humanitarian Adviser, RH, Head of Gaziantep Office	UNFPA	Gaziantep	Turkey	F
Fulvia Boniardi	GBV Sub-Cluster Co-Lead	Global Communities	Gaziantep	Turkey	F
Victoria Shepard	Protection Cluster Coordinator	UNHCR	Gaziantep	Turkey	F
Ramesh Rajasingham	Deputy Regional Humanitarian Coordinator - DRHC	OCHA	Gaziantep	Turkey	M
Annette Hearns	ICCG Coordinator	OCHA	Gaziantep	Turkey	F
Abdulwahab Al Ali	Senior GBV Sub-Cluster Support Officer	IHSAN	Gaziantep	Turkey	M
Bora Ozbek	GBV Expert	UNFPA	Ankara	Turkey	M
Behire Ozbek	SRH Expert	UNFPA	Ankara	Turkey	F
Moaz Akad	Senior Protection Officer	Shafak	Gaziantep	Turkey	M
Kinda Alourahi	Senior Protection Coordinator	Shafak	Gaziantep	Turkey	F
Basel Khudir	Senior Health Officer	Shafak	Gaziantep	Turkey	M
Dr Hani Alaswi	Reproductive Health Program Manager	PAC	Gaziantep	Turkey	M
Maria Margherita Maglietti	GBV Specialist	UNFPA	Gaziantep	Turkey	F
Steve Petit	Information Management Officer	UNFPA	Gaziantep	Turkey	M

Cedric Perus	Technical Assistant	ECHO	Gaziantep	Turkey	M
Jerrard Langlois	Manging Director	SREO	Gaziantep	Turkey	M
Zoran Suto	Research Program Manager	SREO	Gaziantep	Turkey	M
Kamol Yakubov	Finance Analyst	UNFPA	Gaziantep	Turkey	M
Loai Khamis	Programme Consultant	UNFPA	Gaziantep	Turkey	M
Domenica Costa	Protection Programme Manager	Care International	Gaziantep	Turkey	F
Amani Kanjo	FP and GBV Project Manager	SRD	Gaziantep	Turkey	M
Hussain Assaf	Sexual Reproductive Health Adviser	Care International	Gaziantep	Turkey	F
Majd Sawan	Senior Program Officer	IHSAN	Gaziantep	Turkey	F
Tareq Akkad	Program Coordinator	IHSAN	Gaziantep	Turkey	M
Ayaat Kholani	GBV Specialist	IHSAN	Gaziantep	Turkey	F
Feras Fares	Programme Manager	SEMA	Gaziantep	Turkey	M
Nidal Abdulrezzak	GBV Specialist	SEMA	Gaziantep	Turkey	F
Alamir Ali Alawwad	Grants Officer	SEMA	Gaziantep	Turkey	M

Annex II: Master List of Key Informant Interview Questions

Introduction – to all:

Introduce interviewer; introduce evaluation; ensure interviewee is clear that confidentiality will be maintained and we will not be attributing any particular comment to any particular individual within the report.

Q1 – Please can you tell me a little bit about your role and how your work relates to UNFPA's Response.

Relevance – how well does the UNFPA Response address the stated needs of people, and how well does it align to humanitarian principles and a human rights approach?

Q2 – How well do you think the UNFPA response addresses stated needs of individuals and communities. How do you know this? Evidence?

Q3 – How has the UNFPA response included gender and inclusion analysis? Evidence?

Q4 – How does the UNFPA response adhere to humanitarian principles, and IHL / IRL? Evidence?

Q5 – How has UNFPA directed or supported the overall SRH response to be based on identified needs? Evidence?

Q6 – How has UNFPA directed or supported the overall GBV response to be based on identified needs? Evidence?

Relevance – how well has the UNFPA Response adapted since 2011 based on changing needs and priorities?

Q7 – How has the UNFPA response adapted to changing needs and priorities of people? How do you know this? Evidence?

Q8 – How has the UNFPA response built upon UNFPA's comparative strengths compared to other actors? How do you know this? Evidence?

Q9 – Is there evidence that the UNFPA response has adapted over time based on its comparative strengths compared to other (changing) actors? Evidence?

Coverage – how well has UNFPA reached those with greatest need – geographically and demographically?

Q10 – How well has the UNFPA response reached those most in need – geographically? Evidence?

Q11 – How well has the UNFPA response reached those most in need – demographically? Evidence? – (ask specifically about adolescent girls, people with disabilities, LGBT populations).

Coordination – how well has UNFPA led, directed, supported coordination mechanisms for SRH and GBV?

Q12 – How has UNFPA led and supported the RH WG? Evidence?

Q13 – How has UNFPA led and supported the GBV SC? Evidence?

Q14 – How has UNFPA led and supported the youth WG? Evidence?

Coherence – alignment with UNCT / HCT / Government / UNFPA HQ, RO, CO strategies, national government strategies, SC and WG strategies, and normative frameworks

Q15 – How does UNFPA drive focus on SRH and GBV at UNCT and HCT levels? Evidence?

Q16 – How does the UNFPA response align with global UNFPA strategy? Evidence?

Q17 – How does the UNFPA response align with EECARO / ASRO strategies? Evidence?

Q18 – How does the UNFPA response align with the CPD? Evidence?

Q19 – How does the UNFPA response align national Government prioritisation? Evidence?

Q20 – How does the UNFPA response align with MISP and with GBV guidance?

Q21 – How does the UNFPA response align with RH WG / GBV SC strategies? Evidence?

Connectedness – humanitarian-development nexus

Q22 – How does the UNFPA response promote resilience, sustainability, and working towards the humanitarian-development continuum? Evidence?

Efficiency – Hub and other aspects (Fast-Track Procedures (FTP), surge, commodity supply, multi-year funding) and partnerships

Q23 – How has the Hub contributed to the UNFPA response? What are the benefits? What challenges have there been?

Q24 – How have FTP been used? What are the benefits? What challenges have there been?

Q25 – Has surge been used? What were the benefits? What challenges have there been?

Q26 – How has commodity procurement (i.e. dignity kits, and RH kits) contributed to the overall response? What are the benefits? What challenges have there been?

Q27 – What impact has multi-year funding opportunities had on the UNFPA response?

Q28 – How has UNFPA used partnerships strategically? Evidence?

Effectiveness – outcomes across WoS and regional refugee and resilience response

Q29 – How effectively has UNFPA; provided quality MNH, SRH, GBV, and HIV services inside SAR, increased the capacity of Syrian providers, integrated SRH and GBV into life-saving structures, and used robust data to inform programming? Evidence?

Q30 –How effectively has UNFPA: provided quality MNH, SRH, GBV and HIV services to refugee and host community populations in the regional response, increased the capacity of local providers, integrated SRH and GBV into life-saving structures, and used robust data to inform programming? Evidence?

Notes:

Questions are not defined as a formalised interview process with all questions being asked in order. The key informant interview is a semi-structured process with the questions providing

Evaluation Team Members should select questions as per relevant to specific KII, grouped as:

- UNFPA Global Colleagues
- UNFPA Regional Colleagues
- UNFPA Hub / Country Colleagues
- Other UN Agency Global Colleagues
- Other UN Agency Regional Colleagues
- Other UN Agency Hub / Country Colleagues
- NGO Global Colleagues
- Implementing Partner Country Colleagues
- Other NGO Country Colleagues
- CSO Colleagues
- Government Partners
- Donor Partners
- Academic Partners

Annex III: Schedule

Time	Monday 19 March (Istanbul)	Tuesday 20 March (Ankara)	Wednesday 21 March (Ankara)	Thursday 22 March (Ankara)	Friday 23 March (Ankara)
9-10		Meeting with Karl Kulesa (Rep)		Field Visit (Ankara Centre, meeting with beneficiaries)	Meeting with UNHCR (F2F)
10-11	Meeting Emmanuel Roussier (EECA Hum Advisor)	Briefing Meeting with Hum Team UNFPA	Meeting with IP ASAM	Field Visit Meeting IP HUKSAM	Meeting with UNHCR Istanbul (skype)
11-12		Briefing Meeting with Hum Team UNFPA	Meeting with WHO	Field Visit (Ankara Centre) - Meeting IP CVF	Meeting with UNICEF
12-13					
13-14					Meeting with ECHO
14-15	Field Visit Tarlabasi Centre)				
15-16	Field Visit Tarlabasi Centre)	Kemal Ordek, Key Refugee Groups Programme Associate		Meeting with MoFSP	
16-17	Field Visit (meeting IP ASAM)	Meeting with Embassy of Japan	Meeting with MoH	Meeting with Kamer (skype)	
	<i>Flight to Ankara (from Istanbul)</i>				
Time	Monday 26 March (Gaziantep)	Tuesday 27 March (Gaziantep)	Wednesday 28 March (Gaziantep)	Thursday 29 March (Ankara)	Friday 30 March (Istanbul)
9-10	Meeting with Nadine Cornier (HoO)	Meeting with GBV SC Support Officer, Abdulwahab Al Ali	Meeting with Steve, UNFPA M&E	DEBRIEF	flights back to UK / US
10-11	Meeting with Fulvia Boniardi (GBV SC co-lead)	Continued above / Start below	Meeting with Care and SRD	DEBRIEF	
11-12		Meeting with UNFPA experts (Bora, GBV, and Behire, SRH) - skype	Meeting with IHSAN		
12-13					
13-14		Meeting with Shafak			
14-15	Meeting with DRHC / ICCG OCHA Office		Meeting with SEMA		
15-16		Meeting with Cedric / ECHO / Meeting with PAC SRH co-lead [SPLIT]		<i>Flight to Istanbul (from Ankara)</i>	
16-17		Meeting with SREO TPM / Meeting with Margherita Maglietti [SPLIT]			
			<i>Flight to Ankara (from Gaziantep)</i>		

Annex IV: Reconstructed Theory of Change

